



Dr. Sophia Webster

Maternal mortality in many countries in Africa is unacceptably high. Especially since almost all of these deaths occur in low-resource settings, and most of them could have been prevented. As an OB/GYN working in England Dr. Sophia Webster was appalled by the statistics and lack of access to medical care that many of the communities suffering high maternal mortality rates had. So she decided to do something about it. She determined to fly to 26 countries in Africa to raise awareness about Maternal Health issues, and to deliver medical supplies, and healthcare worker training. When I learned about her plan I felt a thrill. She instantly became my hero, my Amelia Earhart, her undertaking is something I would dream of doing, and since I'm neither a physician nor pilot, it only ever could be a dream for me. Sophia Webster on the other hand, being both a Dr. and a pilot, is uniquely positioned to make a real direct impact in these communities. As romantic as my notions of flying across Africa are, my experiences during my overland travel for six months across the continent years ago enlightened me to some of the stark realities Dr. Sophia Webster would be sure to face along the way.

My father on the other hand was a physician and a small plane pilot who served as a Flight Surgeon in the Army before I was born. We did not fly often, but I can remember the thrill when as a child my dad let me take the controls in my hands. It turns out that when you tilt the controls up, it tips the nose of the plane down, so my stint as a pilot was very short-lived and a bit dramatic, but the romance of small planes stayed with me. Intrigue with Flight and travel, was further infused through the books my father had read as an armchair traveler. He never did visit the places he read about, but when I grew up I did, and I knew where the seed for my wanderlust had been planted.



99

Soaring above Cote d'Ivoire Sophia graciously took time away from saving lives, teaching, flying her plane, and fixing it several times along the way to answer the interview questions that I had sent to her.

When did you learn to fly?

SW: I started in sept 2009 in Carlisle, UK, when I was posted to a district general hospital in the Lake District. I completed about half of my basic training there, and then transferred to Newcastle when my hospital appointment changed.

At what point did you come up with your idea for this trip, and how long did it take you from concept to reality?

SW: In March 2012 whilst I was hiking with my best friend in California. I guess I'm an ideas person, and had been considering at the back of my mind how to do something unusual that linked all of my skills together for a cause about which I passionately believe.

Had you been to Africa before?

France Germany

Livraine

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Romania

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SW: Yes, many times. My first trip to Africa was to Egypt as a medical student in 2001. My first trip to sub-Sahara was to The Gambia in 2006 as a doctor to help a nursing colleague of mine open a village health clinic. In 2007, between my junior and senior Obstetric and Gynecology training, I worked in Cape Town, South Africa to gain practical experience and that was when I first began to appreciate how risky it can be to be pregnant. Since I have been back in the UK I have been part of a clinical teaching faculty and have travelled to many other African countries to teach emergency Obstetric and life saving skills to front line health workers including midwives and doctors.

What has surprised you most along the way?

SW: On the aviation front – the vast difference in airport charges between neighbouring countries and just how difficult some airports are to negotiate as a private pilot. On the medical front – just how enthusiastic the public have been in talking about women's reproductive health, as demonstrated by the questions and responses to my breakfast radio interview via the Sierra Leone Broadcasting Corporation!

What are you missing having access to from home?

SW: Washing my hair regularly!

What is the greatest urgent need you have come across along the way?

SW: Most hospitals we have visited have not had enough beds for the number of patients needing to be admitted, with 2 patients sharing and sometimes even three.



Maternity Ward

Which of the following would you say the majority of problems stem from poor maternal health, poor neonatal health, poor sanitation, lack of equipment or lack of expertise in health workers?

SW: Maternal health – there are so many factors at play. There are usually insufficient front line health workers and equipment deficiencies. Skills training is often infrequent leading to inappropriate and/or slow actions in the case of an emergency.

Neonatal health can reflect baseline maternal health. Monitoring of the fetal heartbeat in labour can be suboptimal because of lack of equipment, too few midwives to perform the auscultation and lack of knowledge about how often it should be done and what is normal/abnormal. Resuscitation of a newborn baby that is not breathing well is another key skill which can be forgotten. Hospitals in sub-Sahara are often unable to look after very premature babies because of resource issues.

Have you met any negative response to what you are trying to do?

SW: Yes – not everyone believes in the ideas of Flight For Every Mother. For example, when we arrived in Dakar our proposed hospital visit was cancelled as our request had come across as not well organised without advanced visits to jointly discuss local need face to face. Some practitioners have voiced concern about the short time that the project is running for and wonder if it will have a sustainable impact. Such concern is usually short-lived when I explain the main goal is to raise awareness, and that we have linked with 7 key charities working within women's reproductive health who are carrying out well established, continuous projects.

Can you measure positive and sustainable impact due to your visit to a particular area? Is that something that you can see right away or over time with results?

SW: It's difficult to measure positive and sustainable impact in this, primarily awareness-raising, project. There is an ever-increasing following on Facebook and Twitter and I have done a number of in-country newspaper, TV and radio interviews.

I keep a record of the number of front line health workers that I train in Obstetric emergencies and I am in touch with at least one from each facility to hear subjectively about impact (patient and newborn outcomes) over time.

How may your ideas have changed since the beginning of your trip due to experience along the way?

SW: I have realised that as well as raising awareness both in-country and to the wider international public, clinical teaching and meeting with different government and non-government agencies, the information gathering that I have found myself able to do in terms of the set up of medical facilities, resource and local cultural factors is a major additional benefit of this project. Using this information, I will be able to work with both my postgraduate college, the Royal College of Obstetricians and Gynaecologists (RCOG), and other agencies in the future to highlight areas of specific need and target partnerships accordingly.

Is your primary goal awareness or impact, or both in equal measure?

SW: Both. I am trying to do something unique that encourages people to ask 'why?' and then I have the opportunity to create awareness.

What message would you most like to convey to those who are following your trip through social media?

SW: That all women should have the chance for a safe pregnancy no matter where they live in the world.

We don't all have our MD or pilots licence, but you can still be part of this amazing campaign for maternal health by helping to supply the medical equipment that Dr. Webster will need along the way, Join in and help out simply by visiting the Catapult crowdfunding page to make a donation. You can follow Flight For Every Mother on Sophie's Blog, Facebook Page and on Twitter!

http://vimeo.com/68839627





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