Working as a VSO volunteer in Cambodia

Sue Harding, FRCA; Angela Oxley, BSc RM

Angela Oxley worked as a midwife in Lancaster and Kendal for 28 years. She was the Lead Midwife for Helme Chase Maternity Unit for seven years before becoming University Hospitals of Morecambe Bay's Head of Midwifery in 2007. Throughout her career, Angela has always championed natural delivery and is a keen proponent of water births.

In 2011, Angela left Morecambe Bay for a two-year career break to work for VSO as a midwifery adviser in Stung Treng Province, Cambodia. The following article, written by Canadian journalist Ian Porter, describes some of the challenges that she is currently facing.

ANGELA OXLEY: THE INQUEST

Ian Porter

Angela Oxley volunteered to help improve infant and maternal health in Cambodia. She learned many women would sooner give birth at home than in a hospital. Now, with a grant made possible through Cuso International, she teaches midwives how to gain the trust of mothers-to-be.

The woman on the island – call her Heang Tevy – was in the 32nd week of her pregnancy when the illness began. Her sister urged her to go to the community health centre, a 40-minute boat ride away. She set out with her husband in a boat but they didn't go to the health centre. And within two days both Tevy and her baby were dead.

Angela went to the inquest. The British midwife had just arrived in Stung Treng, a provincial centre and Mekong river port in northern Cambodia. She wanted to learn not just what caused Tevy's death, but also why she had never come to the health centre.

The inquest was at her family home. For Angela, it meant a 30-kilometer motorbike ride over a rough dirt road and a 40-minute boat ride in one of the narrow skiffs that ply the Mekong River below the border with Laos. At the island, Tevy's husband, six children, the sister and several village notables were waiting at the top of the ladder in the house on stilts.

The story she heard that morning was beyond anything Angela imagined when she left her position as a senior manager of obstetrics and gynaecology for three English hospitals to volunteer with VSO UK in Cambodia.

After leaving her village, it came out, Tevy and her husband stopped at the home of a woman whose training as a midwife dated to the revolutionary era in the 1970s. She too told Tevy to go to the health centre at Srae Kasang, the nearest mainland community. Back in the skiff, Tevy gave birth to a baby who died. Her husband took her home.

Tevy was now bleeding heavily. A traditional birth attendant, who had little formal training as a midwife, recommended an aum plum, literally a roasting. Tevy was wrapped in blankets and placed near a fire to 'dry her out'. In the morning, she awoke confused, burning with fever and with blisters around her mouth. The local medicine man advised the family to put out the fire but within hours Tevy was dead. The village shaman pointed to the blisters as proof certain that a powerful demon had entered Tevy and killed both her and the infant. 'My initial reaction was "How on earth can I help here?"' Angela says. 'Where do you start when there's magic men involved, and poverty out on islands and traditional birth attendants?'

Tevy's death was not an isolated event. Within five weeks two other women died in childbirth. Both had been unable or unwilling to come to a hospital or health centre for care. Angela wanted to know why? 'When I came here I thought we'll train the

midwives and that will help and we'll train the student midwives and that will help and I then realised all training in the world will not help this woman unless she comes in and accesses care.' The difficulty of getting to the hospital or community health centre is only part of the problem. Around Stung Treng most babies are born in the hospital. Elsewhere across the province, women are less likely to choose to have their babies at one of nine health centres and may even be turned away.

Many health centre midwives, Angela found, are terrified of making a mistake and are without confidence in their ability to deal with complications such as a breech birth or an awkwardly placed arm or leg. Often, one or two more-practiced midwives perform most of the deliveries. In their absence, less confident midwives may tell a woman in labour to go to the city for assistance, advice many can't follow. Angela questioned the way midwives are trained. They attend lectures and receive manuals that set out approved guidelines for each procedure. But their training lacks clinical demonstrations or supervised practice.

Even more troubling are the attitudes transmitted through the training. For Angela, psychology is important in midwifery. Women in labour need encouraging words and moral support. Above all they need to have confidence that their midwife knows what she's doing. The training of health centre midwives seems to provide just the opposite experience. Unconfident midwives, sent to the city for in-service training, may be treated with scorn by senior hospital midwives who themselves often are regarded with condescension by the medical staff. Back at the community centres, the trainees may express contempt for poor, illiterate women from the villages. 'It's not a nice attitude,' says Angela of this cascade of condescension. 'The mothers say things like the midwife shouted at me, and the health centre midwives say the hospital midwives think they're wonderful and shout at us and say we don't know anything. It's not acceptable.'

So now she can see what needs to be done. Once a week, Angela packs up a doll and a plastic model of a female pelvis and rides to communities like Srae Kesang. Gathering the health centre midwives around a delivery room table, she goes through with them the procedure for turning a baby that is in the wrong position, or freeing an arm that is preventing passage. The women practice on the plastic pelvis and congratulate one another when the doll is delivered. It's a start. Angela has no illusions about how much she can accomplish in a two-year placement but she thinks some change is within reach. A grant of \$500 from the Canadian International Development Agency is enabling her to bring competent hospital midwives from the city to give training and refresher courses in the health centres. The money pays for transportation and snacks for participants. And, with luck, better understanding between city and rural midwives.

'It is much harder to change the attitude, I'm well aware of that,' she says. 'But maybe I can scratch the surface, developing more confidence in the midwives themselves and the village they live in, and hopefully get more women in.'

VSO

Our vision is for a world without poverty. Our mission is to bring people together to fight poverty.

VSO is a charity founded in 1958 that aims to combat poverty and the disadvantages that brings worldwide. International volunteers transfer knowledge and experience not locally available. Partnership is a key feature of the way that VSO operates and volunteers work with local and national agencies as this has been shown to be the best way of bringing about lasting change. VSO recruits volunteers globally and currently works in over 40 developing countries. Its work is concentrated across six main areas which are based on the priorities of their partners and needs of the communities in which they work. These areas are: education; health; disability; HIV and AIDs; participation and governance; and secure livelihoods.

Angela with three of the hospital midwives

Working as a VSO health volunteer is very much **not** about going abroad to work as a doctor, midwife, nurse or other health professional, but about sharing skills and capacity building existing staff and structures to improve working practices and standards of care. For this reason most VSO placements are relatively longterm and the participants relatively experienced. Angela has committed to two years; however, some placements may be shorter assignments and some VSO volunteers are in their 20s.

In the year that she has been in Stung Treng, Angela has obviously gained the respect of the midwives in the hospital. She encourages the midwives to fill in the partogram regularly (this doesn't always happen) and has introduced a neonatal checklist. She helped two of the midwives write some guidelines for vaginal birth after caesarean section and they travelled to Phnom Penh to present their work at the National Nursing and Midwifery Conference in November. Currently she has a programme of taking a hospital midwife with her to deliver teaching to the health centre midwives. It is very much a skills drills, participative style of teaching, which is quite different to the chalk and talk lectures that seem to be the norm here. Breaking down barriers between the health centre staff and the hospital midwives is a planned side-product of this programme and it also has the effect that the hospital midwives will themselves practice the skills correctly.

Living in Cambodia is different and very entertaining; it can also be uncomfortable and stressful. You certainly would not want to have a serious road accident here or get seriously ill. Stung Treng is a high-risk area for malaria and last year two of the volunteers were ill with Dengue fever. The small group of Western volunteers that live here are a varied bunch but

Shoulder dystocia teaching session in the hospital

tend to socialise regularly and support each other. The heat and the rain in the wet season are a challenge, but there are opportunities to visit places around Cambodia and further afield. Nowadays, keeping in touch with friends and family at home is easy with email and the internet.

Breast feeding rates are actually very high.

VSO pays attention to ensuring that volunteers are not thrown in at the deep end. Before arriving at their placement in Stung Treng, Angela and her husband Chris spent four weeks of in-country training, including intensive language training. She is expected to ride a motorbike to visit the health centres, so enrolled for motorbike lessons before leaving the UK. The in-country training is an opportunity to meet other volunteers, who will be based at different locations in the country. In most placements there will be several volunteers working in different VSO programmes and they provide an invaluable network of support for each other. In Cambodia, VSO has now decided to concentrate its efforts on the four rural provinces in the northeast of the country, which are some of the poorest, most remote and sparsely populated. Angela has now been in Cambodia for a year; she was looking forward to working with a nursing adviser from Ireland who was due to start in April this year. Unfortunately, not everyone is suited to this lifestyle and this nurse only stayed for a month.

For more of Angela and Chris's experiences in Cambodia see their blog: www.angelaandchrisinbodia.blogspot.com

For more information about supporting or working for VSO see: www.vso.org.uk

Thanks to Ian Porter for permission to include his article on Angela, and to Sean Kelly of Cuso International for permission to include Sue's main article.