

Strengthening Antenatal Care for Indigenous Women in Guatemala

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Quetzaltenango Department, Guatemala



- Western Highlands
- 60% of the population is indigenous
- 55% of the population live in rural areas
- Maternal mortality at 99 deaths/100,000 live births
 - Half of maternal deaths were among adolescents and 30% among first-time mothers
- 60% of births take place at home with assistance from traditional midwife or comadrona



Guatemala Ministry of Public Health and Social Care, 2018

PROJECT SUMMARY

Management Sciences for Health (MSH) is implementing a project to strengthen high-quality, culturally appropriate antenatal care (ANC) for indigenous women in the Quetzaltenango department of Guatemala. Launched in 2019, the project will work in partnership with national and departmental health authorities, local partners, and traditional midwives (comadronas), to introduce and implement a group ANC model where pregnant women can come together to share experiences, receive information from a health provider, form social bonds, and track the progress of their pregnancies. This project is funded by Margaret A. Cargill Philanthropies.

Guatemala's national maternal mortality ratio (MMR) of 88 deaths per 100,000 live births is the sixth highest maternal mortality ratio in the Americas.¹ In the Quetzaltenango department, indigenous women bear a higher burden of maternal mortality due to harsher economic circumstances, higher fertility rates, and poorer access to convenient and culturally respectful health services.

High-quality ANC can prevent, identify, and treat life-threatening conditions; prepare women for pregnancy and childbirth; and encourage consistent use of professional, facility-based health services. Per existing norms and laws, national and departmental health authorities aim to increase pregnant women's attendance in high-quality ANC services.

In Quetzaltenango, approximately 60% of births take place at home with the assistance of a traditional midwife, or comadrona, a trusted and highly respected member of the community.²

¹ WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group. Maternal Mortality 1990-2015: Guatemala. Retrieved 14 Feb 2019. https://www.who.int/gho/maternal_health/countries/gtm.pdf?ua=1

² Guatemala Ministry of Public Health and Social Care, 2018

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Pregnant women living in extreme poverty, compared to those with greater economic resources, are almost four times more likely to exclusively consult comadronas than to seek services from the formal health system.³ During pregnancy, comadronas provide women with advice, counseling, and support and offer prenatal massage and other culturally acceptable services in a language women can understand.⁴ However, comadronas are not generally equipped with the knowledge, skills, or supplies to detect and treat life-threatening conditions, which have important implications for maternal and newborn mortality and morbidity.

GROUP MODEL FOR ANC

MSH will work with national and departmental health authorities to design, implement, and expand a new approach to ANC: a woman-centered, group ANC model that responds to the needs of indigenous women and often over-burdened health providers. In other countries where group ANC models exist,⁵ a nurse or midwife forms cohorts of women in similar stages of pregnancy and facilitates discussions on the importance of self-care, birth preparedness, and delivery with a skilled birth attendant. Before or after each group session, the health provider meets with each woman for her clinical assessment.

In Quetzaltenango, MSH and partners will work with women, health providers, and comadronas to co-create a model that aligns with indigenous women's culture, language, needs, and preferences. To inform the co-creation process, local partners will investigate and provide guidance to the project on indigenous women's care-seeking behaviors, the role of comadronas in supporting women during pregnancy, and how ANC is typically provided in the formal health system.

The project team will train and mentor comadronas and ANC service providers to co-facilitate the groups as partners, ensuring that information and services meet indigenous women's needs for emotional and social support, a sense of community, privacy, and high-quality, culturally responsive care. Consistent with government policies and initiatives to acknowledge, respect, and partner with comadronas, this model will foster closer working relationships between comadronas and health care providers who practice standards-based care.⁶

If women have positive experiences with facility-based services and the group ANC model—and departmental and national health officials expand it to more facilities—MSH anticipates that the rates of using ANC services, attending at least four ANC assessments, and delivering at facilities will increase.

³ Chomat AM, Solomons NW, Montenegro G, et al. Maternal health and health seeking behaviors among indigenous Mam mothers from Quetzaltenango, Guatemala. *Rev Panam Salud Publica*. 2014;35(2):113–20. <https://www.ncbi.nlm.nih.gov/pubmed/24781092>

⁴ Chaudhry S, Oliveira J, Shirazian T. The Emerging Role of the Comadrona as a Broker Between Ancient Cultural Beliefs and Modern Biomedicalization to Improve Maternal Health Care in Guatemala In: Schwartz DA, ed. *Maternal Death and Pregnancy-Related Morbidity Among Indigenous Women of Mexico and Central America*. 599–616, New York: Springer; 2018. https://doi.org/10.1007/978-3-319-71538-4_31

⁵ Sharma J, O'Connor M, Jolivet R. Group antenatal care models in low- and middle-income countries: a systematic evidence synthesis. *Reproductive Health* 2018 15:38. <https://doi.org/10.1186/s12978-018-0476-9>

⁶ As outlined in Guatemala's national standards and guidelines for maternal and newborn health care, including the Guide for the Implementation for Integrated Maternal and Newborn Health Care