Summary
Codie Kameka provides insight into the pathway to registration as a midwife in Jamaica, as well as how her experience as a student midwife will shape her midwifery career.

A brief history of midwifery education in Jamaica

Prior to the establishment of formal midwifery education in Jamaica, traditional birth attendants were referred to as ‘nanas’. Formal midwifery education was introduced in 1957, when the first School of Midwifery began its training programme. To date, it has trained more than 1,430 students. Jamaica has three midwifery training institutes across the island: the Kingston School of Nursing; the University Hospital of the West Indies School of Midwifery; and the Caribbean School of Nursing, located at the University of Technology, Jamaica (UTech). My cohort is the third cohort to graduate from UTech, which is the only university that offers the bachelors programme – midwifery was previously only offered as a certificate programme.

The path to registration
Like midwifery education in the UK, trainee midwives in Jamaica undertake a mixture of theoretical and practical modules and are required to complete a set number of clinical hours and various clinical competencies before they are eligible to register with the Nursing Council of Jamaica. However, unlike in the UK, we must also successfully complete an exam set by the Nursing Council of Jamaica. This exam is held twice a year, features topics from all areas of midwifery and each student is permitted three attempts. All recent midwifery graduates from each school of midwifery in the country come together to sit
the exam, after which we wait to find out if we have qualified and will be licensed or need to re-sit the exam. This confirmation process can take up to a month, after which successful students are then allowed to apply to different hospitals for employment as licensed midwives.

Nurture me and watch me grow!

Being a student midwife was as beautiful as it was terrifying! Different clinical environments generated different interactions between students and midwives. Many midwives took students under their wings and transitioned quickly into teaching mode, but others were not as welcoming and saw students as a hindrance to their daily tasks and wanted nothing to do with us. Many times, I was made to feel incompetent even though I knew exactly what I was doing. I had to constantly remind myself not to let this affect my self-confidence or self-perception. At other times, I felt on top of the world because I was trusted to complete difficult tasks with indirect supervision. The budding midwife within was nurtured and my confidence grew.

Conclusion

Working with nurturing midwives created the ultimate learning environment in clinical settings, because they made me feel comfortable and constantly reminded me that I was undergoing a learning process and was not expected to learn everything about midwifery during my studies - midwives are lifelong learners! They also ensured that I gained the required competencies, celebrated my victories and encouraged me to do my best at all times. My four years of training have really shaped my life, and I believe that my student experiences, along with the teaching I received from my amazing lecturers, are what will make me a well-rounded midwife. TSM

Reference

Does Diversity Matter?

Renée Rose – Second-year Student Midwife at University of Hertfordshire

Published in The Student Midwife Volume 4 Issue 2 April 2021

Summary

Renée Rose challenges readers to consider the impact of a lack of diversity among trainee midwives upon student wellbeing, the midwifery workforce and healthcare outcomes.

Call the midwife

What do you envision when you think about midwives? Do you instantly think about characters from popular TV programmes such as *Call the Midwife*, or the imagery that dominates social media and midwifery textbooks? In the same way that women and birthing people come from a wide variety of backgrounds, midwives can also represent diversity in terms of religion, ethnicity, sexuality, gender and neurodiversity. Diverse representation in the maternity workforce is essential, not only to inspire future midwives, but to promote provision of culturally sensitive care.

Challenging personal bias

As a prospective student midwife, I was invited to an interview for a place on an undergraduate midwifery programme. In the final stage of the interview I was shown a photograph of a woman whose body was adorned with piercings and intricate tattoos. I thought she looked beautiful. I realised the interviewers wanted me to discuss how I would care for clients that looked like the woman in the photograph, so I expressed my desire to work with birthing people and families from all walks of life and why it is important for midwives to remain non-judgemental and provide equitable care to
every woman and birthing person. As registered and trainee midwives, we must challenge our personal biases by attending LGBTQIA+ competency and anti-racism training, and continuously reflecting upon our practice.  

**Why does diversity matter?**

When I decided to enter midwifery, I researched the role of the midwife and promptly realised that the images in books, journals, and websites did not look like me. This lack of representation led me to worry that I would not get a place at university or fit into a student midwife cohort. Non-diverse midwifery cohorts can further impair the self-esteem of students from marginalised populations by contributing to high attrition rates and precipitating an absence of diversity within the midwifery workforce, which is an undesirable outcome since recent studies agree that when patients and healthcare professionals share the same ethnic background, communication is enhanced and health inequalities are decreased. To enhance the self-esteem of aspiring midwives, they should be advised that their passion, knowledge, culture, life experiences and individuality are special qualities that they can bring to the role of the midwife. TSM

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**References**


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**Leading the Way: Student Innovation in Malawi**

**Martin Chigwede - Fourth-year Student Nurse-Midwife, Daeyang University, Malawi**

Published in The Student Midwife Volume 4 Issue 1 January 2021

**Summary**

Malawian student nurse-midwife Martin Chigwede reflects upon the innovative intervention he developed to prepare his community for the arrival of COVID-19, and ends his reflection by challenging students to embrace leadership roles and innovation during these unprecedented times.

The ongoing COVID-19 pandemic has affected day-to-day life in countries across the globe, and Malawi, a country in southern Africa, is no exception. As of 31 March 2020, Malawi was one of the few countries that had not registered a confirmed case of COVID-19, because the then-president had declared a state of disaster on 21 March 2020, which introduced measures such as the Ministry of Education mandating the closure of all schools and colleges in the public and private sector by 23 March 2020. Consequently, final-
year nursing and midwifery students like myself were asked to discontinue all theory and practice components of our training, and wait in their homes for further instructions, which was frustrating as I had only a week of theory classes and a four-week clinical placement left before I completed my studies.

The scope of midwifery practice should transcend the childbirth continuum and encompass health promotion among women, babies and the wider community. My training has imbued me with an active interest in using the skills and knowledge I have gained as a student nurse-midwife to serve my community. After a few days at home, I performed an informal community health needs assessment and noted that my community required education about adequate hand washing - one of the most effective ways to reduce the spread of COVID-19. So, I devised a preparatory awareness handwashing campaign that would promote community health and well-being when COVID-19 inevitably reached Malawi.

I set up a ‘COVID-19 Hand Washing Spot’ outside my grandparents’ house with the resources I had to hand: a half-empty bottle of hand-washing soap, a fabric face-mask, a box of non-sterile latex gloves, home-made posters, a bucket of clean water and a voluntary workforce comprising my cousins. I implemented the intervention on 22 March 2020, however, because of my limited supply of personal protective equipment (PPE), I was only able to run the project for three days. Nonetheless, 70 members of the community benefitted from accessing the handwashing station.

Ask yourselves: ‘What can I do to create a better “new normal”?’ and do it!

Now, more than ever, student midwives should utilise the critical reflective skills embedded within their midwifery training to identify areas of health promotion. Students can be leaders by using their voices to advocate for the needs of their communities and finding innovative solutions to problems within and outside of maternity services. Ask yourselves: ‘What can I do to create a better “new normal”?’ and do it!

TSM

References

The Midwives’ Anti-Racism Pledge

Natalie Goodyear - Second-year Student Midwife, King’s College London

Published in The Student Midwife - Volume 3 Issue 4 October 2020

Summary

In this stirring call to action, Natalie Goodyear explores the need to prioritise diversity in contemporary midwifery education. She also invites the midwifery community to take the Midwives’ Anti-Racism Pledge, which asks student and qualified midwives alike to commit to challenging the bias or prejudices they witness or hold, as a means to improve midwifery care and the wellbeing of Black and ethnically diverse women and midwives.

Discussions regarding institutional racism can evoke powerful emotions such as guilt, defensiveness, anger and indignance. However, these feelings do not absolve individuals from acknowledging and responding to the growing evidence that Black, Asian and ethnically diverse women and birthing people have consistently higher morbidity and mortality rates than their white counterparts.¹

In response to the racial disparities highlighted in the 2019 MBRRACE report,¹ the campaign group FiveXMore has petitioned parliament to find solutions to the five-fold increase in maternal mortality for Black women in the UK.² Reproductive justice activist Mars Lord has been working to raise awareness of conscious and unconscious bias within maternity care for years,³ and unions and the Nursing and Midwifery Council (NMC) are beginning to follow suit.⁴,⁵

However, Black midwives are over-represented in NMC fitness to practice processes, although white midwives are more likely to be the subject of complaints.⁶ Furthermore, as approximately 94% of simulation body parts are white,⁷ and textbooks use predominately white-centric terminology and imagery, students and midwives can lack confidence around identifying complications when caring for non-white people.
As vital contributors to maternity services, students and midwives must act to combat implicit and explicit bias both within themselves and others. Taking the Midwives’ Anti-Racism Pledge demonstrates commitment to adopting attitudes and behaviours which seek to address and eradicate racism within midwifery care and education, and achieving culturally competent and safe care that improves the pregnancy outcomes of Black, Asian and multi-racial birthing people in the UK. **TSM**

**References**
