



# MIDWIFE

With MEDECINS SANS FRONTIERES your work includes supporting mother-child programmes in the field. In addition to ensuring safe deliveries you will be responsible for the maternity ward and delivery room. You will coordinate a team of national staff, provide further training to traditional birth attendants and organise family planning programmes.

## 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 refridgerators. 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 a midwife with MSF you will need ...

- successfully completed training as a state registered midwife
- at least two years of professional experience
- knowledge of sexually transmitted diseases in particular HIV/Aids
- experience in management and team supervision
- experience travelling or working in a 'developing' country
- fluency in English; knowledge of French, Arabic and/or Russian an advantage
- nine to twelve months availability

*"In Sierra Leone, most women in the villages give birth at home. The only women who made the often long and arduous trip to see us in hospital were those who had complications during pregnancy or during the birth itself. Another issue was the almost complete lack of trained nurses or midwives. Most of the women working in the delivery room or on the postnatal ward were village birth attendants with nothing more than a few years of primary school education who were trained by MSF. But they were still able to get to grips very well with more complicated births, such as those involving twins or breech presentations."* Astrid Ulhorn, Sierra Leone

*"There was no ultrasound equipment in the outpost clinics in Burundi; only in the hospital, but even there we had to deal with frequent power cuts. Seeing as I couldn't actually look inside the women's bellies, I just had to look much more closely from the outside. I would use my hands to work out how the child was lying. And I would use the size and growth of the belly to try to establish whether a woman was expecting twins. I had to rely on a fetal stethoscope to listen to the baby's heartbeat. These are all traditional methods that still work. But you need a lot of confidence in your own senses when you're using them."* Julia Heermann, Burundi

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

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There you can also download an application form.

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