

Women, Midwives, and Midwifery

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Opportunities Can be Seen and Heard during the Pandemic

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Can you hear me? Can you see me?

As midwives, educators, researchers and students we are familiar with these questions when faced with challenging issues such as gender-based violence, health inequalities and access to care. These questions are often posed in relation to the experiences of women we care for. Yet we find ourselves asking these questions so often in this new way of working and living! Each time we arrive in an on-line meeting or navigate the labyrinth of life behind a mask. Living and working in a worldwide pandemic is a new experience for us. We are all existing in the shadows of an infectious disease and this can lead to fear, anxiety, isolation, stigma and financial concerns. For some it can mean escalating violence where fear for safety is no longer linked to the threat from a virus. Our working lives have invaded our home life and we balance this with caregiving duties.

Infected or not, COVID-19 has restricted our lives and most of us are feeling more stress, anxiety, isolation and/or emotional distress than usual. The pandemic has also adjusted our vision of how programmes for workforce development and transformation need to adapt. We need to respond to the on-going impact whilst ensuring that future workforce is prepared for the delivery of safe and effective care.

The evidence supporting the need for an educated and trained midwifery workforce is compelling¹. Midwives educated to international standards, could avert more than 80% of all maternal deaths, stillbirths and neonatal deaths². This means that we need agile and adaptable approaches to the delivery of healthcare professional education. Simulation based education (SBE) and digital technologies hold the potential for fully interactive and integrated programmes where students can be immersed in their learning whilst developing digital capability³. SBE and immersive technology with blended with educational rigour and outcomes-based processes can enable training for effective decision making and skills development in a safe environment. This provides a route to how we can optimise curricula

development, innovation and transformation plans and training for midwives , especially in remote communities.

This journal adds to an important conversation about the future of midwifery and maternal care. Now more than ever we need to come together to support each other. Our solidarity will keep hope alive and reassure us of better times to come; ensuring that midwives within a range of specialties and areas of practice are heard and seen.

References

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