CASA MATERNAL RURAL
CURAMERICAS GLOBAL :: CURAMERICAS GUATEMALA

THE PROBLEM:

The Maya women of Guatemala’s Western Highlands, where home births are the norm, suffer some of the world’s highest maternal mortality, reaching 436 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 Maternal 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 Maternal Rural model, with its demand-driven, community-focused health outreach program, has grown to be a highly-effective and low-cost solution for reducing maternal and neonatal mortality in hard-to-reach rural populations.

Cost Efficient
Cost per delivery at 1/5th of government facility births

Equity of Health Service Use
Casa Maternas increased health service utilization among partner communities regardless of maternal education or household wealth quintile.

The RESULTS:

Casa systematically overcame 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 Delivery
79% of women from Casa Materna partner communities reported delivering in a facility prepared with any 30% of women from non-partner communities.

Health Care Facilities
A Casa Materna partner community allocated maternal mortality in a 70 community cohort of 9700 women where at least 1-2 maternal deaths had occurred every year. Since May 2014, not a single maternal death has occurred in these communities.

Childbirth Mortality
Casa Maternas partner communities eliminated maternal mortality in a 70 community cohort of 9700 women where at least 1-2 maternal deaths had occurred every year. Since May 2014, not a single maternal death has occurred in these communities.

Health Behavior Adoption
Health promotion at the household level by mother peer educators has increased coverage of care-seeking for antenatal care 77%, recognition of danger signs in pregnancy to 74%, and immediate breastfeeding to 80%.

Lives Saved by a Casa Materna: Kent Lucia and Marta
Lucia, a 25-year-old Maya woman from the remote Western Highlands of Guatemala, arrived in labor at the Casa Maternas in Tintal Cayo. Upon examination, Lucia was found to 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 newborn resuscitation with bag and mask when her daughter Marta was born unresponsive. Staff successfully resuscitated the newborn by giving her breaths and suctioning her airway. Luca and her baby - really unlikely if she had been delivered at home.

“Maternal death is a social injustice, not only because they are women who die in the prime of their life, but only because the maternal death is a terrible way 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. Kathryn, 1997)

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

Annual Casa Maternal Rural Deliveries

<table>
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<th>Year</th>
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Sustainability: A Compelling Value Proposition

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

The Casa Maternal Rural model costs $5.50 per capita per year. Just a 7% net increase in annual MOH per capita expenditure invested in the model could easily 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.

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

Looking Forward: Scale-Up

Indigenous populations around the world face iniquitous childbirth outcomes, especially those living in isolated rural locations. Globally, in the best developed countries, 44% of women and newborns still face a high risk of mortality during delivery at home 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.