

Description

Should we Decolonise Midwifery Education?

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Summary

This year the Black Lives Matter movement gained momentum globally and more people are having uncomfortable but necessary conversations around race. While the recent focus on racism within healthcare has largely been on outcomes because of inequality, we must also examine how the education of healthcare professionals can also play a part in dismantling racism in clinical practice. In this article, Chelsea Beckford-Procyk discusses the ways in which student midwives, birthing people and society as a whole would benefit from the decolonisation of midwifery education.

Introduction



Every qualified midwife is expected to deliver universal care to all women, birthing people and their newborn babies. Combining clinical knowledge and communication skills to deliver person-centred care, midwives are also required to promote cultural sensitivity and competence. In doing so, they actively advocate for the human rights of birthing people in their care. This awareness is highlighted in the Nursing and Midwifery Council's updated competencies for midwives.[1] Student midwives all over the UK are writing assignments, undertaking wider reading and completing practice hours in anticipation of becoming the best midwives they can be. Considering these hopes and aspirations, it is important that we acknowledge and resolve the gaps in our education that stand in the way of fully achieving these required proficiencies.

These gaps can not only go some way to explaining the disparities in maternal mortality seen in the UK, but also shine a light on the need for university curricula to address deficits in midwifery programmes. It should be noted that deficits are

not only confined to midwifery education, because primary and secondary education are also under scrutiny.[2] With this in mind, it would be a forward-thinking move if midwifery education led the way in decolonising education. The chasms in our curriculum did not happen overnight – they are a result of ingrained colonialism within midwifery education, which sustains an institutionally racist healthcare system. These are the very systems that must be dismantled for the benefit of student midwives, those in our care and society as a whole.

Racism, underrepresentation and inequality should not be words associated with midwifery practice or healthcare in general, but the sad truth is, the result of these very things have a direct impact on the lives of Black, Asian and ethnic minority women and birthing people, which was highlighted in the 2019 MBRRACE-UK[3] report. In the UK between 2015 and 2017, Black women were five times more likely to die because of complications during pregnancy and the perinatal period than their white counterparts. Asian women were twice as likely to die.[3] This statistic not only raises questions as to why this is happening, but also the importance of addressing the multifaceted causes. I believe a key factor in making positive changes to these alarming statistics lies in how and what student midwives are taught and more importantly, what we're not taught.



e past and its impact on the present

Throughout history we have seen the idea of race and connotations of differences equalling inferiority used in the field of medicine. It was used to justify James Marion Sims' repeated experimentation on enslaved women without the use of analgesia to advance gynaecological and obstetric procedures.[4] To this day he has medical instruments and the Sims Position named after him, but what do we know of the women whose bodies were used? With more historical context, student midwives can gain insight into how colonisation has impacted what we have been taught thus far and examine how it impacts the lives of people today. Let us not forget that behind the MBRRACE-UK[3] report statistics, real lives have been lost.

Our current curricula and healthcare system continue to reflect a longstanding colonial legacy.[5] Although this may not be intended, it evidently reflects and seeks to serve what is thought to be the dominant culture, which in this case is the white population. Such standardisation of midwifery education may perpetuate a lack of awareness, and in turn lead to failures in highlighting differences in the women and birthing people we care for. For example, when discussing the appearance of a newborn baby's skin, words like 'pink' and 'pale' are often the standard descriptors used. But we're not told what to look for or how to describe a Black or Brown baby's skin. The models used in skills lab are usually white, and when learning about the maternal pelvis we concentrate on the gynaecoid type. This is despite white people being the minority in global terms and the fact that pelvic shapes vary between geographical regions and also within the same populations.[6] The focus of the 'ideal' gynecoid pelvic shape has been the case for many years in midwifery education.

Maybe now is the time to challenge this tradition in favour of more inclusive learning.

Eurocentric learning continues the reinforcement of white and western dominance and privilege, and the standardisation of education in healthcare does little to prevent Black and Brown bodies being othered. The same could be said for the use of the term BAME (Black, Asian, and minority ethnic), which is a blanket descriptor used to group an extremely wide

range of ethnicities and essentially means anyone who isn't white. If this wasn't the case, why would medical student Malone Mukende see the need to create a handbook of clinical signs on Black and Brown skin?[7] Once again, this highlights the issue of racism in education not being confined to midwifery.

Colour is not a risk-factor, racism is

It is important for student midwives to have an awareness of how Black and Brown people have been, and still are, othered. Time and again we hear that Black and Brown birthing people are predisposed to underlying health conditions that may be behind the high mortality rates. Their diets, high blood pressure and BMI (which was devised with European men in mind) are all scrutinised as the causes of complications that arise during pregnancy and childbirth. Even the often-revered Ina May Gaskin infamously pointed the finger back at Black birthing bodies at a Texas Birth Networks Event held in 2017, citing drug use and unhealthy diets as causes of maternal mortality in Black women.[8]

> Black and Brown bodies are seen as the issue and not the systemic racism in healthcare, which largely goes unchecked.

This draws chilling similarities to physicians blaming enslaved birthing women and their midwives for the high death rates of their infants, citing their lack of hygiene and superstitious beliefs as opposed to the horrific conditions they were forced to live in or the amount of forced labour they had to carry out each day.[9]

The belief that Black and Brown bodies are physiologically so dissimilar to their white counterparts may seem outrageous today, but in 2016 a study showed almost half of white medical students and residents held the hugely problematic and dangerous belief that black people feel less pain than white people, which lead to less appropriate care recommendations.[10] This is a clear indication of the prevalence of conscious and unconscious bias in healthcare today and the urgent need to tackle such beliefs before they become a part of how we practise as professionals. It is imperative that history is not whitewashed but confronted head on. If the midwives of tomorrow don't know enough about how we have ended up where we are, how can we begin to evoke change moving forward?

Students need a safe space to grow



Having access to a safe space to openly reflect on or acknowledge our own bias or prejudiced views would provide students with an invaluable opportunity to not only challenge their own beliefs but also present a chance to learn how to challenge the language or behaviour of others.[11] As a student on placement, it's often easier to accept that some people will not change their behaviour or promise ourselves that we will not be the same, which only perpetuates current cultures. This is not enough for the women and birthing people in our care. As student midwives, our education should provide us with a safe learning culture that respects diversity and enables us to feel empowered through learning opportunities.[12] As a Black student midwife, to feel supported in the process of finding my voice and speaking up to challenge the status quo without the fear of being perceived as aggressive, penalised by practice assessors or not being taken seriously should be a given. It would be a great shame for students to feel they may as well give up before they even qualify, and an even greater shame to think this contributes to the attainment gap for Black, Asian and ethnic minority students.[13]

Conclusion

Decolonising midwifery education is not a simple tick-box exercise. Challenging such deep-rooted systems will need a sustained effort – the voices and actions from not only students but lecturers, deans and practicing midwives we work with. It will take more than reading lists that include literature from Black, Asian and ethnic minority authors or learning about cultural competence from ethnic minority birth workers, despite these being welcome interventions. To make a

perceptible impact, there must be a combined effort to be the change we wish to see. Our learning culture must reflect the diversity of both the students and people in our care. With the veil around racism in healthcare falling, we can no longer claim ignorance. There is much work to do, and we must all play a part to ensure it is done. **TPM**

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