The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the post-partum period, to conduct births on the midwife’s own responsibility and to provide care for the new born.

Quote from ICM 2011-2014 Triennial report.

This was my first ICM conference. Thanks to the very kind and generous donation by ECRU and UBC, I was afforded the life changing opportunity to be a full delegate at the 2014 Prague ICM conference where the State of the Worlds Midwifery 2014 was launched. Thank you to everyone for this gift. I cherish and honour it and am inspired to ensure change for the good for local and global midwifery.

The conference began on Saturday 31 May with a coming together of the largest group of midwives in history. The record was set under the auspices of, "The voices of Midwives", and this was prophetically challenging as the key message running through all the symposiums and workshops was that it was the midwives of the world who are able to make the most dramatic and effective change to the unacceptable levels of mortality and morbidity in maternal care.

One of the most impressive qualities of this conference was that for every conceivable problem, there was an individual or organisation that was working on and implementing a solution.

- For the problem of shortages of staff there is training being offered and rolled out.
- For the problem of lack of quality care there are or programmes aimed at measuring and implementing quality care.
- For the problem of insufficient reproductive rights there are advocacy revolutions.
- For the problem of professional isolation there is the solution of twinning.

Of all the issues South Africa faces, one of the most concerning is staff attrition. The burn out and lack of career advancement midwives experience, along with the compassion fatigue and poor social status of most public health midwives and nurses is something dear to my heart. Improving quality care and caring for the carers are two important keys to improving our chances of getting as close as possible to our MDG goals. I am sure exposing more people to ICM congresses can have a huge impact on these negatives attributes of South African nurses. We can raise the standard, inspire, encourage, pamper, bless, educate, increase awareness, motivate, and impassion midwives by allowing more to be sent on these international congresses.

The opening ceremony saw over 3800 midwives coming together from 126 different countries. A quote from this session that especially stood out for me as memorable was, "We must not allow our challenges to become our excuses." This was the message from the Goodwill Ambassador, Her Excellency, the first Lady of
Nigeria, Toyin Ojora-Saraki. Another overarching theme was that "Inequality matters". Regardless of which country you came from, you could tell a tale of unjust practices based on socio-economic discrepancies. We were all rallied to take up the charge against this scourge.

A quick overview of the 4 days of talks and workshops:

Day 1: Bridging midwifery and woman's health rights.

There were up to 22 different sessions per timeslot to choose from which was very difficult. I ended up attending "Women's rights and quality care". A South African from the department of health spoke about CAARMA - which is a midwife led campaign to reduce mortality and morbidity. She reminded us that 60% of African countries have an MMR of greater than 300/ 100 000. SA's MMR is 269/100 000 escalating dramatically from 1990 when it was 150 per 100 000.

There was also a report back from Southern Ireland on abortion and from The Netherlands on the implementation of the 10 steps of quality care from a human rights perspective. All three talks highlighted the gaps between where we currently are and where we hoped to be.

After this I was in an inspiring session chaired by Lynn Freedman from the school of Public Health in New York. She introduced the extremes of respectful maternity care and disrespect and abuse of women during childbirth. Again she stressed that this was a global issue and not only something seen in the priority nations.

Busi Kunene, the president of the Society of Midwives of South Africa spoke about the discrimination around poverty and the vicious cycle of staff shortages leading to the physical, emotional and psychological strain within the midwifery profession. There were also addresses from Peru and Kenya discussing disrespect and abuse (D&A theme). An important area brought up was the need to care for and nurture the carer when developing interventions which decrease D&A.

Following on from this talk I was very excited to be part of a session on TWINNING which was a completely new concept for me. The objective is to strengthen midwives association through collaborative relationships. We were introduced to the methods, strengths and weaknesses and heard a few testimonies of people engaging in this TWINNING process. I was acutely aware of the benefits South Africa could contribute and receive from this partnership.

Finally, to end a long tiring day I attended a workshop on Helping Babies Breathe, implementing strategies for the 'golden minute' after birth to decrease perinatal morbidity. Another striking quote was from Prisca Ringia, a trainer from Tanzania whose goal for her students is that they demonstrate "a commitment to perform".

Day 2: Improving care and outcomes.

This was a milestone day as the State of the World's midwifery (SOWMY) 2014 was launched. I also attended a workshop on CTG's, presentation on the importance of touch, heard from an American researcher on her experience (expose) of maternal
health in South Africa. She interviewed both mothers and midwives. Although presented by a non-South African, this talk demonstrated accurate insight and came across as fair, honest and objective in the assessment of the challenges in our public health system.

**Day 3:** Education - the bridge to both midwives and women's autonomy.

A whistle-stop tour of day 3 - I listened to more testimonies, attended a symposium on the importance of research and heard about motivation theory in changing people's perceptions. I learnt how to analyse and use the SOWMY report with the specially designed toolkit, heard more about Helping Babies breathe and Helping Mothers Survive and the simulation tools to educate health workers around PPH. The latest research on the use of misoprostol for the prevention and treatment of PPH was discussed, (this was specifically targeted at lowest resource countries). I listened to the history of the introduction of the PARTOGRAM and the different types in use today as well as the difficulties and strategies on improving maternal health. It was interesting to be with experts who had watched the rise and fall of this mighty tool that was once thought to be the silver bullet. The desperate conclusion was that there was a great need for further research to determine the whys and hows of past failures and future successes of something that has proven ineffective in so many settings and yet still promises so much.

**Day 4:** Bridging culture and practice.

By this time I was inspired and motivated I could not wait to finish so I could rush home and begin to implement all the wonderful things I had heard. A few of the final sessions were nutrition, importance of research and childbirth culture and consequences.

I have not done justice to the amazing experience I had sitting for 4 days under the inspiration of so many passionate women. My main take home message was that the goal is huge but achievable if we work together and continue to collaborate with different countries, organisations and individuals.

One final thought was that, while I met about 8 other South Africans I was saddened that many, many more South African midwives could not have had the same exhilarating and motivational boost personally and professionally. I am hoping to partner with the President of SOMSA to petition the SA Government for 100 midwives to attend the 2017 ICM Congress in Toronto. I am convinced that this could begin to alter the perceptions and attitudes of nurses and midwives. I am bursting with other ideas of reaching the tipping point of change.

Thank you once again to ECRU and UBC for this incredible opportunity.