

Medicins Sans Frontières (MSF) – *Midwives Wanted*

PROFILE: MARGIE BARCLAY

Nurse/midwife
 DOB: 2/12/60
 Nationality : Australian
 Current address : Melbourne.
 Diploma of General Nursing: 1982
 Certificate of Midwifery: 1987
 Master in Tropical Medicine & Public Health: 2000



- 1st mission with MSF: **Tadjikistan**. 1997. duration 6 months.
 Position: midwife. Program: Mother & Child Health Care/Training of local midwives.
- 2nd Mission with MSF: **Uganda**. 1997/1998 Duration: 4 months
 Position: Nurse/Midwife. Program: Emergency mission.
- 3rd Mission with MSF: **Sri Lanka**. 1999. Duration: 9 months. War situation.
 Program: Coordinator of a medical program including mobile clinics and support to the regional hospital of Vavunia.
- 4th Mission with MSF: **Sri Lanka**. 2000. War Situation.
 Program: mobile clinics, consultations, deliveries, ante & post natal mobile clinics and technical support to Manar Hospital.

“A learning curve but incredibly satisfying.” That is how Margie Barclay labels her work with Medecins Sans Frontieres (MSF) in Tajikistan, Uganda and Sri Lanka. The 40-year-old midwife from Melbourne especially appreciates the chance “to give, and in turn to learn a great deal from the people in these countries.” Margie has recently left Australia for her second MSF mission in Sri Lanka.

MSF is best known for its rapid medical aid in emergencies that make the headlines, such as wars, natural disasters and large-scale famines. Lesser known, but equally crucial, is the hard work of MSF teams in societies where health care falls well below minimum standards as a result of economic decline, ongoing insecurity or deliberate exclusion of entire populations from health facilities. In such situations, mother and child care will generally be an important part of MSF’s work, and midwives will play an important role.

But this work requires high levels of flexibility and creativity. Margie has no problem giving examples of the many challenges a midwife can face during an MSF assignment. “Trying to comprehend the thinking that anaemia in pregnancy is better treated with ten days of IV glucose and ascorbic acid that with oral iron and folic acid supplements or improved diet; en route to hospital, the rapid arrival of a baby just outside a military camp in a war zone; the survival of a 1.6 kilo premature baby in a refugee camp. . .” The baby grew into a “bouncing, smiling baby” over a few months; a small miracle given the absence of the medical technology that we in Australia are so much used to.

Margie studied midwifery in Melbourne and has just completed her Master in Tropical Health and Public Health. It was during a course on refugee health in 1996 that she was first introduced to the work of MSF “For many years already, I had had an interest in using my nursing and midwifery training for working overseas, particularly in developing or underprivileged countries,” she says. “My interest was caught by the diversity of the countries

and situations in which MSF works, giving medical assistance to populations at risk due to such things as natural disasters, famines and wars.”

Just how underprivileged many countries are was something Margie discovered during her first mission, in a country with an infant mortality rate more than 20 times higher than Australia’s. “I left for my first appointment in 1997 to Tajikistan, a former Soviet Republic in Central Asia. My role there was to assist in training of midwives, many whose knowledge was outdated or had been trying to maintain working within a collapsed health system.” That same year, she was part of an emergency mission in Uganda, and last year Margie went over to Sri Lanka for the first time to become the coordinator of the medical programme in Vavunya. The infant mortality rate in that country may be “only” three times Australia’s, but continuous warfare makes access to health care for some of the populations extremely difficult.

Margie encourages midwives to contact MSF and ask for more information to see whether they qualify for a mission. She says, “For anyone willing to stretch their professional boundaries, experience other cultures and share their knowledge, working in this context would provide a very interesting and rewarding experience. We in Australia have the benefit of great learning but our knowledge can be both shared and enriched by experiencing and practicing midwifery in other cultures.” And Margie will be the first to acknowledge that she has learnt as least as much as she’s been able to give.

If you are interested in joining MSF for a field mission, or for any further information, please contact Jean-Yves de Lemp or Petra Vergeer at MSF Australia.

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For general information about the work of MSF: www.msf.org.