“WALKING WITH MRS X”

Guidelines for playing the game and how it may be used
“WALKING WITH MRS X”

Content

The aim of the game P3

How the game works P3

Before starting the game P4
  Getting ready
  What you will need

Starting the game P5

During play P6

In summary P8

The end of the game and follow on activities P8

Telling the story of each “Mrs X” P8

ANNEX After the game activities P10

Tutorial P10

Alternatives or next steps P12
  Option 1: Making childbirth safer in identified communities
  Option 2: Establishing a community partnership
  Option 3: Involving key professionals in promoting safe motherhood
WALKING IN THE FOOTSTEPS OF MRS X

The aim of the game

For general audiences the main objective is to raise awareness about the ongoing tragedy of the incomprehensibly high number of maternal deaths, which occur worldwide every day. In 2015 one pregnant mother died every 2 minutes from entirely preventable causes.

This game aims to help enable players to identify with the wide variety of health, social, human rights and community problems affecting many pregnant women, wherever they live. This helps the players to develop a deeper understanding and appreciation of the many barriers at local and national level that these women and their newborn babies face, and how these might be overcome. Wherever the players may live, deeper awareness should lead to greater empathy, advocacy, engagement and participation in activities that will improve maternal and newborn health.

How the game works

Each board is optimally designed for 6 players at any one time although 3 to 8 players can be accommodated if necessary. In large groups or classes a number of boards (with the cards) will be needed.

Each player takes the part of a pregnant woman, a “Mrs. X,” who is then given a name, and through rolling the dice and moving her/his counter around the board follows her pathway through pregnancy. Depending on the spaces upon which “Mrs. X” lands and how the game proceeds, she will either “live” or “die”. At the conclusion of the game the stories of each “Mrs. X” are told and discussed. Every story in every game is different and important lessons can be learned from each.

The length of time needed will depend on the number of players and the number of copies of the game available. Allow approximately 1.5 hours for one group of six to play and discuss the game. If the accompanying video “Why Did Mrs X Die retold” is also shown, this will take an additional 20 minutes.
Before starting the game

The aim of the game is to try to obtain a ‘Safe Motherhood’ card. The game is played until each player either has a ‘Safe Motherhood’ or a ‘Maternal Death’ card and no players are left on the board.

The rules of the game are on the following pages. Make sure that the players understand these.

Suggestions for after the game activities are also provided. The game may be used educationally involving tutorials, or with groups from the community, with health care workers, managers, educationalists or policy makers. Various options are provided in the Annex.

Getting ready

The game consists of a board and 6 sets of cards. These cards are:

- About You (green)
- Your Health (red - the basic set for general use) or Your Health (Professional version) (pink: see note below)
- Your Community (blue)
- Extra Factor (yellow)
- Safe Motherhood Card
- Maternal Death Card

**Note:** Please note there are two sets of “Your Health” cards and only one of these should be used. There is a basic “Your Health” set (on red cards) which can be used with those at an introductory level or for non-health professional players, and a more detailed “Your Health” set which provides more medical information (on pink cards). The “Professional version” on the pink cards is designed for students and other health care workers with some more in depth medical knowledge. Choose which set to use and put the other set aside.
If dice are not available, cut 6 pieces of card of equal size. Write down the numbers: 1, 2, 3, 4, 5 and 6 each on a separate card. Place the cards in a bag or envelope. Each player can then pick out one card when it is their turn. This will tell them how many spaces to move on the board.

**What you will need:**

- The board/s (or copies of the board/s), cards and game instructions. If you do not have these they can be downloaded from [www.hofmab.com](http://www.hofmab.com).
- Coloured markers or counters (a different colour for each player).
- Dice: one for each board
- If the game is being played as part of a tutorial, each player will need pen and paper to write down the story of each “Mrs. X” to use in the after game activities.

If possible, view the *Why Did Mrs. X Die retold* video preferably at the start of the session, at the end or in another session. This can be downloaded from [www.hofmab.com](http://www.hofmab.com).

**Starting the game**

Place the board in the centre of the table. Place the four sets of cards “About You”, “Your Community, “Extra Factor” and “Your Health” or “Your Health (professional)” on the matching spaces on the board. One player should agree to keep the sets of Safe Motherhood and Maternal Death cards and hand them out when necessary.

Each player chooses a different coloured counter to represent their “Mrs. X” which they should place on the table in front of them.

Each player gives their “Mrs. X” a name (the player is free to choose any name s/he wishes) and then each says that name aloud to the rest of the players.
During play

Each player throws the dice in turn. The player who throws the highest number on the dice starts first.

Each player takes a turn to throw the dice and then count and move her/his “Mrs. X” counter the number of spaces on the board that corresponds to the number on the topmost face of the dice. The game is played following the board in an anticlockwise direction. The player then follows the instructions according to the space where s/he lands.

If the player lands on a square marked

- About You,
- Your Health - or the alternative set Your Health (Professional version)
- Your Community, or
- eXtra Factor

that player must pick up a matching card from the board, read it aloud to the rest of the group and then keep it.

Each of these cards has a statement on the reverse side and either a 😊 or 😞 sign.

😊 Indicates the situation is good and this is a positive card.

😞 Indicates the situation is/could be bad or harmful, this is a negative card.

The total number of each type of card collected determines if Mrs X “lives” or “dies”.

1. If a player collects six 😊 cards (positive factors) s/he claims a Safe Motherhood card and her/his “Mrs. X” survives.

2. If a player collects six 😞 negative cards then her/his “Mrs. X” “dies” and the player collects a Maternal Death card.
However, the cards can be modified though cancelling out a negative card with an appropriate positive card as illustrated below:

Cancelling out 🫗 negative cards is possible by matching them with a suitable positive 😊 card if held by the same player. For instance, the card with “you are chronically anaemic” can be cancelled by the player already holding, or later picking up a positive card, which states for example that “your anaemia has been treated”, or “screened blood is available”. Similarly if a player picks up the card with “you are HIV positive”, this can be cancelled out by a card which states for example “there is treatment for HIV available locally”. Each situation must be discussed by all the players who must agree that it is possible (i.e. there is a sound clinical reason/evidence or logic) for a particular 🫗 (negative) card to be cancelled by a 😊 (positive) card held by the player.

If a 🫗 (negative) card is cancelled out it is put under the 😊 (positive) card that has been used to cancel it and the 🫗 (negative) card no longer counts towards obtaining a Maternal Death card. However, the 😊 (positive) card which cancelled it out stays in play and counts as one 😊 positive card which will contribute to obtaining a Safe Motherhood card.
In summary

A player who has collected 6 😊 (positive) cards claims a Safe Motherhood card and retires from the game.

If a player holds 6 😞 negative cards, s/he exchanges them for a Maternal Death card and retires from the game.

Any 😞 negative card can be cancelled by an appropriate positive card if agreed by the other players (i.e. there is a good clinical reason/evidence or logic to be able to say why the one cancels out the other).

The end of the game and after the game activities

When all players have either achieved a Safe Motherhood card or a Maternal Death card the game is over.

Each player will then construct the story of her/his own “Mrs. X” from the cards they have collected and then share it with the whole group with whom they played the game. More detailed instructions, designed for different training purposes are described in the Annex, but all players are encouraged to follow the game by telling and discussing their stories to deepen their understanding of factors which lead to and hinder safe motherhood and then to consider approaches to addressing these issues.

Telling the story of each “Mrs. X”

At the end of the game, players are encouraged to copy down what is written on all the cards they are holding. This includes the 😞 (negative) cards that have been cancelled and why they were cancelled. Each player should then write down her/his own story using the name of the woman chosen at the start. This will be developed according to what happened during the game by the cards that were picked up. The
stories will then be shared with the rest of the group.

If the player achieved Safe Motherhood, the story should be written or spoken as if by the woman in the game. For example:

“My name is…………………… I was lucky to live in an area where girls were encouraged to go to school. However I am malnourished and was married as a young girl. Despite the local health education campaigns promoting the benefits of family planning there were no supplies at my local health centre and in any event I have no control over my fertility and must follow what my family say. However, I had a midwife in my village and ……………………………”

If the player held a Maternal Death card, the story should be written and told as if by a relative or friend. For example:

“I am the husband, (or sister, or friend) of …………………………… I am a poor labourer and there is no money to spare for health care. We do not have bed nets and we all have malaria. My village was 80 km from the nearest health facility although we did have a midwife who visited regularly. Her pregnancy was complicated by iron deficiency anaemia …………………”

Each player must include all the facts on all the cards they hold at the end of the game. Other information may be added to make the story complete providing they make sense and do not contradict any facts given on the cards. The facts may be challenged by other players if they are contradictory.
ANNEX

After the game activities

When this game is being used as part of a training programme the following suggestions will help on how to lead the tutorials

• In preparation for tutorial sessions students should write down what appears on the cards they collected during the game. They will need a pen/pencil and paper. Also in tutorial settings, after the game, the students will need time to write up their stories or profiles based on the cards they collected during the game, and which they may choose to present through storytelling, dance or drama.

• The tutorial groups after the game should be the same group who played the game together. Arrange separate study areas for each tutorial group to discuss their cases.

• Ask each student in turn to tell their story giving their profile of their “Mrs. X”. Encourage the rest of the group to listen, showing empathy and understanding. Some students may remember distressing personal experiences. Be ready to support them.

• Some students may form groups and prepare a short drama or other innovative ways of telling the story depending on time, preference or circumstances

• Discuss each story and profile respectfully. Try to give students credit for some part they have done well. Remember how important it is to provide encouragement.

• Discuss what would help to promote safe motherhood in the community.
Please note:
Sharing the stories is best done in small tutorial groups. The teacher/facilitator should be aware that some ‘traumatic events’ may have occurred during the game which may prompt painful memories of real life experiences. Therefore encourage each person in the group to listen empathically to one another. Indicate your willingness to spend time individually (i.e. in private) and confidentially with anyone who would appreciate this. For example one of the players may have experienced a maternal death in their own practice and needs to talk about it. S/he may feel responsible or depressed. S/he may be anxious to avoid caring for women in labour because of the memories of what happened. Some may have experienced a maternal death in their family or community, or had a near death experience themselves. In addition, some of the social or health issues may reflect their personal experience, for example violence in the family, FGM or s/he could be HIV positive. In such circumstances give her/him understanding and offer support according to the individual need, they will need a confidential and empathic listener and they may need to be referred for more specialised counselling.

Summary and follow-up

Write down the following questions on the board/flip chart:

- Which of the problems shown in the stories/drama could have been prevented by community-based midwifery care?
- What actions are needed to ensure that safe motherhood is possible in the community?

Actions will depend on decisions. For example, decisions may include:

- “We must speak with community leaders in… about setting up maternity waiting homes/family planning/ antenatal clinics, etc.”
- “We must discuss with elderly women in the community how the diet of pregnant women can be improved; how they can be relieved of heavy physical work during pregnancy, and in the postpartum period.”
• “We must approach the hospital management to discuss how we can provide screening tests/agree upon a referral system for high risk cases from community, etc.”

Alternatives or Next Steps

The Mrs X game can be usefully applied to any number of training/educational situations. In all cases the game is played the same way. However, changes can be made in the post-game activities, which can then be developed according to the specific learning objectives.

Below are a few examples:

Option 1: Making childbirth safer in identified communities

Learning objective: To identify and address specific barriers to safe motherhood within particular communities

NB As an added resource, as well as using the cards in the game you may also wish to share out the cards that were not used; identifying any issues from these that you think should be addressed

Process

a) Identify issues that are likely to prevent women achieving safe motherhood that are prevalent in the communities where the participants, midwives or other health professionals work.

b) Discuss how these issues may be addressed.

c) Make an action plan, setting a date to evaluate and review progress.
Option 2: Establishing a community partnership

Learning objective: To discover ways of working in partnership with a community in order to promote safe motherhood

Process
Arrange a community visit for the group. This may be to a rural village or an urban slum
   a) Talk with the elders of the community, the women and their families. You may wish to do this through separate focus group discussions with the various persons. Ask them what would make childbirth safer for women in their community – they will tell you!!
   b) After the visit take feedback and ask the group the following questions and any others that seem relevant in your situation:
      I. How many ‘Mrs Xs’ did you meet out there?
      II. What is being done to save these Mrs Xs?
      III. What more could be done?
      IV. Who can help to achieve this? (consider elders, health care workers, women’s groups, religious leaders, professional associations of medical and midwifery staff, managers, policy makers etc)
   c) Make an action plan to address the issues identified, setting a date to evaluate and review progress in partnership with community members.

Option 3: Involving key professionals in promoting safe motherhood

Learning objective: To encourage managers, educationalists and policy makers to address issues relevant to promoting safe motherhood that lie within their area of responsibility and expertise.

Process
According to their expertise and position it will be important for these professionals to address the following concerns:
a) What issues that arose in the game could be addressed by the health service or systems managers? or

b) What issues that arose in the game could be addressed by educationalists and academics, for example:

   I. by adapting the basic curricula of midwives, or for nurses or physicians to become skilled birth attendants, and/or

   II. by providing continuing professional education for these crucial personnel

   III. What opportunities exist or need to be introduced to enable teaching staff in medical and midwifery schools to keep up to date with current issues, including evidence based practice? For example, what would be the best evidence based treatments for any of the conditions that arose in the “Mrs. X” stories?

c) What issues that arose in the game could be addressed by policy makers?

According to the job responsibilities of each of the group members, make an action plan to address the above issues, setting a date to evaluate and review progress.

If such professionals are not yet involved in this exercise/learning session, it will be important to consider strategies of how to bring them into the discussion and/or how to facilitate the needed action through these specialist channels/professionals.
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