Culturally appropriate delivery care: A right of women and newborns
Área de Salud Nº 12 Hospital Raúl Maldonado Mejía
Cantón-Cayambe
Information: August 2010 to December 2010
Introduction

The current Constitution of Ecuador in force recognizes our country as multi-ethnic, multinational and intercultural, which allows us to accept and promote the practice and development of existing traditional medicine in Ecuador.

Therefore, the Ministry of Public Health of Ecuador - Provincial Health Directorate of Pichincha, through the Intercultural Health Sub-process, carries out the implementation of culturally appropriate childbirth with an important recognition, revaluation, and retrieval of knowledge and cultural practices of ancestral medicine, promoting training and accreditation to the elders of ancient medicine recognized in the community.

Culturally Appropriate Births is a strategy that allows us to meet the objectives of the National Plan for Accelerated Reduction of Maternal and Neonatal Mortality and the National Plan of Good Living (PNBV), whose goals are: to reduce by 35% maternal and neonatal premature mortality and increase to 70% coverage of institutional delivery.

After a process of adapting the physical infrastructure, purchase of furniture and visits to culturally appropriate birth experiences (2008 to 2009), the implementation phase of this model was started in August of 2010 at the Raul Maldonado Mejia Hospital of the Cayambe Canton with technical support from the Provincial Health Department of Pichincha, CARE Ecuador and the political decision of the Head of Center No. 12, including capacity building actions, adaptation of environments for psycho prophylaxis and childbirth and supplementation of medical equipment.

In this sense, this document compiles and makes visible the learning and advances in attention to childbirth with a cultural relevance and focus on rights, from August 2010 to December 2011, where women and their partners were protagonists of the birth of their children accompanied by qualified institutional and community health personnel. We hope that our experience will contribute to improving the quality of life of the population and the exercise of the rights of pregnant women and newborns in the framework of interculturalism. The achievements so far have been made possible by the humane and professional commitment of our staff that deserve our greatest recognition and gratitude.
The experience takes place in the Health Center No. 12 Raul Maldonado Mejia Hospital located in the Cayambe Canton in the Pichincha province which reports a population of 79,847 inhabitants. 69% of which are Kichwa from the Kayampi village, mostly poor and from rural areas with limited geographic access. These figures show that users of Health Center No. 12 are from different cultures and socio-economic contexts, so it is essential that health services are culturally relevant.

Based on the Technical Guide for the Assistance of Culturally Appropriate Births of the Ministry of Public Health, recommendations from the World Health Organization on the birth and success stories nationally and internationally, a safe labor and birth model is implemented, humanized and culturally appropriate, sustainable and replicable locally, nationally or internationally. For this we defined five key components:

1. Implementation of culturally appropriate births: a right of women and newborns

1.1 Capacity Building

1.1.1 Awareness

The first step was the awareness of medical and administrative staff of the Health Center No. 12 and mainly from the Raul Maldonado Mejia Hospital, on interculturality, rights and Culturally Appropriate Births "CAB", in order to improve understanding and gain acceptance of the implementation of this strategy, which also allows greater access to institutional births, improve quality of care with intercultural adaptation and guarantee the fulfillment of the rights of women and newborns to a humanized labor and birth.

Testimony

The awareness programs on intercultural childbirth came upon several topics of great importance, we humanized in the care. We now work with the community and their midwives. We no longer work in isolation.

Silvana Cupuirán, Obstetrician.

Results:
90% of the administrative and medical staff of the Raul Maldonado Mejia Hospital have been made aware of and are supporting the implementation of CAB.
1.1.2 Training

Since 2002 the training process was started and in August 2010 to December 2011 it was intensified and a program of continuous training (workshops, national and international courses and national and international internships) was implemented for health personnel of the Health Center No. 12, on essential maternal and newborn care, early stimulation and psycho prophylaxis of childbirth, humanization of birth, culturally appropriate delivery with scientific evidence and care of the newborn, with technical support from the Ministry of Public Health.

The training proposal also contemplated the knowledge strengthening and skills of traditional midwives in the identification and referral of obstetric emergencies, recruitment and referral of pregnant women for prenatal care and childbirth at the cantonal hospital.

Internships performed nationally and internationally allowed to reinforce, strengthen and share scientific and ancestral knowledge, motivate health personnel (Department of Health and Provincial Health Directorate of Pichincha) and traditional midwives in CAB. Similarly support and commitment of Health Committees and Parish Councils, who participated in these activities, increased.

To implement the knowledge acquired, educational materials were developed for the identification of maternal danger signs and preparation of birth / family emergency plans, which are given out in health centers and the hospital of Health Center No. 12 and by the traditional midwives.

Testimony

At first some people were reluctant to make changes, but they joined in the training and changed. I feel we've improved as individuals and as professionals, the training has been invaluable. You can see that the hospital treats their patients better. I feel happy about this development.

Maria Hinojosa 26, Emergency Nurse
Results

35 health professionals trained and applying knowledge on standards and protocols of maternal and neonatal care and Culturally Appropriate Births and neonatal care.

27 health professionals (midwives, nurses and nursing assistants) with knowledge of psycho prophylaxis of births.

42 midwives applying knowledge for capture and institutional prenatal care, referral of pregnant women for institutional delivery care and obstetric emergencies.

100% of pregnant women attending health centers and hospitals, identifying danger signs and implementing birth / family emergency plans.

Source: Raul Maldonado Mejia Hospital

Testimony

The training took into account all staff and that motivated us. Midwives were included in the program and allowed us to know how they took care of pregnant women; we feel the affective bonding of midwives with pregnant women.

Laura Vasquez
Leader of Hospitalization Service
1.2 Adaptations for Comprehensive Birth Care

In order to improve the quality and warmth of the CAB care, a room for prenatal stimulation and psycho prophylaxis of the birth was implemented, adaptations were made to environments of the labor and birthing rooms, and the necessary equipment to appropriately serve users was completed.

1.2.1 Psycho prophylaxis Birth Room

Since May 2011, the hospital offers prenatal stimulation and psycho prophylaxis of birth service that allows a pregnant woman and her family to:

a) Have detailed information about the process of pregnancy, childbirth and postpartum.

b) Seek help in an obstetric danger and implement the birth and family emergency plan.

c) Acquire knowledge about the care and risks of the newborn as well as family planning.

d) Understand their rights and responsibilities

e) Do breathing exercises that will be helpful during labor and train the muscles that must make a specific effort.

The psycho prophylaxis has proven scientifically the impact on the health of the mother, fetus and newborn, as the pregnant woman on acquiring knowledge about her pregnancy and childbirth, takes confidence in her self-care during the perinatal period, motivation to have the control during labor and joy to welcome their son/daughter.

To implement this service a room with mats, balls for psycho prophylaxis, pillows, weights for strength training, educational videos, relaxing music, anatomical models, and edu-communicational equipment, was adapted.
1.2.2 Labor and birth room

The labor room was adapted with two beds, balls, water heater and dispenser for tea preparation according to local tradition, in order to implement the psycho prophylaxis of childbirth with family accompaniment in an environment with the appropriate temperature.

The birth room has furniture, medical equipment, appropriate room temperature and relaxing background music to provide a warm and comfortable environment to the users, allowing:

a) Apply the rules and protocols for care of pregnant women and newborns.

b) Guarantee the rights of the mother to choose the position (sitting, kneeling, standing or lying down) during the delivery stage of labor. Accompaniment of a family member and support of a health professional or a traditional midwife.

c) Avoid or minimize fetal distress, as the right of the newborn, ensuring immediate attachment and early lactation.

Testimony

We feel more confident and qualified to attend culturally appropriate births. Our reward is the happiness of women with their newborn babies.

Alicia Chicaiza, Obstetrician
In charge of Culturally Appropriate Births
1.3 Application of Protocols-Guide

For the successful implementation of culturally appropriate births, care protocols for the CAB focused on rights were implemented:

- We identify the traditions of women to meet their needs and requirements during pregnancy, childbirth and postpartum.

- We promote the dignity and humanization of childbirth, with the active participation of women in labor, where they are the protagonists of the same with the support of health personnel (doctor, obstetrician, traditional midwife) and family.

- We respect the right of women on clothing (mother and newborn), food and tea and destination of the placenta according to cultural traditions and rules of biosafety of the Ministry of Public Health.

- We allow the patient to choose the position (vertical or horizontal) in which she is more comfortable with for childbirth and who will attend her delivery, as well as the accompaniment of her spouse, partner or family member during childbirth and postpartum to provide emotional support and co-participate in the experience of parenthood.

- We apply obstetric and neonatal care practices with health personnel who provide dignified, respectful treatment, with technical quality, warmth and cultural values, in a cozy acclimatized environment that allows the complementarity of conventional and traditional medicine.

- We eliminating the routine practice of shaving the pubic hair, administering an enema before birth and artificial premature rupture of membranes; as well as the routine use of episiotomy.

- We implemented the physical, emotional and psychological support to the patient, her partner and family during labor and postpartum.

- We guarantee the early attachment of the newborn, immediate breastfeeding and shared rooming for mother / newborn.

Advantages of vertical childbirth:

- Provides important psycho-emotional benefits to the mother, such as reducing pain, feeling of freedom, control and participation, greater satisfaction during and after delivery.

- The weight of the uterus, baby, placenta, amniotic fluid and blood, favors the decent of the womb and does not put pressure on the lungs.

- Gravity favors engagement and fetal descent.

- Reduces the duration of labor, both the period of expansion as well as the delivery.

- There is a significant reduction of fetal distress.
Results

131 pregnant women received prenatal stimulation and psycho prophylaxis of childbirth workshops.

419 users exercised their right to choose the position at the time of delivery and accompaniment of their partner or a family member.

Deliveries at the Cayambe Hospital January-December 2011

- Free position: 419
- Conventional position: 290
- Total deliveries: 709

Source: Raul Maldonado Mejia Hospital

Testimony

"I felt calm because my husband was there ... when sitting it seems that the baby comes out faster, while before I was lying on the stretcher with one leg here and the other one here and the doctor and the nurses were telling me to push more, it was like more complicated, making me more nervous."

"When I got to the delivery room they asked me in which position I wanted to give birth, they first made me lie down on a bedspread, then made me kneel and I did not like it either, then I asked to sit ... then I felt more comfortable...and then the baby came out quickly... this experience was different, because it took me into account ... like someone who cares about someone".

Miss. Diana Diaz, first user who inaugurated the culturally appropriate birth service.

Testimony

This is the first time I went in to the birth of a child. I saw my sixth child born. I supported my wife who decided to give birth sitting. I positioned myself behind her to embrace her and give her strength, when I saw that my daughter I wanted to scream out. I did not miss a thing. I feel happy.

Gustavo Gabriel Majin-husband and father who experienced the benefits of culturally appropriate delivery.
1.4 Social participation and coordination

From the year 2002 the implementation of the Intercultural Management Model in the Health Center No. 12, Cayambe, commenced, maintaining a permanent intervention process which was strengthened in April 2010, under the leadership and technical advice of the Intercultural Health of the Provincial Health Directorate of Pichincha “DPSP” (for its initials in Spanish), with technical and financial support of CARE Ecuador, Casa Campesina (Peasant House) and Ayuda en Accion (Help in Action).

CARE Ecuador contributed to the sensitization process, institutional-community training, equipment to improve CAB environments, implementation of the psycho prophylaxis of childbirth and technical assistance in the implementation process; Casa Campesina strengthened the process of participation and re-appreciation of the knowledge of the midwives from the village of Kayampi; Ayuda en Accion supported in developing the strategic plan with an intercultural approach and the Provincial Health Directorate of Pichincha - DPSP provided their leadership and technical advice.

To achieve the participation and improvement in the quality of health services, especially maternal, health committees who develop action plans in conjunction with health centers and the hospital in Cayambe are being strengthened. In this sense health committees and traditional midwives contribute to the organization to address obstetric emergencies.

Testimony

We work differently in the community, we have another vision, women want to feel heat at childbirth. They want to be near their family and not feel strange. Before they did not want to go to hospital because they feared being treated badly but now that we tell them how it has changed, they are coming to the hospital to give birth. We are already working with the hospital and we can go in with the pregnant woman and support her in labor.

Maria Carolina Inlago, Midwife
Santa Rosa de Ayora Community

The Provincial Health Directorate of Pichincha "DPSP" - Ministry of Health and CARE Ecuador in the canton of Cayambe have had a major impact on improving the quality of health services provided at medical centers. The launch of the intercultural delivery or culturally appropriate birth initiative is an example of this, as it has meant an integral work of awareness, education to health personnel and subsequently the adaptation of the physical space. The initiative seeks to directly influence in the reduction of maternal and neonatal death, recovering the cultural knowledge of the area.

Néstor Quilo, Technician from the Intercultural Health of the Provincial Health Directorate of Pichincha
1.5 Learning

- Having the support, institutional commitment and with regulations for CAB is important because the process becomes viable.

- The application of CAB facilitates the exercise of the rights and responsibilities of pregnant women.

- The sensitization process is the most recognized by staff in their attitude and empowerment on the CAB.

- Taking into account in the construction process at all levels (management, administration, finance, health care and supplemental services or support) of the organization enables the understanding of the importance of these types of processes, know the administrative and technical changes involved in implementing the CAB and the impact at a health care level and of the population.

- The training with the incorporation of interns is seen in significant institutional changes when they are directed at all levels of the organization; contribute to capacity building of health staff and at management level.

- Generating spaces of coexistence and participatory construction of the CAB as a complement to the training, as well as recognition of professional and personal commitment of staff, creates motivation and empowerment.

- Knowing and understanding the culture and Andean worldview allows health professionals to respect and identify with the customs and traditions in relation to care in childbirth.

- It is important to adapt the conditions of comfort, safety, hygiene and dignity for the mother as well as the comfort and safety of personnel attending births.

- Women who give birth in humanized spaces and respecting their rights, have a better recognition of the quality, more satisfaction and confidence in the service.

- The accompaniment of a relative during childbirth provides security, makes the pain of contractions more tolerable and facilitates the labor progress.

- Implement culturally appropriate delivery reduces the amount of supplies that are used in relation to the other types of delivery or cesarean section, resulting in lower costs to the hospital.

- Involving the community in the process of institutional change allows for more effective results.

- Working in partnership (public sector, civil society and communities) allows for optimization of resources, improvement of coordination and joint relationships, and contributes to the sustainability of the actions in reducing maternal and neonatal mortality.

- The inclusion of traditional midwives in maternal care, allows for the increase of referrals for prenatal care, institutional delivery and emergency obstetric care.

1.6 Monitoring and Evaluation

The implementation of the CAB has a permanent support, monitoring and evaluation of planned actions and targets, which are analyzed and modified when necessary. This process is carried out in conjunction with staff from different hospital departments.

There have been several meetings of learning with hospital officials and community leaders, in which they have analyzed the institutional changes during implementation of the CAB.
Thanks to the commitment, willingness and professionalism of the officials of the Health Center No. 12 it has been possible to progressively implement culturally appropriate delivery. The resistance to the new processes has been gradually overcome. We thank all the willingness and professional mystique to undertake the humanized childbirth service. We recognize the effort generated by the different administrative, operational and medical areas to implement this experience which is recognized by patients and families.

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