Increasing access to reproductive health care in Chiapas, Mexico by improving capacity of traditional and skilled birth attendants

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About Global Pediatric Alliance

• Mission: To reduce preventable maternal and infant death and improve quality of life for women and children in Latin America.

• Grassroots approach: Provides educational, technical, and financial support for community-based health projects.

• Current programs: Midwife training, Small grants

• Current locations: Mexico (Chiapas) & Guatemala
Maternal Health Care in Chiapas

- Maternal mortality ranges from 140 – 270 deaths / 100,000 births.
- Direct causes of death
  - Hemorrhage
  - Unsafe abortion
  - Eclampsia & pre-eclampsia
  - Retained placenta
- Indirect causes of death:
  - Poor prenatal care and nutrition
  - Delays in seeking medical attention
  - Accidents
  - Domestic violence
  - Multiple pregnancies (i.e., more than 10 children)
- Case studies
Issues

- Lack of reliable hospital records and uncooperative administrators.
- Unreliable / non-existent transportation.
- Distrust between indigenous people and hospital / medical staff.
- Lack of coordination among care providers.
- Government programs very complex.

Traditional Birth Attendants (TBAs)

Also known as:

- Traditional midwives
- Indigenous midwives
- Parteras
- Comadronas
Traditional Birth Attendants (TBAs)

- No conclusive evidence that TBAs alone can reduce mortality, but partnering TBAs with skilled providers has been successful. Koblinsky 2000.
- TBA training has been shown to improve prenatal care, family planning, breastfeeding, immunization, and nutrition. Koblinsky 2000, Sibley 2006.

Skilled Birth Attendants (SBAs)

- Clinicians with skills to manage normal deliveries, diagnose complications, and provide basic emergency care.
- Examples: Doctors, nurses, professional (certified) midwives
- Requires investment in training and maintenance of skills.
- Few SBAs in rural settings.
**Comparison of TBAs and SBAs**

Adapted from Home and Community-based Health Care for Mothers and Newborns, USAID and ACCESS 2006

**TABLE 2** Mother Interventions—Birth, Immediate, and Emergency Care

<table>
<thead>
<tr>
<th></th>
<th>Alone or with Family</th>
<th>With TBA or Cell</th>
<th>With Skilled Attendant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Prevent Delays:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth planning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Recognition of danger signs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency first aid</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency planning for referral (money, transportation, decision-maker, assistance from others)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>2. Prevent Infection:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean delivery place</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clean hands and hard covers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clean birthing woman</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clean cord cutting (delivery kit)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>3. Promote Safe Birth Practices:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No drugs to speed labor</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Food and drink during labor</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Position changes during labor</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Limit vaginal examinations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>No fundal pressure</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**4. Prevent Prolonged Labor:**
- Labor monitoring
- Social support
- Food and drink during labor
- Pushing position during birth

**5. Prevent/Manage Postpartum Hemorrhage:**
- Active management of third stage
- Unnailing/squattting to deliver placenta
- Manual removal of placenta
- Uterine massage/uterine compression
- Compression at bleeding site
- Position woman for shock
- Uterotonics/oxytocics
- Non-pneumatic anti-shock garment

**6. Other Emergency First Aid:**
- Fluids
- Dry and warm for shock prevention
- Antibiotics
- Magnesium sulfate
- Stabilize on way to referral site: lie down, cover, re reassure, emergency care for complications

GPA Strategy & Framework

- Training TBAs in role as “gatekeepers.”
- Increasing number of SBAs in rural areas.
- Integrating TBA and SBA roles to maximize reach of health care to vulnerable population.

Current TBA Training Program

- TBA training
- 8 – 10 modules, once a month, 2 days each.
- Emphasis on:
  - Prenatal care and routine visits to health center
  - Recognizing danger signs and making referrals
  - Family planning and contraception
  - Breastfeeding, nutrition, & hygiene
CASA: The only accredited SBA training program in Mexico

- New programs planned in Chiapas and Oaxaca.
- CASA criteria for admission:
  - Female
  - Minimum 18 years old
  - Graduated *Secondary* (high school)
  - From rural or indigenous community
  - Able to commit to length and location of program

GPA criteria for SBA training

- Completed TBA training with 75% attendance
- Maximum age of 35
- Strong family and social ties to home community
- Commitment to perform 1 year of required social service in home community, and to remain for 3-5 years after completion.
Recommendations

• GPA to sponsor 1-3 students / year in the form of a “loan” that is paid back through service.
• CASA to train students for 3 years, plus 1 year of social service to be performed in home community.
• Seguro Popular to pay for a permanent SBA position in health care facility post-training.
• SBA and TBA roles to be distinct and well-defined.
• TBA association must play lead role in decision making process.

Thank You

For more information, please contact:

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