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# spotlight

for today's Christian nurses & midwives

- nursing out of your comfort zone
- changing the world one nurse at a time
- building hope

spotlight
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**Registered office**:
6 Marshalsea Road, London SE1 1HL
**Tel** 020 7234 9660
**Email** admin@cmf.org.uk
**Web** cmf.org.uk

**President**
John Wyatt MD FRSPCH
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**Editors**
Steve Fouch
Pippa Peppiatt

**Design**
S2 Design & Advertising Ltd
020 8771 9108



# inside

# editorial

Welcome to the fifth edition of *Spotlight*, CMF's magazine for nurses and midwives. It's exciting to join in God's ministry and seeing a new work, a CMF nursing fellowship in the UK, being established and growing. We love to hear your feedback and stories of how CMF is helping you as Christians in your nursing and midwifery, and we long to reach, encourage and bless many more nurses and midwives. So please tell any Christian colleagues who are not yet connected with us that they are very welcome!

Another new development since the last edition of *Spotlight*, is that I (Pippa) have taken on the role of CMF Head of Nursing. Steve, while remaining invested in the nursing department, is also using his strengths in writing, social media and international work to greater effect.

This copy of *Spotlight* centres on Global Health, which we hope you will find informative and inspiring. It is always good to take time out, to step back and lift our eyes above our regular and all-too-consuming everyday work and life, and to see what the Lord is doing internationally.

So, travel with us around the globe as you read the articles in this *Spotlight*:

- **Barbara Parfitt** writes about the impact of good nurse training in poor resource settings, based on her experience of starting a nursing school in Bangladesh.
- **Beth Holt** writes about her midwifery experience as a young midwife who is currently serving in the Philippines.
- **Steve Fouch** writes about the key role that nursing has in global health and development, and how Christians can get involved.
- **Ruth Tisdall** shares about her recent short trip to Iraq and Lebanon, working with refugees.

Ruth is currently on CMF's International Track (I.T.), as is Claire Nicholson, a midwife in Leeds, who writes about this course. For more details visit: *cmf.org.uk/international/international-track*

Finally, two other I.T. participants, Rosie and Elsie, share reviews of missional books that have encouraged them.

The Lord is at work in the world. Whether you simply want to be informed to be able to pray, or you're involved in cross cultural work in the UK, or whether you are open to nursing in a resource-poor setting yourself, we pray that the stories and articles in this edition will inform and shape your prayers.

John Piper in his book *Let the Nations be Glad* writes about the Christ-treasuring, all-enduring love that we can know and exhibit in our service of Jesus; this motivating love that cries out with the Psalmist 'Let the peoples praise you, O God; let all the peoples praise you! Let the nations be glad and sing for joy. For God is the king of all the earth' (Psalms 67:3-4; 47:7)

In Romans 1:5, Paul sums up his calling as a missionary: '(I am called) to bring about the obedience of faith for the sake of his name among all nations.'

The apostle John also speaks of this Christ-honouring passion and motivation for all missionaries in 3 John 1:7 when he writes 'They have gone out for the sake of the name'.

May the Lord raise up a generation of 'world Christian nurses and midwives' who are informed, inspired, and motivated to serve him both here and internationally, willing to cross cultures, forge new works, and face challenges for the sake of his name. The wonderful and precious name of Jesus.

PS – we need to know what YOU think of *Spotlight* and how we could improve it – so please visit our *Spotlight* Readers' Survey online at *bit.ly/2yPYpmv* and tell us what you think of it.

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**Pippa Peppiatt, CMF Head of Nursing**
Pippa trained as a nurse. She has planted a church for students with her husband, set up a charity for street kids in Uganda, and has been a Friends International Student Worker.

**Steve Fouch, CMF Connections Manager**
Steve worked in community nursing in South London, before working for several years with a Christian HIV and AIDS home care team in the city.

# changing the world: one nurse at a time

**Steve Fouch** looks at the impact of nursing on global health and development

How do you change the world? One person at a time, goes the adage. According to a report published in October of last year by the All Party Parliamentary Group on Global Health (APPGH), the answer is one nurse a time.[1]

Actually, it is much more than one nurse at a time. There are over 20.7 million nurses[2] currently registered around the world, but this falls far short of the numbers needed.[3] Indeed, the demand for nurses, midwives, doctors and other health workers is growing at a pace that is outstripping the supply, even as many countries increase the numbers they are training.

However, the APPGH report did not simply bemoan the lack of trained nurses. Nor did it merely offer platitudes about the value of the profession. Rather it has gathered a substantial body of evidence from a range of sources that shows how vital a well-trained, equipped and empowered global nursing workforce is in achieving the Sustainable Development Goals.

The Sustainable Development Goals (SDGs) are the new, globally agreed targets for developing poor, middle-income and rich nations between 2015 and 2030.[4] There are seventeen goals in total, with the aim of significantly reducing poverty, inequality, injustice and environmental damage around the world. The international community (including the British Government) has signed up to seeing these goals achieved in the coming decade and a half.

Christians have different views about the SDGs. However, if they are achieved, the impact on the world will be immense. Consequently, many churches and Christian agencies are looking at how the church and world mission can engage fruitfully with the SDGs.[5]

SDG number three focuses on health and healthcare, but health issues crop up in all the goals.

The APPGH report shows how nurses have a real impact on this third goal (health and wellbeing for all at all ages).[6] In addition, nurses have a real impact on two of the

other SDGs; SDGs five (gender equality)[7] and eight (economic development).[8] The authors call this the 'Triple Impact' of nursing.

## Triple Impact

Nurses are key to public health. They are usually already embedded within the community in which they work, understand the culture and issues of their patients, and in many areas may be the only health professional available. Health promotion and education, and personal, social and spiritual care are all within the remit of the nurse.

Most nurses are women, so giving them a professional skill and a career significantly increases their prospects and empowerment within the community (you can read Barbara Parfitt's article explaining how this approach worked in Bangladesh on p20). This not only improves the health of the local community, it lifts the status of these young women who are now respected members of their own communities and acting as role models to a new generation.

As the health of the community and the status of women improve, so does the economic wellbeing of the community. Less money is spent on medicines for preventable conditions, less time is taken off work due to sickness or caring for sick relatives, so economic activity and productivity rises. Women develop economic independence, improving the health and education of their children, thus improving the opportunities for the next generation. Especially when it comes to the empowerment and education of women, one area of development impacts on all the others!

## Challenges

What so often holds nursing back from being this force for change and development is that the evidence of this impact is little understood outside of the profession. Furthermore, the research has often been small scale and qualitative when policy makers want quantitative, big scale evidence.

Nursing is a predominantly female profession throughout the world. Where women have low status and women's work is seen of secondary value, nurses are disregarded and devalued.

‘nurses are not properly valued, but seen merely as the handmaidens of doctors, not as knowledgeable and skilled professionals in their own right.’

INDIA
currently needs
2.4 MILLION MORE NURSES
than it currently has

A

By 2020,
USA+EUROPE
will have up to
2 MILLION UNFILLED NURSING VACANCIES
between them

B

It is estimated that
SUB-SAHARAN AFRICA
needs at the very least
600,000 MORE NURSES

C

In most countries, nursing has no clear post-qualification training structure or career path, and little scope for professional development. In the majority of jurisdictions, nurses are not allowed to make use of the full scope of their training. As a result, nurses are not properly valued, but seen merely as the handmaidens of doctors, not as knowledgeable and skilled professionals in their own right.

Not enough nurses are being trained and retained, draining skilled nurses from rural areas and poor communities to cities and developed countries. Some countries like the Philippines, over produce nurses deliberately to exploit this shortfall, while the UK and many European and North American nations cannot train enough nurses and become net importers.

And these are not just developing world problems – the West has them too. For instance, while Federal Law in the US gives nurses a wide legal remit for clinical practice, in only ten of the 50 states is this actually enforced, and in the remaining 40, nurses are not allowed to practise to their full professional competence.


A. WHO Bulletin, 5 May 2010
B. The Globalist, October 2014
C. The Global Nursing Shortage: Priority Areas for Intervention, International Council of Nurses, 2006

Even in Britain, the Department of Health has recently scrapped its nursing policy unit for England,[9] further marginalising the voice of the profession in the UK (imagine the furore if the role of medical advisor had been scrapped!). The voices of nurses are being marginalised everywhere.

I was in the Philippines last year (2016) visiting local nurse-and-midwife-run health centres that provide models of integrated social medicine, preventative healthcare and health education deeply embedded within the local community that put much primary care work I have seen in the UK in the shade.

Health economists worked out years ago that up to 48% of the work of British GPs could be done as effectively (and at lower cost) by nurses,[10] but no government has engaged with this. It seems we still have something to learn from the developing world!

## Ways ahead

Among nurses, we need leaders who can converse with those in power locally, nationally and internationally to




*www.un.org/sustainabledevelopment/sustainable-development-goals*

advocate for the health needs of their communities and the role of nurses within them. And we need it in the UK, Europe and the US as much as they do in Bangladesh, the Philippines or Zambia.

There is a need not only for leadership, but also for the evidence to be disseminated outside the profession, and for more large scale, quantitative and qualitative research on the health and development impacts of nursing.

We need nurses from the UK and other developed countries to have the chance to work alongside nurses in developing countries, not just to impart skills and a values-based whole person care approach to nursing, but also to learn from nurses in developing countries about the real scope, skills and values that lie at the heart of the profession. In short, we should be fostering a two-way street of learning between nurses across the world to empower and envision the profession in every nation.

This is one of the aims of the Nurses Christian Fellowship International (or NCFI, of which CMF is a member) and its International Institute of Christian Nursing (IICN).[11]

Through training programmes in Faith Community Nursing (or Parish Nursing), spiritual care, biblical leadership and others, it aims not only to develop leaders, but godly leaders in the profession around the world who can be a real force for change.

We need a proper professional education and career structure for nursing globally, and to lobby governments to allow nurses to practise to the full extent of their training and professional scope. Recruitment and retention are the big issues in the UK, the US and most developing nations. However, if we offer scope for development, recognition and influence, then we will go a long way to solving those problems.

To respond to this, the authors of the report have come together to launch a new, global campaign called *Nursing Now!*[12] to try and address these needs around the world. They have the support of the new Secretary General of the World Health Organisation (WHO), Dr Tedros, who has appointed Ms Elizabeth Iro, currently the Health Secretary of the Cook Islands and a nurse as the Chief Nursing Officer at WHO.[13] These are small but significant changes. However, we need to keep raising the voice and profile of nurses.

## Christian nurses in global health

Nursing is so deeply embedded in the Christian faith that it is hard to separate its core values (unconditional care, advocacy for the sick, compassion, education, a whole person understanding of health and care in the context of community and teamwork) from the life and mission of the church.[14] In fact, for centuries, nursing was one of the church's key ministries, having a sizeable impact on the health and wellbeing of the Roman and mediaeval worlds.[15]

I have seen many times the role Christian nurses and midwives have played in hospitals, rural clinics, disaster zones and training institutions to bring hope, healing, grace and kindness into situations that needed the touch of God.

But whatever the background of the nurse, God works through this kind of caring. We need to see more nurses, and especially more Christian nurses out making this kind of a difference in the world!

**Steve Fouch** is CMF Connections Manager.


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# The Hospital by the River: A Story of Hope

## Dr Catherine Hamlin with John Little


Monarch Books
19 June 2015
£10.98
336 pp
ISBN: 9780857216885

Reviewed by
**Rosie Houseman**,
a qualified nurse on our International Track

*The Hospital by the River* follows the journey of gynaecologists Reg and Catherine Hamlin, who find their passion working with fistulae victims in Addis Ababa, Ethiopia. This inspiring book guides you through their Australian upbringing, to their lives in Ethiopia, where they learn how to perform surgery on these unfortunate women and go on to build a dedicated fistulae hospital in which literally thousands of women are cured.

This amazing couple explored work in many places before moving to Ethiopia with their young son. They lived through the revolution and communist regime, and built their home, work and social lives there over many years. God had a clear vision for this couple. They worked tirelessly, spurred on by their love and compassion for these injured women. They trained many doctors in fistula surgery, and their cause has been acknowledged worldwide. At the start of the book, the Hamlin's had no idea what God would achieve through them, by the end Catherine, aged 77, commits their ever-expanding work into God's faithful hands.

It is impossible to read this book without being moved by the tragic and seemingly hopeless cases of fistula patients. However, these women's lives are restored through the loving and God-driven work of the Hamlins, whose patience and determination to do God's work is inspiring, and a challenge to us to live prayerful and faithful lives in whatever situation we find ourselves.

# CMF International Track

**Claire Nicholson** shares her experiences on CMF's new training course for Christian health professionals with an interest in global healthcare mission

The CMF International Track is an 18 month course designed to help people explore their role in healthcare international mission. As a midwife, I have always been excited at the thought of my skills being transferable on an international level. Not just because it would allow me to experience different cultures, but because it opens opportunities to share my saviour with people who have never heard the good news.

The International Track began back in May when a group of like-minded, mission-motivated people were brought together to start the International Track journey. We were also each introduced to our mentor; a person with international mission experience who is dedicated to pray for us and challenge us throughout the course.

One of the topics we reflected on was the theology of mission. It was great to be

reminded that 'mission' (ie the whole church taking the whole gospel to the whole world) was never a human idea, but has been God's intention from the very beginning! And he who is passionate for the glory of his name has promised to make it known in 'Judea, Samaria, and to the ends of the earth' (Acts 1:8).

It is incredible to think that God will be faithful to this promise and achieve his plan, with or without our help. And it is humbling to know that he chooses us as his instruments despite our weaknesses and failures. First and foremost, the International Track has reminded me to rely on God and his strength, not my own. It is his work, his plan, and his power.

We have had teaching in London at All Nations College and via webinars, with reflection questions that follow each session. Each time, we are encouraged to examine our hearts and minds for our motivation for mission as well as opening our ears to hear the Lord speak. For some of us, there is a specific country or people group that we are passionate about reaching. For others, including myself, we are simply struck by the amount of injustice in the world and are desperate for God to use us to make himself known. I have found myself being quite impatient at times, wondering why I can't just book a flight and jet off. But God has not only taught me patience, but how to trust him in the present.

I currently work in an environment where the majority of my colleagues still need to hear the good news of Jesus. While I don't know where God plans to lead me, I do know that he is sovereign and that he has placed me now where he can use me now. I endeavour to make the most of opportunities in the present. Let me encourage you to do the same as you also are a part of God's mission, wherever you are!

**Claire Nicholson** is a recently qualified midwife in Leeds.

# nursing out of your comfort zone: Iraq and Lebanon

**Ruth Tisdall** shares her experiences on a recent trip to support refugee communities in the war torn Middle East

With an interest in the Middle East, I took the opportunity to go to Iraq and Lebanon with a CMF team and see the work that Health Outreach to the Middle East (HOME) do with refugees and Internally Displaced People (IDPs). The aim of the trip was to learn more about HOME as an organisation and what opportunities there may be for Health Care Professionals (HCPs) to work with them, either in the short or long term. I was looking at this from the perspective of nurses in particular.

## Kurdistan

In Erbil we were hosted by Dr Janin who works in both government and private hospitals and volunteers with HOME running clinics in camps for IDP. He was able to tell us about the situation in and around Erbil, Kurdistan and Iraq in relation to the IDP crisis and the country's medical provisions. We visited, as well as ran, pop-up GP clinics in a few camps in and around Erbil to experience providing treatment for the Kurdish people, and learned from Dr Janin what the needs were in each place. Overall there is great need in the camps, and indeed the country, for continued treatment for chronic illnesses such as diabetes and hypertension in the older generations, and nutrition and health education and wellbeing for the younger generation and children (but of course this is important for every generation).

The biggest gap we saw across all generations was the lack of mental health care, which was openly acknowledged by Dr Janin. However there seemed to be little that was being done to solve this problem. I saw many people with physical symptoms typical of acute and chronic stress and cases of Post-traumatic stress disorder in the children physically and in their behaviour. We spent a very short amount of time there but it was clear to see that they are open to having help, both short and long term. However, what this looks like exactly is unclear at the present. Our experience was quite focussed on the healthcare available to IDPs; however with just one visit to a government hospital it was clear to see that the country's general medical needs were considerable.

## Lebanon

The situation here was quite different. Lebanon has done very well rebuilding its infrastructure after the wars. However it is now providing services for an extra two million refugees, and there are not enough

HCPs to do so. In Kurdistan we got no sense that becoming registered there to work as a HCP would be a problem. However, in Lebanon international HCPs cannot register (to protect jobs for Lebanese HCPs) and therefore do not have freedom to work to their full capacity as they would here.

For example, the Korean husband and wife who ran HOME in Beirut are a fully qualified surgeon and nurse respectively. However, they are only able to do very basic observations, consultations and prescribe medication. Most of their work is administrative and clinical work is done by voluntary Lebanese HCPs, both Christian and non-Christian. This poses obvious limitations for international HCPs to help the refugees. It is possible to go under the umbrella of an organisation and volunteer on trips to do clinics in camps, however, there are many restrictions and, from the perspective of HOME, short term mission trips were not always helpful. Commendably, their goal is to build up Christian Lebanese HCPs to treat and minister to the refugees. However, with the current lack of these, many secular HCPs volunteer (to their credit) and provide the much needed care. However, as one of the team shared with me, there was a clear difference with the care given to a patient depending on whether it came from a Christian or secular doctor. The Christian doctor was seen to be much more compassionate and caring, and giving the patient time.

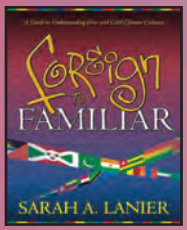
Overall, to serve in Lebanon you need to go with a much more open mind as to what ministry would look like. Nurses can serve in many areas, of which nursing is just one, whereas in Kurdistan, nurses could easily go as 'tentmaker' missionaries.

For information about volunteering with and supporting the work of HOME, visit *homeforhim.org* or contact CMF at: *nurses@cmf.org.uk*

**Ruth Tisdall** is a bank nurse in Cambridge.

# Foreign to Familiar:
## A Guide to Understanding Hot- and Cold-Climate Cultures

Sarah A. Lanier

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Reviewed by **Elsi Wall**, midwifery student on our International Track

I really enjoyed this book, and found it helpful in shaping my understanding of the differences between cultures. The author has lived in various cultures, and includes many of her personal experiences in her explanations. Lanier categorises cultures into 'hot climate' or 'cold climate', describing and explaining characteristics of each. She addresses the fact that this is a generalisation but expects most cultures to fall into one category or the other.

Topics covered include how people from different cultures approach relationships, social events, and communication. As well as providing insight into cultural habits, this book also addresses the issue of crossing cultures, and how moving from a 'cold climate' to a 'hot climate' culture, or vice versa, can lead to culture shock. With this in mind, the book encourages understanding of the new culture entered, and offers tips and insight that can be useful to someone experiencing this transition.

Although, of course, putting every culture into one of two categories takes away the unique elements and features of any culture, I see this book as a really helpful guide to someone who is crossing cultures; it has potential to help prepare someone to be more respectful, understanding and comfortable in a new culture.

# building hope
## through education

**Barbara Parfitt** shares her experiences of setting up a nursing and midwifery college in Bangladesh

The accommodation for the Grameen Caledonian College of Nursing in Dhaka, Bangladesh is simple but from the beginning we were able to invest in computers, textbooks, simulation models and enough space to house the original 40 students. Now numbers have grown to 400 and in September 2017 the foundations for a purpose built college were laid. This college was established using a social business model, relying on generous loans or donations at the start and aims to move towards financial sustainability. The college fulfils one of the developing world's greatest needs: quality nurses and midwives. By providing vital care throughout women's lives, particularly during childbirth, nurses and midwives have a major impact in poor communities.

The college targets young people from disadvantaged communities giving them the opportunity to undertake this international level course taught in English, which is essential if they are to be able to access the necessary resources to learn about and develop evidence-based practice. The college aims not only to prepare international standard nurses but also to equip them with the skills to become change agents and leaders in their own communities. The majority of students come from families earning less than $200 per month and without the loans that the college facilitates and the education and training we provide, they have little chance of continuing their education. One of their students, Popi, grew up in a very poor family in the nearby village of Palash. 'Coming here I have a chance to become a proper human being', she says.

I came to Bangladesh from Scotland in 2009 to build a college expressly for daughters of borrowers from the Grameen Bank, which was founded by Nobel Peace Laureate Muhammad Yunus to pioneer the giving of very small (or micro) loans to desperately poor people. In part because of their involvement with the bank, most of Grameen's borrowers send their daughters to school and they value education, many of the young women reaching high standards in their Higher School Examinations. They are excellent students and thrilled at the opportunity for a nursing career.

Since that time the college has grown. I spent

four years establishing the infrastructure and setting in place all the policies and procedures necessary to run an international level nursing college. In the early days, the college only awarded diplomas, but subsequently permission from Dhaka University means that the college now offers a BSc in Nursing in addition to the Diploma. After four years I retired but the Vice Principal, a Bangladeshi Nurse educator with a great deal of experience who worked with me to establish the college has taken over as Principal and she now has the responsibility for more than 400 students and over 40 members of staff. The college continues to be supported by Glasgow Caledonian University (GCU) and Professor Frank Crossan from GCU has worked closely with the Grameen organisation and with the Principal of the college to ensure its success.

The education that the college provides is life changing for the young women and for their communities. Expanding the nurse and midwife program is the most cost-effective approach to solving the growing shortage of

doctors and nurses in developing countries. Millions of people live miles from any clinic or hospital. Nurses and doctors tend to converge on big cities where they can get the best wages. As a result, rural parts of the developing world are bereft of health professionals. Bangladesh, for example, has just one nurse for every 8,000 people and 87% of women in rural areas go through child birth without any skilled birth attendant. Our aim is not only to encourage young nurses to return to their own communities promoting quality care but also to develop future leaders in the profession who will ensure that health policies benefit both the poor and women. Six of the students

from the first and second cohorts have continued their studies in the UK. Two of them are now studying for their Masters' degrees in Scotland and will return to the college as nurse educators and nurse leaders.

Travelling around some of the poorest and more remote areas of the world, I've seen first-hand the tremendous impact well-trained nurse-midwives can have on a community's health. For example, it's estimated that one-third of newborn deaths in such countries are caused by suffocation and could easily be prevented by clearing the baby's mouth and giving infant-appropriate CPR. Most of these babies don't need anything else to survive, just the quick actions of a well-trained birth attendant.

We've built our nursing school in Bangladesh not just to help the people of that country and give these young women a chance at a better life, but also as a model we hope other organisations will examine and consider spreading around the world. Looking across each graduating class, I see countless youthful faces flushed not just with accomplishment, but eagerness to have an impact. These young women are an untapped resource. Once they get a taste of education, they long for more and they start dreaming of changing the world. We will continue to give them the opportunity to take the giant step from poverty to professional nurses. They will not only repay their college loans, thereby making the program sustainable, they will save countless lives both as nurses and as role models for others.

**Barbara Parfitt** is the former Dean of the School of Nursing, Glasgow Caledonian University. She is also the acting Director of the International Institute of Christian Nursing and editor of *Christian Nurse International*.

interview

# on the frontline

We talk to **Chloe Jones** about her work as a children's nurse

*What area of nursing are you in?*
Paediatric.

*Why did you choose this speciality?*
I've always loved working with children.

*What motivates you in your job?*
I suppose I really want to glorify God through my work and I want the families and children that I care for to feel important and safe.

*What does a typical day look like for you?*
I currently work on a busy surgical ward, so I'm often taking and retrieving children from theatre. A key part of my job is trying to help manage pain and supporting parents.

*What are the particular challenges about your job?*
I think the busyness is the biggest challenge. I often feel like I am running around from one job to the next, and it saddens me that I don't always have time to really invest in the lives of the families and the other staff members that I am working with.

*What are the blessings of your job?*
Seeing children get better and walk out of the door smiling is always very rewarding. It's also very special when you look after a child who is very sick and you're able to be the person who tries to provide comfort and support to the parents at a really stressful time. It's definitely a privilege!

*How did you find the transition from student to qualified nursing?*
The weight of responsibility definitely seemed very heavy to start with. I often went home worrying that I had missed something or not documented properly. Nevertheless, the staff that I was working with were all extremely supportive and were always happy to answer my questions. Thankfully, I now love being a fully-fledged nurse and find it much easier to switch off when I'm not at the hospital.

*Any advice for student nurses and midwives reading this?*
I think it's really important to keep asking questions. Don't feel like you need to know everything! Also don't forget that God hugely cares about your job and your patients so don't forget to keep praying and involving him in your day.

*What things can we be praying for you?*
The erratic shift patterns can often mean that I'm not regularly at church and I find it difficult to get into a regular Bible reading pattern. Prayer for a closer walk with God would be hugely appreciated!

**Chloe Jones** is a paediatric nurse in Nottingham.

# because life is precious, we care

**Bethany Holt** shares her experiences of volunteering at a birthing centre in Mindanao, The Philippines

My name is Bethany Holt. I am a registered midwife and graduated from Cardiff University, Wales, in 2013. I have been volunteering at Mercy Maternity Center in Davao, Mindanao, since September 2016. Mercy, a stand-alone birth centre also known as a charity 'lying in clinic', was incorporated in 1996 and has now supported 25,000 women through the birth of their babies at the centre.

## Reaching the poor

The centre offers services to our women purely at cost rate, so there is no charge for the services provided, just for replacement of equipment used. The aim of the centre is to reach those with a lower income in order to help them obtain safe care, with the average wage of the women being £88-£147 per month. However, the passion of the centre and all of its staff is not only to provide safe maternity care but also to be the hands and feet of Jesus and so share the Gospel. This is incorporated into the daily goings on of the centre from worship and Bible study for the women before their antenatals, to giving out Bible studies, to praying with the women and their families in labour. In addition to this, there is a desire to be more intentional in sharing the Gospel, seeking out ways in which to share God's love and so to respond to the prompting of the Holy Spirit as we develop relationships with the women and their families. We are reminded to seek an eternal perspective, making our ministry truly holistic.

Women who give birth in the centre, also attend the centre for their antenatal appointments throughout the week. On Mondays, we see all our new *buntis* (pregnant women) for their 'initial prenatal'. This involves taking their history and performing their very first antenatal appointment. They are then scheduled for their following appointments at the centre on Tuesday, Wednesday and Friday. Women are seen for their first antenatal appointment anything from eight weeks up to term! This is significant from a risk screening point of view as this might be our first contact with the woman and, for some, their first contact with a healthcare professional at all during their pregnancy. For those who attend late in their pregnancy, this makes it more difficult to determine holistically the health and

wellbeing of the both the fetus and the mother. *Saving Mother's Lives Report* (2007)[1] highlighted late booking as a risk factor for maternal death. One of the reasons for the late attendance for some women is that they come down from the *bukid* (mountain) close to term to give birth in the city.

On Thursday, antenatals are also done in an area called Isla Verde in a clinic run alongside a church based in that community. Isla Verde is one of the most deprived areas that we reach out to and includes the Badjao community who often have little to no income or even education. These women will often turn up in labour to the birth centre with no investigations. One in seven adults in the Philippines have Hepatitis B,[2] in addition to many women, especially from this community, being anaemic!

For those women who do turn up in labour with no investigations, we can carry out a rapid screening to determine their current hepatitis status and haematocrit level, but these investigations are ideally carried out antenatally, at the patient's expense. For those who are unable to obtain their own 'labs', we do offer charity payment for them.

However, there are women who slip through the net. This is something we are looking to improve as we aim for 100% screening for our patients for blood type, hepatitis, haemoglobin and urinalysis. These are actually the only investigations that are required for the women, a far cry from the thorough screening women in the UK receive all free of charge (thanks to the NHS).

All of our newborns are given their first Hepatitis B vaccination within a few hours of birth and are advised regarding their follow up vaccines to be obtained from the local health centre. This is part of a Hepatitis B screening programme commenced in 1992.[3] They normally receive their BCG vaccine at the centre within the first two weeks.

## Postnatal care

Any baby born at the centre or even a mother who laboured at the centre and was then transferred during labour, is offered their postnatal checks at the centre at one and three days old and then at one, three and six weeks old. In the UK, this is often done by community midwives at their home or in clinics. Here at Mercy, these postnatal checks are scheduled for the specific midwife who assisted the woman as she birthed her baby. This is either scheduled on their own time or

‘the passion of the staff is not only to provide safe maternity care but also to be the hands and feet of Jesus and so share the Gospel.’

while they are on a shift and they follow up with the mother and child until six weeks. This provides an element of continuity of care for the women and their families and enables relationships to be built between them and opportunities to share the Gospel.

Weekly visits are also made to certain women in their homes. Some women are specifically selected for various reasons for full continuity of care from the antenatal period, to being on call for the birth and through to six weeks postnatal. This is again a further opportunity to develop relationships with women and their families and also aiding regular attendance to antenatal appointments and subsequently engaging with care, positively impacting health. However, this can be a strain on the individual midwife in several ways and as a result is not performed across the board.

MATERNAL MORTALITY in the Philippines in 2015 was 114 PER 100,000 deliveries [A]

NEONATAL MORTALITY was 13 PER 100,000 live births [B]

STILLBIRTHS were 15 PER 100,000 live births [B]

[A] Maternal mortality in 1990-2015 WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group PHILIPPINES *bit.ly/2nSHsXK*

[B] Philippines Maternal and Child Health Data - 2015 Profile, Countdown to 2030: Maternal, Newborn and Child Surivival *bit.ly/2C5VAQt*

## Ultrasounds

Another service offered at the centre is that of free ultrasounds. An 'outside' ultrasound, an ultrasound at any other laboratory or obstetric clinic on the street, costs between £7.30 and £13.20 which doesn't seem like a large amount of money, but when taking into account the average income of our women, it's not surprising that not all of the women here are able to afford an ultrasound. We have been able to have several ultrasound technicians attend and provide basic training for a few members of staff. The ultrasounds we provide are unofficial due to the lack of official training we have and are mainly to clarify gestational age, fetal position, placental location and amniotic fluid index.

This is offered only to women who 'need' an ultrasound such as abnormal FH (bearing in mind Filipina *buntis* already have a 2cm less symphysis fundal height than Caucasians), unclear LMP, bleeding during pregnancy etc. So, while all our women in the UK might have a dating scan and then an anomaly scan, women here would be 'lucky' to have just one scan and often this does not take into account abnormalities of the fetus.

## Our team

In addition to our wonderful team of Philippines-qualified midwifery staff, we also have volunteers from all of the world with varying degrees of midwifery experience who are seeking to find out about what midwifery in the developing world looks like. Some of the midwives who have completed their time with us have gone on to work in other developing countries, even opening their own birth centres as they desire to reached the unreached for Christ. More details surrounding this aspect of the ministry can be found here: *www.mercymaternity.org*

If you would like to take a look at my blog or get in touch to ask more questions and find out how you can get involved through prayer, donations or even volunteering, please do.
*beth.h.mw@hotmail.com*
*timetravellingmidwife.wordpress.com*

**Bethany Holt** is a midwife.

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