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JAMES COOK UNIVERSITY AUSTRALIA

Working together to improve midwifery care in Papua New Guinea: the role of collaborative partnerships

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Overview

Stillbirth, midwifery and the Pacific

The Papua New Guinea study

Decolonizing approach and practice

Emerging ideas

Implications for research and practice

What we know about stillbirth

3 million worldwide annually, 98% in developing countries

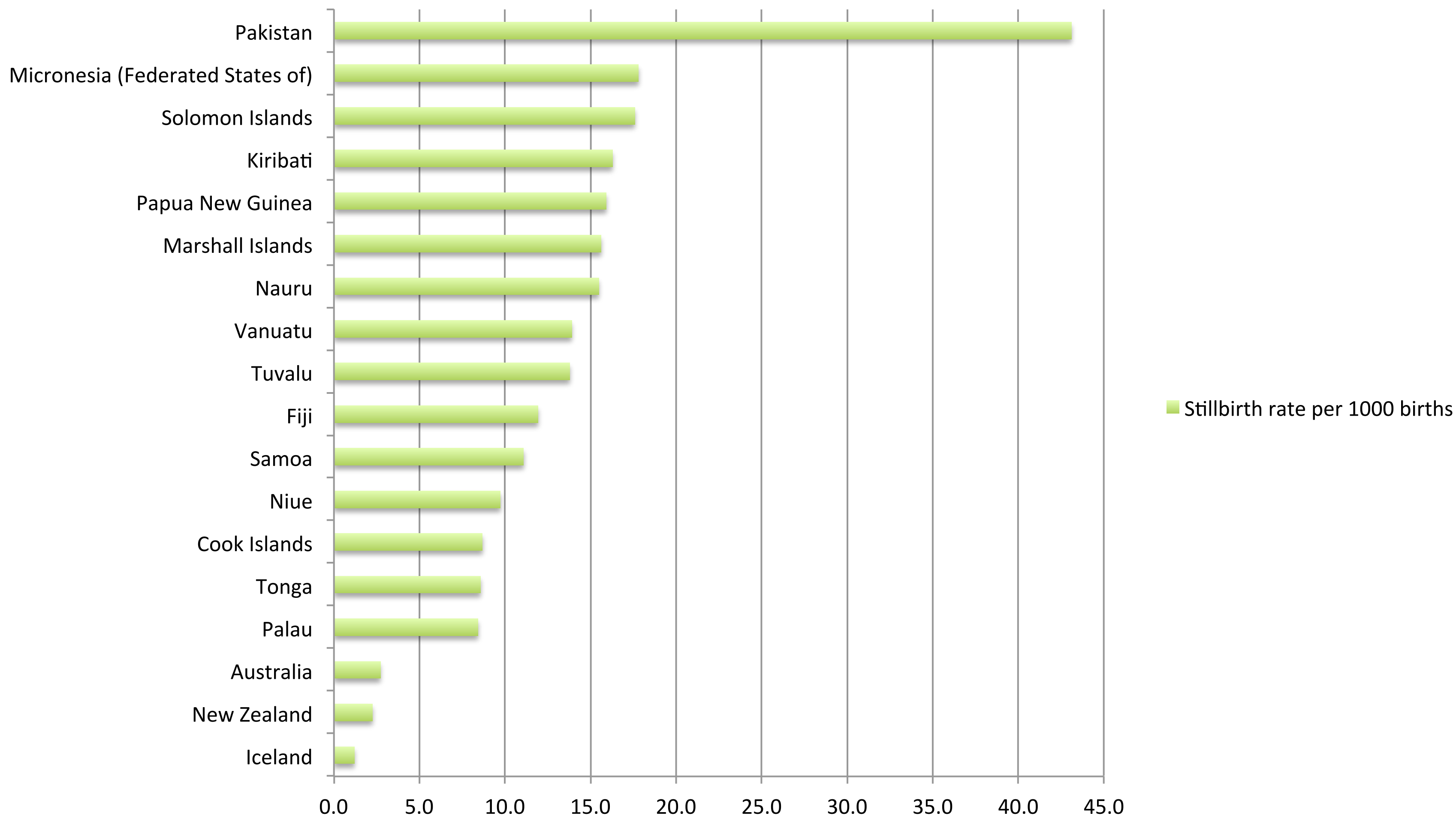
1.3 million during high-risk time of labour and birth

Most are preventable with provision of skilled care during labour

Omitted from health agendas and from the Sustainable Development Goal targets and indicators

(de Bernis et al, 2016; Lancet stillbirth series, 2011; 2016)

Estimated stillbirth rates for Pacific countries 2015



Blencowe, H, Cousens, S, Bianchi jassir, F, Say, L, Chou, D, Mathers, C, Hogan, D, Shiekh, S, Qureshi, Z, You, D and Lawn, J. *National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis.* [Internet] LSHTM Data Compass. London, United Kingdom: London School of Hygiene & Tropical Medicine; 2015. Available from: 10.17037/DATA.25

Stillbirth and midwifery

Frontline providers of care to women when childbirth does not result in a living infant (Fenwick, 2007)

Mental, physical, social and emotional wellbeing is affected (Wallbank et al, 2008; McKenna et al, 2011)

Education, training and a supportive environment helps develop adaptive coping mechanisms (Jonas-Simpson et al, 2013)

No known studies examining midwifery students' experiences of providing care to women following stillbirth in Pacific

The study

Explores how PNG midwifery students understand, experience and manage the provision of care to women following stillbirth

Implications for the PAU midwifery program and maternal healthcare provision in PNG

Inform strategies to help midwifery students

Social researcher working with clinicians

First known study based in the Pacific

Decolonizing approach

New models of collaborative research (Laycock et al, 2011)

Cultural values, protocols and behaviours an integral part of methodology (Smith, 1999)

Non-Indigenous researchers as co-contributors (Laycock et al, 2011)

Decolonizing in practice

Build upon existing collaborative relationship

Established a cultural reference group

Collaborative planning in all stages

Sharing knowledge and professional skills

Co-construction of concepts with participants

Feedback mechanisms in place

Outcomes

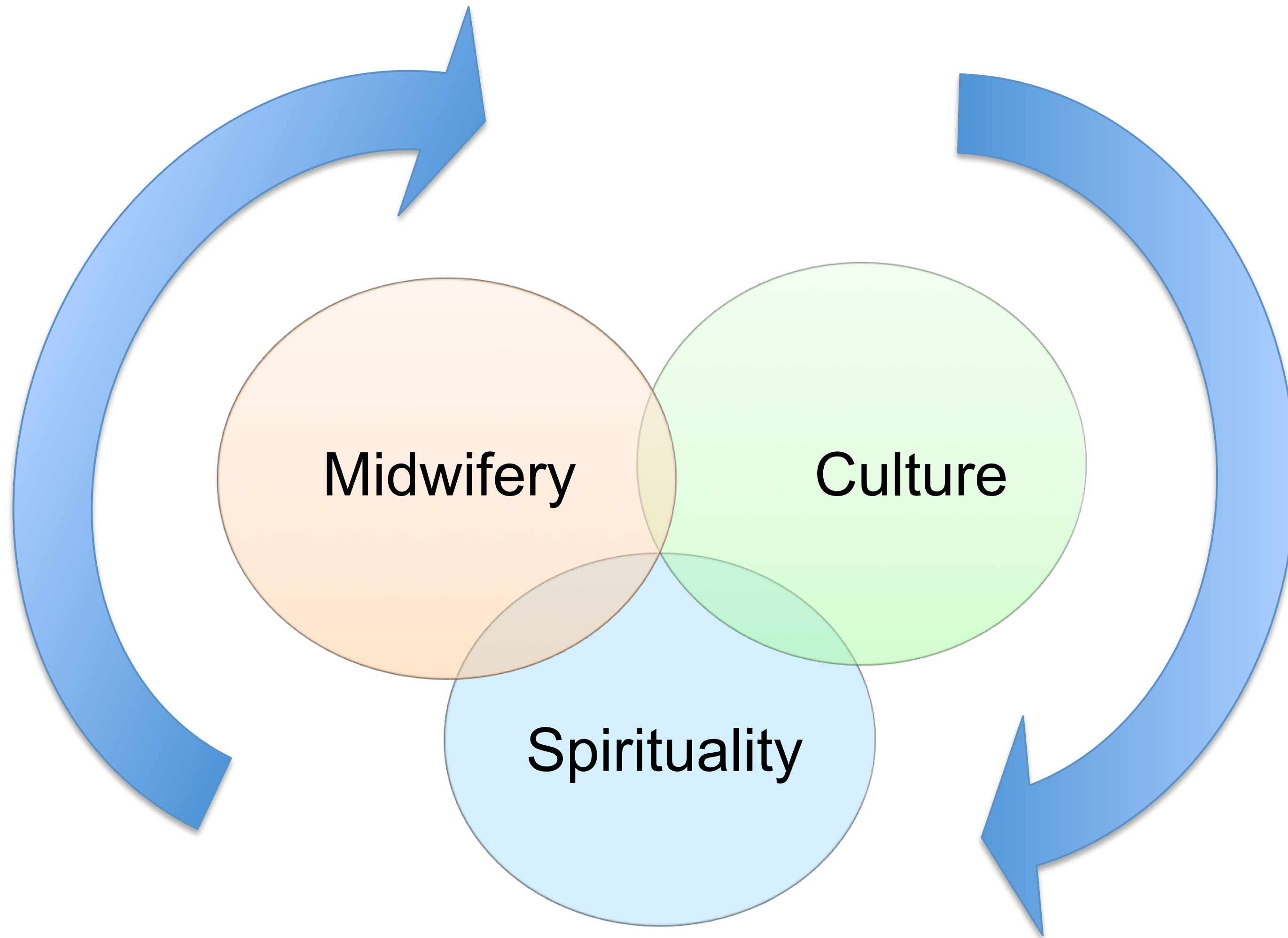
Enabling environment for the research to take place

Increased reciprocity and mutual respect

Strengthen research capacity for JCU and PAU

Forge friendships and strengthen institutional relationships

Emerging ideas



Implications for research and practice

For midwives and midwifery students

Central concern is health and wellbeing of mums and babies

Working with families means taking into account often difficult conversations about religion and culture

Layered discussion to reach desired outcomes and improve health behaviours

Implications for research and practice

For researchers

Research is value-laden and subjective − reflection required

Method frames how knowledge is collected, organised and re-presented

Decolonizing approaches for working together
to create a respectful environment
to inform research, teaching
and practice

Practical, culturally acceptable and
robust research to inform policy

References

Blencowe, H, Cousens, S, Bianchi jassir, F, Say, L, Chou, D, Mathers, C, Hogan, D, Shiekh, S, Qureshi, Z, You, D and Lawn, J. *National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis.* [Internet] LSHTM Data Compass. London, United Kingdom: London School of Hygiene & Tropical Medicine; 2015. Available from: 10.17037/DATA.25

de Bernis, L. Stillbirths: Ending preventable deaths by 2030.*The Lancet*, 2016; 387(10019): 703-716.

Fenwick J, Jennings B, Downie J, Butt J, Okanaga M. Providing perinatal loss care: Satisfying and dissatisfying aspects for midwives. *Women and birth : Journal of the Australian College of Midwives*. 2007 Dec;20(4):153-60

Jonas-Simpson C, Pilkington FB, MacDonald C, McMahon E. Nurses' experiences of grieving when there is a perinatal death. *SAGE Open*. 2013;3(2)

Laycock, A., Walker, D., Harrison, N. & Brands, J. *Researching Indigenous health: A practical guide for researchers*, The Lowitja Institute, Melbourne; 2011.

McKenna L, Rolls C. Undergraduate midwifery students' first experiences with stillbirth and neonatal death. *Contemporary Nurse*. 2011;38(1-2): 76-83.

Smith LT*. Decolonizing methodologies: Research and indigenous peoples*. Dunedin, N.Z.: University of Otago Press; 1999

Wallbank S, Robertson N. Midwife and nurse responses to miscarriage, stillbirth and neonatal death: A critical review of qualitative research. *Evidence Based Midwifery*. 2008;6(3):100-106.

Photo credits

Lancet stillbirth series http://www.healthynewbornnetwork.org/resource

Midwife and patient http://scroll.in/article/729784/does-better-healthcare-for-indian-mothers-mean-abusing-and-hitting-them

Reciprocity https://www.pinterest.com/amandawood37454/reciprocity/

Other photos author's own