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Decolonising the Midwifery Curriculum

Abstract

Decolonising the midwifery curriculum means to understand the historical and political effects of colonialism on healthcare, and how those accessing maternity care can still be disadvantaged by it today. Decolonising the midwifery curriculum is readdressing the imbalance in Eurocentric content that reinforce Western dominance and ensuring that taught content represents all cultures and fosters a sense of shared understanding and cultural humility. It is a process that asks us to challenge ourselves and institutional power imbalances that perpetrate harmful bias towards ethnicity, class, gender, and able-bodism, to produce midwives who are better able to provide culturally safe and inclusive care.

Introduction

Whilst racial inequalities in maternity care have been consistently highlighted throughout the MBRRACE-UK reports,[1-3] recent reports have once again brought this issue to the forefront and propelled the call to action for UK maternity services and higher education providers to tackle healthcare inequalities and improve care.[4-6] Within this article we explore the recommendation to 'Decolonise the Midwifery Curriculum' made by the Birthrights inquiry into systemic racism in maternity care,[4] provide rationale for this measure and outline a case study detailing the steps taken to decolonise midwifery education within one Higher Education Institution.

Outcomes, Experiences and History

It is essential to acknowledge the presence of systemic racism and historic impact of colonial education within our current maternity system to begin the work to improve outcomes and foster a culturally safe workforce. Until recently, the differential outcomes between Black, Asian and Mixed ethnicity women when compared to White women have pathologised Black and Brown bodies as opposed to examining the wider systemic factors such as institutional racism, workforce culture and individual interactions that contribute to the poor outcomes.[4]

Historically, higher education played a key role in contributing to harmful ideologies around race ideas, including the false notion of 'race science'.[7,8] There continue to be harmful beliefs that Black and Brown bodies are biologically and fundamentally different to White bodies, manifesting in examples such as medical students believing that Black people have thicker skin than White people and therefore felt less pain.[9] The effects of racial stereotypes remain evident in contemporary midwifery practice, as despite requests for analgesia, Black and Asian women are less likely to receive pain relief compared to their White counterparts.[4-6] Within higher education there has been a consistent lack of acknowledgment of how acts of institutionalised racism have advanced medical and obstetric knowledge.[10-12]

Through acknowledging the impact of colonial history and having open conversations about race, racism and bias; midwifery education can begin to foster a learning environment that promotes cultural safety and humility which has been identified as a key mechanism for improving care and outcomes.[13]

Application to Midwifery Education.

Decolonising the Curriculum means having a deep and meaningful understanding of how imperialism and colonialism still inform the structures within our society, academic spaces and healthcare system- resulting in poorer maternity outcomes for marginalised families and their infants. It requires that staff and students engage in the process of conscientisation, critically exploring how socialisation within a colonialist society leads to intersecting forms of oppression for marginalised groups.

Decolonising the curriculum requires an exploration of how imperialism and colonialism effect teaching, learning and assessments of racialised groups. An institution-wide commitment to exploring identity formation, interrogating assumptions, and deconstructing personal bias within the midwifery academic team will result in a transformation in the mindsets of academic supervisors and their expectations of Black and Brown students. White Eurocentric curricula means that students from minority ethnic groups are unable to engage with taught material as it does not reflect their socialisation or lived experience whilst simultaneously disadvantaging White students as they do not benefit from understanding cultural differences or receive education against dominant discourses or harmful racial stereotypes.[14]

We must move beyond simply diversifying course reading materials and guest lecturers, to educate students on the impact of colonialism and racism on our current maternity system. Inclusive teaching pedagogy should integrate knowledge of cultural, ethnic, and spiritual viewpoints and variations in common midwifery conditions throughout our curriculum, taking effort to avoid pathologising Black and

Brown bodies or further promoting ‘othering’ through weaving culturally diverse resources and images throughout all taught sessions.

The colonial concepts of ‘wellness' must be challenged, and the centering of ‘whiteness as wellness’ replaced for a more holistic approach. Diversifying teaching resources and equipment to be inclusive of all skin tones, ethnicities and cultural relevance demonstrates that whiteness is no longer the 'norm' but that wellness exists as an inclusive paradigm, not limited to eurocentric ideology.

Creating an inclusive and supportive environment:

A sense of belonging is positively associated with academic success and improving students’ intrinsic motivation to excel in their studies.[15] A lack of diversity and representation amongst midwifery students can result in universities becoming exclusionary spaces that marginalise student from ethnically diverse backgrounds.

There is a disproportionate number of White midwifery educators compared to those from a Black, Asian or mixed ethnic background. A lack of diversity in academic tutors negatively impact students from minority ethnic groups, as students are less likely to engage with pastoral support with staff who may not understand their lived experience. Caution must be taken to ensure that HEI inclusion policies are not “tick box” performative tools that continue to perpetuate white privilege, enabling inequity, by doing little to address inequalities.[16] Instead, organisational commitments must be meaningful, actionable, and audited to ensure that meaningful change is achieved. Positive action, such as recruiting midwifery lecturers from a specific ethnically diverse background is an example of a targeted intervention, which has been shown to be beneficial for Black and Brown students.[14]

Increasing support and improving attainment for Black and Brown students increases diversity within the midwifery workforce. Racial concordance within healthcare has been shown to improve health outcomes, prevent missed or delayed diagnosis and treatment and improve experiences of care.[17, 18]

Case Study: Decolonising the Midwifery Curriculum at The University of Salford

The Midwifery team at The University of Salford are engaged in active work to create an inclusive, decolonised, and Anti-Racist curricula to support students in becoming holistic, compassionate and culturally safe future midwives. This started with a commitment from staff members to increase their knowledge on race-related issues in order to take effective and meaningful action in becoming allies, promoting culturally safe practice and working to decolonise the curriculum. As such, all members of staff have undertaken intensive maternity cultural safety training and continue to engage in learning and development.

Throughout the programme, students have annual cultural safety training and restorative circles that explore the effects of racism in maternity care, white privilege, and how economic status, class, and access to opportunities can intersect to affect women and birthing people negatively. Students are given opportunity to discuss the effects of microaggressions in a safe space, fostering shared learning and giving opportunity to share lived experience and to encourage personal and professional introspection. A lens of intersectionality is applied when discussing individualised person-centred care that acknowledges that people's experience of motherhood/parenthood is influenced by intersecting considerations of gender, class, age, ableism, age, ethnicity. A deep understanding and comprehension of this knowledge is assessed summatively throughout the curriculum via assessments that have a focus on intersectionality, cultural safety and the role of the midwife in providing inclusive care. Embedding these issues into summative assessments will enable on-going evaluation of the process and provide assurance to the team that the decolonisation and cultural safety work is effective and robust.

Conclusion

Addressing institutionalised racism requires us to dismantle racialised power structures created through colonialisation. Requiring that midwifery academia decolonise itself, culture and academic workforce, to improve maternity outcomes for Black and Brown service users through meaningful allyship and antiracist work.

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