

# CASA MATERNA RURAL

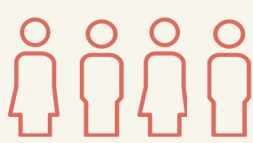
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## THE PROBLEM:

The Mayan women of Guatemala's Western Highlands, where home births are the norm, suffer some of the world's highest maternal mortality, reaching 636 deaths/100,000 live births. Cultural, linguistic, and geographic barriers to accessing services as well as a shortage of rural health personnel lead to dramatic ethnic disparities.

## THE SOLUTION:

This innovative model is a new evidence-based paradigm for saving maternal and newborn lives among remote, indigenous populations in Guatemala. A Casa Materna Rural (Casa) is a strategically-located, community-built and -owned birthing center. The staff, made up of indigenous health professionals, deliver respectful, culturally-appropriate care. The Casa Materna Rural model, with its demand-generating community health outreach programs, has proven to be a highly effective and low-cost solution for reducing maternal and neonatal mortality in hard-to-reach rural populations.



### Community Implemented

Built and managed by empowered, indigenous communities



### Physically Accessible

Centers a median of 4km from partner communities

### Respectful, Culturally Acceptable Care

Customs honored, local language spoken, traditional birth attendants integrated



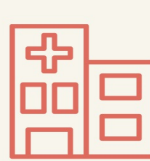
### Task-Shifting: Indigenous Trained Staff

Indigenous Auxiliary Nurses trained in WHO-standardized obstetric care



### Cost Efficient

Cost per delivery at 1/10th of government facility births



### Timely Complication Management

Equipped for obstetric emergencies and timely referrals of complications

## THE RESULTS:

Casas systematically overcome context-specific barriers, providing continuous quality care to indigenous women, targeting the leading causes of maternal and neonatal mortality through prevention and timely management of obstetric complications. The model's success in Guatemala has been unprecedented.



### Health Facility Deliveries

70% of women from Casa Materna partner communities reported delivering in a facility compared with only 30% of women from non-partner communities.

\* (Shelick et al., Casas Maternas in the Rural Highlands of Guatemala: A Mixed Methods Case Study of the Introduction and Utilization of Birthing Facilities by an Indigenous Population. Global Health Science and Practice, 2016, Volume 4, No. 1)



### Childbirth Mortality

Casa Materna partner communities eliminated maternal mortality in a 26 community catchment of 8700 people where at least 1-2 maternal deaths had occurred every year. Since May 2014, not a single maternal death has occurred in these communities.



### Equity of Health Service Use

Casas Maternas increased health service utilization among partner communities regardless of maternal education or household wealth quintile.



### Health Behavior Adoption

Health promotion at the household level by mother peer educators has increased coverage of care-seeking for antenatal care to 71%, recognition of danger signs in pregnancy to 74%, and immediate breastfeeding to 80%.

### Lives Saved by a Casa Materna: Meet Lucia and Marta

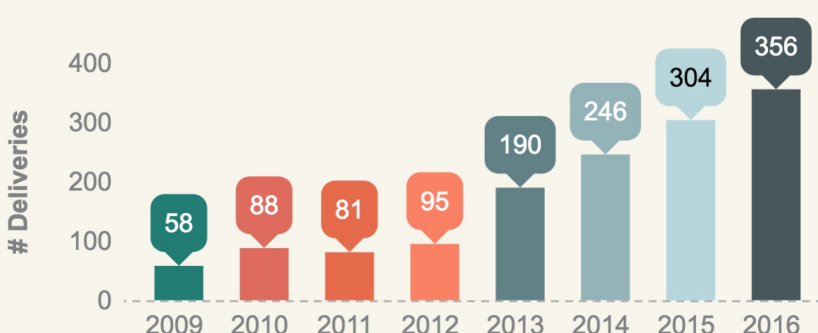
Lucia, a 35-year-old Mayan woman from the remote Western Highlands of Guatemala, arrived in labor at the Casa Materna in Tuzlaj Coya. Upon examination, Lucia was found to be have breech presentation with high risk for cord prolapse and birth asphyxia. Panicked, Lucia asked to be taken home, but was calmed by the Casa Materna staff, who successfully assisted the delivery with partograph labor monitoring, active management of the third stage of labor, and neonatal resuscitation with bag and mask when her daughter Marta was born unresponsive. Staff successfully resuscitated the newborn and prevented hemorrhage in Lucia, giving life to mother and baby - a reality unlikely if the birth had occurred at home.

"Maternal death is a social injustice, not only because they are women who die in the prime of their lives; not only because the maternal death is one of the most terrible ways to die, but above all because almost all maternal deaths are events that could have been prevented and should never have been allowed to occur." (Dr. Fathalla, 1997)



### Demand Creation for Safe Health Facility Births Generated by the Casa Materna Rural Model

#### Annual Casa Materna Rural Deliveries



"The Casa Materna cares for us well since the staff understand our culture, which is not the case in the government hospital."

- Traditional Birth Attendant

"In the past our children were born into filth, but now they are born into cleanliness."

- Community Member, Casa Materna Management Committee

"I chose the Casa Materna to have a safe delivery and avoid any complications during delivery."

- Woman who delivered in a Casa Materna

### Sustainability: A Compelling Value Proposition

Sustainability is built into the model through community-ownership and cost-sharing partnership with the Guatemala Ministry of Health (MOH), local government, non-profits, and the communities themselves. Increasing validation of the model has been matched by growing integration of the approach into the national health care, vital statistics, and financing systems.

The Casa Materna Rural model costs \$5.60 per capita per year. Just a 7% net increase in annual MOH per capita expenditure invested in the model could vastly increase health facility deliveries and significantly reduce maternal/neonatal mortality, while cutting cost per delivery by 90%.

The task-shifting of Auxiliary Nurses trained as Qualified Maternal Newborn Health Professionals per the World Health Organization, provides tremendous cost savings and the potential for scale-up.

### Looking Forward: Scale-Up

The Guatemala MOH is now partnering with Curamericas Global to pilot a scale-up of the Casa Materna Rural model that will eventually reach the entire rural indigenous population of San Marcos Department, which has a population of 1,173,000.

Indigenous populations around the world face inequitable childbirth outcomes, especially those living in isolated rural locations. Globally, in the least developed countries, 44% of women and newborns still face the a high risk of mortality during home deliveries without skilled attendance. The model provides a promising approach to increasing facility-based deliveries at a low cost throughout rural Guatemala and around the globe.

