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CASE STUDY

Adaptation of the Maternity Care System in Rural Peru:

A Case Study of the Implementation of Vertical Birth

I. ISSUE/BACKGROUND

Overcoming the cultural and geographic barriers that limit women's access to maternal healthcare in rural areas is an important step for accelerating progress toward the MDG 5 - to improve maternal health. One programme developed by UNICEF Peru over the last ten years shows that an intercultural approach to obstetric care increases the coverage of institutional obstetric services; reduces maternal and perinatal mortality; and establishes a more gratifying relationship between the service provider and the user.

In 2002, skilled attendance at delivery - one of the main determinants of maternal morbidity and mortality - was available to just 24 per cent of women in rural communities[1]. This is particularly low in comparison to the 69 per cent in urban areas. Most rural women still give birth at home. Due to the long-established beliefs and practices, they were assisted by unskilled relatives and local midwives. In such conditions, the risk of death at birth is considerably higher.

II. RATIONALE

Statement of the problem: In rural and indigenous communities in Peru, many women cannot exercise their right to a healthy and safe motherhood and are more likely to die from pregnancy-related causes as a result.

Objective: UNICEF aims at promoting the understanding of different cultural beliefs and the implementation of these approaches in the practices of health care.

Theory of Change: To improve care givers approach and adaptation to such cultural differences, UNICEF believes a training has to be done with health care personnel. UNICEF has targeted a change in the standard of delivery to include the vertical birth in all medical institutions as an accessible alternative to horizontal birth. The idea behind this is to include the tradition of other cultures in the gestation process to make indigenous women feel more at ease to reach medical attention during their pregnancy.

Expected Results: Pregnant women with different cultural delivery traditions will feel more comfortable to give birth in a medical institution as some adaptation to health care delivery will be made, hence reducing the number of deaths from pregnancy-related illnesses.

Time frame:

2002 - 2005 Initial phase: capacity development and training of medical staff

2006 – 2012 Second phase: continuous training and implementation of the national standard for attending vertical birth at the national level

[1] Pan-American Health Organization. Gender, Health and Development in the Americas 2003. PAHO and Population Reference Bureau, 2003.

III. STRATEGY AND IMPLEMENTATION

Actions taken by UNICEF Peru in the maternal health field encompasses four strategies. First, it establishes **maternal waiting houses** to resolve difficulties posed by geographic distance from hospitals. Second, it aims at **developing greater support** from pregnant women's family and community to better their conditions during their maternity. Third, UNICEF-Peru supports the establishment of **comprehensive health insurance plan** to cover the costs of a pregnancy. Last, the organization tries to **reduce the cultural barriers** that exist between the personnel in health care facilities and mothers. This is important as some mothers have cultural traditions regarding birth that are deeply different from the maternity services and procedures in hospitals. In order to adapt those services, the health personnel receives training on how to provide care, combining traditional practices - such as vertical birth delivery - with their own procedures.

UNICEF has established partnership with various local organizations and with the Ministry of Health. This aims to develop a broader support system that will not only reach some remote regions with higher needs but be implemented at the national level in public policies.

IV. RESOURCES REQUIRED/ALLOCATED

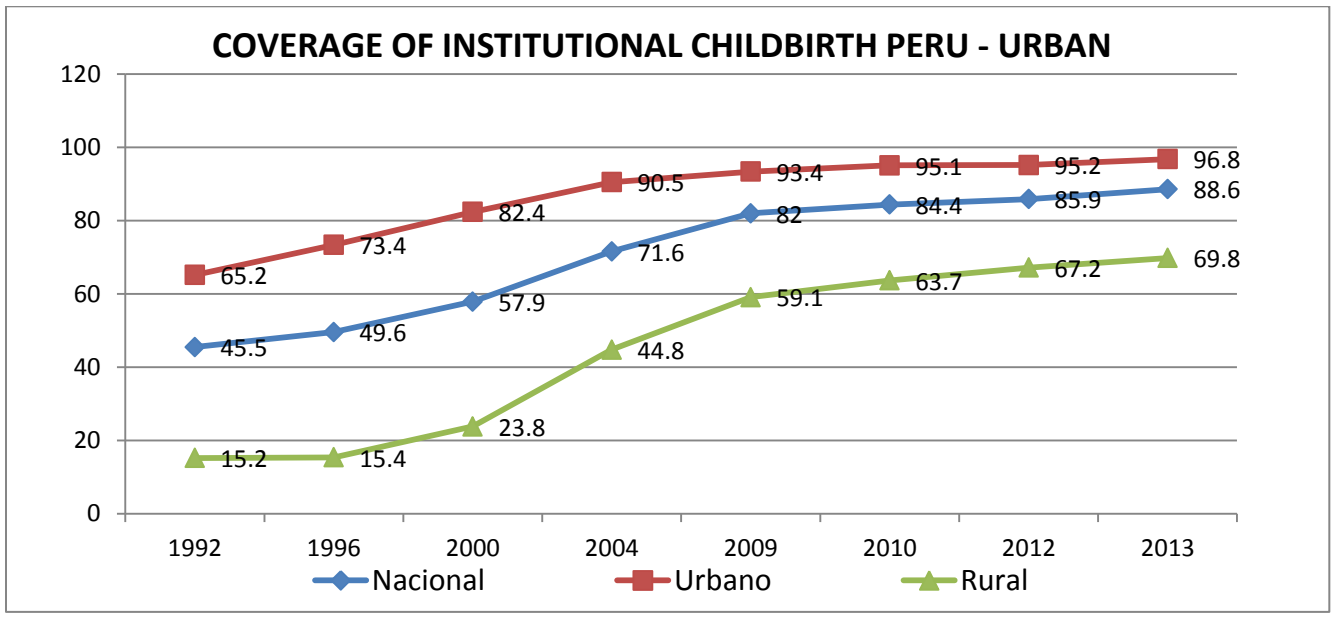
UNICEF Peru facilitates specialized technical assistance, training, and provision of key supplies for the strategic results identified in the project.

Human Resources: 1 Health Officer at the national level & 4 consultants at the local level

V. PROGRESS AND RESULTS

In regions served by the UNICEF-Peru Co-operation Programme, three out of every four pregnant women now take advantage of available healthcare services, particularly at childbirth. Prior to the intervention of UNICEF, this ratio was only one in four. This can be explained by the training that was offered in remote areas, the greater access to medical staff and also the support of the Ministry of Health in the promotion of the benefits of vertical birth. Indeed, in September 2005, the National Strategy for Sexual and Reproductive Health of the General Directorate of Human Health of the Ministry of Health of Peru approved the "Technical Standard for Vertical Delivery Assistance[2]".

[2] Ministerial Resolution 598-2005/MINSA



In the recent years, as the graphic above shows, there has been a significant increase in institutional childbirth, reaching 88.6% of pregnancy nationwide (DHS, 2013). Nevertheless, there are still gaps between numbers in rural areas (69.8%), in indigenous population and women living in extreme poverty (58%) and in urban areas (96.8).

Finally, since the dissemination of the "Technical Standard for Vertical Delivery", several clinical studies have been conducted, confirming the advantages of vertical compared to horizontal birth. These include:

- Fostering of uterine contractions
- Shorter by 25-34% the duration of delivery
- Less pain
- Reduction in the risk of a rupture in the perineum
- Decline in the need of episiotomy (anesthesia)
- Lower estimated risk of blood loss (> 500mL)
- Slight Reduction in second-degree perineal tears

Furthermore, there are positive psychological benefits such as a decline in postpartum depression. This can be explained as result of a greater participation, on the part of the mother, in the action of giving birth.

VI. LESSON LEARNED

Intercultural dialogue is a key strategy for a greater integration of health care services and institutions in remote regions. In general, all health establishments where a strategy has been implemented to promote vertical birth have seen an increase in institutional childbirth. Friendlier hospitals and institutions are able to reach deeper in the population. This resulted in a reduction in the number of maternal and neonatal deaths.

VII. MOVING FORWARD

The specific reference made in the technical standards on vertical birth to the high-Andean and Amazonian populations should not restrict the application of this method to health establishments that care for said populations. Effectively, given the clinical advantages, the cost effectiveness, and the right of all women to choose the position in which they give birth, it is also necessary for public and private health establishments in urban areas to provide information on and offer this alternative childbirth method, starting with prenatal check-ups and advice.

It is necessary to continue gathering evidence in Peru regarding the comparative effectiveness between the two types of childbirth, as well as the costs and cost-effectiveness in rural areas. If the clinical advantages and cost-effectiveness of vertical birth are confirmed, this birth alternative must be disseminated, starting with the training of human resources in the health sector (medical schools; nursing, obstetric, and medical technology programs) and the training of health professionals nationwide, in both rural and urban areas.

It should be noted that the different types of special chairs, benches, and beds used nowadays to attend to vertical births do not take into account the comfort of healthcare staff. Thus, it is recommended to adapt the furniture and fittings (bed, chairs, and benches) so that the comfort of healthcare staff is also guaranteed. It is necessary to promote the registration of vertical births through the existing Health Information System (HIS) Code, such that it is possible to monitor the application of the protocol proposed in the technical standards and gather material for research that enable the improved implementation and adaptation of this birth method for the different cultural scenarios existing in Peru.

Lastly, the decision-making capacity of public health establishments in terms of maternal and neonatal care is not only related to the right to scientific advances and the opportunity to receive prompt and effective treatment for the management of complications during pregnancy, delivery, and the postpartum period. It is also necessary to guarantee the "cultural competence" of the health staff, ensuring that they are capable of respecting different worldviews on health and diseases. In the case of maternal health, this means offering care for vertical births (squatting, sitting, standing, or other variations), as well as counselling and advice for the husband or other family members; the use of medicinal plants; and the handling of the placenta according to cultural customs, etc. These factors are still not included in all health establishments that offer vertical birth nationwide, making them factors of discrimination and access barriers for institutional childbirth in rural areas.