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
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
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.
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

Birthing center “Casa Materna”

Secondary care – Referrals for high risk pregnancies and emergencies
Sexual and Reproductive health program

Primary health care - communities

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Secondary care – Referrals for high risk pregnancies and emergencies

• Prenatal care → GROUP PRENATAL CARE
• Postnatal care → GROUP POSTPARTUM CARE
• Community Health Workers
Sexual and Reproductive health program

Primary health care - communities

Birthing 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
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
- **50% of patients** received at least 1 postpartum consult
- **11% of patients** with a complete lab screening at the first prenatal visit
- **80% of patients** attending the GPC will receive 7 sessions
- **70% of patients** attending the GPC will receive 1 postpartum consult
- **80% of patients** attending the GPC will receive a complete lab screening at the first prenatal visit

- ✓ **>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.
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