

Training traditional birth attendants in Guatemala

Many women choose to deliver with traditional birth attendants in Guatemala—a fact that can't be ignored, argue local public-health officials. They hope a new, culturally sensitive approach to training TBAs will help improve their quality of care and save lives. Jill Replogle reports.

Two dozen Mayan traditional midwives, or *comadronas*, watch intently as their colleagues demonstrate manual removal of a retained placenta. Febe Guarcas, an experienced *comadrona* from the local Vida Association of traditional midwives, leads the training. She claims that in nine months the association has helped save a dozen mothers' lives by teaching *comadronas* to recognise signs of risky pregnancies and births, and refer these patients to the nearest health facility.

But training sessions like this for traditional birth attendants (TBAs) are out of style in major international health circles. TBA training, policymakers say, simply hasn't led to significant reductions in maternal mortality rates. Efforts have instead shifted toward increasing the presence of skilled birth attendants—health professionals who have midwifery training—during pregnancy and delivery, and improving emergency obstetric care.

Still, TBAs deliver more babies than trained professions in many developing countries, including Guatemala—a fact, local public-health officials argue, that can't be ignored. "If we want to have an influence on maternal mortality, we have to work with [TBAs]," says Alejandro Silva of the Guatemalan Health Ministry's National Reproductive Health Program.

In the 1970s and 1980s, efforts to reduce high maternal mortality rates focused on educating traditional midwives and other empirically-trained birth attendants—that is, birth attendants with no formal training but often much experience—to recognise the warning signs of a complicated pregnancy, treat basic problems, and refer risky cases to a skilled medical practitioner. However, citing a lack of

results, the World Health Organization (WHO) and other major health policymakers shifted funding away from TBA training in the 1990s.

In its *World Health Report 2005*, WHO clearly states its position on TBA training: "The strategy is now increasingly seen as a failure. It will have taken more than 20 years to realize this, and the money spent would perhaps, in the end, have been better used to train professional midwives."

The report says that TBAs haven't helped get women into hospitals as was hoped, and that health professionals don't have the time or resources to provide the level of supervision that TBAs need to be successful.

"We have to include them...but we cannot give the TBAs the responsibility for maternal health", says Dr Virginia Camacho, adviser for the Pan American Health Organization's (PAHO) regional maternal mortality reduction initiative.

An estimated 500 000 or more women die annually of pregnancy-related or birth-related causes, almost entirely in developing countries. Though the highest maternal mortality rates are reported in sub-Saharan Africa, many women still die in comparatively-developed Latin America, and most without access to professional care. These women must rely on family members or TBAs for help.

Attempts to evaluate the effectiveness of TBA training on reducing maternal mortality have yielded inconclusive results. A recent meta-analysis of TBA training, published in 2004 in *Midwifery*, found that TBA training resulted in significant increases only in vague attributes like "knowledge" and "advice".

Guatemala appears to be an example of failed TBA training. TBAs attend

roughly 60% of births nationwide and over 90% in some rural areas. Workshops and short educational programmes for the estimated 18 000 *comadronas* in Guatemala have been offered by the public-health ministry and non-governmental organisations for at least 50 years.

Nevertheless, Guatemala still has one of the highest maternal mortality rates in Latin America: 153 deaths per 100 000 livebirths, according to the Guatemalan public-health ministry. In comparison, the average maternal mortality rate for Latin America is 94.7 per 100 000 livebirths.

Deficient health infrastructure and budget (less than 1% of Gross Domestic Product), along with the country's high poverty and low education levels, all contribute to Guatemala's high maternal mortality rate. But even in areas where professional health services are available and ostensibly free, many Guatemalan women still choose to have their babies at home with *comadronas*.

For one thing, *comadronas* provide an array of services to pregnant women that hospitals and clinics do



Mayan midwives comfort a woman in a Guatemalan hospital

The printed journal includes an image merely for illustration

Still Pictures

Cold, clinical settings may prevent some women from seeking professional care

not, including emotional support, massage, and even housework before and after a mother delivers.

Silva, of the reproductive health programme, admits that cultural barriers and the coldness of clinical settings may keep more women from seeking professional health services than the lack of access to those services.

"In studies we've done people don't question the quality of our services, they question the way we treat them", said Silva. Indigenous, non-Spanish-speaking women often face discrimination on top of language barriers.

Traditional midwives who accompany their patients to the hospital also face discrimination—not just in Guatemala but throughout Latin America, says anthropologist Robbie Davis-Floyd, an expert on childbirth and midwifery in the Americas. She says TBAs are often reluctant to take women with possible complications to the hospital because they are yelled at by hospital staff.

Davis-Floyd believes TBAs have been unjustly held responsible for high maternal mortality rates in developing countries. "International agencies have tended to blame traditional midwives for maternal mortality but what actually happens is lack of transport and lousy care when you get to the local health facility", she says.

She and other TBA advocates say that most training programmes have been

poorly designed and coordinated. Guarcas, the Guatemalan *comadrona*, says training programmes from the public-health ministry are usually given by doctors who don't speak the local language and are overly technical.

Guatemalan TBAs are often confused by the conflicting advice they sometimes receive from professional groups, says Nicole Berry, a medical anthropologist who has studied traditional midwives in Guatemala.

For example, Maria Ángela Ramos, an empirical midwife from a poor neighbourhood near Guatemala City, says that some doctors send their patients to her to receive pre-natal massage, even though the public health ministry warns that such massages can endanger the mother and fetus.

Health analysts and policymakers now recognise the benefits of midwifery-style care for reducing maternal mortality. A recent PAHO document called on all disciplines involved in reproductive health care to use the "midwifery model of care".

The authors of *The Lancet's* recent Maternal Survival Series affirmed that the most promising strategy for decreasing maternal mortality worldwide is "making sure women throughout the world can give birth in a health facility, in the presence of a [professional] midwife".

Some feel that this strategy should take priority over TBA training. "We're talking about people's lives and scarce resources. We have to identify the highest priority", says Deborah Maine, a professor at the School of Public Health at Boston University.

Still, health officials in Guatemala say moving the majority of births into a clinical setting remains a distant goal, and for the time being, they must continue to work with TBAs.

The reproductive health programme recently began a new training campaign for TBAs, which Silva says relies on a more horizontal and culturally-sensitive approach than previous campaigns. Over 11 800 TBAs are to receive 3-days of training, during which they learn to identify warning signs, refer problem cases, and develop family and community emergency plans.

The Guatemalan public-health system and international agencies are also working to strengthen the referral system and increase the availability of professionally-trained birth attendants in communities with high rates of maternal mortality. The United States Agency for International Development began funding a training programme last year for so-called Mayan auxiliary obstetric nurses.

The eight-month training course teaches basic obstetric skills to auxiliary nurses, who must speak a Mayan language and be willing to work in isolated communities. They serve as professional links between traditional *comadronas* and the public-health system.

In the province of Sololá, where Guarcas practises, the public hospital hopes to stimulate demand for its services among Mayan women by having a *comadrona* on staff at all times.

Meanwhile, Guarcas and the Vida Association dream of one day opening a birthing centre that would offer both the traditional care of *comadronas* and professional obstetric services.

Jill Replegle