

## **To the 2<sup>nd</sup> Session of the Permanent Forum for People of African Descent**

Mr Chairman, Members of the Permanent Forum, Distinguished Guests and Delegates. It is my honour to have been invited to speak to the Health, Well-Being and Intergenerational Trauma of our people.

On behalf of the society 'Mothers and Midwives Together Across the Diaspora' I am honoured to share the third report of our examination of our maternity services on the problems we face as midwives in repairing, retaining and developing the midwife as the specialist workforce throughout the African diaspora and the African continent.

It brings to mind, the concept of the 'fragile state'.

My personal standpoint is that of experienced midwife, mother and supporter of quality maternity for mothers, babies and healthcare professionals from and within low, middle and high income countries.

The complex nature of issues in maternity care are deep, deeply hidden and often impact beyond the site or time of occurrence. Across the African diaspora and the African continent our communities have no dedicated forum to address our concerns. That being the case, our group moved to develop a 'system consciousness' approach towards solutions.

Our mothers and babies die at higher rates than other groups, including stillbirth and deaths in infancy. However whilst the measurement of our deaths is one thing, the damage, our 'morbidity' is yet another.

The incalculable, morbidity 'iceberg' is largely hidden beneath a whole host of factors, rising traumatically to the surface to blight us, as we travail the structurally racist environments of our societies as we live, work and seek care.

The continuum of birth is finely balanced, incorporating the human process of not only the physical, but the emotional, the psychological and indeed for us as African descendants, the spiritual.

Women of African descent are a declared priority for the Permanent Forum, and it follows that mothers, the first environment of humanity, are entitled to the specialists in maternity care .. midwives.

The Akan concept of 'Sankofa' leads our team research as we gather evidence from our women, our families, all ages, from all walks of life and on this occasion, our midwives.

Generic factors in systems that impair good maternity continue to emerge with ongoing research in some high income countries. e.g. the recent report 'Closure' of a quality midwifery practice in an area with a large African descendant population, and greatest of need.

We found that African and African descendant midwives are largely voiceless in the public space. The structures and processes of life and work in general equally racially impact their ability to live up to the internationally agreed role and scope of the midwife, particularly where the profession would make sustainable benefits.

Many are voting with their feet, retiring early, changing professions. Sadly, some as a result of workplace toxicity become disillusioned and are, in largely under-documented accounts, resulting in permanent illness and or suicide. Racially motivated, inappropriate and malicious regulatory referrals and employment mistreatments are a feature of African descendant midwives in a number of countries, despite recognition of detriment caused.

On the international scene, push-pull factors of work and living reveals a huge depletion of the midwifery workforce from low to high income countries, to the detriment of the healthcare systems left behind. Many of these highly skilled midwives then join a cadre of high income country African descendant staff to encounter a variety of systemic oppressions, stunting their ability to actualise their knowledge and skills, and to progress their careers.

The regulated midwife is a specialist, a responsible and accountable professional who works in partnership with women through the childbearing year, including the carrying out of emergency measures.

Consider the impact on our societies where autonomous midwives actualise quality care, reduce mortality, morbidity and create space for our women to achieve empowered, satisfying birth.

In keeping with the Session Theme:

And realising the dream of the most fundamental of our human rights as a people, and in keeping with the Durban Declaration and Plan of Action 2001, Diasporan Mothers and Midwives Together recommend that the Permanent Forum undertake:

1. Development of a joint Anti-racist statement for maternity care
2. Support for the requisite integration of our maternity care project to work within the collaborative organs and bodies of the United Nations
3. Support to the development of 'culturally safe' structures and processes within national systems, and private organisations surrounding healthcare.

The first 1001 days of life set the life course for each of us, but also impacts intergenerationally through the DNA including the society which we create.

Peace on Earth begins with Birth...

End note: Cultural safety is a New Zealand Nursing competence developed by Indigenous Maori. It places the needs, values and voices of the service user to choose care which they deem safe for them to use.