

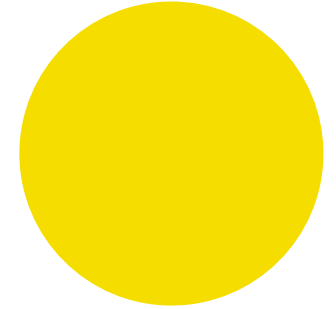
June 2019

GROUP ANC GUATEMALA

FINAL REPORT

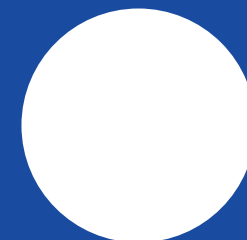
SCOPE

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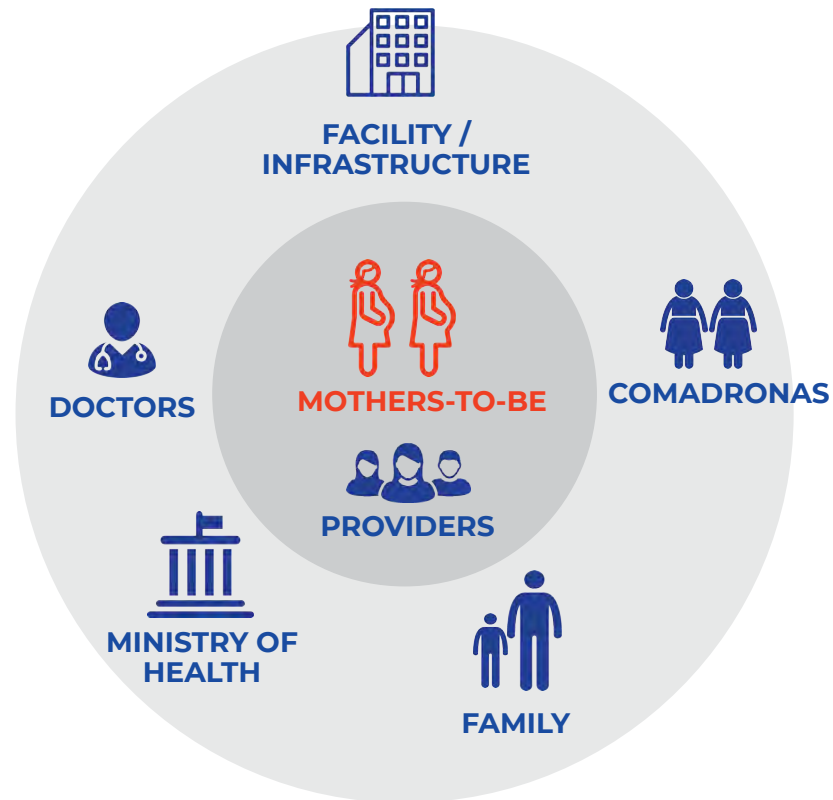
Introduction.



- 2016** ● Scope, then known as M4ID, collaborated with the MSH team to design and customise a Group ANC model for Uganda by applying co-design methods with communities in Mbale and Bududa, Uganda.
- 2017** ● In 2017, Scope adapted the model to the Kenyan context in Kakamega county, co-designing key elements using a human centered design approach.
- 2019** ● Building on the Group ANC models & tools from Kenya and Uganda, Scope was tasked to help MSH adapt key elements to suit the context in the Guatemalan Highlands'
- The final deliverables from Scope are:
- Adapted visual materials to suit the Guatemalan context and ANC curriculum.
 - Adapted service design model to serve the needs of the providers and mothers.
 - Adapted job-aids for the provider.
 - Recommendations for improving the curriculum, training of providers and integration of comadronas.














Objective.

To adapt the existing group antenatal care service model, and associated materials to better suit the needs of key stakeholders and facility environments.



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What we did & Who we met.

Preparation	Design Research + Co-creation		Synthesis + Co-creation	Testing prototypes + Making final iterations	Finalization
	<i>In-field</i>		<i>Partially in-field</i>	<i>In-field</i>	
Background Research	 <p>Training of nurses</p>	 <p>Meeting with MoH officials and facility representatives</p>	<p>Engaging with experts to get further guidance</p> <p>Iteration of materials</p>	 <p>Re-training nurses on iterated materials</p> <p>PS Xecam Cantel</p>	<p>Continuing guidance from MSH team</p> <p>Creation of final materials</p> <p>Report creation</p>
Adaptation of materials					
	 <p>Group Discussion with Comadronas 1</p> <p>ACAM, Concepción Chiquirichapa</p>	 <p>Group Discussion with Comadronas 2</p> <p>San Francisco La Unión</p>		 <p>Testing & Co-designing with nurses and doctors</p> <p>CS Tipo B, San Francisco La Unión</p>	 <p>Testing & Co-designing with nurses and doctors</p> <p>CAP San Martín Sacatepequez</p>
	 <p>Mock group ANC Session & follow-ups</p> <p>CAP San Martín Sacatepequez</p>	 <p>Mock group ANC Session & follow ups</p> <p>PS Xecam Cantel</p>		 <p>Mock ANC Session</p> <p>PS Xecam Cantel</p>	 <p>Mock ANC Session</p> <p>CAP San Martín Sacatepequez</p>
	 <p>Mock group ANC & follow-ups</p> <p>CS Huitan Centro</p>	 <p>Co-designing with local MSH team</p>			

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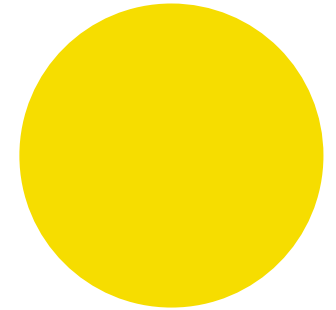
A photograph of a group of women and a baby in a community setting, overlaid with a red tint and a white circle. The women are seated and looking towards the right. A baby is in the foreground, looking towards the camera. The text "Key Findings & Observations." is overlaid in white. A white circle is in the top right corner.

Key Findings & Observations.

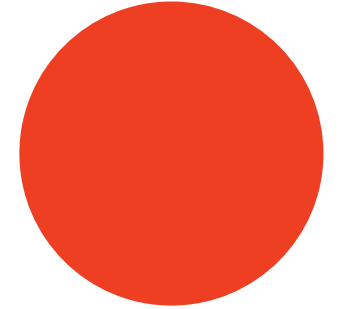
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Summary of Findings.

- **Model should outwardly express inclusivity, understanding, respect and trust.**
- **Model needs to foster more involvement from the family, especially the husband.**
- **Materials should borrow relevant, health-promoting elements from traditional ANC knowledge and influences.**
- **Comadronas could serve as an important bridge to the Mayan communities.**
- **Model should help providers communicate in a dynamic manner with their clients.**
- **Model should be mother-centric.**



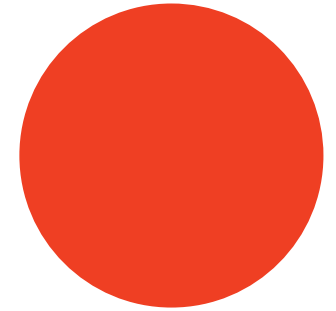
Model should outwardly express inclusivity, understanding, respect and trust.



Staff at health facilities have earned themselves a bad reputation amongst the Mayan communities. There is a shared sentiment that Mayans are mistreated, judged and disrespected by health providers in public health facilities, and this serves as a prominent barrier to them attending ANC visits.

These stories are largely about providers disrespecting the beliefs, traditions, language and cultural norms of the Mayan communities, and are well transmitted within the community: of providers shaming young mothers about their early pregnancy, older mothers about the number of children, providers suggesting c-section procedures as a scare tactic and so on.

Model needs to foster more involvement from the family, especially the husband.

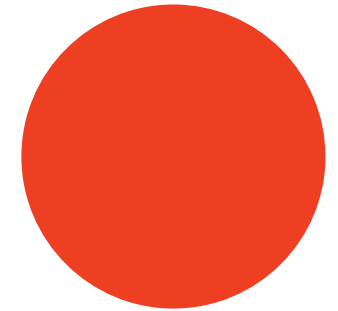


Domestic responsibilities, and patriarchal control by the husband serve as key barriers to attending ANC visits at the facility.

Pregnant women, especially those with young children, often find it hard to leave from home owing to competing responsibilities. However, it is quite common for a pregnant woman to visit the facility, or the market, with a female member of the family - sister, sister-in-law, mother, mother-in-law.

A small percentage of husbands tend to accompany women for their first ANC visit, if at all, and there was a collective suggestion to dial up their involvement.

Materials should borrow relevant, health-promoting elements from traditional ANC knowledge and influences.

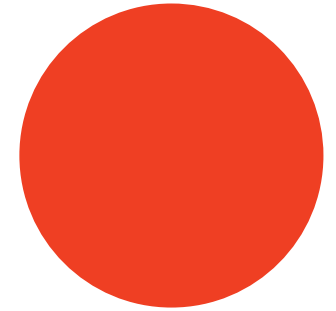


Mayan communities have been practising a form of traditional antenatal care through the comadronas. There are traditional foods and care practices that are passed down between generations, and comadronas represent this traditional knowledge.

Comadronas are trusted, and offer end-to-end services from prenatal to postnatal care, at times even including laundry. They speak Mam or Kiche, and are able to share information in a way that mothers and families find familiar and easy to follow.

Quite often mothers struggle to find relatable information in the facilities; they are unable to understand why a specific prescribed behaviour is important, and also what it entails.

Comadronas could serve as an important bridge to the Mayan communities.

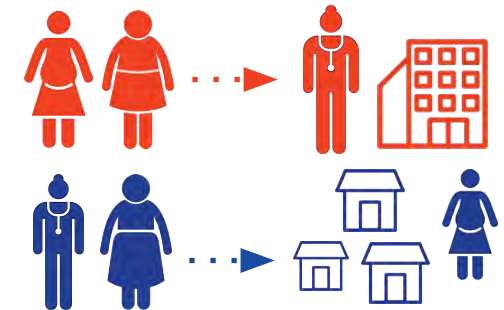


Comadronas have direct access to the communities, and are often helped by community leaders in locating pregnant mothers in need of ANC. The Ministry of Health (MoH) offers to train them or has tried collaborations to systematize their role within the health system, but for various reasons not all of those have worked.

There seems to be a vein of tension and discord between the MoH and comadronas. Despite that, currently there are two primary ways that comadronas and nurses at health facilities interact, with regards to pregnant and recently birthed mothers:

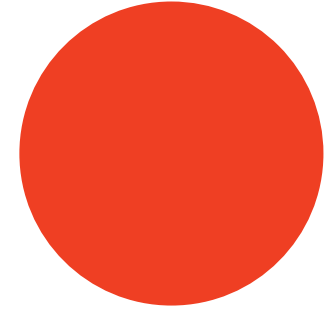
Scenario 1: Comadronas send mothers to the facility for all clinical check ups and vaccinations. They are not skilled or certified to offer this as per the ministry norms.

Scenario 2: Comadronas bring in assistant nurses, when they are out for their community visits, to homes of a new mother and newborn for check up and vaccinations



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Model should help providers communicate in a dynamic manner with their clients.

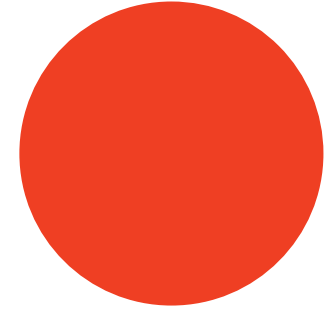


Providers are inundated with visual and job aid materials from various programs, but what they said they struggle with the most is managing schedules, and in communicating clearly and holistically with their clients. While the former is tough to address, the latter is something that the model could attempt to.

Familiarity with mothers and having a shared language is key, an advantage that comadronas often have over nurses, as they are from the community.

We heard from the providers that it would be important for a good ANC session to be dynamic, allowing them to share key messages with respect to *one* topic at a time - in a way that does not involve much repetition, keeping boredom at bay. They would also like to be able to speak simply, avoiding technical terms.

Model should be mother-centric.



The model could benefit mothers by sharing messages and learning beyond just antenatal care.

We learned from both providers and from mothers that they aren't always aware of their sexual and reproductive health rights (SRHR) and it could serve to incorporate that into the model.

Mothers aren't also always thinking of their own physical and mental wellbeing, and we learned that it would serve well to incorporate some messages about resting, sleeping, exercising and eating well.

Lastly, Mothers seem to be unaware of how exactly their pregnancy is going to progress - and it would be important to focus on building up that awareness.



What we learned from the Mock ANC Sessions.

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Who is involved?

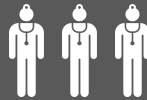


MOTHERS-TO-BE

- Typically live 3 - 4 kms away.
- Try to visit on market days or pair up with other chores.
- Are likely to be accompanied by a female companion (sister, sister in law or mother) and their other children, if any.
- Husbands tend to come for the first ANC visit only, if at all.

Needs:

- Looking to minimise her time at the facility. She is used to waiting for long.
- Wants to make sure her baby is doing well.
- Has questions in her mind but does not know how, and who to ask.



PROVIDERS

- The provider that is available on that day takes the ANC session.
- Has competing responsibilities, and other drop in clients that she must tend to asap.
- At times responsible for the entire facility (in the case of health posts).
- Finds it hard to find a private and enclosed space.

Needs:

- Looking to make this ANC Session dynamic and less repetitive.
- Wants to avoid using jargon and technical terms.
- Wants it to be time-efficient.



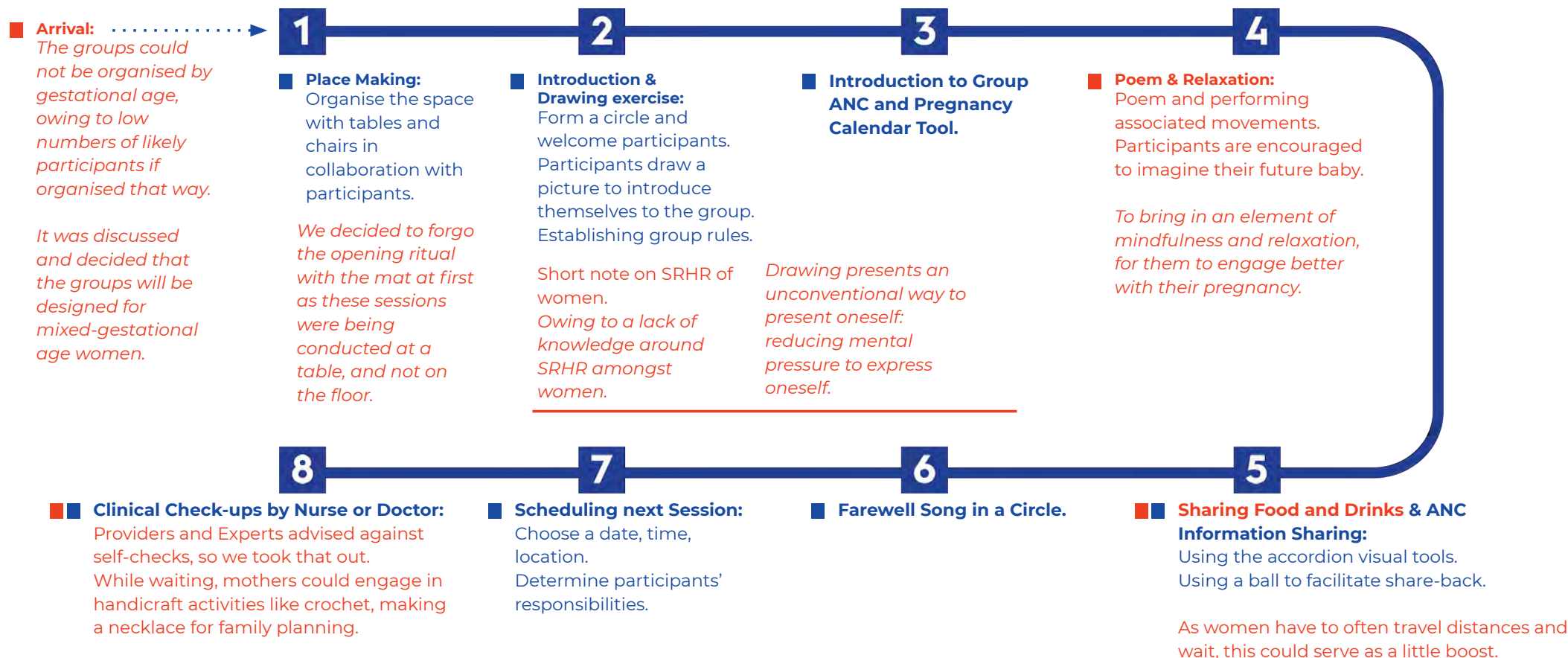
FACILITIES

- No dedicated space for ANC.
- Morning hours are the busiest.
- Low on staff.
- Some run group ANC sessions already, or sessions to help with other topics, such as lactation.
- We observed multiple hand-made posters that shared key health messages, or to announce group meetings.

The Original Service Journey.

Our starting point with the service journey was already a fairly contextualised version, based on background research and discussions with stakeholders.

■ Changes and additions to the original model from Kenya

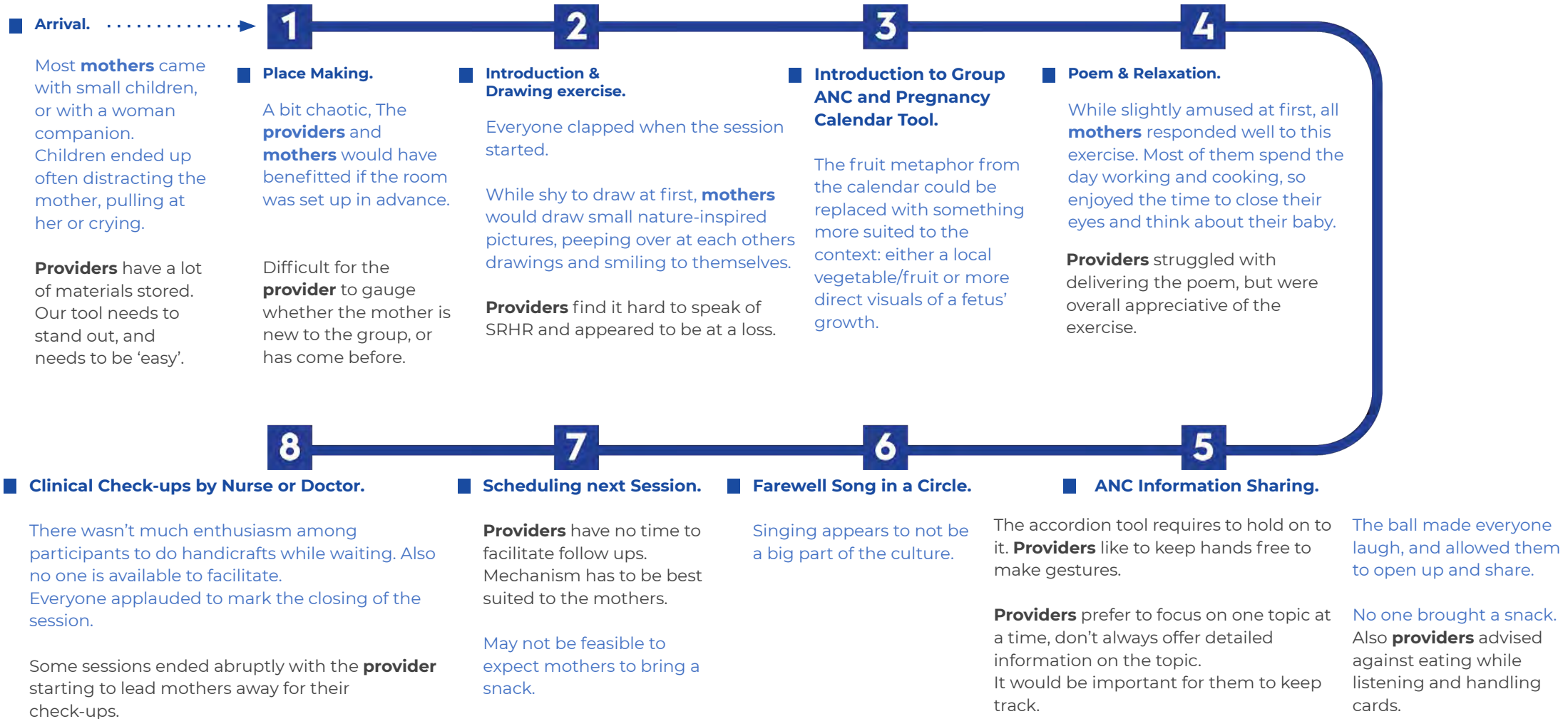


Observations.

■ Mother ■ Provider

OVERALL:

To translate between two languages was time intensive for the **provider**.
When in their own language the mothers participated & understood messages better. Those that didn't speak Spanish considered listening to the messages a learning opportunity.



Opportunities & How Might We's (HMW)

■ Mother ■ Provider

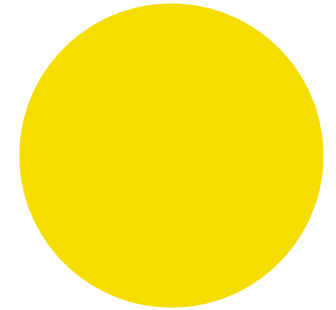




Recommendations to MSH.

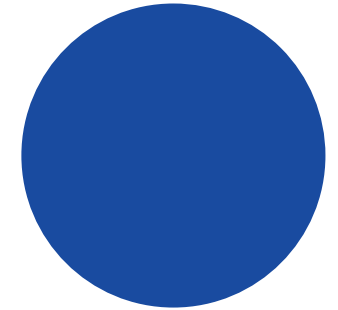
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Summary of Recommendations.



- **Club name.**
- **Materials:**
 - **Topic Clusters.**
 - **The Mat.**
 - **Visual Cards.**
 - **The apron.**
 - **Group ANC Card (Reunión Mensual de Embarazadas.)**
 - **The Poem.**
 - **Ovillo.**
 - **SRHR Card.**
- **Proposed Service Journey.**

“Reunión Mensual de Embarazadas.”



Reunión Mensual de Embarazadas (Chmob´l xjawin kye ch´onwi in Mam) is meant to create a space for participants to attend antenatal care visits frequently by providing an experience that promises not just the check-up but also one of relaxation, learning and shared experiences.

Apart from doing the clinical check up, providers will share with mothers, and their companions, key messages to do with their pregnancy, care for their newborn and nutrition to name a few. *Reunión Mensual de Embarazadas* will also serve as a place for mothers to bond with other mothers and families.

The group format will allow the provider to deliver these messages in a more efficient format, without having to repeat him/herself - and also build better relationships with the mothers in the process.

Size, Frequency & Composition of group

The groups are of mothers-to-be at different gestational age(s).

The groups will be held once a month at each facility, respectively.

1. All companions are welcome with the mother. Especially recommended are women family members, and the husband.
2. To ensure a healthy group dynamic, we would recommend a minimum of 4 participants be present to run the group.
3. The facilitator should find an appropriate moment to welcome participants that join the session later.

Material #1: Topic clusters.

Based on the feedback we received, we clustered the key messages as suggested by the curriculum decided in accordance with the MoH standards into 8 topics.

The messages were earlier clustered by trimester, which the providers found to be a less optimal way as a way to share messages.

Two of these clusters are new (highlighted in blue), and contain messages that weren't earlier a part of the suggested ANC curriculum for Guatemala but based on the feedback we received, important to include.

Clustering by topic also ensures that message sharing is agnostic to gestational age of attending mothers, and allows the provider to choose based on what has been covered before, and what hasn't.

- 
- 
1. Importance of ANC
 2. Fetal development
 3. Nutrition
 4. Danger signs for mother
 5. Wellbeing
 6. Birth Preparedness
 7. Postnatal Care
 8. Newborn Care

Material #2: The Mat.

The model uses one primary tool, that accommodates into itself the other smaller tools used.

It serves well as a unifying tool: that places the providers and mothers around each other in a circle, and its opening and closing mark the start and close of the session.

In order to make a compact and easy to carry kit for the provider, we adapted the mat into a table cloth which can be transformed into a sac.

Once opened, the fabric has velcro attached onto it to help attach the other visual materials as and when required.

*Assembling instructions are in the appendix



Material #3a: Visual cards.

The visual cards are central to sharing the ANC messages the Guatemalan curriculum outlines. Each topic cluster (mentioned on earlier slide) has roughly 6 - 8 visual cards.

All the visuals were adapted to suit the context and suggested curriculum, and below are examples of some additions we made based on what we heard during the co-creation sessions:

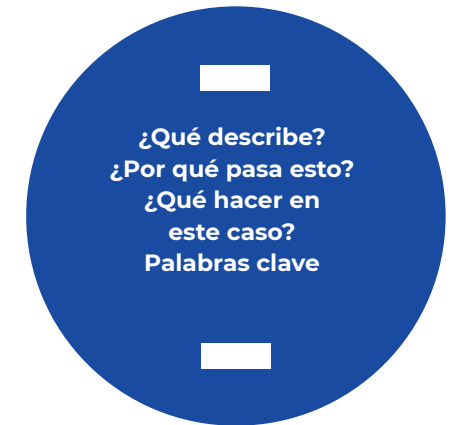
- To depict swollen feet, as pregnant women tend to not rest.
- To depict alcoholism as an issue within the community.
- To dial up the husband's role by depicting him across more messages, especially in the birth image.
- To depict domestic violence.

FRONT



They are in the form of color coded round laminated disc cards that share messages through a primary visual in the front.

BACK



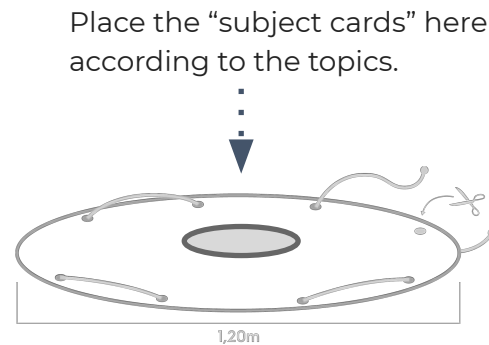
At the back, the cards have guidelines and key words in Mam and K'iche' that serve as job-aids for the provider. Also a velcro bit that allows it to be attached onto the mat.

Material #3b: Visual cards (Center).

In order to ensure the group has a shared understanding of who the key subject of the message is, we created “subject cards” to be placed in the middle of the mat.

It serves to align everyone’s attention either onto the

- Pregnant mother-to-be (for topics 1 - 6)
- Mother and newborn baby (for topics 7 & 8)



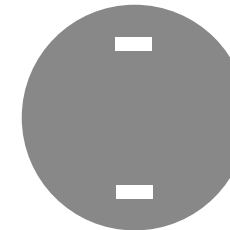
FRONT



Laminated disc cards that depict the subject of the topic.



BACK



A velcro bit that allows it to be attached onto the mat.

Material #4: The Apron.

The apron allows the provider to be hands free; allowing them to keep at hand the materials she needs for the session.

The apron has two pockets: one for those that she intends to use, and one to store cards in when she's done using them.

We also recommend the apron is created using local Mayan fabric so as to express familiarity, and to make the provider appear more relatable to the mothers and community members attending.



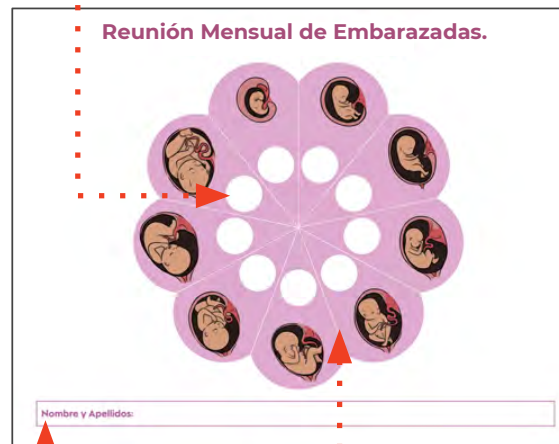
Material #5: Tarjeta de la Reunión Mensual de Embarazadas.

The card sheet is meant to be serve as a supplement to the ANC card provided by the MoH, and it serves multiple purposes.

We initially tested a prototype that used the metaphor of “how corn grows” to illustrate the journey of a pregnancy, instead of the fetal development illustrations, but it was expressed to us that we can stick to a more realistic representation.

Works as a calendar to mark the next group ANC visit.

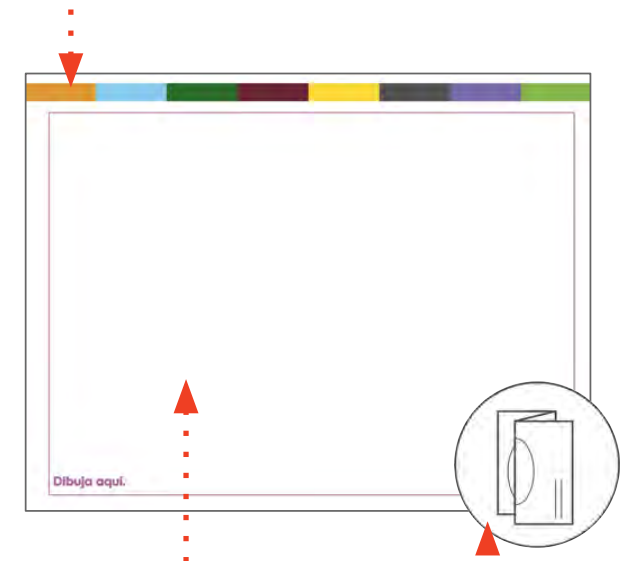
Help providers and mothers track number of ANC visits attended and upcoming.



Expresses membership into Reunión mensual de embarazadas.

Presents the journey of fetal development: allowing mothers to relate with the stage of their own pregnancy.

Help mothers and providers keep track of topics covered; and topics pending.



As a sketch paper for drawing at each session, and a record of her journey.

Folds in 3 to match the MoH card.

Material #6: Poem.

The poem allows the provider to create an environment of reflection within the group, for the mothers-to-be to direct their mind inward and think of their pregnancy and future baby.

We have suggested a poem as a starting point, but the provider should feel free to adapt it, or create a new one that they prefer.



Material #7: Ovillo.

While the ball served as a useful tool in facilitating share-back, the ovillo works even better. It allows to be passed between the participants, nudging them to share anecdotes or key messages, but also visually keeps a thread of connection active between them.

One of the head nurses commented on how the web it creates, reminds her of the Mayan concept of cosmovision.

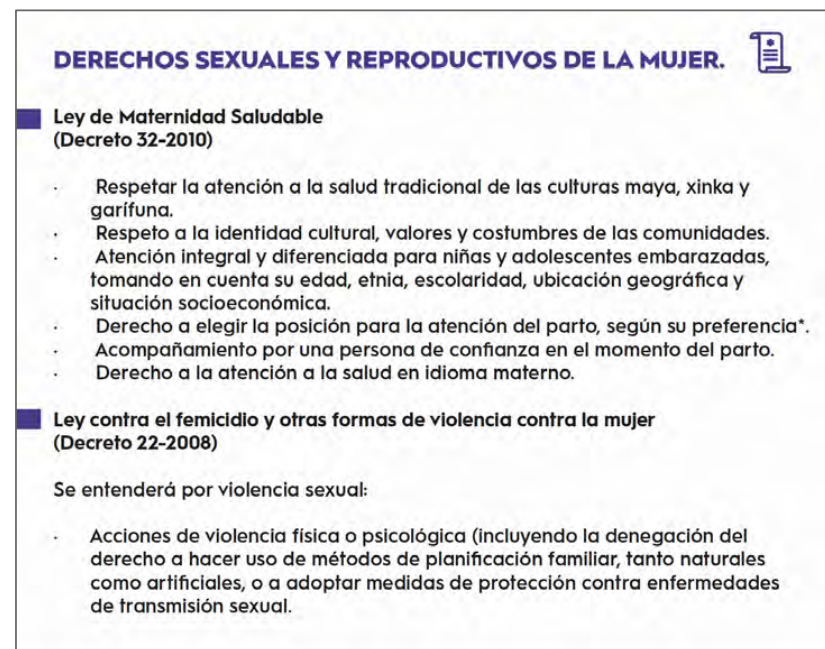


Material #8: SRHR Card.



FRONT

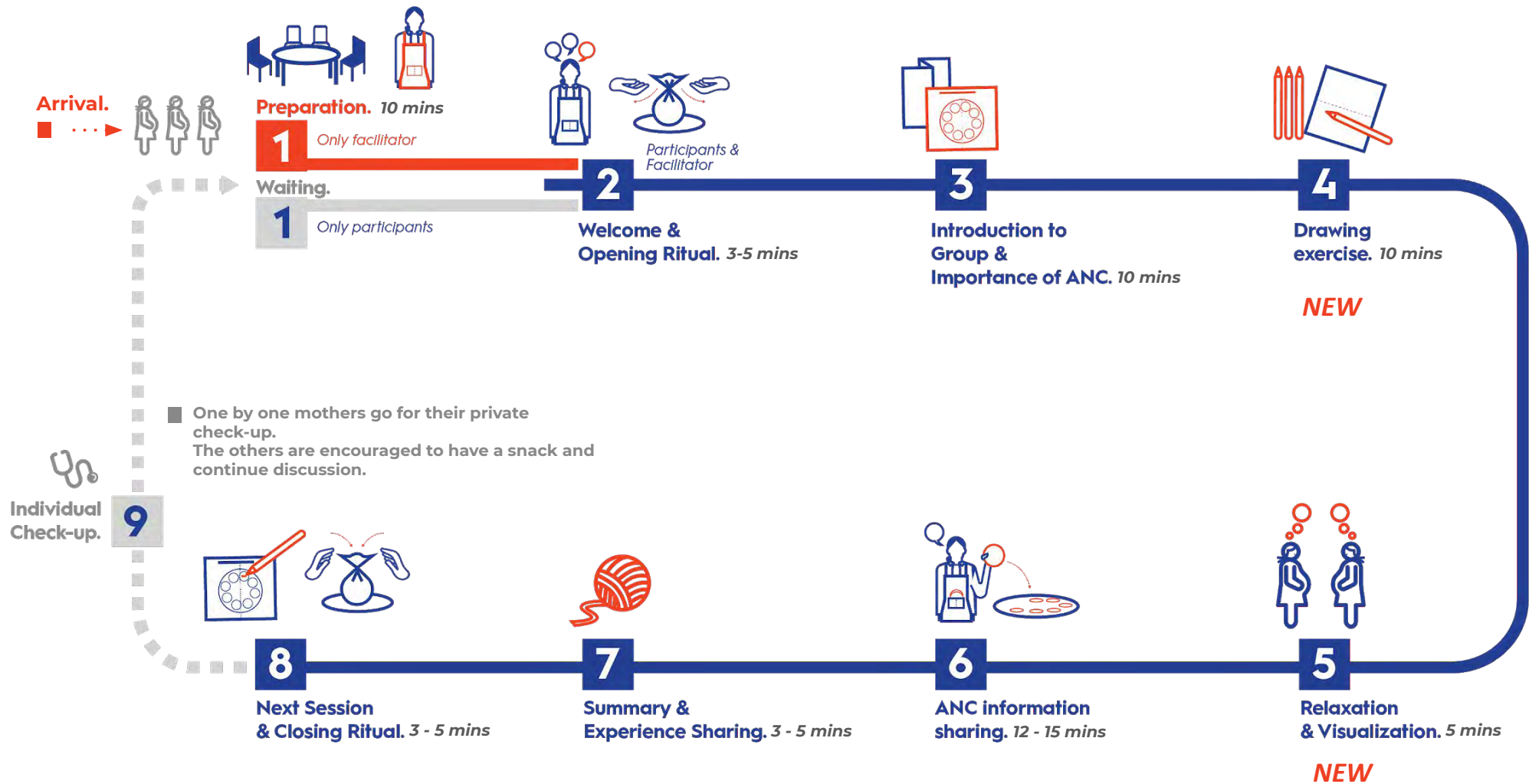
Talking points to help the provider create a safe space of no judgements, respect, and friendship.



BACK

Talking points to help provider share relevant information on SRHR for women.

Proposed Service Journey.



1

Preparation.

Arrival.

Market days are best suited to most facilities for group ANC sessions

Afternoons are preferred as women have completed their domestic chores by then and providers too have gotten past the busiest time of their day.



Place Making.

The facilitator organizes the space: place table(s) in the middle and the chairs around forming a circle.

Also, she places a mat on the floor with few toys for accompanying children to play.

Waiting.

Mothers already arrived should be asked to wait in another room preferably while the provider preps for the session.

Prepare tools & Topic Selection.

She places the mat on the table, opens it, places the fetal development cards on the velcro, wears the apron and selects the topic cards of the day.

She takes take all necessary material for group ANC session into the apron's pockets (norms + SRHR card, poem, navigator).

She wraps the mat back, and she is ready for the session.



2

Welcome & Opening Ritual. ■ ■ ■ ■ ■ ■ ■ ■

Opening Ritual & Applause.

The provider, along with all the mothers, hold the Group ANC mat with fetal development visuals pre placed, and together they open it up and place it on the table.

This ritual marks the beginning of the group ANC session. They follow it up with a round of applause.



Choose Language.

If the provider speaks Mam or K'iche' along with Spanish, she should ask the participants what language they would prefer the session to be in.

If the provider is not bilingual, and the group is, then she should assign a local language speaking "helper" amongst the mothers to help translate.



Establish Group Rules & Introduce Women's SRHR.

Provider uses cards to establish the friendly and inclusive norms of the circle: that it is a place for laughter and learning, with no judgements and respect for all.

Then gives a brief introduction to women's sexual and reproductive health rights using the card.



3

Introduction to Group & Importance of ANC.

Explaining the Group.

A get-together; an opportunity for mothers to relax and for connecting with the baby. It also allows them to connect with a community of pregnant women, outside of home and all responsibilities.

Provider to introduce the expected frequency of this group: that it will meet once a month, and each session will teach them something to take better care of their pregnancy.

Provider to establish that spouses and other family members are welcome too.



What is ANC & Why is it important?

There is a colour coded set of cards dedicated to this topic, the provider uses them one by one to share the importance of ANC.

On the back of each card, the provider has questions to help guide how they share information with the group: to always remember to explain the 'what, why and how'. They also have key words in mam and kiche they can use.



Introduce ANC card & the Group Sheet.

Provider requests them to show their pregnancy card from the MoH and introduces the card sheet from Reunión Mensual de Embarazadas.

Provider to

- Indicate where they should write their name.
- Staple this group card sheet to their existing ANC card from MoH.
- Remind them that they should bring this to every session.



4

Drawing Exercise.

On the back of the card sheet participants are asked to make a drawing that represents themselves. Everytime they attend the group ANC session they can complete the drawing and add new elements.

Once done,

- The mothers are encouraged to present themselves and their drawing.
- The provider also asks each of them (as part of their presentation) to identify where they are in their pregnancy, using the fetal development cards on the mat.
- They then find their 'stage' in their card sheet, and write the day's date next to it in the small circle. This marks the stage of their pregnancy plus the date of the current session.
- Group applauds after each person has presented.



5

Relaxation & Visualization. ■ ■ ■ ■ ■ ■ ■ ■

This is a mindfulness exercise in which participants are asked to sit comfortably and close their eyes.

A poem is read of the connection between mother and baby, and the pregnancy. Mothers-to-be are encouraged by the provider to imagine positive qualities they would like their baby to have, and to think of their future responsibilities as a mother. This exercise originates from the book “An education that begins before birth” by Omraam Mikhael Aivanhov.

This should be a tranquil exercise, allowing for a few minutes of silence after the poem is finished. The content of this poem (suggestion in appendix) is open to adaptations, and the provider should choose content he/she feels comfortable using.



6

ANC Information Sharing.

Provider to do a quick recap of the topic covered in the previous month's session.

Provider then moves on to the topic of the day:

- Pull out the colour-coded cards from the apron.
- Use the illustrations to convey messages, one by one. *[5-7 mins]*
- Use the key points at the back to guide explanations, and place the round card onto the velcro on the mat.
- Mothers are encouraged to pass cards around and engage with it.
- Providers to use their own language, utilise hand gestures or act out when necessary.



7

Summary & Experience Sharing.

Mothers-to-be are asked to stand up after being seated for some time.

The provider throws the ovillo to one participant to kick the activity off, and every time a participant has it - they are asked to mention a key message they heard that day, or share a story related to the topic discussed.

After sharing, participants are asked to keep the wool string in his/her hand and throw the ovillo to another participant.

At the end of it, a spider web is woven that adds an element of connectedness between participants.



8

Next Session & Closing Ritual.

Set a Date for Next Session.

Provider to establish with the group the date and time of the next Group ANC session.

All make a note of the date in their group ANC card sheet on the fetal development chart.



Set up a Follow-up Mechanism.

Provider to discuss which follow up mechanism is most relevant and best suited for the group.



Closing Ritual.

Everyone stands up to close the mat, thank each other and applaud to finish the session.





Overall Recommendations.

SCOPE

Recommendations for Training Providers.

Training is critical. The provider needs to be well versed in the service model, the tools and feel comfortable before they can feel they can adapt it to suit their own facilitation style

- In every facility, it is best advised to train more providers than fewer. This could ensure continuity and help solve for the lack of handover between providers.
- A training of minimum 3 times is suggested for facilitators to integrate the contents of the service model. During the training it is required that facilitators carried out the session with trainee and other participants in order to practice details (introduction to activities, explanations/articulation, avoiding repeating things (talk only what is needed), and so on) and receive feedback.
- The providers have a wealth of practical knowledge they can tap into to share messages but the tonality and softer aspects of the service experience are what that the providers may need training on.
- The facilitator can utilize any additional visual or physical material that supports message sharing. For instance, we observed that each health facility create their own drawings, and collages that help to deliver the information to people. Also, some prefer digital presentations shown via a projector.
- If time allows, They can also include doing activities like creating a necklace for family planning and learning/making nutritious dishes with local ingredients.
- A follow up training on how the session is conducted is suggested; ideally every three months.

To Aid Participation.

- **Fruit as a snack for attending mothers.**

Serves the purpose of the model providing for her in valuable ways than one, and could also work as an incentive for participation.

- **Community mobilisation & recruitment of mothers:**

- Through the outreach clinics or extra-muros. They can be equipped with the Club card sheet, and they could enter the next date of the group and give to mothers to be that haven't attended any sessions yet.
- Through the comadronas. They need to be brought in to ensure sustainability of the model.

- **Set up Follow-up Mechanism:**

Depending on the mechanism the mothers prefer and have access to, the group should choose a follow up mechanism. The mechanism should allow mothers to follow up with each other, rather than make it time-intensive for the provider.

These could be any or all of the following:

- Create a whatsapp group that shares key messages as audio recordings (lack of mobile phone ownership and/or low data use may serve as barriers).
- Create a 'chain of mothers' following up with one another via phone calls.
- Follow up through Comadronas that work in those specific communities.

Summary.

Respect for Mayan culture:

- Use of local fabric
- Language of session

Use traditional and familiar references:

- Culturally appropriate visuals
- Circular calendar
- Ovillo

Foster family and husband's involvement:

- Companions welcome to session
- Representation in Visual cards

Dynamic and topic-centric session:

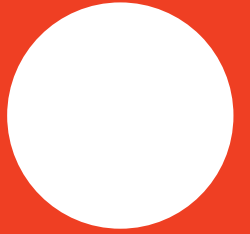
- Quiet and active times in session
- Topic specific cards

Comadronas as a bridge to community:

- To help with Community outreach
- To help with follow ups

Mother-centric:

- Relaxation activity
 - SRHR
- Fetal development
- Bonding with other mothers



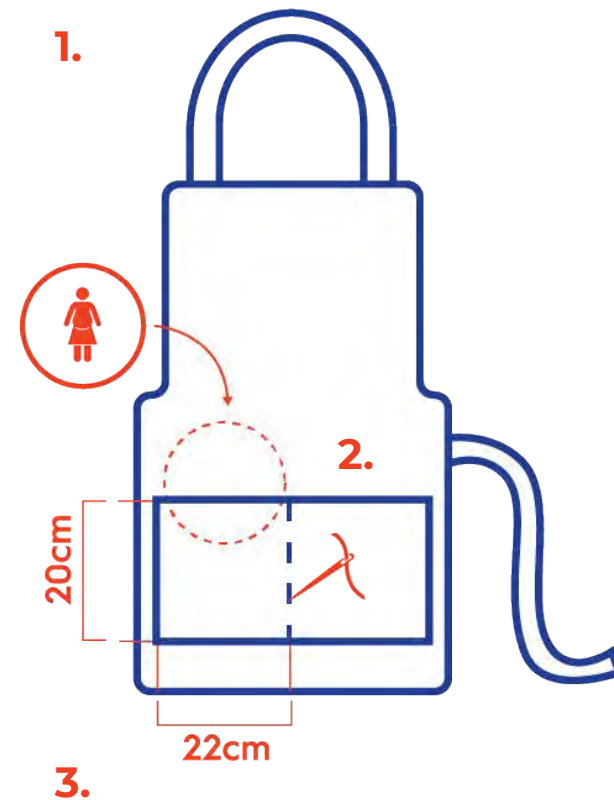
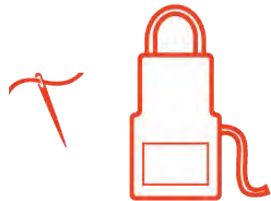
APPENDIX

Tool assembling instructions.

The Apron.

1. Use preferably local fabric.
2. Apron should have two pockets in the front. It can also be made by stitching a division into the centre of an existing apron's pocket.
3. Ensure each pocket in the front are large enough to hold the round topic cards (22cm diameter).
The minimum width of of pocket should be 22cm and its length should be at least 20 cm.

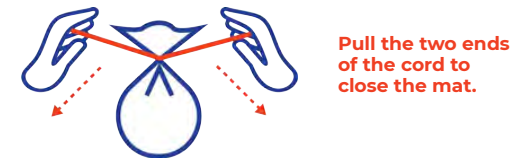
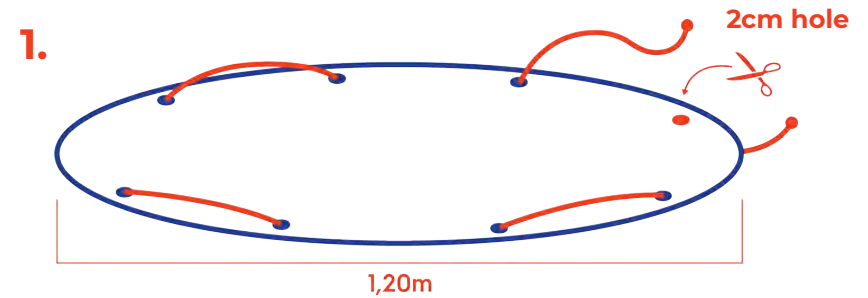
Materials



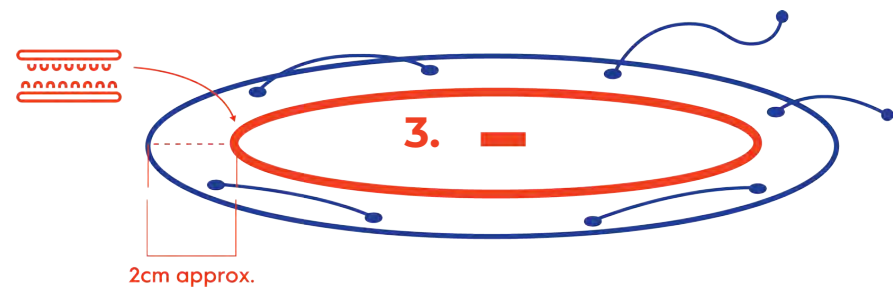
The Mat.

1. Use preferably a local fabric that is not too thick or heavy.
Cut the fabric in a circle of 1.20m diameter.
Pierce the fabric around the outer rim of the circle, as in the illustration, and pass a cord through the holes.
2. Stitch one ring of velcro onto the fabric, 2- 3 cm from the edge of the fabric. Use preferably the soft side of the velcro in this step.
3. Paste a 2 cm approx. piece of velcro in the middle of the mat.

Materials



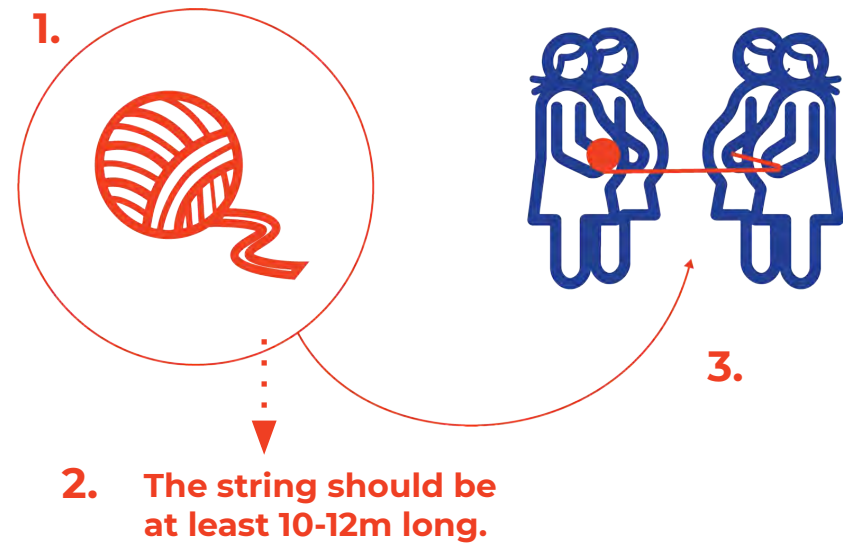
2.



The Ball.

1. You could use a skein or simply a ball and wrap a string around it.
2. The string should be at least 10-12m long.
3. Participants pass the ball holding up to the string, creating a web-pattern.

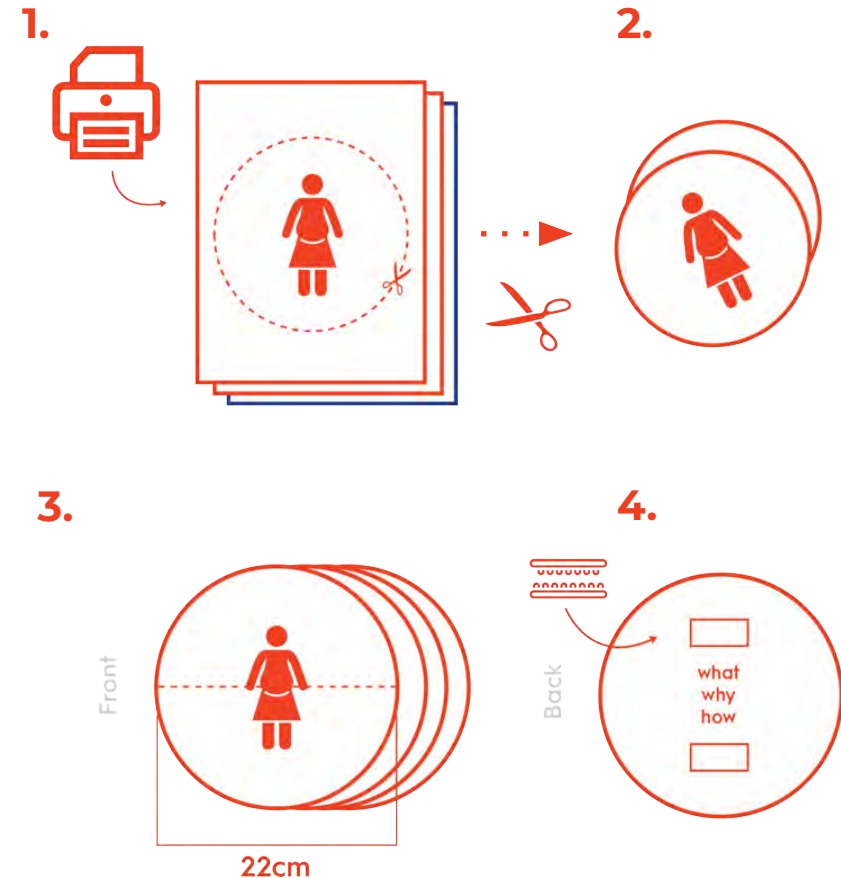
Materials



Topic Visual Cards.

1. Print color copies of the visual cards using letter-sized paper. The cards are color-coded according to 8 topics.
2. Cut the cards following the circle. The diameter of the circular cards should be approximately 22cm.
3. Laminate the circular cards to ensure durability. Laminate into a circle as well.
4. Attach two velcro pieces to the cards' back. One at the top and one at the bottom. Try and make sure the visual is straight on the front, when you choose these spots at the back. Make sure you don't cover the information on the back side.

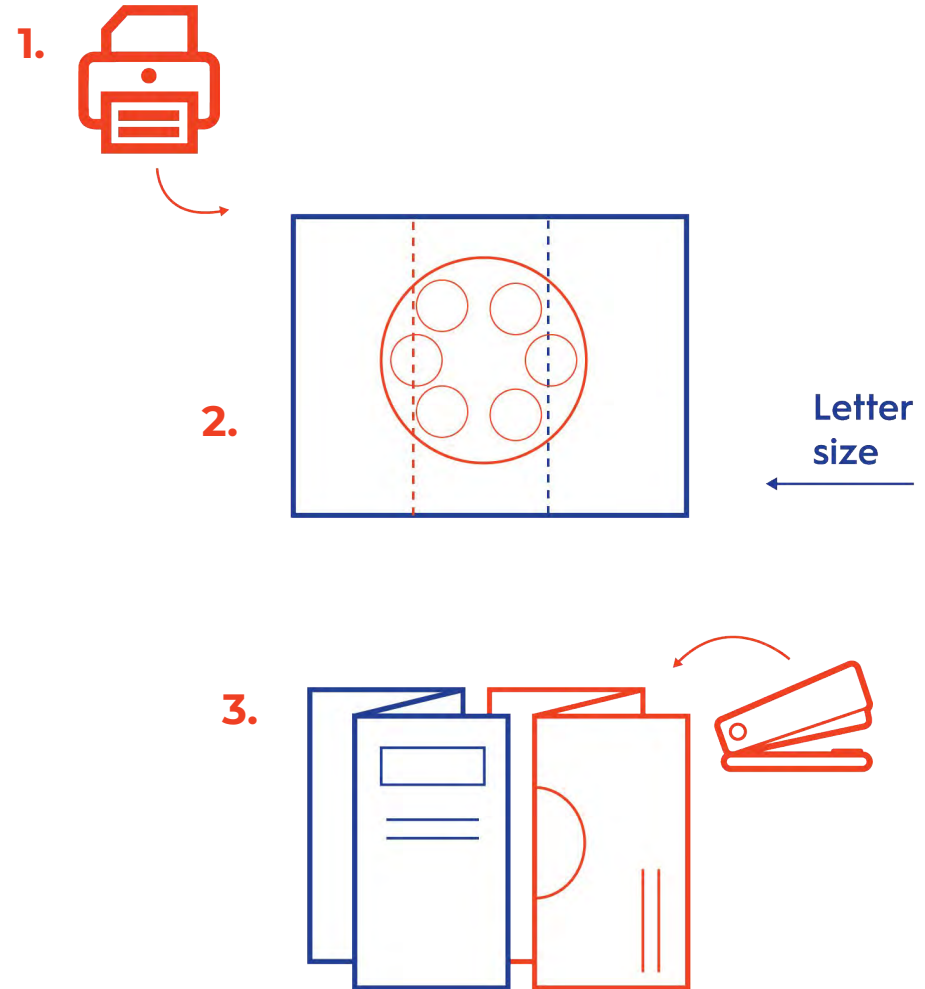
Materials



The Reunión Mensual de Embarazadas card.

1. Print color copies of the *Reunión Mensual de Embarazadas* card using a Letter-sized paper.
2. The card should be folded in 3 parts to fit the current *MoH pregnancy card*.
3. We recommend stapling the Group ANC card to the MoH existing one, to avoid misplacing it.

Materials



Visual Cards.

Centre cards: (i) Mother - to - be.
(ii) Mother and baby.

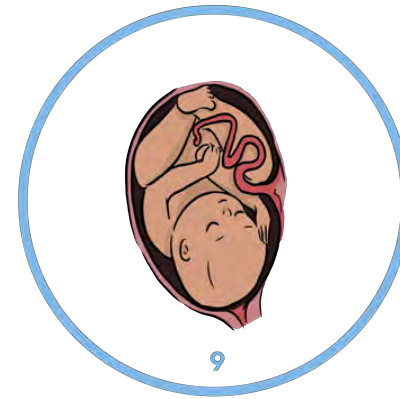
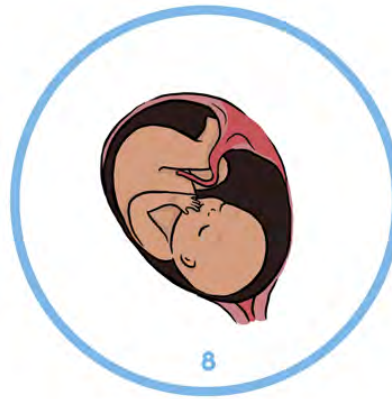
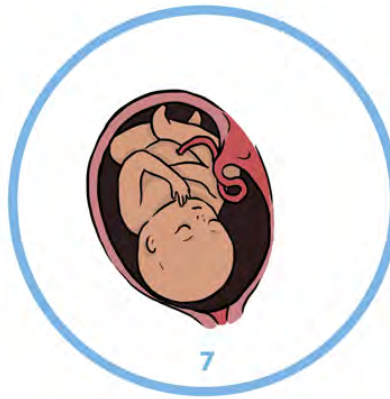
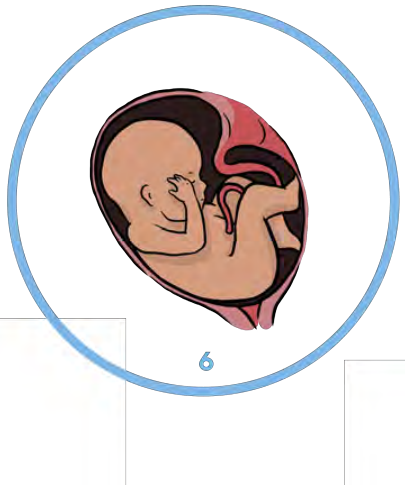
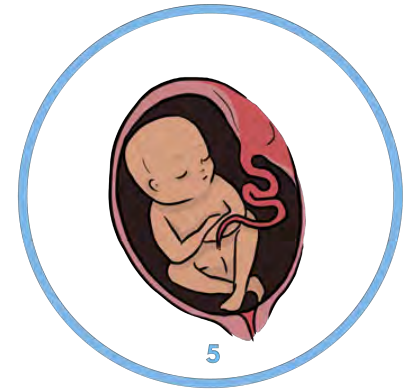
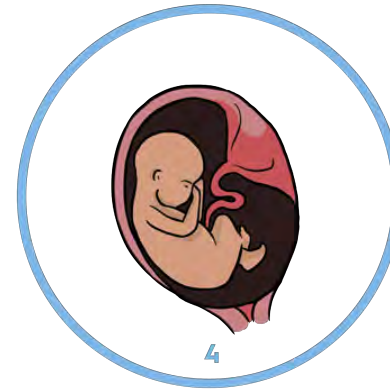
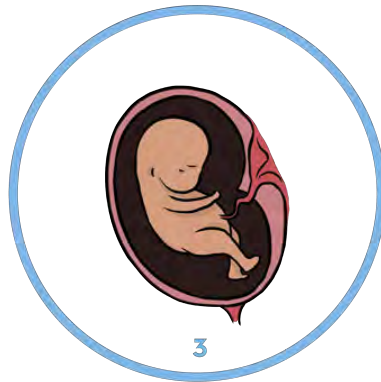


Visual Cards.

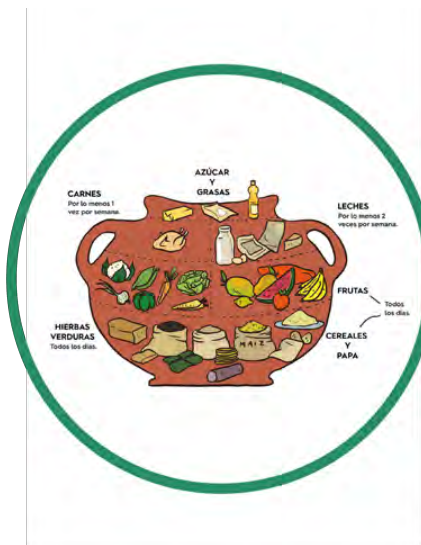
Cluster #1: Importance of ANC.



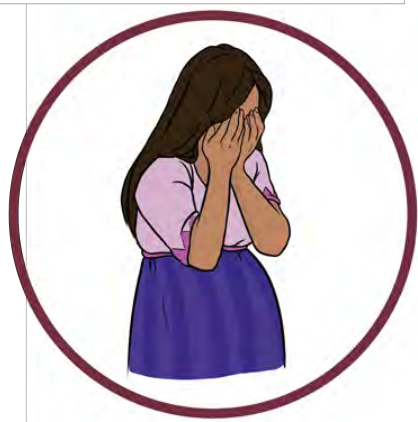
● **Cluster #2: Fetal Development.**



Cluster #3: Nutrition.



● **Cluster #4: Danger Signs for Mother.**



● **Cluster #5: Wellbeing.**



Cluster #6: Birth Preparedness.



● **Cluster #7: Postnatal Care.**



Cluster #8: Newborn Care.



The Poem: Suggestions.

The content for the poem should be adapted by the provider, and they should perform what they choose. One of the nurses read this as a song in Mam, and that is the kind of adaptation we would like to encourage.

On the right is a suggestion for the poem.

Key elements the provider could bear in mind when creating content:

1. To keep the poem gender neutral when talking of the future baby.
2. To use symbolic terms from the Mayan culture to refer to the things that help a pregnancy and baby grow well.
3. To talk of the mother's bond with a baby and of their future together.
4. To have the words go together and form a rhyme where possible.

Entre el cielo y la tierra
Mi bebé y yo
Me cuido y lo cuido.

El aire nos alimenta
El agua nos limpia y renueva
El Sol nos da la vitamina para el cuerpo y el corazón
Así como las flores dan amor.

La madre tierra nos provee nutrientes para crecer y florecer
Para mi y para esta estrella que brilla dentro de mi
Flor tierna, estrella de luz
Que me acompaña noche y día
Así como la luna refleja la luz en la oscuridad
Y así como el sol da calor a la comunidad.

Estamos en este círculo para apoyarte
Yo te ayudaré y guiaré
Para que seas un ser feliz y lleno de virtud.

THANK YOU!

SCOPE