



OBSTETRICIAN/GYNAECOLOGIST

With MEDECINS SANS FRONTIERES, you will be working in crisis or war zones. Often, there will be no other obstetric care available. You may supervise and coordinate the obstetric services: emergency room, out-patient consultation, operating department, delivery ward, maternity ward. You will be responsible for ensuring that we provide our patients with the best possible obstetric care. In addition, you will be involved in coordinating the work of your national colleagues, whom you may be required to train or manage. For cultural reasons, priority will be given to female applicants because most of the contexts we work in are accessible only to female practitioners. Nevertheless, we welcome applications by male practitioners too.

Take the challenge – work with MSF

During your mission you will experience challenging working situations and living conditions that will connect you with the team and the local people. You will work with basic tools, share amenities with your colleagues, including computers, showers and refrigerators. Improvisational skills and independence will be essential, as will the ability to remain calm and capable of working constructively in a team even under strained circumstances. This is because you will be working on the ground with a small, international, multidisciplinary team and in close collaboration with your local colleagues. You will learn a lot: about the people in your project and about yourself.

To become an OB/GYN with MSF you will need ...

- a medical degree with specialisation in gynaecology/obstetrics with relevant up to date surgical experience (caesarean sections, postpartum hysterectomies, etc.)
- training in tropical medicine is highly desirable
- experience in the training and supervision of staff
- experience travelling or working in a 'developing' country
- fluency in English; knowledge of French, Arabic and/or Russian an advantage
- availability of at least three months minimum, more is highly desirable

„My work in the referral hospital in Bo in Sierra Leone required all of my skills as an experienced obstetrician. All the complex and challenging deliveries from the area were referred to our hospital. It was very hard work, often for 24 hours non-stop. At the same time, it was rewarding to know that we were able to save the lives of many of the women who came to us. In Sierra Leone, 790 of every 100.000 women die during or after childbirth because they do not have access to medical care. We were able to reduce that maternal mortality rate by more than half in the entire region.“

Philip de Almeida, Sierra Leone and other countries

„I worked in Haiti right after the earthquake in January 2010. The working day started very early. For a while, we were treating patients outdoors in front of the hospital, because people were afraid to enter any buildings. When I arrived in the mornings, my Haitian colleagues would have started triaging patients already. I would go to the area we had set up for deliveries and check on the women who had given birth at night. When necessary, I would help with deliveries, perform caesarian sections and answer any questions my colleagues might have. I also spent a lot of time doing administration and training Haitian colleagues. I also had to negotiate with the owner of the hospital, for instance when the sterilizer broke down. For security reasons, we had to be back in our compound before sunset. Alternatively, I would spend the night at the hospital. That way, I was able to intake the first patients in the morning when they started arriving as early as five thirty.“ Marita Anwander, Haiti and other countries

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Project work opens up whole new realms of experience: both professional and personal.

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👉 www.aerzte-ohne-grenzen.de/mitarbeiten to find out more.
There you can also download an application form.

ÄRZTE OHNE GRENZEN e.V.

Am Köllnischen Park 1, 10179 Berlin, Germany

Phone: +49 (0)30 700 130-0

personal@berlin.msf.org

www.aerzte-ohne-grenzen.de

DONATIONS

Bank für Sozialwirtschaft

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