

Tuesday 13th

Highlights of the 2nd day of Congress

The 2nd day of Congress's Plenary session is titled "The last healthcare professional standing- an exploration of the role of midwives in humanitarian and fragile settings". The past year has witnessed some of the worst political conflicts and environmental disasters in recent history. How can we support midwives as frontliners often working outside their jurisdiction to navigate and work under these conditions? This plenary session explores the role of midwives and midwives' association in humanitarian emergencies, through first-hand accounts of midwives amidst war and natural disasters, such as earthquakes, floods, hurricanes, droughts, and famine. The session aims to empower delegates regarding their role as possible activists and community leaders under similar circumstances. The Plenary session sets the standards for the subsequent concurrent sessions and poster presentations of the day.

The following are some highlights from the 2nd day of the congress's concurrent oral presentations or workshop sessions which are essential for midwifery, midwives and student midwives. It is suggested that besides visiting the poster presentations in the foyer, delegates should also follow the authors' short videos posters presentations on the online platform.

One of the workshops of the 2nd day will review current evidence and proposes guidelines for the management of persistent occiput-posterior position (OP) in the second stage of labour. Case studies will be used to facilitate the discussion and will also include hands-on the simulated practice of digital and manual rotation of persistent OP fetus. This practice workshop is highly relevant for midwifery students and as continuing professional development session for midwives.

[Workshop W7: Manual and digital rotation of the persistent occiput posterior fetus in labor](#)

Another workshop for the day focuses on simulated learning as a learning modality in midwifery and is designed for participants who want to develop their expertise in designing motivating simulations learning sessions. This workshop seems highly relevant for midwives' educators and practitioners who are considering introducing simulation as a teaching modality in their midwifery pre-registration programmes or as part of continuing professional development. It is expected that by the end of the workshop participants will have co-created an active document that could serve both as a co-design guide and facilitator's tool when writing motivational scenario-based simulations.

[Workshop W11: Midwifery education: designing motivating scenario-based simulations](#)

Empathy is a critical attribute and a skill for midwives to connect with mothers in practice, thus contributing to a positive labour and birth experience of the woman. Facilitators during this workshop will engage the participants through scenario interactive learning group activities to equip and complement the attributes of the midwives in today's digital era. Reflective listening and scenario-based learning, together with immersive learning using simulation, role-play and emphatic experiential learning activities will be used. The workshop is relevant for student midwives, practitioners and educators.

[Workshop W16: Empathy in practice: A simple guide for healthcare professionals to being empathic and building a relationship partnership and experience in the new digital landscape](#)

Notwithstanding decades of investment in maternal health, the quality of services is still lagging in West Africa. Midwives face incredible stress, burnout, and secondary trauma. The stress and trauma

is perpetuating a cycle of mistreatment and mistrust amongst midwives and mothers. A concurrent oral presentation highlights how the authors co-designed “Club courage” following the results of the author’s previous study which suggested that quality maternal health will not improve until the emotional well-being of midwives improves. Consequently, they set up a peer-support intervention of monthly midwives’ meetings, which enables midwives to discuss and address stress and trauma and to mutually support each other. Through this intervention midwives could openly address the stress and trauma in their work and personal lives and provided peer support to recover, adapt and thrive. “Club Courage” seems to be an important step towards building a supportive and enabling environment for midwives to grow and thrive at work. This intervention could easily be adapted to other similar scenarios and cultures.

[*Session: Mentorship/support: A. Hyre - Club courage: a circle of care for midwives in Mali.*](#)

Timor-Leste has made good progress in reducing maternal and infant mortality in the last decade, however, there are still many barriers that affect access to and the use of health facilities for birth. One such barrier is the role of disrespect and abuse during childbirth, which was addressed in this oral presentation of a qualitative study using in-depth interviews with the participation of 10 women. The study explored the types of physical and verbal abuse experienced by women in Timor-Leste urban health facilities, and at what stage of the birthing process these types of abuse were most likely to occur. Findings highlighted that women experienced different forms of abuse by the birth attendant. The women were more subjected to verbal abuse during early labour and physical abuse was more likely to occur during birth as well as during the delivery of the placenta and perineal suturing. The issue of oppressors and oppressed during labour and childbirth needs to be addressed internationally. This presentation is an excellent medium for all to raise awareness raising on how women are still being subjected to such unacceptable behaviour of violence and trauma during labour!

[*Session: Gender/Abuse/Violence: A. Fernandes, A qualitative study of physical and verbal abuse experienced by women during labor and childbirth in Dili Municipality, Timor-Leste*](#)

The Covid-19 pandemic 2020 resulted in lockdown and ongoing restrictions with significant changes to maternity services for women and their families, worldwide; the same happened in Aotearoa, New Zealand. This oral presentation explores the experiences of women who were pregnant, giving birth and/or managing the early weeks of motherhood during the COVID-19 lockdown. This qualitative study used semi-structured online interviews with 17 women. Analysis revealed four themes; “Relationship with my midwife”, “Disruption to care”, “Isolation during their hospital stay”, and “Finding positives”. The presentation promises to be an interesting narrative account of the mothers’ experiences during COVID-19 pandemic and how they still noted the positive effects of the situation such as being undisturbed by visitors amidst the limited emotional and physical support of their partners.

[*Session: Covid and Clinical Impact 2: S. Miller - Birth under restrictions: Exploring women’s experiences of maternity care in Aotearoa New Zealand during the COVID-19 Lockdown of 2020\).*](#)