

*Saving lives  
with clean safe  
care at birth*

# Soap Matters

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Issue 19

## Empowering Midwives

*Soapbox Chief Scientific Adviser Professor Wendy Graham recently shared her debut blog about her recent attendance at the Student Midwives Conference at the University of Brighton...*

On July 19<sup>th</sup>, I boarded another train – but not to Aberdeen or London to meet the rest of the Soapbox team, nor to an airport – as per usual. Today I was going to the Student Midwives' Conference at the University of Brighton. I had been approached to speak several months ago and now the day was here. The title of the conference was Empowering Midwives, Empowering Women.

The site of the conference was close to the Brighton and Sussex Medical School, and I eventually reached the throng of over 50 student midwives – during their coffee break. The next speaker was Kathryn Gutteridge, the President of the Royal College of Midwives (RCM), who shared her wealth of experience of – as she called it – “serving women”. Towards the end of her presentation, Kathryn returned to the theme of the conference with a phrase urging this future generation of midwives to accept and practice their role in representing the voices of women. And in that moment, I found the parting message for my own presentation.

And the subject of my talk – and the final words? The overall title was *“Leaving no one behind: clean birth for every mother and newborn.”* My title was to raise awareness of a basic human right – clean birth – which is

still denied to both thousands of women every day and to the midwives who attend them in institutions throughout the world, and particularly in LMICs.

The talk introduced the 6 elements of what I call the *Perfect Storm for Infections*. The 6 elements aligning, in my view, to whip-up a maelstrom of preventable infections in mothers and babies delivering in maternity units are: 1. the changing risk profile of women delivering, 2. the increasing proportion of deliveries in institutions, 3. the poor state of water & sanitation in facilities, 4. the gaps in routine infection prevention and control, 5. the weak health record systems and surveillance of maternal and newborn infections, and 6. the emergence of antibiotic resistance. These are indeed a dramatic set of contributing factors – just like in a weather system and a perfect storm. And like a storm, they can be dissipated and ameliorated in terms of their impact. This is the main mission of Soapbox.

But we need more voices for this message. Clean birth is right, a need and a desire for every mother and newborn, and also an expectation that most providers of quality care to women in labour hope they can provide. This is where the connection to the RCM President's address provided my final words: Midwives can and should be one of the loudest voices for clean birth and the voice of women around the world. And judging from the enthusiasm and passion for “serving women” apparent at the conference, I think there will be no need to worry about the volume of this message. At Soapbox, we look forward to playing our part in *“zero tolerance of unclean birth – leaving no one behind”*.

## Health & Hygiene From Birth

The BMJ recently featured Soapbox Chief Scientific Adviser Professor Wendy Graham in an engaging and thought-provoking short biography interview.

The article and illustration by Duncan Smith, highlights some of Professor Graham's earliest ambitions, her best career moves, and her hopes for the NHS.

Professor Graham also shares some of the unheralded changes made to maternal health, including her desires to see a world where access to soap and water, sanitary conditions, and a safe clean birth is a reality for all mothers and newborns.

You can read the full article published on 1st August at the BMJ Confidential: [www.bmj.com](http://www.bmj.com)



## Suzanne Leaving

We are sad to announce the departure of Soapbox Senior Programmes Officer and extraordinary, Suzanne Cross who is leaving Soapbox for new pastures!

Suzanne has been with Soapbox from our very beginnings in 2012. Her early work in Bangladesh and India on the WASH & CLEAN project identified a common problem affecting maternity unit cleanliness across countries – the absence of formal, systematic training of cleaners in infection prevention and control. This project led onto the development of a toolkit for assessing hygiene in maternity units which has been used in locations such as Malawi and Zanzibar, Tanzania.

These results evolved into Suzanne's later work on the development of the TEACH-CLEAN package which was designed to address the lack of formal cleaners training in health facilities in many low- and middle-income countries. Suzanne's visit to the Gambia in 2016 in collaboration with Horizons Trust Gambia to pilot the package opened doors for its use in other countries such as Cameroon and India.

Throughout the years Suzanne has been a constant positive force within the team and a pleasure to know and work with. We are proud not only to call her a colleague and a mentor, but an inspiring friend. Suzanne will be greatly missed in the office but we wish her all the best in her new adventures.





## Experiences of Ethiopia



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*In the last edition of Soap Matters, we shared that 3 MSc students were joining Soapbox for a few months to complete their projects. One of the students Victoria, shared her experience of visiting Ethiopia...*

Hello, my name is Victoria, an intercalating medical student, studying a masters in Global Health and Management. Last semester I interned with Soapbox as part of my course, and worked on a project with Professor Graham, on maternity ward overcrowding. I requested to be able to continue on and design my own dissertation on the topic.

Due to Soapbox's strong links with Felege Hiwot Referral Hospital (FHRH) in Bahir Dar, Ethiopia, this would be the best option to collect data on overcrowding on maternity wards. So in the middle of June, I packed my bags and travelled to Ethiopia!

Having never been to Ethiopia before, I was excited but nervous. Once I arrived in Bahir Dar and at FHRH, all the people made a special effort to make me feel at home, and after a few days it really did feel like home. I became accustomed to drinking the amazing coffee, greeting hospital staff in Amharic and being on maternity wards.

While I was there, I conducted a feasibility study of the checklist I had designed in the previous months as part of my dissertation. The checklist looks at lots of different aspects of the maternity ward, so my tasks were to monitor the ward, obsess over how many beds there were, admire all the new-born babies, and sometimes if I was lucky, I got to witness deliveries!

My experience in Ethiopia was incredible; the people, culture, language and coffee made my stay thoroughly enjoyable, although because I was there in the rainy season it rained more than it ever does in Scotland – typical!! On returning home I have been writing up my results which will be disseminated to both the Soapbox Collaborative and FHRH.

I look forward to returning to Ethiopia in March (I've been assured this is not the rainy season) for my elective to continue the project, and restock my supplies of coffee!

## Global Citizenship

On Friday 29th June Soapbox and NHS Grampian were delighted to host a lunchtime seminar on Global Citizenship exploring the mutual benefits to be gained by international volunteering by those working in the health sector.

We were thrilled to welcome Brenda Longstaff, Head of International Partnerships at Northumbria Healthcare NHS Foundation Trust. Northumbria Healthcare are at the forefront of work in the international volunteering field and are recognised internationally for innovation in global health. For almost 20 years, Northumbria's volunteer teams have provided training and support to staff at Kilimanjaro Christian Medical Centre, dramatically improving patients' experience of healthcare in Tanzania.

The seminar was also attended by the Scottish Government's Senior Policy Manager Kerry Chalmers. Kerry leads the Global Citizenship Programme which recognises the enormous benefits of international volunteering. Kerry discussed how the program will support the Scottish health service to better encourage, support and coordinate international development work.

Jennie Spence, a nurse practitioner in Critical Care at Aberdeen Royal Infirmary, shared her recent first-hand experience of international volunteering. Earlier this year, in conjunction with Soapbox and NHS Grampian (via the Aberdeen-Bahir Dar Knowledge Exchange Partnership), Jennie travelled to Ethiopia to spend some time with staff in the Intensive Care Unit of Felege Hiwot Hospital in Bahir Dar.

Jennie highlighted how the visit has benefitted both her as an individual and as a member of the NHSG healthcare team as well as the Intensive Care team in Felege Hiwot.

The seminar, held in Aberdeen Royal Infirmary, was attended by members of staff from all cadres of the health service as well as students and representatives from local NGOs. Soapbox's Chief Scientific Adviser, Professor Wendy Graham, chaired the seminar and thanked all of our speakers and those who attended for their fantastic contribution to the event.

For more information on global citizenship within the Scottish health service you can visit the Scottish Global Co-Ordination Unit's new website: <https://www.scottishglobalhealth.org/>.



L-R: Jennie Spence, Kerry Chalmers, Brenda Longstaff, Gary Mortimer, Jenny Ingram & Wendy Graham

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## Soapbox Attends GLOW

This year's GLOW conference (Global Women's Research Society), hosted by the University of Cambridge, took an inter-disciplinary perspective with the theme 'Bench to Bedside'. Lab scientists, obstetricians, midwives, social researchers, statisticians, funders and even filmmakers spent two days together, learning how they were all contributing to global maternal, newborn, child and reproductive health research.

The quality of research presented at the conference was excellent, from the keynote speakers to the 5-minute 'flash' talks. The breadth of work was also striking, covering epigenetics in the Gambia, alcohol-based hand rub in Uganda and the experiences of parents who suffered a stillbirth in Kenya.

Highlights were the contributions from collaborators overseas, in particular, the panel discussion with four impressive female African researchers. These women strongly encouraged capacity building of local researchers, to improve understanding of the conditions that affect women and babies in Africa, and to evaluate the most effective ways to prevent and manage them. Maternal sepsis featured highly and was the focus of the final keynote talk. David Lissauer, a clinical lecturer at the University of Birmingham, described a number of completed and

ongoing studies, including work to improve hygiene and prevent infection in Malawian hospitals.

In this context, it was a privilege to present a poster on behalf of the Soapbox team at LSHTM, with results from the HANDS study in Zanzibar that highlight how often birth attendants risk recontaminating their hands after washing them. It was also a pleasure to support a former MSc student, Laura Cornelissen (pictured), who gave a captivating presentation of her secondary analysis of WOMAN trial data showing increased sepsis among women with postpartum haemorrhage who underwent invasive treatment such as putting a balloon in the womb to stop the bleeding.

However, as if often the case, the most valuable part of the event was the opportunity to meet and speak to other maternal health researchers: to share experiences, learning, ideas, and plans. Hopefully, this will lead to us working together more effectively to improve the safety of women giving birth around the world.



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