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An Assessment of the Transition of *Comadronas* into a New Role of Collaboration with *Casas Maternas* in the Curamericas Project Area in the Western Highlands of Huehuetenango, Guatemala

Nina Modanlo¹, Mayriam Robles Garcia², and Henry Perry³

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Curamericas Global, Inc.

318 West Millbrook Road, Suite 105, Raleigh, NC 27609
Tel: 919-510-8787; Fax: 919-510-8611



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¹ Undergraduate student, Johns Hopkins University School of Arts and Sciences

² MPH/MBA Student, Johns Hopkins University School of Public Health, MPH/MBA Program

³ Senior Scientist, Department of International Health, Johns Hopkins University School of Public Health

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Executive Summary

The Curamericas Child Survival Project in the Western Highlands of the Department of Huehuetenango, carried between 2011 and 2015, had as one of its goals the reduction of home births, the increased use of local birthing facilities operated by the Project with strong community collaboration, and the integration of traditional birth attendants (*Comadronas*) into the services of the *Casa Materna*.

To assess the perspectives of the *Comadronas* on the achievement of these goals, a total of 28 *Comadronas* participated in four focus group discussions held in June 2015. At the time of the data collection, the *Comadronas* were active in communities in close proximity to and engaged with a *Casa Materna*.

The project has made strong progress in integrating the traditional functions provided by *Comadronas* into the care provided at the *Casa Materna*. *Comadronas* now feel that they are a part of a broader team of health care providers working together to provide maternity care in the area, and they are proud of the fact that the number of maternal deaths is now less than before the *Casas Maternas* were introduced. The *Casa Materna* staff has been effective in making the *Comadronas* feel welcomed and supported and in communicating to the *Comadronas* that they value their contribution to the care of mothers giving birth. In contrast, study participants made various comments about the difficulties of working with the Ministry of Health.

Rather than marginalizing *Comadronas* and eliminating them from the birthing process, Curamericas has been able to affirm the important traditional role of *Comadronas* and incorporate them as part of the team of providers when one of their clients comes to the *Casa Maternas*. The result is a win-win outcome for both mothers and *Comadronas*: maternal deaths are declining, *Comadronas* continue with their traditional support of women during childbirth, and women and their families are able to have an experience that respects their cultural beliefs and practices.

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Introduction

Reproductive health care in Guatemala is a public health crisis for rural women. It is most severe for the indigenous Mayan women living in remote and mountainous areas of the Department of Huehuetenango, Guatemala. This region is locally known as "the triangle of death" because its women suffer extreme maternal mortality during childbirth, with a death rate more than three times the national average and a similarly high infant mortality rate. There are a number of reasons cited for this dangerous health situation: the history of political repression of the population, the isolated mountainous location, poverty, and the lack of readily available and culturally appropriate modern health services.

This study focuses on the integration of *Comadronas* (local traditional Mayan midwives) in *Casas Maternas* (birthing centers staffed by nurses who welcome collaboration with *Comadronas*). The pressure to follow traditional home birth practices, largely rooted in cultural injunctions strongly disfavoring the use of modern medical facilities for delivery and postnatal care, and the lack of readily available and culturally appropriate modern obstetrical care at facilities has led to a situation in which most women still prefer *Comadronas* to attend their birth at home in spite of the high maternal mortality level in the area.

Curamericas Guatemala (CG), in association with Curamericas Global, an international NGO focused on reducing infant and maternal mortality, built and currently operates *Casas Maternas* in different regions of the Western Highlands of the Department of Huehuetenango. These centers were created by CG to serve the indigenous population by providing safe and culturally appropriate delivery care. As one part of a larger operations research project, the current study has been undertaken to understand the views of *Comadronas* about the *Casas Maternas* and their emerging role in supporting women who choose *Casas Maternas* as the place to deliver their baby.

Study objectives

The aim of this study, therefore, was to assess the cultural attitudes of the *Comadronas* towards the *Casas Maternas*, as opposed to the traditional home birth. The overarching operations research project associated with the CG USAID-funded child survival project which ends in September 2015 had several objectives related to *Comadronas*, as shown below:

- In partnership with *Comadronas*, the community, and the Ministry of Health (MOH), establish a new role for *Comadronas* in maternity care, establish measures of the effectiveness of *Comadronas* in this new role, and document the process of project activities in helping *Comadronas* to perform their new role.
- Establish and pre-test procedures and forms for the *Comadrona* census, the *Comadrona* surveys, and the Care Group Volunteer surveys, for training *Comadronas* in their new role, and for measuring complex concepts (constructs) such as community engagement in program activities and women's participation in community activities and in decision-making related to their own health and the health of their children.

Following these objectives, the final evaluation of the project included a component to ascertain the perspectives of *Comadronas* regarding the newly established *Casas Maternas* and their emerging role in supporting women who choose to give birth there. The basic question addressed in the study described here is:

How have *Comadronas* transitioned into a new role in maternity care that improves the quality of care provided to mothers in the project area and that respects cultural traditions and expectations?

Methods

To evaluate the perceptions of the *Comadronas* towards the *Casas Maternas*, a questionnaire was developed to guide face-to-face focus group discussions with *Comadronas* (see Appendix). Utilizing this questionnaire, interviews were conducted in three of the four *Casas Maternas* located in Santa Domingo (in the municipality of San Sebastian Coatan), Calhuitz (in the municipality of San Sebastian Coatan), and Tuzlaj Coya (in the municipality of San Miguel Acatan). Interviews were not conducted in the municipality of Santa Eulalia because the *Casa Materna* there had not yet opened, but *Comadronas* from this municipality take pregnant women residing there to the closest Curamericas site, which is located in Calhuitz, San Sebastian Coatan.

The *Comadronas* that were interviewed spoke the local Mayan dialect, Chuj. A nurse at each *Casa Materna* was present during each interview, served as the interpreter, translating the questions from Spanish to Chuj and the responses from Chuj to Spanish. During the interviews, there was also a local resident present who was bilingual in Chuj and Spanish and helped conduct the interviews, serving as a second interpreter.

Curamericas staff provided transportation to and from the *Casas Maternas*. The discussions were led by two of the authors (NM and MRG).

Findings

The findings from each focus group discussion are reported separately here. We list each question that was presented and a summary of the group's response.

Findings from Focus Group Discussions in Santa Domingo

13 *Comadronas* participated in the focus group discussion on 11 June 2015. Information about the participants is shown in Table 1. Santa Domingo is the center, and there are four communities close to the *Casa Materna*. The *Comadronas* all come from different surrounding communities. The *Comadronas* that came for the FGD live closer to the *Casa Materna* than the others, The *Comadronas* walked to the *Casa Materna*. There are no roads or vehicles.

Table 1. Characteristics of Comadronas from Santa Domingo participating in focus group discussion

| Name (deleted) | Age | Number of deliveries performed throughout her career | Years functioning as a Comadrona | Town originally from |
|----------------|-----|--|----------------------------------|----------------------|
| | 59 | 600 | 39 | Nueva Esperanza |
| | 60 | 500 | 35 | Sactenam |
| | 50 | 30 | 6 | Nuevo San Juan |
| | 50 | 1 | 1 | Nuevo Progreso |
| | 52 | 28 | 6 | Yuchan |
| | 62 | 200 | 35 | Yalanculuz |
| | 51 | 200 | 37 | Yotzcojoltaj |
| | 51 | 150 | 28 | Plan Quenchucul |
| | 48 | 55 | 28 | Yalanculuz |
| | 25 | 20 | 8 | Nueva Esperanza |
| | 80 | 700 | 55 | Cojom |
| | 65 | 150 | 25 | Cajbaquil |
| | 43 | 15 | 10 | Ulna |

1. Please, describe a normal day for you in your work as *Comadrona*.

They work with women during the pregnancy before they go into labor and seek care at the *Casa Materna*. Women still use the *Comadronas*, and they also visit the *Comadronas* at the *Casas Materna* at a predetermined date prior to the delivery. The pregnant women come to the *Casa Materna* once a week. They pay the *Comadronas*. The staff at the *Casa*

Materna helps the pregnant women, but the *Comadronas* still provide support to them there. The *Comadronas* still have a very important role in the community because people have trust in them.

2. Are you familiar with the *Casa Materna* in Calhuitz or Santa Domingo? Have you used the *Casa Materna* for some deliveries? How many?

All the *Comadronas* are familiar with the *Casa Materna* in Calhuitz. The *Comadronas* come to the *Casa Materna* in order to participate in deliveries. The *Comadronas* and the staff of the *Casa Materna* perform the deliveries together. The *Casa Materna* in Santa Domingo opened in 2013 and the one in Calhuitz in 2009. Previously, there were deaths among women delivering at home due to retention of the placenta. Now they are very happy because the *Casa Materna* is helping. There has not been a single death since the *Casa Materna* opened; the last death was in 2013, just before the *Casa Materna* opened.

3. What is your opinion of the *Casa Materna* in Calhuitz/Santa Domingo and what do you think the role of the *Casa Materna* is? Does the *Casa Materna* help the community?

They are very grateful for the support of the *Casa Materna*. Two weeks before the time of the delivery, they visit the pregnant women. They have to make four home visits. They do this to be sure there are no danger signs present.

The *Comadronas* expressed confidence in the *Casas Maternas*. They staff there know how to detect danger signs and therefore they trust the *Casas Maternas*. Patients can be referred to a hospital when danger signs (like a transverse lie of the baby) develop. In the *Casas Maternas*, the staff pay close attention and, if there is a problem, they promptly refer the patient to the hospital.

Another *Comadrona* interrupted and said that she is from a community that supports the *Casa Materna*. Here in the *Casa Materna* we can give mothers oxytocin after delivery and we can give better assurance to the mother that she is well.

The communities inside the network are those that support the *Casas Maternas*. It is 50 quetzales (\$6.50) for insurance in the communities inside the network and 100 quetzales (\$13) for those outside. [This is paid by the pregnant women who obtain care at the *Casa Materna*.] For a pregnancy, they pay this amount of money one time.

4. Have you worked together with the staff of the *Casa Materna*? What is your perception of the staff of the *Casa Materna*? (If you haven't worked with the staff, do you think that you could work together with them? Why yes or why not?)

When the *Casa Materna* started, the *Comadronas* liked the staff working there. The *Comadronas* thought the work at the *Casas Maternas* would be reserved for them [rather than bringing in trained nurses].

A staff member of the *Casa Materna* stated that “We know that the *Comadronas* have experience. Previously, the old *Comadronas* had years of experience working, but now with the change, they are noticing that they are being replaced by nurses. The *Comadronas* thought that this work was for physicians and therefore when the *Casa Materna* started in 2013, there were no deliveries in March of 2013 but in April of 2013, the first delivery was performed at the *Casa Materna*. The *Comadronas* did not know that they had a part in the work of the *Casa Materna*. They thought that the *Casa Materna* was taking their work, but now they realize that they didn't understand how the *Casa Materna* would function. They now realize that they have to a role to play as a member of the *Casa Materna* team.

One of the nurses at the *Casa Materna* said that there are not as many problems as before. Now, almost all of the *Comadronas* are working with the *Casa Materna*. At the end it is team work and it's a benefit for each community. Every woman has the right to a healthy delivery.

5. What can the *Casas Maternas* staff members do in the future to support you and the pregnant women better?

Now the *Comadronas* are not formally paid by the *Casa Materna* and they spend a lot of time in the *Casas Maternas* since there is not a lot of work. The MOH sometimes pays them, but there is not a lot of money. Then, they suffer of hunger. Now the MOH gives them nothing. Also, they live very far away. The *Casas Maternas* provide the *Comadronas* with snacks and food. The project doesn't help them.

The *Comadronas* are working together with the MOH. The MOH regulates the *Comadronas* and says there should be only eight *Comadronas* to be paid, and we don't know how to select the eight. There is a person, a MOH staff person in San Jose responsible for selecting these eight *Comadronas*, but we don't know what he does with the money. And the government threatens to take the *carnets* (personal identification cards) of the *Comadronas*.

The MOH says that it will give snacks to the *Comadronas*, but they don't. The *Casa Materna* does, though.

The *Casas Maternas* still lack equipment. If the baby has a transverse lie, then they send the woman to Huehuetenango. It's a great help. The *Comadronas* want the Curamericas staff at the *Casa Materna* to have a diploma.

6. What can you do in order to serve your community to the maximum?

In the communities, the *Comadronas* want to improve their equipment to use during the delivery. They want something to protect themselves from all the fluids that mothers produce, like gowns used in operating rooms.

7. Do you promote the services of the *Casa Materna* with the pregnant women – why yes or why not? (If yes, which women would you recommend to go to the *Casa Materna*? If no, will you promote the services of the *Casa Materna* with the pregnant women in the future?)

Always they promote the use of the *Casa Materna*. However, the MOH is against the *Casas Maternas* – they think it's only a clinic and that the women should have their delivery either in their own house or in the hospital.

8. How has the role of the *Comadrona* changed in the last 5 years and since the *Casa Materna* opened? Can you describe some differences between a delivery that was attended to 5 years ago and a more recent delivery?

[Note: the *Comadrona* did not address this question, but rather elaborated on the value of the *carnet*]. The *carnet* has a value (then, if the *Comadrona* doesn't have a paper [*carnet*], it doesn't have a value). And if she doesn't have a *carnet*, she is not a *Comadrona*. Some have had their *carnet* for 20-30 years.

9. What type of interaction do you have with the MOH? Does the MOH influence your role or work as a *Comadrona*?

The *Comadronas* do not interact often with the MOH. The MOH does not provide much help or medicine. The MOH also requires birth certificates, which the *Comadronas* do not have and only the government can give to them.

10. How do you feel about the integration of the work of the *Comadronas* with the modern doctors and professional nurses?

All the *Comadronas* expressed their opinion that the MOH doesn't help. They have their work and then they are *Comadronas*. The MOH doesn't pay them anything. The MOH doesn't even know that the *Comadronas* exist. The *Casas Maternas* started in this part of Guatemala because this is an area with a lot of mortality.

11. Do you as *Comadronas* feel better or worse in your new role? What difference is there between before *Casas Maternas* existed and now?

Before, when there were no *Casas Maternas*, the *Comadronas* attended deliveries at home. Then, no one gave them workshops (like the *Casa Materna* staff does now). Before, there were a lot of maternal deaths. The first *Casa Materna* was in Calhuitz, and now the *Comadronas* perform deliveries in Calhuitz. But the *Comadronas* do not have a sense of how they can help in the *Casas Maternas*. After the *Casa Materna* in Calhuitz was built, no one died from deliveries in the San Sebastian Coatan Municipality. The *Comadronas* are now very happy and content because there are no deaths in the community. In the *Casa Materna*, there are injections and the staff provides a lot of help. The *Comadronas* have trust in the *Casas Maternas* and they are very grateful for them.

12. What inspired you to be *Comadronas*?

One *Comadrona* said that when she was pregnant several years ago, she was inspired to work as a *Comadrona* later after seeing the work of the *Comadrona* who helped her, and her husband encouraged her to be a *Comadrona*.

Another *Comadrona* said that her mother had been a *Comadrona* and taught her.

Findings from First Focus Group Discussion in Tuzlaj Coya

The interview was conducted on 16 June 2015. Ten out of 30 *Comadronas* in the area participated in two focus group discussions, with 5 *Comadronas* participating in each focus group discussion. Here are the findings of the first focus group discussion in Tuzlaj Coya and the characteristics of the participants (Table 2).

| Table 2. Characteristics of <i>Comadronas</i> from Tuzlaj Coya participating in the first focus group discussion | | | | |
|---|------------|-----------------------------|---------------------------|-----------------------------|
| Name (deleted) | Age | Number of deliveries | Years as Comadrona | Town originally from |
| | 59 | 100 | 34 | Ak'al Soya |
| | 57 | 150 | 45 | Taquina |
| | 60 | 1,666 | 49 | Tuzla Coya |
| | 30 | 40 | 15 | Elmul |
| | 75 | 1000 | 50 | Elmul |

1. Please, describe a normal day for you in your work as *Comadrona* [at the *Casa Materna*].

When they get ready for delivery, they wash their hands with soap and rinse the women. There are various ways a woman can give birth, both on a bed or a chair. When appropriate, they assure the pregnant women that there are no signs of danger and support them during the delivery. After the delivery, they clean the face and the mouth of the baby, and they calm the baby and clothe it. And they also wash the mother and calm her. Later, they put her in the *chuj* (the traditional steam hut) during the first day [referring to the day of the birth]. They stay with the pregnant woman for three days following birth. And during the three days after birth, they are always watching the baby. It's very important for the *Comadrona* to advise the mother that she cannot eat certain foods.

The *Comadronas* have been performing deliveries for years. They are embedded in the community with the families.

2. Are you familiar with the *Casa Materna* in Calhuitz or Santa Domingo? Have you used the *Casa Materna* for some deliveries? How many?

Yes, they are familiar with it.

3. What is your opinion of the *Casa Materna* in Calhuitz/Santa Domingo and what do you think the role of the *Casa Materna* is? Does the *Casa Materna* help the community?

Some [of the *Comadronas*] like to stay with women in their homes when they deliver but others like the *Casas Maternas*. Usually the pain [of labor] starts in the night for the women. When that happens, the *Comadronas* have to go to the house of the woman who is delivering. The pregnant women often don't want to go to the *Casa Materna*, even though the family wants to take them. They feel that it's preferable to die than to go to the *Casa Materna*.

Some women don't accept the support of the *Casas Maternas*, partly because of lack of education.

It is difficult for the women to give birth in their houses.

4. Have you worked together with the staff of the *Casa Materna*? What is your perception of the staff of the *Casa Materna*? (If no, do you think that you could work together with them? Why yes or why not?)

The *Comadronas* have great confidence in the staff at the *Casas Maternas*. At the moment that the woman is ready to deliver, the staff comes to help.

The services that the *Casa Materna* offers are important. They work as a team with the *Comadronas*. The staff treats the *Comadronas* well.

The staff always asks the *Comadronas* what they would like (e.g., food, etc.).

The *Comadronas* are involved a lot. Each time that there is a pregnant woman who comes to the *Casa Materna* who doesn't have a *Comadrona*, the staff of the *Casa Materna* calls one to come help.

5. Have you come across obstacles (problems) working in the *Casa Materna*?

The *Comadronas* don't feel bad working in the *Casa Materna*. They are happy because there is support for them there. They feel better; they can work well in the *Casa Materna*.

6. How has the role of the *Comadrona* changed in the last 5 years since the *Casa Materna* opened? Can you describe some differences between a delivery that was attended to 5 years ago and a more recent delivery?

Almost nothing changed when the *Casa Materna* opened. They continue to work the same.

7. What aspects of the work have improved/worsened?

All has improved, especially the number of maternal deaths.

8. What type of interaction do you have with the MOH? Does it have some impact on your role or work as a *Comadrona*?

The relationship that they have with the MOH is that they receive training from the MOH. Another organization (ADEVAS), also gives the workshops to the Comadronas. ADEVAS pays them 50 quetzales monthly, but that ended last year. Now, this *Casa Materna* gives them snacks and other food.

9. How much do the *Comadronas* charge? Is it different for a female or male baby?

There are families that give money, but others that cannot pay. Some mothers give their *Comadrona* a little bit of food.

10. What needs do you have and what do you think is lacking in the *Casa Materna*?

It lacks equipment for delivery, such as an ultrasound machine. It also needs vaccines.

11. How do you feel working with the staff here [in the *Casa Materna*] and the team of Curamericas?

All is well, but it's difficult to coordinate with the team.

12. What inspired you to be a *Comadrona*?

The community chose some of them; others said their mother was a *Comadrona*.

13. If you do not have any pregnant women to attend to, what do you do?

If the *Comadrona* does not have any patients, they go out to other villages looking for work.

Findings from Second Focus Group Discussion in Tuzlaj Coya

The interview with the second focus group also involved five *Comadronas* and was conducted on the same day, 16 June 2015. The characteristics of the participants are shown in Table 3 and their responses to each question are listed below.

| Table 3. Characteristics of <i>Comadronas</i> from Tuzlaj Coya participating in the second focus group discussion | | | | |
|--|------------|-----------------------------|---------------------------|-----------------------------|
| Name (deleted) | Age | Number of deliveries | Years as Comadrona | Town originally from |
| | 70 | 200 | 50 | Coya |
| | 71 | 300 | 57 | Coya |
| | 53 | 300 | 9 | Tuzla |
| | 53 | 200 | 41 | Casario Santa Cruz Collar |
| | 57 | 350 | 44 | Las Vegas Collar |

1. Please, describe a normal day for you in your work as a *Comadrona*.

The week before the delivery, they have to tend to the pregnant woman. The *Comadronas* look for danger signs. If any of them occur, the *Comadronas* refer them directly to the hospital.

When the woman is in labor, they go to the woman's house. The baby is born and then they make sure that the woman is well. The custom of the families is that after the delivery, the woman goes to the *chuj* [sauna] with her baby.

The pregnant women are normally in their house. The *Comadronas* go two times every week to the house of the pregnant woman to check on the woman. At the time of the delivery, they wash their hands and put on clean clothing. They need a blanket to put the baby on after birth. They check for fever and other danger signs. If the woman is well, they bathe her in the *chuj*. And afterwards, they bathe the baby. During the few days following the birth, the *Comadrona* takes care of the woman. There is no specific schedule.

[The following describes a typical delivery at the *Casa Materna*:]

The pregnant women go two to three times to the *Casa Materna* closest to them to meet with their *Comadrona*. At the moment of birth, they use a detector [a type of monitor that is a low-cost version of the ultrasound] to make sure the baby is well. If the *Comadrona* detects that the position of the baby prior to birth is abnormal, she looks for help. If the position of the baby is transverse or any other problem is detected preventing a natural birth to take place, the woman is then referred to the closest hospital, which is located in the city of Huehuetenango, 4.5 hours away from the closest *Casa Materna*.

If the birth takes place in the *Casa Materna*, at the moment of birth the *Comadrona* clears the baby's mouth. Then she asks the mother if she prefers to bathe in the *chuj*. The *Comadronas* always stay with the mother to monitor for danger signs.

Throughout part of the pregnancy, *Comadronas* stay with the mother and her family (meaning that they move in, make sure that all goes well during labor and childbirth). After the birth, they look for any evidence of fever and headaches. For deliveries at the *Casa Materna*, the *Comadronas* work as a member of the team with the staff. *Comadronas* say that *Casa Materna* staff is a great help; they calm the women, and they can give them medication to help them during labor.

2. What is your opinion of the *Casa Materna* in Calhuitz/Santa Domingo and what do you think the role of the *Casa Materna* is? Does the *Casa Materna* help the community?

The opinion is that the *Casa Materna* is of the communities. It's a support for the community. The *Casa Materna* is very different now from what it was in the beginning. Thanks to the support of the *Casa Materna*, the *Comadronas* have received the support from the staff [of the *Casas Maternas*]. The pregnant women come when in labor. They can detect an infection and, if present, the staff can obtain medication. The *Casa Materna* is important.

3. Have you come across obstacles (problems) working in the *Casa Materna*?

The biggest obstacle is that many pregnant women don't want to go to the *Casa Materna*. The family tells them that they don't believe it's necessary and also don't want to walk or take transportation because the little money they have is not to be spent on this, since a large majority of the husbands in most cases say birth should happen at home and they aren't interested in seeking out more proper medical care. It's a great sacrifice for the *Comadronas* since the families don't value the *Casas Maternas*, meaning that they [the *Comadronas*] invest a lot of time trying to convince the families and in some cases the births must happen at home because there is no other option. Unfortunately, in some cases, deaths occur since only at the last minute do the families decide to accept taking them to the *Casas Maternas*. Sometimes they even prefer the woman to die at their home saying that it is God's choice. So sometimes there are great unnecessary barriers for them.

The staff of the *Casa Materna* has given the *Comadronas* great confidence. The staff is working with the MOH.

4. What can you do to serve your community to the maximum?

To improve, *Comadronas* need help motivating the pregnant women, their families and the entire community. Previously, they would earn up to 17 quetzals (a little over US\$2) each time they attended a workshop, but now they only receive food. It takes them hours to get to the *Casa Materna* since they have to travel by foot. They need monetary motivation to continue since they lack many things for their job, such as basic medical equipment they can utilize to deliver babies at home.

5. Do you promote the services of the *Casa Materna* with the pregnant women? Why yes or why not? (If yes, which women would you recommend to go to the *Casa Materna*? If no, will you promote the services of the *Casa Materna* with the pregnant women in the future?)

They promote the services of the *Casa Materna*. One says to come to the *Casa Materna*; another says maybe yes or maybe no. But at the end, they all say to go to the *Casa Materna* for a prenatal checkup. All the *Comadronas* say that the *Casa Materna* offers good services to all.

6. How has the role of the *Comadrona* changed in the last 5 years since the Casa Materna opened? Can you describe some differences between a delivery that was attended to 5 years ago and a more recent delivery?

Previously, the *Comadronas* relied on their identification cards known as *carnets*, which allow them to practice legally. They are frustrated with the system that requires the use of *carnets* to practice, which is administered by the MOH. Without the *carnets*, they cannot practice legally. Also, because they must attend workshops three times a month (requiring them to stop working for that day), they have to walk a lot to not even receive a meal. With the previous government, they received transportation to and from their home. They are happy with the *Casas Maternas* because they facilitate some things for them and help them with birth certificates for the babies. The MOH, on the other hand, makes it hard for them and are, in most cases, not valuing their work.

7. What type of interaction do you have with the MOH? Does the MOH have some impact on your role or work as a *Comadrona*?

Comadronas receive workshops from both Curamericas and the MOH staff. In Tuzlaj Coya and Calhuitz, the *Casas Maternas* and MOH staffs work as a team to provide the training. In Santo Domingo, it's different. *Comadronas* receive training separately from the *Casa Materna* and the MOH there due to differences in staff administration.

8. During the birth of the child, do the *Comadronas* do something traditional or unique (e.g., prayers, etc.)?

Normally when the *Comadrona* arrives at the house of a pregnant woman, the *Comadronas* tell the women that they have to cry a lot. And the family of the pregnant woman pressures them to follow the *Comadrona* because they believe the life of the pregnant women is in the hands of the *Comadrona*. The work of the *Comadronas* is not affected by the religion of the mother.

The *Comadrona* tells the pregnant woman that she has to push and cry when delivering.

Some women don't have too much pain. The *Comadrona* forms a team with the staff of the *Casa Materna* to help the woman deliver.

9. How much do the *Comadronas* charge? Is it different for a female or male baby?

There are families that give money (such as 5-200 quetzales) but there are also families that cannot pay. Also, it embarrasses the *Comadronas* to ask the families to pay her.

There is not a specific fee. The pregnant women choose their *Comadrona*.

Some mothers give their *Comadrona* a little bit of food. They make it to help them.

10. What needs do you have and what do you think is lacking in the *Casa Materna*?

It lacks equipment for delivery, such as an ultrasound machine. It also needs vaccines.

11. How do you feel working with the staff here [in the *Casa Materna*] and the team of Curamericas?

All is well, but it's difficult to coordinate with the team.

12. What inspired you to be a *Comadrona*?

One said her grandmother was a *Comadrona*. Another said her mother was a *Comadrona*.

13. If you do not have any pregnant women to attend to, what do you do?

If the *Comadrona* does not have any patients, she seeks any type of temporary job.

Findings from Focus Group Discussions in Calhuitz

The interview was conducted on 15 June 2015. Five of the nine *Comadronas* in the area were present. The characteristics of the participants are shown below in Table 4 along with their responses.

| Name (deleted) | Age | Number of deliveries | Years as Comadrona | Town originally from |
|-----------------------|------------|-----------------------------|---------------------------|-----------------------------|
| | 57 | 400 | 14 | Calhuitz |
| | 53 | 200 | 20 | Lol Batzan |
| | 54 | 50 | 12 | Jowm |
| | 52 | 125 | 20 | Timaca |
| | 66 | 40 | 500 | Ucashoj |

1. Please, describe a normal day for you in your work as a *Comadrona*.

When they [*Comadronas*] are helping with deliveries and the mother begins to have labor pains, the mother returns to her house and calls the *Comadrona*. If a family comes in when the woman is delivering, the family stays with the mother. The mother has to wait for at least 3 hours after the delivery so that there are no danger signs. The *Comadronas* have to be patient. They conduct deliveries in the *Casa Materna* and they also attend deliveries in the houses of the women. They follow the contractions. If the contractions are 10-20 minutes apart, they know to give them support. If they are 3-5 minutes apart, they know that the woman is ready for delivery.

2. Are you familiar with the *Casa Materna* in Calhuitz or Santa Domingo? Have you used the *Casa Materna* for some deliveries? How many?

They know the *Casas Maternas* well. The MOH prohibits home deliveries because the maternal mortality is high for home deliveries. But the government approves of deliveries taking place in the *Casa Materna*.

3. Have you worked together with the staff of the *Casa Materna*? What is your perception of the staff of the *Casa Materna*? (If no, do you think that you could work together with them? Why yes or why not?)

They worked very well with the *Casa Materna* staff because the staff supports them and knows how to detect danger signs. The *Comadronas* have worked well with the staff of the *Casa Materna*. The *Comadronas* are very happy because the *Casa Materna* exists.

Now there are no maternal deaths. The services at the *Casa Materna* are much better than those provided by the MOH. It's a great help to have the *Casas Maternas* close by.

4. Have you come across obstacles (problems) working in the *Casa Materna*?

When the *Casa Materna* first opened, sometimes they [the *Comadronas*] came for the delivery at the *Casa Materna* and the staff didn't support them. But now the staff is helping the *Comadronas* well. The *Comadronas* have the freedom of going to the *Casas Maternas* because they are part of the team there.

5. How has the role of the *Comadrona* changed in the last 5 years (since the *Casa Materna* opened)? Can you describe some differences between a delivery that was attended to 5 years ago and a more recent delivery?

The great difference is that now there are no more maternal deaths. Now the women don't deliver in their homes anymore. Also, before the *Casas Maternas* existed, if there was nowhere to go, they said that it was the day of death for the woman! But now, they are not thinking if someone would die because the *Casa Materna* is close, and no one has died since the *Casa Materna* opened.

6. What aspects of the work have improved/worsened?

Before there was tension, or challenges, for the *Comadronas* and *Casas Materna* staff to work together, but the times have changed. The deliveries take more time. *Comadronas* now spend more time with the mother during labor at the *Casa Materna*.

7. What type of interaction do you have with the MOH? Does it have some impact in your role or work as *Comadrona*?

The *Comadronas* receive the training monthly from the *Casa Materna* and the MOH.

The MOH does not have any problem because it works closely with the *Casa Materna*. And they are coordinated. There is a lot of empowering of the staff [referring to the *Comadronas* and the nurses]. They [the MOH and the *Casa Materna*] are coordinated very well. All *Comadronas* must participate. If a *Comadrona* misses more than three sessions, the MOH takes away their *carnet*.

8. How do you feel about the integration of the work of the *Comadronas*, with the modern doctors and professional nurses?

The only thing is that many times the *Casa Materna* is taking over the care of pregnant women and sometimes the *Comadronas* do not receive any compensation. The *Comadronas* provide services but they are not paid. The *Comadronas* go the MOH to obtain some incentives.

Being a *Comadrona* is not a full-time job. Mostly they are with their families in their homes.

9. What can the staff do in the future?

Prepare the *Comadronas* more and have patience with them.

10. Do you have the option of bringing your patient to the *Casa Materna* for her delivery?

Normally the *Comadrona* says that the delivery doesn't have to occur at home and that it's better to go to the *Casa Materna* since the delivery will be safer there. But a home delivery is more convenient for the *Comadrona*. It's the culture – the *Comadronas* support the mothers when they have a lot of pain. They support in the women during their pregnancy with a belt [that the women wear to support their abdomens], and they support the family during the pregnancy. The *Casa Materna* staff monitors and makes the decisions about giving medicine during labor to alleviate pain.

11. What inspired you to be a *Comadrona*?

One said she was selected by the community. One said she started by helping with fractures. Another said her mother was a *Comadrona* and encouraged her to become one. This *Comadrona* also started by treating fractures. She started because she was living on the coast (where coffee is grown).

12. How do they feel here and in the *Casa Materna*?

They feel cared for at the *Casa Materna*, and the MOH doesn't give them any support and creates problems for them. At the *Casas Maternas* they feel they are part of a team, cared for, and also humanly treated. Simple examples they mentioned were receiving snacks and lunch during the workshop.

13. If you do not have any pregnant women to attend to, what do you do?

If the *Comadrona* does not have any patients, they go to the village, meaning the center of the town, where they ask to help in shops and markets or clean houses. Most said they have a lot to do in their own houses, but they need money for food.

Discussion

The four focus group discussions with 28 *Comadronas* provide consistently strong evidence that the *Comadronas* as well as the *Casas Maternas* are making strong progress in integrating the traditional functions provided by *Comadronas* into the care provided at the *Casa Materna*. The result is that *Comadronas* now feel that they are a part of a broader team of health care providers working together to reduce the number of maternal deaths while at the same time respecting the cultural traditions of the people of the area.

Comadronas support the *Casas Maternas*, and they strongly encourage their patients to deliver there. The *Comadronas* are proud of the fact that the number of maternal deaths is now less than before the *Casas Maternas* were introduced, and they have expressed confidence in the quality of the nurses and other staff of the *Casa Materna*. They have observed the high quality of medical care that is provided to mothers as they give birth at the *Casa Materna*, and the *Comadronas* seem to be quite proud that they can continue as a respected birth attendant and as a member of the team.

Finally, the *Comadronas* feel welcomed and supported by the *Casa Materna* staff. The *Casa Materna* staffs are clearly welcoming to the *Comadronas* and value the contribution that they make to the care of their patients.

This is quite distinct from the *Comadronas*' relationships with the MOH staff and the facilities where deliveries are conducted. Although not mentioned in these focus group discussions, it is well known that *Comadronas* are not welcomed in the care of women giving birth at MOH facilities. It is clear that the *Comadronas* feel that the quality of care provided by the *Casas Maternas* is far better than that in the MOH facilities.

Many mothers still rely heavily on their traditional beliefs and prefer to have their *Comadrona* at their home for childbirth. However, these beliefs are changing steadily.

An important limitation of this study is the fact that the head nurse of the *Casa Materna* served as a translator from Spanish to Chuj and back during the focus group discussions. It is quite possible that the responses of the *Comadronas* may have been more favorable toward the *Casa Materna* than if someone not associated with the *Casa Materna* had been serving as a translator. Or, alternatively, it is possible that the head nurse could have given a more favorable translation of the *Comadrona* responses than someone else might have. Nonetheless, the findings from these focus groups discussions provide similar findings to those obtained in a separate set of interviews with

Comadronas, families, women, and community leaders carried out by interviewers unassociated with a *Casa Materna*.¹

Conclusions

The Curamericas Child Survival Project during the period from 2011-2015 has introduced and expanded the availability of birthing care at *Casas Maternas*, which are locally available birthing centers staffed by nurses trained and supported by the project. One of the goals of the project was to create a new role for *Comadronas* that enables them to participate in the care of women coming to the *Casas Maternas*. Rather than marginalizing *Comadronas* and eliminating them from the birthing process, Curamericas has been able to affirm the important traditional role of *Comadronas* and incorporate them as part of the team of providers when one of their patients comes to the *Casa Materna*. *Comadronas* encourage their patients to deliver at the *Casa Materna*, and they are proud that maternal mortality is lower now than before the introduction of the *Casas Maternas*.

Cultural attitudes and perceptions still present the greatest barrier to access and utilization of the services provided by *Casas Maternas*.

Recommendations

There is a need for still greater awareness about the *Casas Maternas* and the quality of medical care they provide, as well as a need to correct any misinformation about the *Casas Maternas* that may arise. One way to do this is to hold community meetings to inform the community members and the *Comadronas* on the services offered at the *Casas Maternas* and their quality. Additionally, it is advisable that the *Casa Materna* act as a liaison between *Comadronas* who have practiced there and those who are still performing only home delivery.

References

1. Rivas K, Stollak I, Valdez M, Perry H. Casas Maternas in the Rural Highlands of Guatemala: A Mixed Methods Case Study of Their Introduction, Utilization, and Equity of Utilization by an Indigenous Population. *Global Health: Science and Practice (forthcoming)* 2015.

Appendix 1:
The Study Questionnaire

Interviews with Comadrona/Comadrón

| | |
|------------------------------|---------------------------------------|
| Initials: | Community: |
| Age: | Years working as a <i>Comadrona</i> : |
| No. of deliveries performed: | Date: |

1. Please, describe a normal day for you in your work as *Comadrona*.
2. Are you familiar with the *Casa Materna* in Calhuitz or Santa Domingo? Have you used the *Casa Materna* for some deliveries? How many?
3. What is your opinion of the *Casa Materna* in Calhuitz/Santa Domingo and what do you think the role of the *Casa Materna* is? Does the *Casa Materna* help the community?
4. Have you worked together with the staff of the *Casa Materna*? What is your perception of the staff of the *Casa Materna*? (If you haven't worked with the staff, do you think that you could work together with them? Why yes or why not?)
5. What can the *Casa Materna* staff members do in the future to support you and the pregnant women better?
6. What can you do in order to serve your community to the maximum?
7. Do you promote the services of the *Casa Materna* with the pregnant women – why yes or why not? (If yes, which women would you recommend to go to the *Casa Materna*? If no, will you promote the services of the *Casa Materna* with the pregnant women in the future?)
8. How has the role of the *Comadrona* changed in the last 5 years and since the *Casa Materna* opened? Can you describe some differences between a delivery that was attended to 5 years ago and a more recent delivery?
9. What type of interaction do you have with the MOH? Does the MOH influence your role or work as a *Comadrona*?
10. How do you feel about the integration of the work of the *Comadronas* with the modern doctors and professional nurses?
11. Do you as *Comadronas* feel better or worse in your new role? What difference is there between before *Casas Maternas* existed and now?
12. What inspired you to be *Comadronas*?
13. If you do not have any pregnant women to attend to, what do you do?

Appendix 2:

**Pictures of *Comadronas* Participating in Focus Groups Discussions
at the Casas Maternas**

Santo Domingo Comadronas



Tuzlaj Coya Comadronas



Calhuitz Comadronas

