

Promoting Safe Births in Rural Mexico & Beyond

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Speakers

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Promoting Safe Births in Rural Mexico

<https://www.youtube.com/watch?v=0t3ztR5MLAQ>

Content

1. Our context
2. Benefits of group prenatal care
 - For pregnant women
 - For newborns
 - For health care providers
3. Adaptations to our reality
 - Covid-19 pandemic
4. Expected results
5. Next steps



Our Context



With headquarters in **Ángel Albino Corzo**, we currently work in the Casa Materna birth center, a community hospital, and 10 rural public clinics in the **Sierra Madre region** of Chiapas.

We serve people from more than 140 communities in and beyond our catchment area.

Our Context

- Chiapas is one of the poorest and most marginalized states in México
- Among the highest maternal mortality rate
- Low access to health services
- Prenatal consults start in the 2nd trimester
- Poor postpartum follow-up
- High rate of homebirths and risk of complications
- Distrust of health system
- Obstetric violence in hospitals
- COVID-19 pandemic



Goals

- Reduce maternal and infant morbidity and mortality through *increasing care* by trained personnel (across the continuum of care)
- Respectful childbirth: *optimizing **quality*** of facility-based childbirth care
- *Address **barriers*** to accessing care in the community



Sexual and Reproductive health program

Primary health care -
communities

Birth center "Casa
Materna"

Secondary care - Referrals
for high risk pregnancies
and emergencies



 **Compañeros
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Sexual and Reproductive health program

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Secondary care – Referrals
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- Prenatal care → GROUP PRENATAL CARE
- Postnatal care → GROUP POSTPARTUM CARE
- Community Health Workers

Sexual and Reproductive health program

Primary health care -
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Birth center "Casa
Materna"

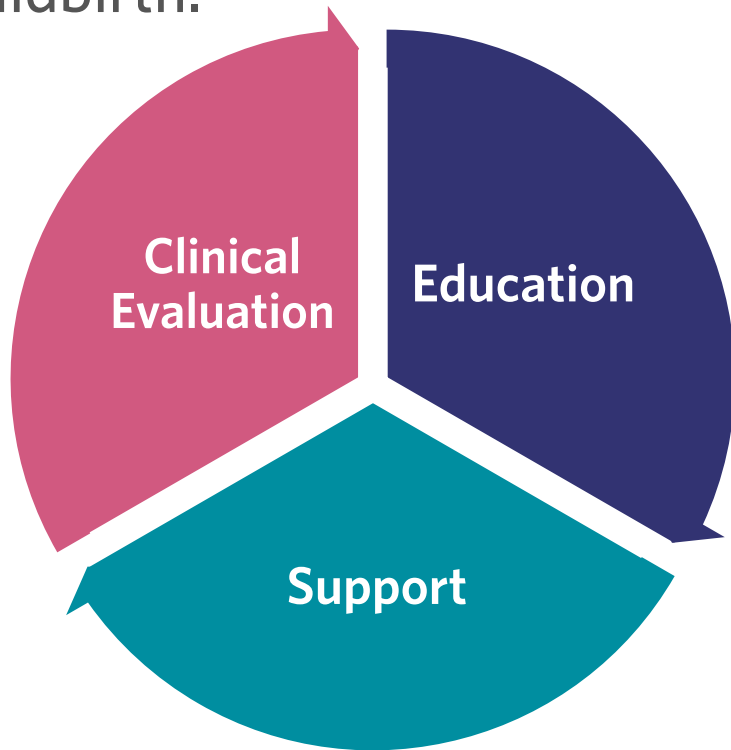
Secondary care – Referrals
for high risk pregnancies
and emergencies

Respectful childbirth care

- Freedom to walk around
- Liquids and soft food during labor
- Non-pharmacological pain management
- Support persons present
- Choice of delivery position
- Immediate skin-to-skin contact
- Delayed cord cutting
- Active management of 3rd stage of labor
- Immediate and exclusive breastfeeding

Journey – 9 (J9)

A model of care in which pregnant women are brought together to receive clinical assessment, while sharing information and experiences on issues related to pregnancy and childbirth.



- Experience-based learning
- Women are active participants
- There is a moment of socialization
- Confidentiality agreement
- The session is facilitated; it is not a class
- There is a plan for each session that is flexible according to the needs of the group
- GPC + group postpartum care + psychosocial services + respectful childbirth care

Cross-Site Training on J9

In February 2020, the Haiti team travelled to Mexico to train us in the J9 program. They shared their experience, results, and materials, and taught us how to facilitate sessions with a group of women.



Benefits of Group Prenatal Care – Pregnant Women

Increased attendance at prenatal visits and increased prenatal knowledge

Patient satisfaction with prenatal care

Increased use of family planning during postpartum

Weight gain greater than minimum

Lower risk of postpartum depression

Increased likelihood of vaginal delivery

Reduced depressive symptoms. Can recruit and retain a demographically vulnerable group



Benefits of Group Prenatal Care – Newborns

Reduced risk of
low birth weight

Improved height
for gestational age

Decreased need
for NICU
admission and
reduced cost

Increased
likelihood of being
vaccinated at 6
and 14 weeks

Initiation and
continuation of
exclusive
breastfeeding



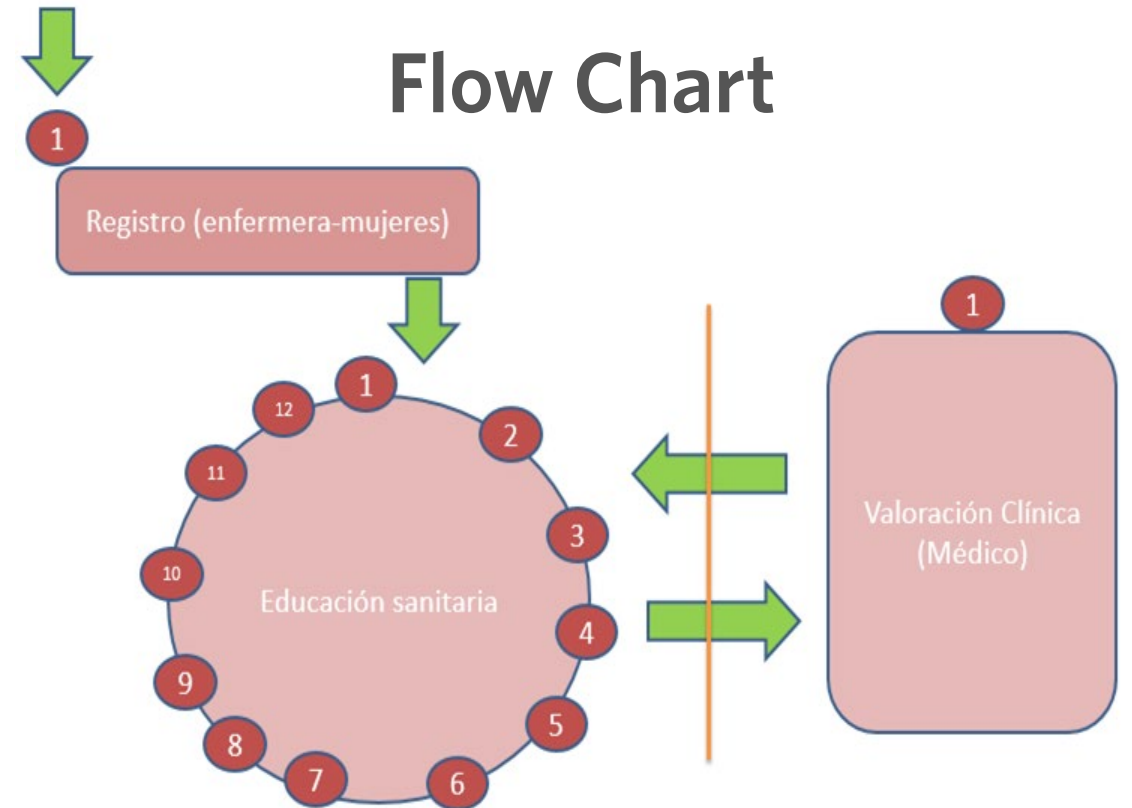
Benefits of Group Prenatal Care – Providers

- They experienced it as a safe environment in which to provide care and which allowed for meaningful relationships with women.
- Physicians perceived it as providing better care and a better experience.
- The model could improve workplace satisfaction, increase provider retention in maternity care, and improve medical care for women.



Adaptation to Our Reality

- Number of patients: 8-10 women
- Frequency
 - Initial assessment - Offer GPC
 - 1 monthly session, (option for the partner or family member to participate)
 - Option for individual consultation for at-risk patients and/or at need of a referral
 - Up to 6 months postpartum
- Time:
 - 120 minutes for each consult
 - Extra socialization time
- Space:
 - Register with a nurse (basic equipment for clinical examination)
 - Session → sharing information and experiences
 - Individual clinical assessment



Adaptation to Our Reality – COVID-19

- COVID-19 was the leading cause of maternal death in Mexico in 2020
- Pregnant women are considered a vulnerable group
- Delayed implementation
- Communities decided to limit the number of external visitors
- Communities banned group activities
- Stigma and mistrust of vaccination



Expected Results

30% of patients
received 5 or more
prenatal visits

80% of patients
attending the GPC
will receive 7
sessions

- ✓ >50% of patients will be attending GPC by the end of 2022.
- ✓ 80% of patients attending the GPC have access to a standardized and high-quality care according to Mexican guidelines.
- ✓ >90% of patients attending the GPC will be satisfied with the model.
- ✓ By the end of 2023, the GPC model will be set up in the clinics supported by CES.

50% of patients
received at least 1
postpartum consult

70% of patients
attending the GPC
will receive 1
postpartum consult

11% of patients with a
complete lab screening
at the first prenatal visit

80% of patients
attending the GPC
will receive a
complete lab
screening at the first
prenatal visit

Next Steps

- ✓ Awaiting response from the representatives of the communities
- ✓ Needs assessment
- ✓ Training of health care providers
- ✓ Adequacy of topics
- ✓ Adequacy of space
- ✓ COVID-19 vaccines available to pregnant women



Patient Story



https://www.youtube.com/watch?v=LXU3of1Wg-o&ab_channel=Compa%C3%B1erosEnSalud
<https://companerosensalud.mx/blog/olga-y-omar>

Thank You

