

Global OB/GYN News From Academics to Advocacy and Action

Welcome to the June newsletter! Our goal is to share with you stories from our work around the world, important new publications from academia and the media on global women's health, a few fun facts, and tips on how to stay safe while traveling. We'd love your input, so if you have a story, see or story or wish to share a tip, send them our way! globalobgynnews@partners.org From the Editors: Adeline Boatin, AK Goodman, Tom Randall

Notes From The Field

Pre-deployment Training. What it can look like. Why it's important by Bobbie Curtis

I thought I would use my expertise as a Midwife caring for pregnant women when participating in the MGH/Johns Hopkins/ Project Hope Simulation. I had no idea what I was about to face. It was an invaluable and humbling experience. The first day at JHU learned about the international efforts put forth in a global disaster starting at the level of the WHO and other international agencies. We were then divided into NGO teams. We chose our team leader and sorted our roles in the team. The next day, we traveled to the Simulation site. In transit we received a telegraph over short wave radio alerting us to the disaster that lay ahead. Getting into the "country", we passed through a grueling and bureaucratic customs where many participants had their bags confiscated. Then each NGO group set up their tents - tight quarters! And it was cold! Some were not dressed properly for cold weather and 3 participants had to be extracted from the Sim with hypothermia.

The next day we learned how to assess the effects of the disaster on a grand scale. Each NGO formulated strategies to assist based on the mission of the NGO with Short and long term goals. We had to learn how to deal with the civil war going on with Militia, child soldiers, kidnappings. We learned how to work with someone yelling in your face to hand over money or food and be aware of one's surroundings at all times. Important to learn the political situation. Are people internally displaced, refugees, or host populations? How will this have an effect on your delivering care?

Other exercises: 1-How to carry out body count, how to triage immediate evacuation vs. who can wait. 2-a chaotic hospital emergency ward, where we had find out what was needed. May need to assist in areas outside of one's specialty or comfort zone ie: place splints, start IV, pack wounds. May care for pregnant women, may not. Be prepared to do what is needed. 3-Set up a food distribution center. Designed and organized the center, put up fencing, ropes, then when the crowd became unruly we learned crowd control. People are in despair and will steal or fight for food.



MGH team debriefing after Johns Hopkins – Project Hope Simulation Exercise

- 4-Set up containment areas, prepare for possible outbreaks of diseases such as measles, cholera.
- 5-Set up water stations; learn how to make clean drinkable water and how to dig a latrine.

Lessons learned:

- The team is central and it is all hands on deck: Need to communicate and share ideas, concerns, be sure everyone safe, work together and forget about ego.
- Be physically prepared. Conditions austere. May have food insecurity. Lack of cleanliness. Know safety protocols, proper gear, medical supplies, travel insurance, etc.
- Be emotionally/psychologically prepared. Understand your own coping mechanisms. We had predeployment training. Psychologist on the premises at the Sim. She was also helpful for debriefing
- Know resources: Sphere Handbook, phone apps, small MSF guide. Learn about the country, culture, customs as best you can.

Fun Fact: Minimum Initial Service Package (MISP) 1-Prevent and manage the consequences of [sexual violence](#); Reduce [HIV transmission](#);2-Prevent [maternal](#) and newborn death and illness;3- Plan for comprehensive [sexual and reproductive health care](#), integrated into primary health care, as the situation permits.

<https://www.unfpa.org/resources/what-minimum-initial-service-package>

Paperchase

This is an amazing resource from WHO of publications and information sheets on Violence Against Women

<https://www.who.int/reproductivehealth/publications/violence/en/>

Obstetrical Violence: *Betron et al (2018). Expanding the agenda for addressing mistreatment in maternity care: a mapping review and gender analysis. Reproductive health, 15(1), 143.:*

A mapping review of 127 peer-reviewed and gray literature to examine whether gender inequality is a determinant of mistreatment during childbirth. There have been important advances in documenting mistreatment at the health facility, but less attention has been paid to addressing the associated structural gender inequalities. The limited evidence available shows that pregnant and laboring women lack information and financial assets, voice, and agency to exercise their rights to RMC. Women who defy traditional feminine stereotypes of chastity and serenity often experience mistreatment by providers as a result. At the same time, mistreatment of women inside and outside of the health facility is normalized and accepted, including by women themselves. As for health care providers, gender discrimination is manifested through degrading working conditions, lack of respect for their abilities, violence and harassment,, lack of mobility in the community, lack of voice within their work setting, and limited training opportunities and professionalization. All of these inequalities erode their ability to deliver high quality care.



MGH/Johns Hopkins/ Project Hope Simulation: *top: negotiating with militia;*

right: triage in chaotic hospital ED



Safety and security tip of the month: Travel abroad frequently? Make sure you have photo or e-copies of your passport, any required visa, and any other important documents or cards (ID, credit) and that you have copies and someone back at home has copies. In the event of a loss of personal items or a stolen wallet, it is far easier to inventory what was taken and what the potential impact may be, not to mention what company needs to be contacted to prevent further fraud.

Listen in from the media: In our backyard

<https://thehill.com/policy/healthcare/445460-states-passing-and-considering-new-abortion-laws-in-2019>

New Anti -Abortion Laws: Alabama, Arkansas, Indiana, Georgia, Kentucky, Ohio, Mississippi, Missouri, North Dakota, Tennessee, Texas, Utah and more to come

“Who is going to take care of these people? As emergencies rise across rural America, a hospital fights for its life” <https://wapo.st/2JeYOb4> and https://www.washingtonpost.com/news/national/wp/2019/05/11/feature/whos-going-to-take-care-of-these-people/?utm_term=.00d85bdd2210

Funding Opportunity: Apply for a travel grant of \$2000 towards a global health trip. The purpose of the trip must be focused on aspects of women’s healthcare in resource-constrained environments. If interested, please contact Ak Goodman (agoodman@partners.org). (For MGH Dept OB/GYN only). *Previous recipients of the grant: Adeline Boatin, Naima Joseph, Helai Hesham*

Save the date!

Safety and Security Training

Have you taken Introduction to International health, safety, security (IHSS)? Sessions are generally offered monthly and the following sessions are available in April. Please be sure to RSVP to travelsafe@partners.org to receive confirmation of a spot.

Tuesday, June 4th 12:00 – 1:30 MGH Global Health, 125 Nashua Street, 7th floor, room 7260

Thursday, June 20th 08:30 – 10:00 MGH Global Health, 125 Nashua Street, 7th floor, room 7500

Contact: Ryan Wildes Safety and security specialist Center for Global Health: rwildes@partners.org

From Dr Rose Molina:

The Diversity, Inclusion & Advocacy Committee in the Ob/Gyn department at BIDMC will be hosting a documentary screening of "Birth on the Border" followed by a discussion with the filmmaker, Ellie Lobovits, on Tuesday 7/16 at 6pm in Sherman Auditorium at BIDMC (330 Brookline Ave, Boston)

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