summer 2019

spotlight

for today's Christian nurses & midwives

- maternal & neonatal health: global challenges
- the value of motherhood
- expectant hope

spotlight
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inside

editorial

I am a mother of four. During my pregnancies, I suffered from one or two complications, especially with my last pregnancy, and I valued input from health professionals. Midwives and doctors were helpful in my own maternal health, but they were absolutely crucial in my children's neonatal health – they actually saved the lives of my last two newborns.

Both my daughter, and then later my son, arrived extremely prematurely, one at 27 weeks gestational age, one at 26 weeks (and six years apart for those trying to make sense of that!) Within half an hour of birth, they'd been suctioned then ventilated, had oxygen delivered, and levels monitored. A cocktail of drugs had been given, including intravenous caffeine to stimulate breathing (my daughter blames her love of coffee on those first neonatal days!). Placed in incubators to maintain body temperature, central lines, electrodes, and cannulas in place, there was hardly any 'tech-free' part of my babies to see by the time I was allowed out of the labour room to visit them.

On both occasions, there followed a tough three months with my babies in NICU, fighting for their lives. Yet I am so grateful that I live in the UK and had access to the amazing care and free medical facilities here. It would have been a gravely different outcome for my children if they'd been born in Africa or Southeast Asia. There's such a dramatic survival gap between low-income and high-income countries for babies born before 28 weeks. A report in 2012, titled *Born Too Soon: The Global Action Report on Preterm Birth*[1] showed that in low-income countries, more than 90 per cent of extremely preterm babies die within the first few days of life, while less than 10 per cent die in high-income countries.

It doesn't seem fair. I felt the same last summer as I witnessed a 27 gestational week baby die on a neonatal ward in Kisiizi, Uganda, or the pair of 28-week twins the following day.

How does our Lord, the God of justice, feel about that or about the fact that 99 per cent of all maternal deaths occur in developing countries?[2]

And yet progress is being made. The United Nations' Millennium Development Goals[3] were introduced in the year 2000; a review in 2015 estimated that between 8.8 million and 17.3 million lives were saved due to faster progress on combatting child mortality, and approximately half a million due to improvements in maternal mortality.

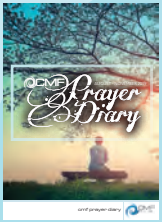
It's a work in progress.

- Let's pray on.
- Let's keep hope alive that change can happen.
- Let's keep informed – I hope this edition of *Spotlight* helps highlight some of the issues.
- Let's be advocates for the best and fairest maternal and neonatal health globally.

And, finally, let's cheer on you, our wonderful midwifery colleagues, who do such an extraordinary and precious job.

Pippa

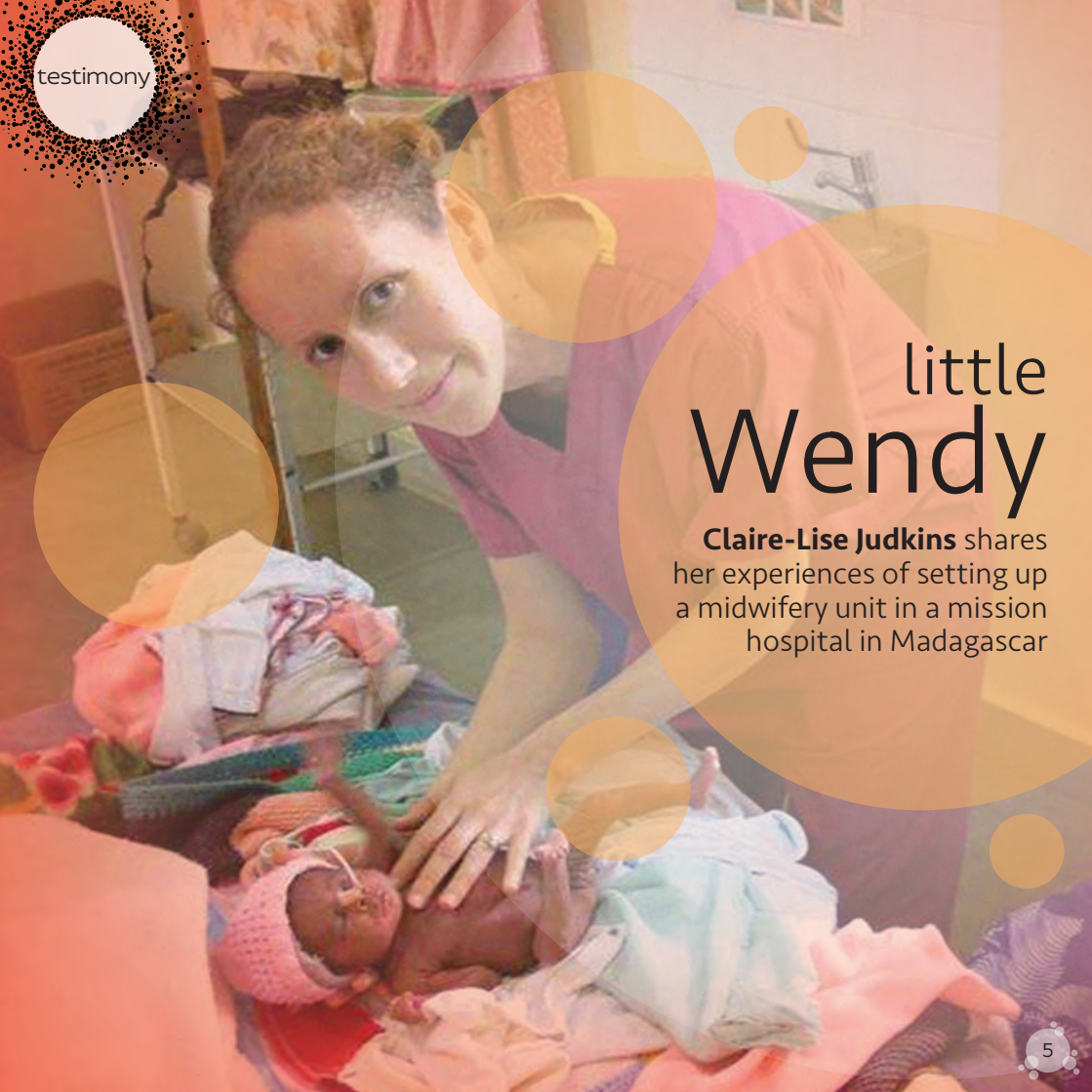
1. Born Too Soon: The Global Action Report on Preterm Birth. *World Health Organization*, 2012. *bit.ly/2Rmw70c*
2. 99%: The proportion of maternal deaths that occur in developing countries. *WHO Fact of the Week*, 21 May 2007. *uni.cf/2RWEbSq*
3. The Millennium Development Goals: 2015 and beyond. *United Nations*, 2015. *www.un.org/millenniumgoals*



New! CMF Prayer Diary

If you want to keep up-to-date with prayer needs for CMF and others working in healthcare, please subscribe to the *CMF Prayer Diary* by emailing *prayer@cmf.org.uk*

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.



little Wendy

Claire-Lise Judkins shares her experiences of setting up a midwifery unit in a mission hospital in Madagascar

Little Wendy was brought to the Good News Hospital when she was three days old, weighing only 1kg. Her mum was known to us as she had delivered twins the year before in our hospital at 25 weeks gestation. Sadly, her twins had died shortly after birth and she had gone back to her village in Northern Madagascar. So here she was again, this time with another small baby in hand.

What had happened?

As we took care of little Wendy, her Mum started sharing her story. She got pregnant fairly soon after the first pregnancy but didn't get any antenatal care as her village is very remote. When she was on her own in the forest, gleaning for food, labour happened very quickly at around 29 weeks. The first baby came out and then she realised another one was inside! The second baby was then born.

Wendy's mum thought that her babies would once again die due to prematurity, so didn't make her way to us. The first twin did sadly die, but the second (little Wendy) was a fighter and kept going! So, after three days, her mum decided that she had better come and see us at the hospital. How did a little premature baby survive for three days in the forest? I do not know other than by God's grace!

Wendy and her mum stayed at the Good News Hospital for six weeks before being discharged home when she reached 2kg. During that time, Wendy received basic, but essential neonatal care (oxygen, nasogastric tube feeding with breast milk, spoon feeding and of course, kangaroo care[1]) and Wendy's mum got to rest and more importantly, hear the good news of Jesus and the hope he gives to all that come to him.

Wendy's story reflects the importance of having a maternity service in Mandritsara, Northern Madagascar. The Good News Hospital has been going since the mid-90s. It started as an outpatient clinic and gradually grew to a small hospital with a few beds. Then by integrating some surgery, grew into a large (actually the largest local) hospital serving an area equivalent to half the size of Wales![2]

When I arrived in Mandritsara with my husband and two small children in May 2010, the maternity unit was not open. The building was there, the equipment was in storage, but the doors were locked as there were no midwives to run it. There was however, a huge

need for proper antenatal, labour, postnatal and neonatal care. Far too many women and babies were dying from complications of pregnancy and childbirth.

The first step was of course learning the language. Without language, communication is impossible, or very difficult using interpreters. Malagasy language (as well as Malagasy culture) arises from a mixture of influences from Indonesia, the Middle East and Africa. It is well known to have long words and lots of 'As' and 'Ns' (just take the example of its capital: *Antananarivo*, or the name for God: *Andriamanitra*).

We had an excellent language teacher called Bako, who helped us not only learn Malagasy, but also the local dialect, *Tsimihety*. Six months later, we were thrown into the deep end: my husband Peter working as a senior nurse on the medical and surgical ward, with myself starting at the antenatal clinic.

God's timing always being perfect, I was quickly joined by Laure-Anne, a French midwife who came for two years to help us with setting up a maternity ward and training staff. We had great fun establishing basic protocols (trying not to do it the NHS way, nor the French way, but in an evidence-based way, and also in a taking-into-account-the-situation-in-a-low-resource-country way).

We opened the maternity ward in September 2011, having trained six healthcare assistants to work with us. They were all excellent; quick learners (as well as good language and culture teachers for us!); kind and compassionate; but above all, disciples of Jesus.

As the main aim of the hospital is to share the good news of Jesus Christ, it is essential for all staff to have a personal relationship with him and that they are able (and willing!) to share their faith with others. It hasn't always been easy (especially when the hospital was short-staffed, when the easy answer would have been to employ non-Christians), but in the long term, and in order to maintain the evangelistic aim of the hospital, it's been crucial. We are thankful for godly leaders who have managed to keep this vision going over the last 20+ years.

Running a maternity ward 24/7 with only two midwives was of course, challenging. The on calls were long and tiring, even if we both lived on site and could come home for some rest when things were quiet (or run back in case

God is good and never let us down. He always gave us the daily strength we needed, both physically and emotionally.

of an emergency: my personal best was a two-minute run for a shoulder dystocia!). Not only that, but the cases we came across were way beyond what we had ever encountered in Europe: ruptured uteruses, multiple births, breech babies, eclamptic fits etc. All those without the help of an obstetrician (though we had some amazing medical and surgical doctors)!

But God is good and never let us down. He always gave us the daily strength we needed, both physically and emotionally. He was faithful and kept us going and eventually he provided us with more midwives to join the team and share the load.

Recruiting midwives was indeed a challenge as the midwifery schools were all based in big cities, so most midwives (newly qualified or already established) weren't attracted by a rural hospital with limited water access and electricity and in the middle of nowhere (it takes about 24 hours by bush taxi to get from the capital to the hospital).

So, one solution was to train midwives ourselves. The nursing school was already established by then, so we then opened a midwifery branch. The first intake comprised of four students (our very own HCAs). When I and my family left Mandritsara in August 2016, the maternity team comprised seven midwives and six HCAs. Praise God for his faithfulness in providing staff!

Between 40 and 50 women give birth at the Good News Hospital each month. Hundreds of women come for antenatal care, babies get vaccinated, compassion and love is shown, and above all, the good news of Jesus is shared on a daily basis through personal contact between carers, patients and their families, as well as through daily services on the wards.

Stories like those of little Wendy were typical of our experience in Mandritsara and serving God in this kind of context was pretty hard as we encountered real hardships and poverty, but what an amazing privilege we had to share real hope with those suffering.

Claire-Lise Judkins is a midwife who currently works as a missionary in France

1. Kangaroo Care. *Wikipedia*. *bit.ly/2LtpNjo*
2. Friends of Mandritsara. *mandritsara.org.uk*

why CMF for nurses?

Pippa Peppiatt explains the CMF motto 'connect, grow, speak, serve'

What does it mean in practice to serve God in our nursing or midwifery careers? It may mean serving God by being a 'good nurse' and by striving to be caring and compassionate. Perhaps patients or colleagues will notice something distinctive about us and ask what our motivation is. It could mean using nursing as a means to share the gospel, and talking about our faith with patients when they ask us. Alternatively, we may have gone into nursing with a clear desire to work in the developing world as a missionary nurse, or to serve the poor and needy in the UK.

All of these are valid ways to serve God through nursing, but what do we do when these desires conflict? When our desire to share our faith interferes with our desire to be seen as a 'good nurse'? What about when ethical issues mean making difficult decisions?

The purpose of the Christian Medical Fellowship (CMF) is to help you integrate your Christian faith with your nursing or midwifery career – so that you know who you are in Christ and can serve him through your work. We help support and equip you so that you're not just a nurse who happens to be a Christian, or a Christian who happens to be a nurse, but a real Christian nurse. This is what CMF is for!

Church and CU will help you to grow as a Christian; nursing school will help you be a better nurse; CMF will help you at the interface to *connect, grow, speak* and *serve*. There are four ways CMF can help you thrive as a Christian nurse or midwife:

SPEAK SERVE

connect

Local groups are a great way to meet regularly with others and work out what it means to be a Christian in nursing or midwifery – a place where you can encourage, pray and support one another.

We can provide speakers for ethics talks, debates or evangelistic events. We have resources to help you organise freshers' events, to run a series in Christian nursing ethics, and help your reps plan a programme that's tailored to your group members.

The National Conference (April) and Student Conference (February) are the biggest events of CMF's year with delegates from all over the UK, Ireland and several other countries. There are top speakers on issues at the interface of Christianity and nursing/medicine, with excellent seminars ranging from caring for the dying to nursing on the mission field and suffering. This is a chance to meet with hundreds of like-minded Christian nurses and medics to worship our great God together.

We also offer day conferences, prayer and social events in local regions.

grow

There is a bewildering array of issues that confront Christians in healthcare, and it is vital that we are able to give a Christian response to them. Assisted suicide and euthanasia, alternative medicine, gene editing, stem cell treatments, Christian approaches to mental health, abortion, contraception and fertility treatments, the ethics of sharing faith and caring for transgender patients – the list goes on!

The Bible has something to say on all these topics, but sadly you can't just open a concordance and look up 'stem cells'. It takes a lot of wise application of the principles of Scripture in order to bring them to bear on these modern dilemmas. CMF provides reliable, practical resources that will help you understand the issues at stake and apply biblical wisdom.

Our regular publications *Spotlight*, *Nucleus*, *Triple Helix* and *CMF Files* are all designed to address these issues. Online resources can be found on our website: *cmf.org.uk*

We also publish books such as *Matters of Life and Death (ethical issues at the beginning and end of life)*, *Hard Questions about Health and Healing*, and *Lighting the Way: a handbook for Christian nurses & midwives.*

We're committed to helping train nurse and midwife leaders. As well as offering specific support, we run annual student leaders' training to help leaders get to grips with the issues they are facing in their groups, and retreat days. You may wish to get trained to write articles on our writers' study days for nurses or come on our '*Biblical Leadership for Nurses*' course.

speak

CMF wants you to be equipped to speak confidently and with conviction about what you believe and why.

To this end, we provide training days that will equip and empower you to be a witness where God has placed you as a nurse or midwife, knowing what you're allowed to share and how best to go about it. Training may entail a speaker coming to talk to your group, joining our Evangelism Track, or day conferences such as *Confident Christianity* and *Saline Solution*.

Help engage with our culture, government and professional bodies and keep up-to-date with the latest legal and political agendas affecting healthcare. Christian nurses and midwives

have the unique opportunity to help shape society by engaging in the media and the democratic process to ensure that good laws are protected and bad ones prevented or restricted. CMF provides press releases in response to ethical news and announcements. We make submissions to government consultations on future law changes – members add strength to our voice as we speak out in the public square.

serve

Here are some of the ways you can serve within CMF:

- **Pray** – Keep up-to-date with prayer needs with our *CMF Prayer Diary*
- **Give** – Your subscription as a member helps pay for CMF's work
- **Lead** – Become a student leader or a graduate supporter of a group
- **Write** – Contribute articles for *Spotlight*, *Nucleus*, or the website
- **Speak** – Share at a seminar or become a nurse trainer for Saline Solution
- **Learn** – Develop a passion for medical mission and join our Global Track programme
- **Go** – Do an elective or short-term mission trip in the developing world

All of us face hard decisions about how to prioritise our time, resources and efforts. Some of us will give more to church, CU, or other valid interests. But each of us should consider this carefully – what are the unique gifts and opportunities that God has given you to help build his kingdom? Another way to put this is to ask, 'What is it that only *you* can do?'

For those of us who are Christian nurses or midwives, we are given particular opportunities for God's kingdom that few others have. We need to take this seriously and ask how our careers can be used most effectively for his glory. CMF is here to help you in this, and to build a movement of healthcare professionals passionate for the glory of God in and through our vocations.

Pippa Peppiatt is CMF Head of Nursing

students

top ten tips for surviving nursing school

1 Put God first!

Daily devotions are important. Read the Bible. Safeguard your intimacy with Jesus. Get a daily devotional book and find a time to read it every day, at a time that works for you, even if you have to get a little creative and intentional when placements start.

2 Get stuck into a church

You won't make every meeting, but try to commit to one local church. Build up relationships with a few people (think depth of relationships rather than numbers). Having a church family nearby, especially if you are away from home, will help you settle into university life and be a vital part of your support network.

3 Look after yourself holistically

You'll be taught to do this for patients. Take the same advice. Care for yourself physically, mentally and spiritually. Nursing school is a marathon, not a sprint. You can probably endure a short period of exhaustion but your performance will plummet if you neglect yourself long-term. Eat well, exercise, and sleep as much as you can!

4 Exercise regularly

Studying as a nurse or midwife can be quite a responsibility. Try and exercise as part of your daily or weekly routine. As well as keeping us in shape, exercise has been proven to help relieve stress and anxiety. It also boosts your ability to retain information.

5 Use the support at your nursing school

Keep in touch with your personal tutor, even when things are going well. Then you will have a relationship where you can approach him or her whenever you might be struggling.

6 Ask questions

The only wrong question is the one not asked. Don't be afraid to grow your inquisitiveness. Ask not only the 'what' and the 'how' but the 'why' questions too.

7 Make the most of every opportunity

You'll meet many different and interesting students during your time at uni. Enjoy meeting new people, especially those who are different from you! You never know what the Lord might bring from these relationships. Make the most of the clubs and other unique opportunities you have as a student. (You'll miss the discounts after you graduate!)

8 Learn time management

This is one of the most important skills to develop. Learn to plan and prioritise, instead of just 'going with the flow'. These skills will save you from many bad days, both as a student nurse and later.

9 Journal before bed

If you catch yourself lying awake at night, frantically reviewing everything you have to do the next day, try journalling. Take just a few minutes before bed to jot down your thoughts, experiences or concerns. This will decrease feelings of worry and fear. Pray through these things.

10 Connect with other Christian student nurses and midwives through CMF

It is so helpful and encouraging for Christian nurses and midwives to connect and prayerfully support one another. It's great to unite publicly to promote Christian values in nursing and midwifery, and to look collectively at ethical issues from a biblical perspective. Make use of resources available online and in print and be encouraged to be the best Christian nurse or midwife you can be!

CMF student groups

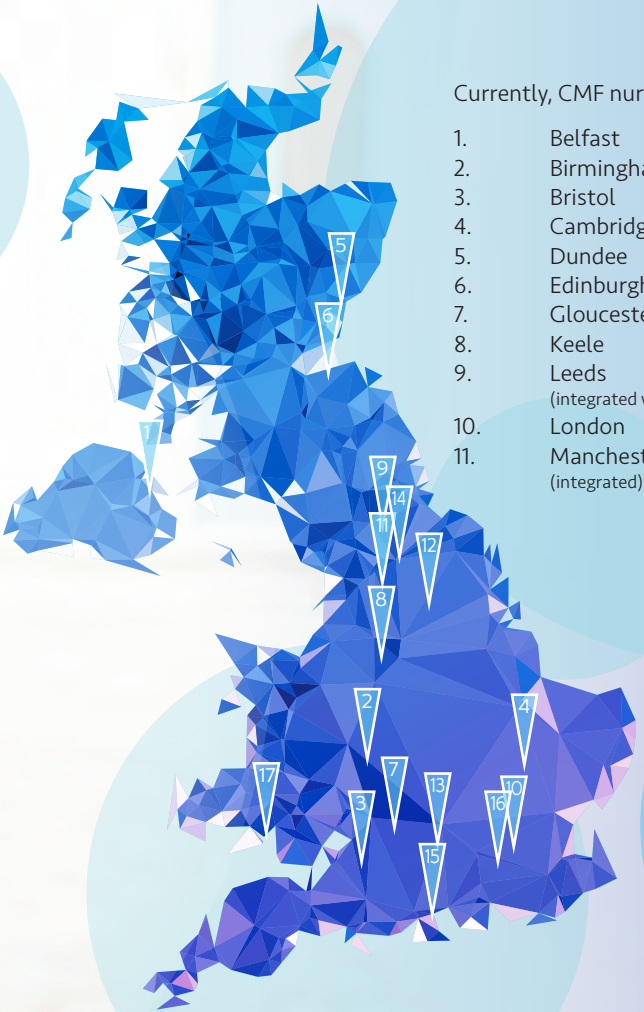
What does a local CMF nursing group look like?

Students meet once a month, usually over food, to support and encourage each other, to pray, and to look at issues at the interface of faith and nursing/midwifery. This might take the form of a Bible study on compassionate care or look at an ethical issue eg. sharing faith, new technologies, suffering or abortion.

CMF aims to deepen the spiritual life of nursing and midwifery students, empower them to examine and apply Scripture as it relates to nursing and midwifery, and equip them by providing resources on relevant topics. We also aim to link them with local qualified Christian nurses and midwives, who can mentor and pray for them.

in order to start a group

We need to know that there are several local Christian student nurses and midwives who want a group, and in particular at least two students who have the enthusiasm (and reliability!) to be student reps. We provide Bible studies, resources and occasionally speakers for the group, so leading it is made as easy as possible. If you want to explore starting a group at your university, please contact Pippa on *pippa@cmf.org.uk*



Currently, CMF nurse & midwife groups are set up in:

1. Belfast
2. Birmingham
3. Bristol
4. Cambridge
5. Dundee
6. Edinburgh
7. Gloucester
8. Keele
9. Leeds (integrated with medics)
10. London
11. Manchester (integrated)
12. Nottingham
13. Oxford
14. Sheffield
15. Southampton
16. Surrey
17. Swansea

We are also in the process of setting up groups in Brighton, Plymouth, Cardiff, Chester, Glasgow and Aberdeen, but are open to considering other universities where there is interest.

'I have loved being in a CMF group this year, being with others who know exactly what it's like to be a Christian and a student and a nurse, with all the challenges that brings. Looking at key things like keeping our faith and compassion strong has been so helpful...'

Becky, 2nd year nursing student

expectant hope

At that time Mary got ready and hurried to a town in the hill country of Judea, where she entered Zechariah's home and greeted Elizabeth. When Elizabeth heard Mary's greeting, the baby leaped in her womb, and Elizabeth was filled with the Holy Spirit. In a loud voice she exclaimed: 'Blessed are you among women and blessed is the child you will bear!'

Luke 1:39-42

One of my favourite games when my wife and I have been expecting a child has been 'chase the bump' – hunting for the baby's head or bottom and seeing if they moved when we touched it – chasing the bump around their mother's tummy. Often the game would stop when the baby had had enough and decided to dance on my wife's bladder or start to kick out in other directions in protest. I think that I enjoyed the game rather more than my wife and children did!

Fetal sentience is a buzzword in some circles, referencing the debate about whether babies in the womb are able to feel pain or are aware of their environment. From many conversations over the years I have realised that anyone who has carried a child would attest that they most certainly are. I vividly remember being at the Notting Hill Carnival when we were expecting my daughter, and after a particularly loud float passed by, playing a driving bass line, my wife suggesting that we move away as the baby's movements showed she was clearly not enjoying the volume!

Yet the gospel story shows something even more remarkable. One child recognising another. But not the recognition of any other child (that would be remarkable enough). No, Elizabeth's unborn son danced for joy because he recognised the presence of his creator and saviour in Mary's womb.

The psalmist reminds us that '*through the praise of children and infants you have established a stronghold against your enemies, to silence the foe and the avenger*' (Psalm 8:2). From the unborn John the Baptist, God welcomed praise. From the unborn he accepts witness. Through two mothers The Lord spoke prophetically of the salvation that he was bringing.[1] Age, gender and social status are not the important factors here.

Whatever our society says, God values children and he values mothers. He values both so much that he has spoken through them as loudly and clearly as has he has through (mostly male) prophets and kings. It should make us stop and remember that when we are charged with the care of women and their babies, we undertake a holy task.

1. Luke 1:42-55

global challenges

Improving the health of women and their babies

Pippa Peppiatt and **Steve Fouch** look at the global picture for maternal and child health

In most developed nations, pregnancy and childbirth are no longer widely considered hazardous for mother or infant in the way they were just a few generations ago. However, for the majority of the world's population this is not the case. Poverty, social attitudes and family structures, plus a lack of social, physical and medical infrastructure mean that for many millions of women, childbirth remains deeply hazardous. In Sierra Leone, nearly one in eight women will die in childbirth, compared to one in 33,000 in Finland.[1]

causes of maternal and neonatal mortality

Most maternal and newborn deaths happen around the time of birth, although complications during pregnancy (including malnutrition, infections during pregnancy, HIV, syphilis, malaria, anaemia, pre-eclampsia and chronic diseases eg. diabetes) can also threaten the health and survival of mother and child. In the UK and most developed nations, monitoring during pregnancy, labour and after birth, with timely medical intervention when necessary, has greatly reduced both maternal and newborn mortality. Where there is limited or no access to midwives, trained birth attendants or obstetric units in community or secondary care institutions, the risks to both mother and child soar.[2]

inequality

Lack of access to facilities occurs for manifold reasons. If a country as a whole is poor, then it will have few skilled professionals and dedicated maternity units, and those that there are will be so overstretched that the care they can offer will be limited. Even where better services are available, they are often too costly for poor families and too urban-centred and distant for rural families. If you have to travel 100 miles to your nearest clinic, let alone hospital, the costs of travel, hospital fees, paying for drugs and equipment and taking time away from earning a livelihood make it prohibitively expensive.

In addition, there are often pressures on women from the wider culture that limit their access to health services; for example, greater value may be placed on the health of men and boys than women and girls. Finally, the overall health of the population will have a significant impact. Where HIV, TB, malaria and other communicable diseases are endemic and where levels of nutrition are poor, the likelihood of mother and child suffering major ill health or of dying are significantly increased.

family size and structure

However, there are even more complex factors at work. In most societies, children are insurance for old age. They will care for, house, and financially support an elderly adult. The more offspring you have, the better the chance that one or two will survive to adulthood and be prosperous enough to care for you. So, there is pressure to have many children. As it is often the expectation that sons will care for their parents rather than daughters, the pressure is to have boys rather than girls. This can have worrying consequences. The more pregnancies a woman has in trying to acquire a male child, the greater the lifetime risks to her health and survival, and that of each subsequent child.[3]

religion and culture

The cultural bias towards male children is often exacerbated by other economic factors such as inheritance patterns for land and property going down the male line, and the social expectation that parents will pay a dowry to the husband of their daughter or to his parents. Besides economic and biological factors, there are also religious and cultural beliefs about such issues as ideal family size and the relative value of men over women. All of this affects how much will be spent to care for a mother

Every day, approximately **830** WOMEN DIE from **PREVENTABLE CAUSES** related to PREGNANCY + CHILDBIRTH

99% of **all** MATERNAL DEATHS occur in DEVELOPING COUNTRIES

MATERNAL MORTALITY is HIGHER for **WOMEN LIVING IN** RURAL AREAS and among POORER comunities

Key facts from WHO, Feb 2018

in childbirth, how often she gets pregnant and the spacing between pregnancies.

Any solutions will need to address all of these economic, cultural and religious issues at some level, alongside improving access to timely, quality care from health professionals.

family planning

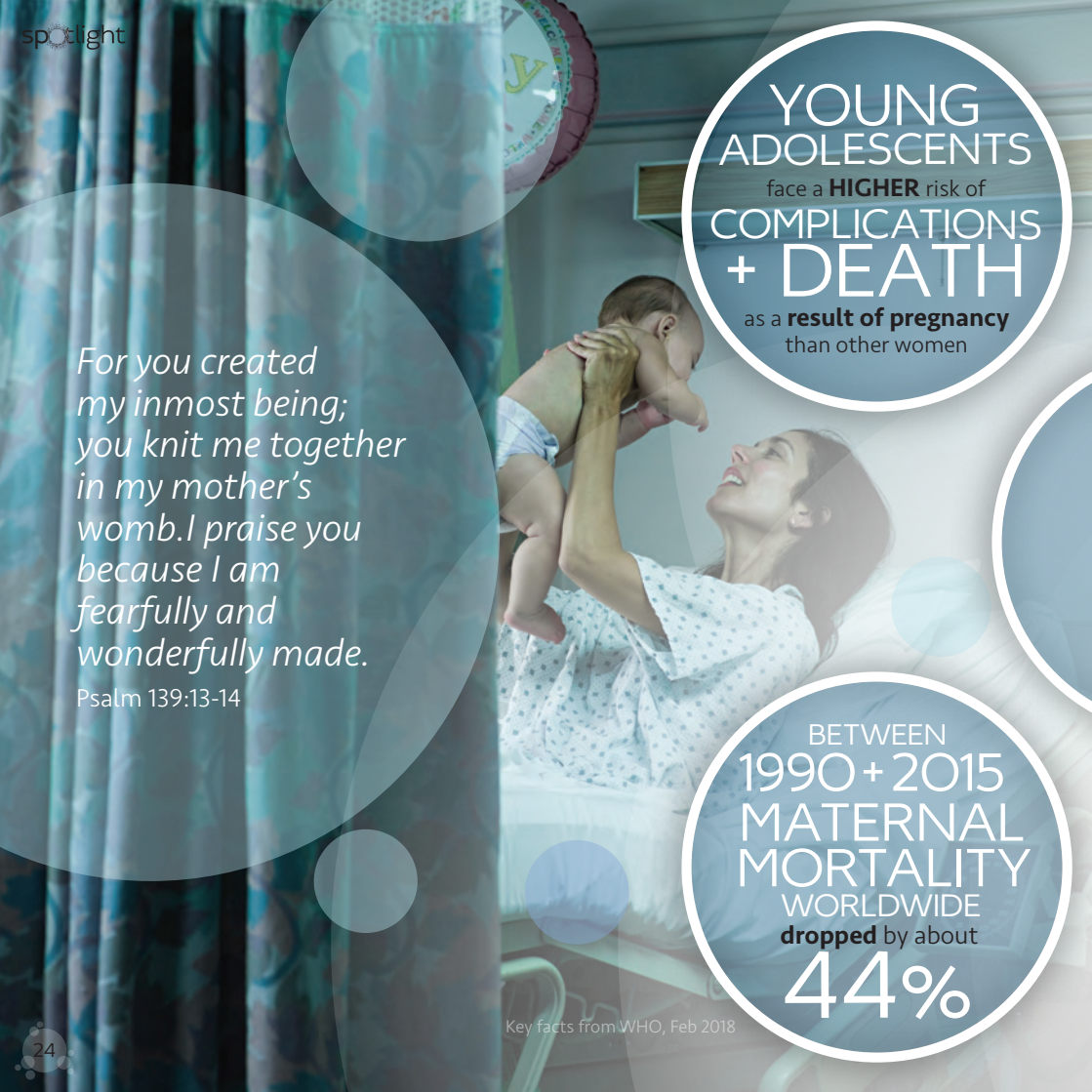
Research has shown that just providing good family planning services to help families control the number and frequency of pregnancies has little impact on either family size or the overall health and well-being of mother and children.[4] Smaller families are a disadvantage when a large family is your insurance policy for old age and sickness. However, when pensions and health insurance are provided, alongside family planning services, family size begins to drop. Family planning policies which encourage smaller family sizes through imposing limits or offering short-term economic incentives lead to a negative effect on the health and education of the children compared to those in larger families. This is because the parents are forced to divert funds from feeding and educating their children into saving for their old age. In other words, reducing family size (and the risks to the woman and each subsequent child of repeated pregnancies) can only be achieved as part of addressing wider economic and development issues.[5]

midwives

Another intervention that can have a significant impact is providing trained midwives and trained birth attendants (see page 5). Midwives do not just deliver healthy babies, they also ensure throughout the pregnancy that mother and child are healthy. A trained birth attendant can provide care during labour in settings where a midwife may be less readily available. Both midwife and birth attendant can ensure a mother is referred to an obstetric unit if there is a risk of complications. The United Nations Population Fund (UNFPA) estimates that there is a global shortfall of around 350,000 midwives, but by meeting this shortfall, up to 3,000 lives could be saved *every day,* with other health risks and challenges reduced for mother and baby.[6]

local community

The local community also plays an important role. Neighbours, relatives, schools and other community networks all play a vital part in supporting expectant mothers. Very often at the heart of these networks is a church, mosque, temple or synagogue. In most



For you created my inmost being; you knit me together in my mother's womb.I praise you because I am fearfully and wonderfully made.

Psalm 139:13-14

YOUNG ADOLESCENTS face a **HIGHER** risk of COMPLICATIONS + DEATH as a **result of pregnancy** than other women

BETWEEN 1990 + 2015 MATERNAL MORTALITY WORLDWIDE **dropped** by about 44%

Key facts from WHO, Feb 2018

developing countries, religion shapes the worldview and attitudes to health, women, childbirth, family size and gender balance. It is essential that any effective strategy to mobilise a community to support and care for pregnant women does so in the context of the religious environment in which the woman and her family live.

SKILLED CARE **before**, **during** and **after** childbirth can SAVE THE LIVES of **women** and **newborn babies**

Christianity and maternal and neonatal health

Christian health initiatives have long advocated a holistic approach, recognising that all aspects of health are not just physical, psychological or social, but include spiritual, economic, cultural and political dimensions. Churches and Christian organisations have worked for centuries in improving maternal and newborn health, and continue to this day to be actively involved in providing such care. The Bible is not a textbook on healthcare, let alone a manual on how to care for pregnant women and their newborn children, but it does speak of a God who values human beings at all stages of life, whatever their gender, age or social class. Psalm 139 speaks of God knowing us in the womb, and having our lives opened out like a book before him, from conception to death.[7]

Women were held in high esteem by Jesus, who had many female followers. Jesus was unafraid to cross social boundaries in talking to unrelated women and women of other races, something no respectable male Jew of that time would ever have done. Furthermore, he did so with care and respect.[8]

the fall

Yet, we also know from Genesis 3:16 that the pain and suffering of childbirth are a consequence of the fall, and so childbirth became dangerous and painful.[9] Furthermore, we read '*your husband…will rule over you*' (Genesis 3:16). This subjugation of women as part of the curse of the fall means the oppressive social attitudes that detrimentally affect the health of women, expectant mothers and their children are also a consequence of humanity's rejection of God. These hazards to women, both biological and social, are not part of the original pattern for humanity, but dimensions of our fallen nature.

redemption

Thankfully, the Bible is the story of God's salvation of humanity, restoring our eternal relationship with himself. Part of this story is the New Testament account of Mary, Jesus' mother and her cousin Elizabeth (see page 18), both unexpectedly pregnant and both carrying children who would shape the future of humanity.[10] The children recognise each other in the womb, and the mothers recognise that God is at work through their pregnancies. It is in the incarnation of God in the person of Jesus that the curse of Genesis 3 begins to be reversed; God experienced the everyday danger and frailty of life as a baby in the womb.

Ordinary women give birth to children all the time, and in entering into this most human of experiences, God dignified and made sacred the reality of childbirth, infancy and motherhood.

A Christian response to maternal and neonatal health is to see every life as sacred, known by God from the womb to the tomb, embedded in a network of human relationships, and worthy of the utmost care and respect. In cultures where women and children are not valued, we need to be countercultural, showing God's concern and love for every woman and newborn child in how we treat and afford them care and dignity. While childbirth remains hazardous and painful for many, we know that we have the human means to make it significantly less so. We have an obligation to ensure that no one is left without care that could save and enrich their lives.

Let's pray, let's advocate, and let's consider how we can use our skills and training to help at home and abroad.

Pippa Peppiatt is CMF Head of Nursing
Steve Fouch is CMF Head of Communications

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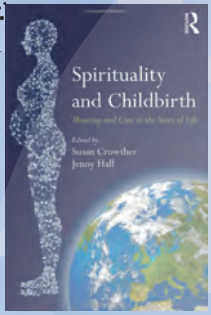

Spirituality and Childbirth Meaning and care at the start of life

Edited by Susan Crowther and Jenny Hall

Routledge, 2017, £28.79, 222pp, ISBN: 9781138229402

Reviewed by **Mary Hopper**, retired lecturer in midwifery at Oxford Brookes University

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A midwife is asked how she sees spiritual care being achieved in her practice area, she replies 'I'm not sure. We call the chaplain if there's a problem and it's fine if people want time to pray after the birth of their child. Is that the right answer? There's no time for anything much.'

Anyone associated with childbearing and parenting, can only benefit from the wealth of information found in this book. It sets out to question the art and meaning of childbirth by considering spirituality from a variety of perspectives.

Edited by two long standing midwifery academics, they draw upon a vast array of evidence and practice offered by experts from different fields. Throughout the text, there is a linking of theory to practice for current practitioners on how to achieve the optimum outcome for mother and baby when there is a shortage of staff or beds, limited resources, or a high-tech environment.

Every aspect of the birthing experience is covered – from the moment of conception through to parenting. Exploring the spiritual impact of pregnancy and birth on parents and those around, it addresses both positive and negative outcomes.

The book suggests we reconsider how we 'hold the sacred space' during pregnancy, labour and birth, and reshape practice, while listening to our own, inner spiritual voice.

Female Genital Mutilation:

loving through the scars

Lorna Oliver looks at loving people through the trauma of FGM

How did it come to this? I sit in the pristine, living room of a beautiful Somali woman. She is reduced once more to a trembling little girl as I take four small spots of blood from her son. How does something as simple as taking a day five blood spot sample become a traumatic experience for this young woman? The flashbacks of what happened to her, she explains, are unexpected and unforgiving.

Female genital mutilation[1] (FGM – also known as female circumcision) is a traditional, cultural practice found in Africa, in parts of Asia and in the Middle East. Outside of those cultures that practice FGM, it is widely considered to be a horrific violation of young girls. Often completed by those nearest and dearest to them, it is frequently experienced as a betrayal of trust. It causes scarring that leaves women severely damaged with multiple health problems.

As I attempted to show love and compassion to this woman, I pondered how similar her situation is to the experience of our Lord. He was betrayed by those close to him, sprung upon at a vulnerable time, taken away and scarred. His scars remain, while ours, though present now, will be taken away.[2] From talking with women who have battled the trauma following FGM, we can view the beauty and triumph of the cross in a new light. To those who struggle on, we can be the hands of Christ who offer love, healing and eternal life.

Trauma is a very real and potent thing that we must not take frivolously. Can we love these injured women all the way to our Saviour? Can we learn from the gentleness of Jesus as he approached the woman at the well in Samaria?[3] We are all like that emotionally scarred, Samaritan woman at the well and Jesus speaks tenderly with all of us. Often it is through our pain that he reveals himself. As the words of an old hymn say: 'What can make us whole again? Nothing but the blood of Jesus.'[4] It is a bizarre yet beautiful picture, that though we identify blood with suffering, it is also through blood that we are spiritually made whole.

What a blessing that we can be the hands of the Lord on this earth, the hands that encompass scared and scarred women, the hands that help to love scars away. We can be the hands that bring hurting women to the Lord, where blood is not feared, but the foundation for a new life in Christ.

Lorna Oliver is a student midwife in Hertfordshire

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MUM's the word

Anna Glover considers the value of motherhood

'Mum, what's for dinner?'
'Mum, where is my sock?'
'Mum, are we nearly there yet?'
'Mum, I don't know what to write my dissertation on.'

We live in a generation where self is exalted. What do I want to be? What do I want to do and how can I be as successful as possible? Many are building their lives with 'me' at the centre. A society driven by status, position, fame and recognition. Where does this leave mothers?

I have heard more and more over the last few years about mothers 'getting back to work', a controversial topic, but one I feel should be talked about. Has the heightened tension around gender inequality impacted our view on motherhood? Has culture today influenced or even put a strain on mothers to step away from mothering and focus on themselves and their resources? Are there ways to empower and advocate motherhood? Do we believe this could change a generation?

As a midwife, I feel there is an opening to encourage, empower and support motherhood for the splendour it really is.

Motherhood involves a life laid down: it starts through pregnancy and ultimately means sharing your body to grow another. What comes next? Very often, an intensely painful and extremely vulnerable process called labour, resulting in the birth of a child.

'Why did you do this to me?' I hear the woman shout across to her partner in the labour room. Following the birth, a mother physiologically has what is needed to nurture her newborn, she provides protection, food, warmth, love, security all through the way her body has been created and her brain wired. What does this involve? A focus away from 'self' and a focus on her 'little one'. It means sacrificing body, time, sleep, food, work... and even her jewellery! Yes, motherhood is wholeheartedly putting someone else before yourself, in a setting that is often unseen.

Jesus calls us to lay down our lives for him, to live like him in becoming the least and by serving. Motherhood is a beautiful opportunity to reflect this. It is character-shaping and self-denying. Motherhood is about nurturing and loving the precious gift you have been given.

It is an honour to be a mother and often when we lay down our lives for what God has for us, we find ourselves most satisfied. As we reflect him, we see more of his kingdom advancing on earth. Let's be proud of motherhood, and embrace the refining, sanctifying and selfless process, with the absolute joys of first steps, first words, first 'solids', first day at school, the unfolding of the child's character, graduation, wedding etc, all with the aim of pleasing our King Jesus when he returns.

Mum, thank you for my dissertation title and for laying your life down.

Anna Glover is a student midwife in London

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