

## Frontline: Helping women deliver in South Sudan

Claire Reading is a midwife in Somerset, UK, who has worked in England's National Health Service since 2007. On her second mission with Médecins Sans Frontières (MSF), she is serving as a midwife supervisor at a primary care health clinic in the remote South Sudanese town, Bentiu.

### What drew you to midwifery?

I'd always thought I'd come from a privileged background. I don't come from a family with loads of money, but I don't think you need that to feel privileged. I'd always thought about doing something to help other people, even though that sounds like such a cliché. I applied to King's College London to do midwifery and they said, "No, you're too young. You have no life experience."

Then, I was doing a diploma in tropical nursing at the London School of Hygiene & Tropical Medicine where there was a lot of focus on maternal and newborn health and how to reduce death in childbirth and pregnancy. I thought, "Oh, the time to do midwifery is right now. That's where I'm going to have an impact."

### Why did you decide to work for MSF?

MSF have a great reputation, it's a place people respect. I wanted to work for someone that was neutral. They don't take money from governments. They're internationally respected.

It's also a sense of accomplishment. A sense of giving something back. I said to the [other health workers] at my clinic, "I'm not here to give you a headache, but I am here to teach you, so that when these emergency situations happen and I'm not here, you'll remember, 'Oh, I remember! Crazy Claire, she taught me how to manage a haemorrhage. She taught me how to deliver a breech baby in the dark.'"

### Can you describe your current mission?

It's an entirely female-only clinic area. No men walk through. No men come

in. It's fabulous. That's so we can try and improve the confidentiality and privacy for women who are trying to access maternity care, but also for survivors of sexual and gender-based violence. What we really want is for them to access care and to provide them health care and psychological care, as well. If you've got loads of men around, no one is going to come to the clinic. But if they can come in and be anonymous and say, "I've got a headache" or "I've got a urinary tract infection", then, when we start talking to them privately, they can tell us what they want to.

### What is a normal day like?

Every week, we're seeing more and more women. We're doing 20 deliveries a month at the moment, which doesn't seem that many. But when it comes to antenatal, I don't stop seeing patients all day. I'd also like to draw up individual plans for the [other health workers at the centre], so they feel they've got something to work towards for the next 6 months. I feel I want to give back what I know and learned and my experience.

### What kind of support staff do you have?

I've got two midwives who were trained in Leer in South Sudan. Two paramedics, who are like assistants—they do malaria checks, rapid syphilis tests, measure blood pressure, a urine dipstick—basic stuff like that, but they don't assess the patient. There's a translator as well. Two female guards. It's brilliant. The Spice Girls would love our girl power going on here.

### What are some of the challenges?

This is not a comprehensive medical facility. For example, we don't have a scanner or a laboratory here, so we assess the patients using our skill and experience and MSF protocols. I can't offer a caesarean section, for instance. I don't have pain relief here. The closest comprehensive health facility

is [on the UN base]. That's the closest, but only part of the road is paved. We don't move patients at night because of security, so I would have to stabilise the patient at night, if they couldn't find their own transport, and then move them in the morning. It can be really, really difficult to transfer these pregnant ladies.

### South Sudan has one of the highest rates of maternal mortality in the world. What are some of the causes?

A baby will deliver itself, but you need a midwife or skilled birth attendant if there are complications. They need to be delivered in a facility with clean birth kits and to ensure that the mother doesn't die of a haemorrhage. There aren't enough referral centres. If a woman is bleeding, bleeding, bleeding and you don't have an operating theatre, doctors, or a blood bank, then she's going to die. A friend just gave birth at home in the UK and ended up getting a blood transfusion. If she were here, she would have died, either of blood loss or of sepsis.

### How does the ongoing conflict in South Sudan affect your work?

It's been calm here, but every day it's changing. We've got great security and awareness of what's going on outside the compound. You rely on your team and your organisation to look after you so you can do the job at hand. Still, I won't be leaving the compound as much as I thought I would, because a lot of outreach activities are suspended. We're doing some in the local community, but we're not going that far, because of security constraints. My plan will be to do some work with the outreach women's group to educate them on sexual violence and gender-based violence and to encourage women to come to the antenatal clinic and to deliver here, with MSF.

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