

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



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Maternal Health Care in Chiapas



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	HOME BIRTH		
	Alone or with Family	With TBA or CHW	With Skilled Attendant
1. Prevent Delays: ANC counseling, educate woman and family, conduct community mobilization activities on:			
■ Birth planning	✓	✓	✓
■ Recognition of danger signs	✓	✓	✓
■ Emergency first aid	✓	✓	✓
■ Emergency planning for referral (money, transportation, decision-maker, assistance from others)	✓	✓	✓
2. Prevent Infection:			
■ Clean delivery place	✓	✓	✓
■ Clean hands and hand covers	✓	✓	✓
■ Clean birthing woman	✓	✓	✓
■ Clean cord cutting (delivery kit)	✓	✓	✓
3. Promote Safe Birth Practices:			
■ No drugs to speed labor	✓	✓	✓
■ Food and drink during labor	✓	✓	✓
■ Position changes during labor	✓	✓	✓
■ Limit vaginal examinations	✓	✓	✓
■ No fundal pressure	✓	✓	✓



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Comparison of TBAs and SBAs

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TABLE 2 Mother Interventions—Birth, Immediate, and Emergency Care	HOME BIRTH		
	Alone or with Family	With TBA or CHW	With Skilled Attendant
4. Prevent Prolonged Labor:			
■ Labor monitoring	Time Limits	Simple Paragash	Paragash
■ Social support	✓	✓	✓
■ Food and drink during labor	✓	✓	✓
■ Pushing position during birth	✓	✓	✓
5. Prevent/Manage Postpartum Hemorrhage:			
■ Active management of third stage	—	—	✓
■ Urinating/squatting to deliver placenta	✓	✓	✓
■ Manual removal of placenta	—	—	✓
■ Uterine massage/uterine compression	✓	✓	✓
■ Compression at bleeding site	✓	✓	Suture lacerations
■ Position woman for shock	✓	✓	✓
■ Uterotonics/oxytocics	Oral/sublingual	Oral, rectal, Unject	Oral, rectal, IM, IV
■ Non-pneumatic anti-shock garment	—	✓	✓
6. Other Emergency First Aid:			
■ Fluids	Oral	Oral, rectal	Oral, rectal, IV
■ Dry and warm for shock prevention	✓	✓	✓
■ Antibiotics	—	Oral, IM	Oral, IM, IV
■ Magnesium sulfate	—	—	✓
■ Stabilize on way to referral site: lie down, cover, reassure, emergency care for complications	✓	✓	✓

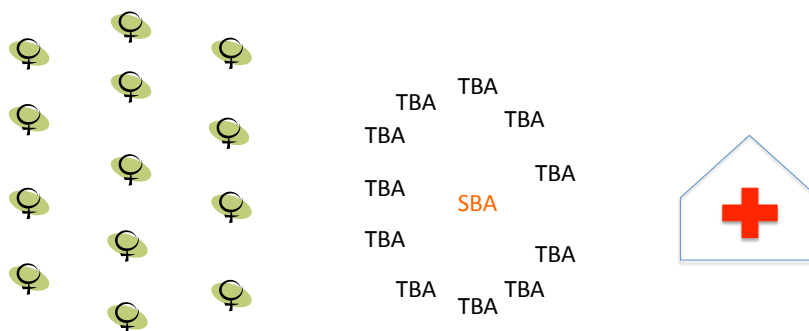
Source: ACNM-Home Based Life Saving Skills 2004, adapted and modified 2006.

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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 *Secundario* (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

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