


Notes from abroad:

YSN midwifery students in South Africa

By Terri Clark CNM, PhD (Yale '76, YSN '79).

“Intense.” That is the word that I use to best convey what it is like to conduct births with YSN midwifery students in a hospital in rural South Africa.



Over the semester break from December 2003 to January 2004 the first YSN midwifery students, Tiffany Lundeen '04 and Christine Keating '04, went to a clinical practice site in a public health hospital in the heart of the traditional land of the Zulu people. As a member of the YSN Midwifery Specialty faculty, I accompanied the students as their clinical preceptor. I had visited and had also worked at the site originally in August 2002, and considered that it would be not only a premier clinical learning opportunity for students, but also a chance for us to meet people and appreciate the cultures and history of this amazing country and of southern Africa.

We lived and worked at Church of Scotland Hospital (cosh), in Tugela Ferry, KwaZulu-Natal. cosh is a rural public health hospital which serves a catchment area of half a million people in an area of hundreds of square miles. They do more than 4,000 deliveries per year. The staff of only ten nurse-midwives conducts 90% of these deliveries. They also care for the newborns and run a busy outpatient prenatal care clinic.

We worked at cosh in the peak of summer. The configuration of mountains around Tugela Ferry formed a bowl where the river ran and the heat concentrated. There were days when we were functioning in the hospital in 110 degrees Fahrenheit. Covered in protective gowns and masks for universal precautions, we were very, very hot, sometimes completely drenched in sweat. We would fan the laboring women who were even hotter than we were. Some days, and even at night, it would be so hot that the laboring women would find the coolest place available to labor: the bare cement floor.

We had about 4 weeks of clinical practice time. We managed labors working with our South African colleagues, and Christine and Tiffany conducted 40 deliveries while we were there. The HIV seropositivity rate for women of childbearing age in this area is no less than 20%. A significant number of hospital admissions at cosh are related to complications of HIV/AIDS, including the children admitted to the pediatrics unit. Most of the children with HIV were

Continued on page 14

Notes from abroad:



YSN's Christine Keating (above and below right) and Tiffany Lundeen (not pictured) were welcome additions to the staff of Church of Scotland Hospital in Tugela Ferry

Continued from page 13

infected at birth. An important objective of our trip was to assist the midwives in preventing HIV transmission from mother to child at birth.

As women arrived at the hospital, the students would evaluate the patient history, review their prenatal record and conduct the appropriate physical examination with faculty or South African midwifery input. That part of the clinical experience was very familiar to us. The unfamiliar part was that most of the patients spoke Zulu, !Xhosa (do you hear the click?), or any number of the nine other official South African languages, only one of which is English. Fortunately for us, the sounds of birth and the language of support and caring are not so different the world around. Our few words that we could say in Zulu for instruction, suggestion, and endearment went a long way!

It later came back to us through community friends that the word on the street was, "having a baby with the American midwives you did not feel pain." That was news to us, since we were conducting only natural births which are the norm in South Africa. I believe the positive patient perceptions of

their experience with us could be attributed to the gentle, calm manner of the YSN students and their thoughtful and consistent application of the principles of midwifery care.

As YSN visitors, we had numerous opportunities to contribute something of ourselves and our knowledge to a developing nation in which health care currently faces great challenges. We were also extremely fortunate to be able to work with and learn from our South African professional colleagues. This mutual sharing by colleagues and patients at COSH was among the most valuable outcomes of our visit. It is the main reason why YSN students and faculty continue to seek ways to expand their collaborations abroad.

Clinical settings and practice conditions in clinical midwifery and other nursing specialties in most of the world diverge dramatically from the reality of practice in the United States. The practices of a community hospital in South Africa diverge from practices at Yale-New Haven Hospital in the extreme. Nursing faculty at Yale believe it is vital for YSN students to learn their craft in a variety of settings. Only then can we truly advance our mission of better health for all people.

YSN is actively seeking funding sources to be able to continue to send midwifery and other students to South Africa and other international sites for clinical experience. We have many potential collaborating providers and hospitals in the developing world. Time and money spent sending YSN faculty and students to international sites will enrich the health of both the mothers and babies of those countries, and enrich the experience of YSN students. The success of our South Africa project inspires us not only to continue, but to expand. With the support of YSN alumni and friends, we can educate our clinician students to hit the ground running when they graduate, wherever they choose to practice in the world where women have babies and need midwives. 🇿🇦





Observing Obstetrics Confronting Challenges: A Summer in South Africa

Janna Stephan's summer in South Africa did not get off to an easy start. After experiencing “abject terror” for the few weeks leading up to her departure, Janna worked hard to prepare for her Downs Fellowship research. Gathering materials ranging from clinical supplies to mental energy to research skills, Janna left to study HIV transmission in an obstetric ward in rural KwaZulu-Natal, South Africa.

“When I landed, I was so jetlagged that I don’t remember having any thoughts for three days,” recalls Janna. Arriving in the village, which she describes as a “different world,” she asked herself, “Why did I think this was a good idea?” Here I was: blond, white girl in this all Zulu-speaking ward... I don’t think I’ve ever been in such a race-conscious place.”

In the end, Janna exclaims, “Everything went really, really well!” Not only did she learn a few key phrases of Zulu (“I definitely picked

up ‘push’ and ‘breathe’”), but she also came to understand the cultural and linguistic subtleties that characterize the rural region where she worked. As Janna explains, the Zulu dialect in the region requires that certain individuals be addressed with different grammar, a realization that served her well. “I tried to be really sensitive in my questions,” she says, an approach that allowed her to learn from everyone she encountered.

Janna’s research highlights document the obstetrical practices and procedures currently observed at the Church of Scotland Hospital and analyzes the attention paid to potential HIV transmission. The need for such research is acute: Janna cites South Africans’ migratory work patterns, lack of access to antiretroviral therapy, and gender inequality as key factors in the “disproportionate” impact of HIV and AIDS on that nation. Janna’s study documents her observations and goes on to provide impetus for further study and potential interventions to reduce transmission of HIV/AIDS from mother to child, from mother to mother, and from mother to health care worker.

On a personal level, Janna accomplished more than any poster presentation or master’s thesis can encapsulate. Over the summer, she also came to understand more fully her capacity for adaptation and learning. Impressed by the resourcefulness of those she worked with at the hospital, Janna now tells herself, “You can’t ever say, ‘This is impossible, I can’t do it.’” 🏠

Patients and health-care workers at the Church of Scotland Hospital in Tugela Ferry, KwaZulu-Natal

