

CASA MATERNA RURAL

— CURAMERICAS GLOBAL :: CURAMERICAS GUATEMALA —

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 636/100,000 live births.



Government health facilities are distant and therefore costly and dangerous to access, and provide treatment that is disrespectful of Mayan language, identity, and culture. So rural Mayan women continue to deliver and die in their dirt-floored homes. This inequity is rooted in the historic and persisting marginalization and exclusion of indigenous people.



THE SOLUTION : 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.



WHY THIS INNOVATION WORKS:

Task-Shifting
Indigenous Auxiliary Nurses trained in WHO-standard obstetric care

Physically Accessible
4 km average distance from partner communities

Cost Efficient
Deliveries 1/10th the cost of government facility deliveries

Community Implemented
Built and managed by empowered, indigenous communities

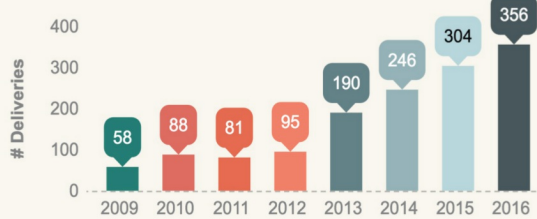
Complication Management
Equipped for obstetric emergencies & timely referrals



THE RESULTS: Evidence from our three pilot Casas shows that the model cost-efficiently and dramatically increases demand for health facility births, improves coverage of maternal/newborn care, reduces childbirth mortality, and empowers indigenous communities to improve their own health.



Annual Casa Materna Rural Deliveries



Childbirth Mortality

Since May 2014, we have eliminated maternal mortality in a 26 community catchment of 8700 population where at least 1-2 maternal deaths had occurred annually. In this period staff successfully resolved or referred 231 complications of pregnancy, delivery, or postpartum.

Health Facility Deliveries

A recently published case study* showed that 70% of women from Casa Materna partner communities reported delivering in a health facility compared with only 30% of women from non-partner communities.

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%.

Equity of Health Service Use

The case study showed that the Casas increased health service utilization among partner communities regardless of maternal education or household wealth quintile. Indigenous populations received the same rights to healthcare as non-indigenous groups.

Complication Management

Nearly half (45%) of complications were resolved by Casa staff and the remaining successfully referred to tertiary facilities. Hemorrhage - responsible for 41% of Guatemala's maternal deaths - represented only 11% of Casa complications, due to skillful prevention with uterotonic drugs and delivery protocols.

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

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

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



A COMPELLING VALUE PROPOSITION:

Sustainability is built into the model through community ownership, task shifting, and cost-sharing partnerships with the Ministry of Health, the local government, civil society, and the communities themselves. The model costs \$5.60 per capita per year.

Rural indigenous populations around the world face inequitable childbirth outcomes. Globally, in the least developed countries, 44% of women and newborns still face the high risk of home deliveries without skilled attendance. The model provides a promising approach to increasing facility-based deliveries at a low cost around the globe.



* (Stallak 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)