



MATERNAL HEALTH: LAC



The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, newborn and child health program. Awarded in September 2008 to Jhpiego and partners, MCHIP focuses on reducing maternal, neonatal and child mortality in over 40 priority countries in Africa, Asia, Latin America and the Caribbean (LAC).

In LAC, there is great national and subnational disparity in maternal mortality ratios (MMRs), ranging from the region's lowest MMRs in Puerto Rico, Grenada and Chile (20, 24 and 25 maternal deaths per 100,000 live births, respectively) to the region's highest in Bolivia, Guyana and Haiti (190, 280 and 350 maternal deaths per 100,000 live births, respectively)¹. If appropriate care and interventions were available throughout pregnancy, childbirth and the postnatal period, many of these deaths could be prevented. A selection of MCHIP's work in LAC is briefly summarized below. The interventions described include both core and field funded.

Prevention and Treatment of Postpartum Hemorrhage (PPH)

Approximately 95% of maternal mortality in LAC is due to direct causes/complications, with the most frequent cause being postpartum hemorrhage (21%)². In spite of a clear evidence base to support application of active management of the third stage of labor (AMTSL), birth attendants in Latin America do not routinely apply it. To address this, from 2010 to 2012 MCHIP, through its partner PATH and the HealthTech program, has worked with the Ministry of Health (MoH) in **Honduras, Guatemala and Nicaragua** to pilot the introduction of oxytocin in the Uniject device (OiU) with the Time-Temperature-Indicator for use during AMTSL at the institutional level. The majority of providers who used the OiU felt it reduced time to prepare the oxytocin for injection, improved the quality of AMTSL services provided and facilitated the correct practice of AMTSL. Based on these positive results, MCHIP will work with PAHO to advocate for the addition of OiU to the PAHO Strategic Fund Products List. Once OiU is included on PAHO's Strategic Fund Products List, MCHIP will support Guatemala, Honduras and Nicaragua in placing an order for OiU through PAHO's Strategic Fund.

In **Nicaragua**, in addition to the pilot introduction of OiU, the MoH, with technical and financial assistance from MCHIP and partners Instituto de Efectividad Clínica y Sanitaria (IECS) and Unidad de Investigación Clínica y Epidemiológica, Montevideo (UNICEM), implemented a multi-faceted intervention in three hospitals and five health centers to promote the administration of oxytocin as part of AMTSL and to reduce the use of routine episiotomies. Birth outcomes were evaluated for 3,712 women giving birth vaginally in the selected facilities. Data analysis shows maintenance of high rates of AMTSL and sustained reduction in episiotomy rates, especially among primiparous women. During 2013 MCHIP will disseminate these findings to national and regional audiences through presentations at meetings and conferences, and through publication in international journals.

In **Paraguay and Bolivia**, MCHIP is also working through field funded activities to increase the availability of quality, high-impact basic emergency obstetric and newborn care (BEmONC) services in targeted facilities by improving providers' knowledge and skills. In collaboration with the MoHs and major training institutions, MCHIP is working to build the capacity of core groups of national and regional trainers in BEmONC – including PPH prevention and management – who can update doctors, nurses and midwives in the use of evidence-based care. MCHIP is working with regional health management teams to update supervision tools to ensure that providers receive support as they practice new skills in their own settings. Additionally, MCHIP is using the Jhpiego-developed Standards-Based Management and Recognition (SBM-R) approach at selected health facilities to improve quality and performance related to maternal and child health services.

¹ WHO, UNICEF, UNFPA, World Bank. Trends in Maternal Mortality: 1990-2010.

² PAHO. 148th Session of the Executive Committee: Plan of action to accelerate the reduction of maternal mortality and severe maternal morbidity. 8 June 2011.

Formative Research on Cesarean Birth

In **Nicaragua**, the cesarean birth rate for facility births was 27%, an increase from 15% in 2001, with rates reaching as high as 56% in private hospitals³. MCHIP, IECS and UNICEM conducted formative research on determinants of the high cesarean birth rate. They found that health systems, provider and patient factors all influence the high rates of cesarean births in Nicaragua. Practicing obstetricians made it clear that they require evidence, tools and support to assess their practices and implement recommended guidelines. As a first step in responding to findings of the study and developing recommendations for potential interventions, the MoH (Ministerio de Salud, MINSA) will use findings from the report to update guidelines and clinical protocols for obstetric care, including indications for performing a cesarean and protocols for mode of childbirth after a cesarean.

Prevention and Management of Pre-Eclampsia/Eclampsia (PE/E)

MCHIP has focused in 2011 and 2012 on promoting pre-eclampsia guidelines, including collaboration with the World Health Organization for the translation of guidelines into Spanish to make them accessible for the LAC region. These guidelines have been used to enhance MCHIP's work in PE/E in **Paraguay** and **Bolivia**. In 2013 MCHIP will continue efforts for dissemination and engagement with professional societies and clinical champions who can advocate for further incorporation into practice.

Availability and Quality of Services

In **Bolivia**, MCHIP has worked with health facilities to improve service capacity and quality in maternal health, training over 1,000 providers and integrating ongoing facility-based quality improvement systems. Improved referral networks have led to an increase in the number of women who receive needed specialized care. MCHIP worked with local consultants at the departmental level in four target departments to train and update health care providers in evidence-based care. Ongoing work to develop the supervision skills of trainers will facilitate better supportive supervision and monitoring that will help sustain evidence-based practices. This improvement in capacity has contributed to an increase in the number of women who have received AMTSL during delivery, and the number of women receiving needed specialized labor care in the target networks.

Ongoing work in **Paraguay** has focused on increasing the availability of quality BEmONC services in targeted facilities. This has included training master trainers in clinical teaching skills, technical updates and skills standardization in BEmONC, and development of ongoing quality improvement systems at the facility level.

Midwifery Education

MCHIP's work with midwifery in **Paraguay** has developed over several years, beginning with an initial assessment in 2009. The findings of this assessment, done in collaboration with MCHIP colleagues in Chile and Peru, guided subsequent development of a South-to-South collaboration for midwifery mentorship in Paraguay. The midwifery faculty from Paraguay visited Peruvian midwifery schools on an evaluation and assessment learning trip to understand the Peruvian systems for midwifery education, regulation and professional associations. Continuing into 2013, MCHIP will support Paraguay by providing technical assistance to an additional five schools for curricular updates to include the International Confederation of Midwives (ICM) competencies, and for the development of faculty teaching skills in competency-based curricula. MCHIP will also continue building consensus for adoption of a unified national approach to midwifery teaching and management of midwifery schools, according to ICM educational standards.

In 2012 MCHIP provided technical assistance and support for the development of a **Regional Caribbean Midwives Association** that will help 13 island nations work together to identify and address midwifery needs. At the April 2012 planning conference for the regional association, participants expressed the need for distance-friendly ways to update knowledge and skills through continuing professional education. MCHIP worked with a planning committee to develop a framework for establishing continuing midwifery education and will guide the development of initial management and program structures. Building on this through 2013, MCHIP will create linkages with regional associations for strategic input and regional development, facilitate leadership development, promote national support and coordinate with the committee for continuing education to guide the development of capacity for distance learning. MCHIP will also help guide the management of association communication.

³ National Development Information Institute (DHS 2006-2007). "Encuesta Nicaragüense de Demografía y Salud 2006/07: INIDE Informe final" [Nicaraguan Demographic and Health Survey 2006/07: Final INIDE Report]. Managua, Nicaragua, 2008.

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