

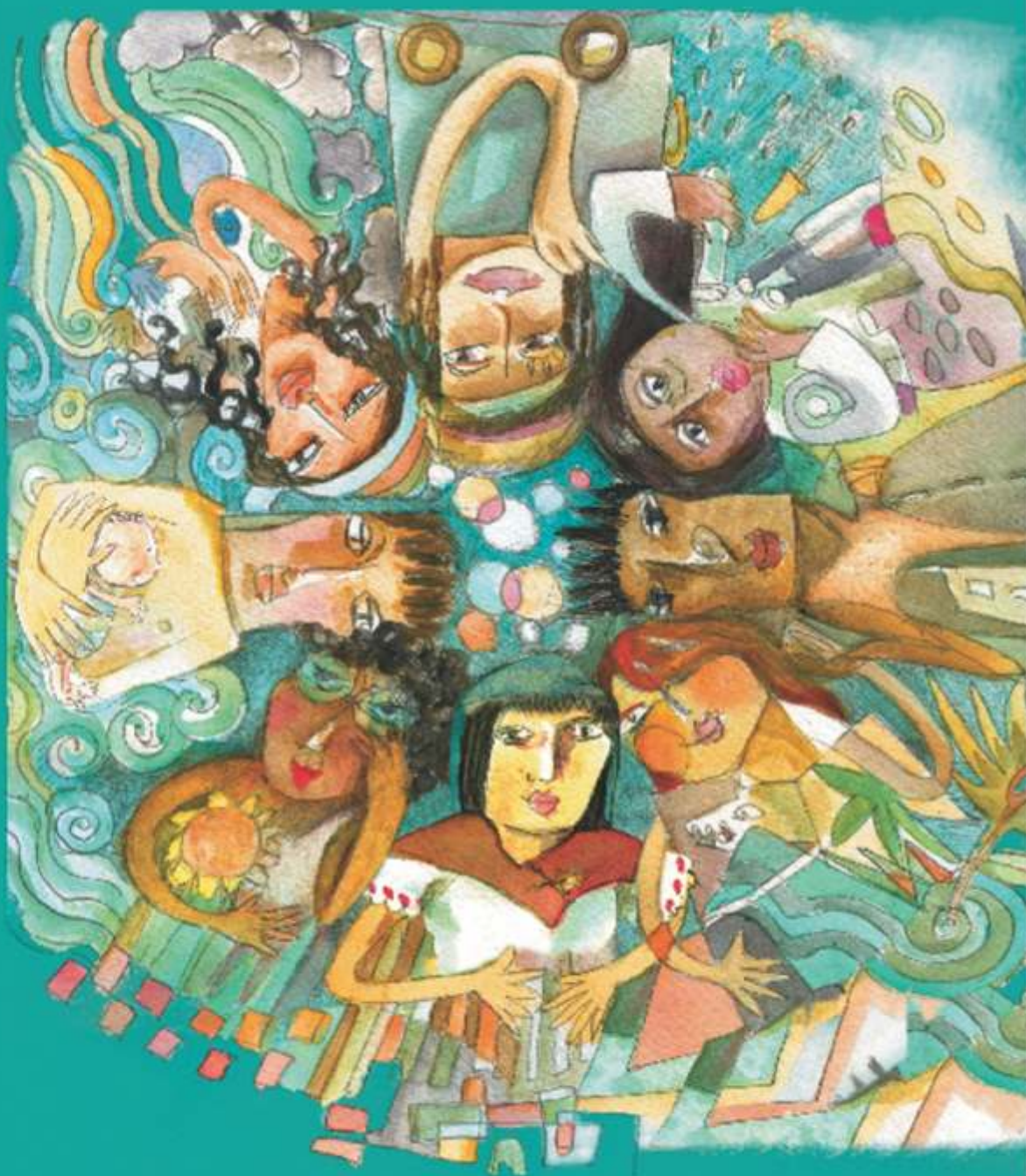
2012

Pan American Health Organization

Colombia

Safe motherhood in the Cauca
Pacific coast: the road toward a
happy and safe childbirth

best practices
in gender, ethnicity and health





Colombia
Safe motherhood in the Cauca
Pacific coast: the road toward a
happy and safe childbirth

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We thank everyone who participated in *Safe motherhood in the Cauca Pacific coast: the road toward a happy and safe childbirth* and those who carried out the project, which resulted in the early identification of risk factors of an increasing number of pregnant women, thereby saving the lives of mothers and children in the region.

This work was led by the Cali Field Office of the Pan American Health Organization through the areas of Emergency Preparedness and Disaster Relief as well as Women's, Gender and Maternal and Neo-Natal Health. It relied on the support of the sexual and reproductive health team of the Cauca Departmental Secretariat of Health. Other members of the working group included staff from health units of the Cauca Indigenous Regional Council and its Service Provider Institution for people in the Cauca Pacific coast.

The Secretariats of Health of Guapi, López de Micay and Timbiquí, as well as staff of the social enterprises of Guapi, participated at the local level through their information services in Timbiquí and López de Micay.

The community participated through the Matamba and Guasa Women's Network, which was responsible for providing logistical support to the events and helping to identify midwives in the three municipalities.

Special acknowledgement goes to the midwives for the role that they played in protecting lives in the Pacific region of Colombia. They are the ones who, over the past 400 years, have followed the custom of sowing the placentas, a symbolic ritual that guarantees the connection between people and mother earth. They have been the first care-givers of children and have actively defended peaceful co-existence and family stability. The only compensation that they request is the social recognition that has been denied to them, even though they have always been willing to share their ancestral knowledge.



Photo credit: Communication OPS

PHOTO 1. Community members in Timbiquí, Cauca.

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Introduction



Within the framework of the International Women's Day celebration, the Office of Gender Diversity and Human rights and the Initiative of Safe Maternity of the Pan-American Health Organization, organized the 5th contest of Good Practices that incorporates the perspective of gender equality in health. The objective of this contest is to identify the experiences that better approach the different necessities and opportunities of men and women for the enjoyment of good health. This time we had the participation of 93 experiences from 19 countries in Latin America and the Caribbean.

The best practice, *Safe motherhood in the Cauca Pacific coast: the road toward a happy and safe childbirth*, presented by the Emergency Preparedness and Disaster Relief Program (PED), PAHO Field Office in Cali, was awarded for successfully linking traditional midwives with health services, hospitals and the community in order to identify and better assist high-risk mothers and babies. In addition, through this initiative training of the midwives and members of the community was done so that they could detect high-risk pregnancies, and community leaders were involved in referring these women to formal health care services.

The Office of Gender, Diversity and Human Rights is proud to present this publication that will allow the readers to extract lessons that can be replicated to other contexts.

Isabel Noguer, MD

Cordinator, Office of Gender,
Diversity and Human Rights

Summary

This publication presents the program *Safe motherhood in the Cauca Pacific coast: the road to a happy and safe childbirth*, which was carried out by the Cali Field Office of the Emergency Preparedness and Disaster Relief Program (PED) of PAHO/WHO in Colombia.

The work was done in Guapi, López de Micay and Timbiquí municipalities, located in the Pacific coast of Cauca department. This program was presented at the Safe Motherhood Meeting in Colombia in July 2011 and took first place among the community practice presented there. It was later submitted to the Best Practices contest, where it was chosen as one of the winners from the Americas region.

The Pacific region in the department of Cauca, which is characterized by high rates of poverty and is mainly inhabited by Afro-Colombians, has historically had high rates of maternal and perinatal mortality. This situation is due to, among other reasons, a difficult environment in which to provide health care services; difficulties in the movement of people, which can only be done by river or air; extreme poverty; and the a population scattered among large, rural and forested areas. Most of the inhabitants face insurmountable barriers to access health care and, in the case of

pregnant women, they rely on a midwife as the only support during pregnancy and childbirth.

The midwives have passed on their profession from mother to daughter and are mostly women over 50 years of age and illiterate, but possessing inherited knowledge with which they have saved countless lives and developed significant expertise, even though they have never had the appropriate tools to provide adequate care during childbirth according to Western medical standards.

Resulting from this is the development and adaptation of playful, educative tools and follow-up material for expecting mothers, taking into account the cultural and educative context. In addition, health care institutions, especially medical professionals, came to recognize the contribution of midwives and the possibility of working together in the referral and care of pregnant women.

Finally, complementary work between Western medicine and ancient knowledge was realized, the intrinsic values of the Afro-Colombian population were brought to the fore and it was shown that language, ethnicity and age were not insurmountable barriers to acquiring knowledge.



PHOTO 3. Typical homes in the Cauca Pacific coast.

Photo credit: María Cristina Torres, MD



Background

Since 2008, PAHO/WHO, through its Emergency Preparedness and Disaster Relief Program (PED) in Colombia and its Cali Field Office, has carried out interventions in the Pacific coast of the department of Cauca, focusing on the municipalities of Guapi, Timbiquí and Lopez de Micay. The population in those areas stands at 58,668 inhabitants, of whom 81% (47,518) are of African descent, 3% (1663) indigenous—especially from the Siapidara Eperara community—and the remaining 16% (9487) mixed race (*mestizo*).

This region is characterized by the high vulnerability of its population, reflected in the limited access to food, housing, education and health care. The Agency of the Presidential Human Rights Program and the International Humanitarian Law Program of the Colombian Vice-President have studied the levels of violence and armed confrontation in the Cauca and observed a significant increase since 2000, when the presence of guerrillas and self-defense units began to appear. The increased levels of violence and armed confrontation are explained, in part, by a similar increase in coca production in the region.

At the same time, the 2005 Colombian census revealed that the infant mortality rate of Afro-descendent communities in the Cauca Pacific coast is about twice the rate nation-wide. Similarly, maternal mortality in the region remains high; however, these are not easy to prove due to the current under-reporting, the difficulty in gaining access to rural areas, armed conflict and the lack of an adequate follow-up and evaluation system in the health sector.

Aware of this problem, PAHO and the PED in the Cali Field Office began their outreach work to the population on various fronts, including health institutions, public agencies and community organizations, especially those for women, who traditionally have worked as midwives, filling the gap in care normally provided by health services. The main objective of this approach has been to reduce maternal and perinatal mortality in these communities.

A comprehensive intervention strategy was developed and successfully implemented, working together on the previously-mentioned fronts, recognizing and valuing the traditional contribution of midwives, and developing culturally-appropriate training tools in order to provide pregnant women with a safe maternity—the way toward a happy childbirth.

Finally, it is worth noting that one of the most relevant aspects of this experience is the fact that the work has been developed in the context of an armed conflict with very complex dynamics. This is a particular conflict that the country has been experiencing for the last 50 years, affecting the life and health of the Colombian Cauca- Pacific border's inhabitants.

Why did we do it?

The Colombian Pacific region covers fix approximately 78,618 km², representing 7.17% of the national territory and containing the departments of Chocó, Valle del Cauca, Cauca and Nariño. This region extends from the border with Panama to that with Ecuador, and from the crest of the western mountains to the Pacific coast, including the mountainous areas of Baudó and Darién.

Cauca department is located in a largely flat region, covered with forests and marshes, and is characterized by high humidity and rainfall. The economic potential of this region is concentrated in the exploitation of forest, marine and mining resources. Agricultural activity is represented by the harvest of coconut, African oil palm, peach-palm, borjón, Naidi palm, banana and sugarcane (for the production of artisan liquor) and Chinese potatoes. Currently, it is estimated that the population in the municipalities of Guapi, Timbiquí and López de Micay is 70,408 inhabitants, with 95% of African descent.

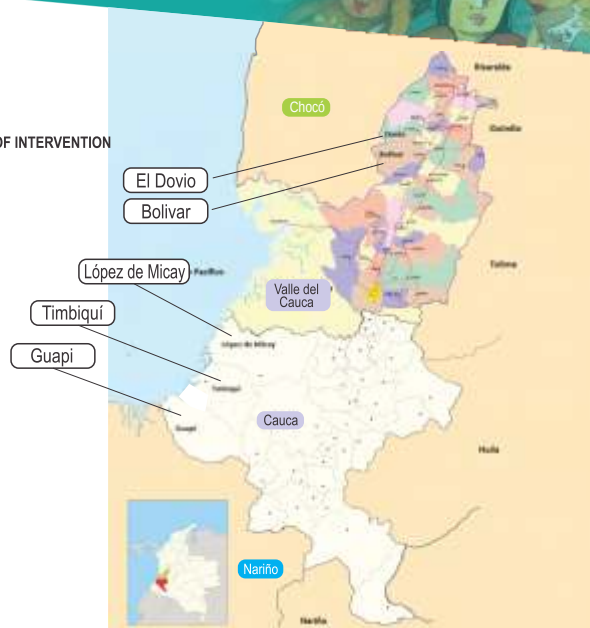
The socio-cultural panorama of these three municipalities is complex and heterogeneous, in which Afro, indigenous and mestizo communities reside. Resources destined for health in this region have been insufficient because of difficult access; deficiencies in basic services; cultural, ethnic and language barriers; and internal displacement because of the armed conflict.

The population relies on two State Health Service providers (ESE): one serves Guapi and the other serves López de Micay and Timbiquí.

The services provided are basic, with limited technological development that only allows for



AREAS OF INTERVENTION



Map by Piedad Sanchez, MD, PED Field Office Coordinator

care for general medical issues and, in Guapi, surgery.

Care has been concentrated in the main buildings since 2003, when public hospitals became ESEs, ties were severed with health promoters and all health centers in the region were shuttered.

In general, the Cauca Pacific region has higher poverty rates compared to the average in other regions of Colombia. While, as a national average, the basic needs of 27% of the population are unmet, in the Cauca Pacific coast that figure exceed 70%. Likewise, the quality of life index is 50.1%, while the national average is 71%.

According to the table below, trace population indicators and maternal and infant mortality clearly show the vulnerability of people in the Cauca Pacific coast. Yet, maternal mortality rates (zero), stillbirths and home births are below those registered on departmental and national levels, which demonstrates under-reporting. The infant mortality rate in the three municipalities exceeds that of the department and, in some cases, is triple the national rate.

Figure 1. Trace population indicators and maternal and infant health (2010)

Indicators	Colombia	Cauca	Guapi	López de Micay	Timbiquí
2011 population	45,509,584	1,319,120	29,262	19,752	21,047
Population with basic needs unmet	27.78%	46.22%	87.42%	73.19%	56.98%
Infant mortality rate X1000	18.40	22.35	32.21	27.80	31.88
Still-births	33,388	365	5	0	10
Live births 2009	654,627	15,346	358	35	24
Births at home 2009	7,731	722	17	5	0
Maternal mortality 2008 (100.00 lb)	72.7	141.1	0	1,754.0	1,851.9

* Source: DANE, Vital Statistics and Economics, 2010*

Malnutrition is a major problem in these municipalities. According to the latest National Survey of Nutritional Status (ENSIN) by the Colombian Family Welfare Institute (ICBF) a little over one quarter of children between 5 and 12 years old show symptoms of anemia. This problem is of concern among small children, since it affects their physical development and learning ability. In 2002, the Ministry of Health and Social Protection estimated under-reporting of 13.1% of maternal deaths by masking the cause of death and an under-reporting of 9.9% of overall mortality.¹

Furthermore, since 1995 the Public Health Surveillance System (SIVIGILA) has included among its monitoring indicators of community health the surveillance of maternal mortality, through which information is used to conduct accurate analyses from the institutional to the national level. By comparing this information system with the information of life statistics, it is shown that under-reporting has diminished, going from 60% before 2004 to 18% in 2007.

Figure 2. Maternal Deaths, Cauca Pacific coast (2000 - 2010)

Region	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Timbiquí	0	1	0	1	1	0	1	0	0	0	0	4
Guapi	1	0	1	1	0	0	0	2	3	0	1	9
López de Micay	0	0	1	1	0	0	0	1	0	1	0	4

Source: Cauca's Health secretariat, 2000 - 2010.

As for maternal and perinatal mortality, 90% of the deaths have preventable causes, including hypertension linked to pregnancy, post-partum hemorrhaging and the consequences of abortion. It is believed that there is significant under-reporting of the maternal deaths that actually occur in this region. Both local authorities and the community are aware of this problem.

¹Maternal mortality in the early XXI century "National Bureau of Statistics-DANE - Ministry of Social Protection-MPS



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Given the lack of adequate health care services, many people have become community health promoters or midwives; however, they require the recognition and cooperation of public institutions in order to continue providing quality support to pregnant women and children. It is worth mentioning the willingness of midwives to incorporate knowledge of Western medicine into their traditional practices.

In regard to teen pregnancy, according to the National Health Survey, of the total number of registered births, 60% were wanted, and of those 15% were wanted in that moment and 46% would prefer to have had it later. The remaining 39% of teenage pregnancies were unwanted.²

The number of adolescents between 10 and 14 years registered in each of the municipalities of the Cauca Pacific where the safe maternity initiative was implemented was as follows: 1345 in Lopez de Micay, 1,880 in Guapi and 1,479 in Timbiquí.

With the precarious state of health in the population of the Colombian Pacific coast, especially for pregnant women and their infants, the PED program of PAHO in Colombia, through its Field Office in Cali and together with the Health Services Providers (EPS) of the municipalities of López de Micay, Timbiquí and Guapi, began an outreach effort in 2008 with the Matamba and Guasa Women's Network and with a group of midwives of the Pacific coast to try to reduce barriers to access health services, referring pregnant women on a timely basis in order to reduce maternal mortality in the Pacific region of Cauca.



Photo credit: Maria Cristina Lesmes, MD

PHOTO 4. Midwife from Santa Maria, Timbiquí.

What were we looking for?

The project sought to reduce maternal and perinatal mortality in the communities of the Cauca Pacific region through training, in which approximately 250 people, including health promoters, pregnant women, relatives and community members, participated. Everyone was provided with the necessary tools for early detection of risk and protective factors and warning signs among pregnant women and newborns.

²National Health Survey-ENDS-2010 conducted for the Ministry of Health and Social Protection of Colombia.



At the same time, the project also aimed to reverse the historic lack of communication between midwives and health institutions, and to promote a practical coming together. The collective care of the health of pregnant women (which also included families, communities and institutions) was also stressed, as was the need for providing this care in line with the ethno-cultural traditions of the region.

Achieving this collaboration was made possible thanks to the implementation of a training module directed at midwives, teachers and community leaders that focused on the timely detection of warning signs during pregnancy and post-birth. The preparation of this module lent importance not only to the educational aspect and the age of the participants but also to ethno-cultural aspects. Taken together, these factors allowed for the quick assimilation of the importance and meaning of safe and responsible motherhood.

The work with the community, social organizations and state agencies enabled us to highlight the great importance for the mother and her child to have timely care provided by health services as well as the financial and transportation means to access them. This project made evident the need to demand greater resource mobilization in order to reduce barriers to accessing the social security system in health and make the right to health a reality.

The initiative also emphasized the value of the contribution of midwives to the community, since they have traditionally been the only alternative for pregnant women in these isolated regions.

How did we do it?

This project is a response to the precarious health situation for the majority of people of the Cauca Pacific coast region where health



Photo credit: Maria Cristina Lasmes, MD

PHOTO 5. Nursing mother in San Francisco de Asís Hospital, Guapi.

facilities have a low operational capacity. For example, the provision of health services in the three municipalities is done by eight general physicians, four nurses and 22 nursing assistants, the latter group being the only one to enjoy job security.

In regard to the professional staff, they are mainly doctors and nurses that provide mandatory social service (SSO) and in heavy rotation, which does not allow for job stability beyond six months (the period of time that the SSO lasts).

Very basic laboratories provide diagnostic services, and only Guapi has x-rays, ultrasound and a general surgeon who performs basic operations, and without anesthesia.

Care is centered in the municipal capitals, where 30% of the population resides, with the remaining 70% dispersed in rural areas and who rely on a single method of transportation — by water — that is costly, given high fuel prices. This involves a lot of time, which has a direct impact on the opportunity to receive care.

In response to this reality, the work of midwives takes on greater importance, since their presence and support for proper management of pregnancy represents almost the only health care alternative in rural areas.

On the other hand, the project was developed based on direct dialogue, taking into account the populations involved and through which it was possible to identify, among other things, a marked under-reporting of maternal mortality.

These populations pointed to the frequent occurrence of the death of newborns and, in some instances, of the mothers themselves, without this being reported to relevant authorities.

This same dialogue allowed municipal authorities and the communities to recognize the problem of maternal and perinatal mortality as a priority intervention.

In 2008, the PED staff of PAHO/WHO-Colombia's Cali Field Office, took action to orient and provide support to midwives in the region.

The work was based on a comprehensive approach to the health of pregnant women and included care within the family and support from the community and health institutions. Through this, it was possible to ensure and support the work of midwives in an organized and direct manner.

Identification and characterization of midwives

Local meetings were organized with the aim of identifying the number of midwives, their age and level of education. They identified 137 people working as midwives, two of whom were men.



PHOTO 6. Participating midwives in Timbiquí.

Ninety percent of them were over 50 years old and were mainly Afro-Colombian and indigenous with very little formal education. Some 133 of them lived in rural zones, with only four in urban centers. Among others, it was determined that the majority of participants had sight problems (mostly myopia and farsightedness).

Design tools for the monitoring of pregnant women

The process of identifying and characterizing the midwives was key to the design of monitoring tools for pregnant women. In particular, this process allowed for the adaptation of the Perinatal Formula for Home-based Care for the midwives³, keeping in mind the socio-cultural aspects of the participants, such that it became easy to remember the protective or risk factors and make timely referrals of pregnant women to health institutions that were geographically close.

Educational materials for the training process

A participatory analysis of the elements of greater use and socialization within communities made it possible to identify the "Parqués" game as a fun tool that, when adapted to the theme of safe maternity, became a relevant strategy for training midwives, pregnant women, families,

³ The Perinatal Formula-Home-based was adapted from home delivery Perinatal Center for Perinatology / Women's Health and Reproductive (CLAP / SMR) and PAHO / WHO. Perinatal Data service-Community SIP 12/08.



adolescents and the community in general. The game was complemented by a series of cards that strengthened knowledge on risk and protective factors, and on recommendations, which comprised the educative materials kit⁴ that served as a playful introduction to the basic concepts

concerning the care of women during the entire pregnancy.

It is important to remember that the majority of midwives are illiterate, so illustrative tools compensated for reading and writing inabilities.

“The road to a safe and happy childbirth” game

The game includes two paths for caring for pregnant women: that given by midwives and that by health institutions. Participants are thus able to decide which one to take. Both options present situations referring to protective or risk factors that could emerge during pregnancy. Each player throws a die and advances according to the number given. If the person lands in a box related to a risk factor, he or she is placed in hospital and receives a red card that has some questions to which the person must respond correctly; otherwise, the player remains in hospital and misses a turn.

The person coordinating the game encourages participants to respond in case someone whose turn it is answers incorrectly; reads the messages that appear on the card and allows the participants to recount their experiences; and clarifies doubts and reinforces knowledge so that everyone can easily remember the game's procedure.



Game board.



Photo credit: Maria Cristina Lesmes, MD

PHOTO 7. Workshop in the community of Bubuey, Timbiquí.

Similarly, if the person playing lands on a square related to protective factors, he or she will choose a blue card, which also has questions connected on that topic and won't have to go to the hospital or give up a turn. He or she will be able to answer the questions and the coordinator of the game will use the same dynamic for red cards or risk factors.

The game continues until one of the two players or teams reaches the happy childbirth spot first.

⁴ The game is presented in two versions: as a table game in which a small group participate and as carpet to place on the floor that allows for the participation of more people. This could be used in the consultancies of health service providers or in a room where the training takes place. On the game board are representations of risk situations or protective actions related to pregnancy. These same scenarios are included in red and blue cards, respectively, that complement the game and reinforce the knowledge that is passed on.

Training in care for clean childbirth

With the support of the Secretary of Health of Cauca Department, additional training for midwives was carried out: two workshops in Timbiquí and one in López de Micay to deliver and teach the management of supplies for attending to a clean childbirth.

After working with the midwives to define the required elements, PAHO provided them with a kit for caring for a clean childbirth⁵, and they agreed to exchange information with health institutions about pregnant women and their newborns. It should be noted that many of the midwives were already familiar with use of the supplies, instruments and/or equipment provided.

During the training, the midwives learned

about required asepsis as part of tending to childbirths, from hand-washing; trimming fingernails; disinfecting materials; using clean, ironed towels; separating the mother from the bed using a plastic cover; using disposable sterile equipment; and pre- and post-care washing in order to minimize the risk of contamination for the mother. They also learned to care for the newborn using plastic dolls as a practical example of how to provide minimal care for the cleaning of the umbilical cord, removing secretions from the mouth and nose and cleaning the skin without washing, among other aspects. There are plans to include a strategy on the “golden minute” following the birth of a baby showing signs of illness in order to have a direct impact on reducing perinatal mortality.



Photo credit: María Cristina Lesmes, MD

PHOTO 8. Clean childbirth kits provided to the participating midwives.

⁵ The kits contained items like gauze, Iodine, alcohol, sterile gloves, hats, basic instruments such as tweezers, scissors, sterile containers and supplies to aid midwives in their work. They are also equipped with aprons, boots, basins, raincoats, flashlights and a briefcases.

⁶ Helping Babies Breathe. The Golden minute. American Academy of pediatrics. ISBN:978-1-58110-608-4 20-03954 rev B.



Work with the men of the communities

As part of this initiative, affirmative action work⁶ was conducted with the men of the communities. Men of all ages learned about health issues for pregnant women and for newborns, and that caring for them is a shared responsibility.

Men gained practical knowledge of dangerous situations during pregnancy and of their commitment to helping pregnant women with the most demanding domestic chores. The project promoted the direct involvement of men in ensuring a safe maternity.

Collaboration with health institutions

PAHO favored dialogue between midwives and health institutions, which created a space in which medical personnel acknowledged and came to value the work of midwives as community agents of change.

Midwives expressed themselves directly with doctors, exchanged opinions and reached agreement on the joint management of pregnant women. They also sought to be in the delivery room and accompany the women who were at risk. This was the most difficult part of the process because health professionals did not initially accept the knowledge and contributions of midwives. Nevertheless, this recognition and accompaniment to delivery rooms was achieved with great effort and has remained, in spite of medical staff rotation every six months.

As part of this program on safe maternity, agreements were made through knowledge dialogues based on initial reflection of what each person had to offer. Local and departmental authorities agreed on



Photo credit: Maria Cristina Lozano, MD

PHOTO 9. Nursing mother from Cuerval, Timbiquí.

continuing with the strategy of safe maternity, including the creation of spaces for the coordination of and follow-up on the work of midwives with health institutions. There was commitment to continue the training and exchange of information about pregnant women and the delivery of supplies for the kit in order to ensure care for clean childbirths by applying asepsis techniques.

Who participated?

Doctors, nurses, nursing assistants, midwives, educators, students, adolescents, men and women from the community, staff from municipal health secretariats and the IPS, and from the CRIC all took part in the process. Everyone displayed openness and expressed a willingness to participate in scheduled activities in order to promote a reduction in maternal and perinatal mortality in the Cauca Pacific region.

The PED of PAHO Colombia, with the financial support of the United States Agency for International Development (USAID) and

⁶Positive discrimination refers to preferential treatment to a particular group access to certain goods or actions that improve their quality of life.



the Department of Humanitarian Aid and Civilian Protection of the European Union (ECHO) provided technical and scientific assistance and strategic development. The PED team, with the technical coordination support of the PED field offices of PAHO Colombia, led and designed the initial tools later used to create definitive ones and that made up for the reading and writing difficulties of the midwives. USAID y ECHO co-financed events, the design and printing of the educational material, and provision of the clean childbirth kit.

Departmental and municipal health and education authorities supported and co-financed the initiative, including the issue in their public health plan, and assigned resources to the maternal security unit in order to continue training midwives. With PAHO support, the MSPS, the INS, the University of Antioquia, the department of Cauca and the faculty of health of the University of Cauca implemented the Code Red strategy⁷, which was aimed at training health personnel in timely and efficient care of obstetrics hemorrhaging, for which PAHO donated mannequins in order to facilitate practicing.

Hospitals in the Cauca Pacific region assigned a group of staff to work with the midwives and support the process of their identification and characterization.

In the same way, it was possible to secure the involvement of a greater number of midwives in the development of the program by receiving information on births that they had overseen and providing them with supplies to ensure a safe delivery.

At the same time, the midwives were able to be in the delivery room in order to support the pregnant women whom they had admitted in order to monitor their progress until the end.

The Matamba and Guasa Women's Network helped with circulating information, referrals and dissemination of the strategy with women who are part of the network and their homes. This same group also held dialogues with other stakeholders. They provided logistical support for convening meetings.

Three groups of midwives were formed as part of this initiative, one for each municipality: 14 midwives in López de Micay, 75 in Guapi and 47 in Timbiquí, for a total of 137 midwives, of which 135 were women and 2 who were men. Community leaders (men and women) participated in the training sessions and pledged to spread the knowledge learned and take action at home and in the community to benefit pregnant women. For example, the leaders of the community councils of López de Micay made available boats and vehicles to transport pregnant women.



PHOTO 10. Training for midwives in Camarones, Timbiquí.

⁷Management of the pregnant woman bleeding problems.



What did we achieve?

The main achievement would be the recognition by all sectors involved of maternal mortality as a public health problem that affects the quality of life of the population living in the three municipalities of the Cauca Pacific coast. It is a problem that will require political intervention from decision-makers to implement measures to promote, prevent and provide concrete responses that will reduce the deaths of mothers and newborn children.

Through this program, the most common causes of maternal and perinatal mortality and perinatal mortality were identified. The commitment of municipal authorities was also secured to include this issue as a priority one in its municipal and territorial health plans, and to allocate resources to ensure continuity in the process with the midwives through ongoing training, coaching, quarterly intervention monitoring and allocation of resources to ensure clean delivery and, as such, reduce maternal mortality.

The active participation of health authorities in this initiative was relevant to empathize with, understand and be able to promote the role of midwives as community health agents. This recognition stems from the reality that they have been and are the only resource available to improve health care for pregnant women in isolated communities like those in the Cauca Pacific coast.

However, one must be aware that this is a gradual process, since there are still difficulties in coordinating efforts. Health professionals are able to accept the institutional presence of midwives; however, it is difficult for them to accept that there is ancient knowledge that could improve their own practice, especially as it relates to childbirth.

This experience contributed to the capacity-building of indigenous and Afro-Colombian midwives, considering their levels of knowledge. The work focused on having the midwives recognize risk factors and warning signs so that they could provide timely referrals on behalf of pregnant women to institutionalized health care centers. The methodology used was through play and the development of graphical tools that easily allowed them to recognize the signs and symptoms of risk factors as well as the identification of protective factors.

For the work of the midwives with pregnant women, educative tools were designed and culturally adapted and made easily accessible so that the midwives could replicate their knowledge with pregnant women and their families. The follow-up materials for the pregnant women were prepared according to the midwives' literacy level.

The involvement of midwives in this project allowed them to gain confidence in the health institutions, which was crucial for them to commit to comprehensive and coordinated care with health institutions on behalf of pregnant women. Improvement in the quality of care is reflected in the timely referrals to health care centers, laboratory tests, immunizations and adequate intake of vitamins by pregnant women.



Some testimonials reinforce the findings described above:



Photo credit: María Cristina Lesmes, MD

PHOTO 11. Woman from Guapi.

*/The number of urgent referrals has decreased. We spend less money on charter flights./
(Manager of the West ESE)*

"Identification of the number of pregnant women has increased. We care for more pregnant women after carrying out this work," said a nurse in Timbiquí.

"Midwives come to the hospital and inform us about expecting mothers being cared for," says a nurse in Guapi.

Communities learned to identify maternal risk and, although the number of referrals increased, they have been timely and relevant.

Photo credit: María Cristina Lesmes, MD



PHOTO 12. Workshop with members of Bellavista, Lemons and San Francisco, Guapi.

It is worth pointing out the achievement made in regard to medical professionals who accepted that midwives be present in the hospital and be a part of admission process of the mother whom they had been caring for in their home.

The doctors recognize the work done by the midwives and accept referral of patients by them, although the reverse has not happened — that is to say, in which the doctor refers a pregnant woman to a midwife.

Progress has been made, but this is a long road that requires continuity so that complete acceptance is achieved, keeping in mind the constant turnover of medical staff in hospitals in the Pacific region.



Photo credit: María Cristina Lesmes, MD

PHOTO 13. Embera-Chami, indigenous midwife, Canon of Garrapatas, Cauca Valley.



Photo credit: María Cristina Lesmes, MD

PHOTO 14. Street in Guapi.

How do we sustain it?

The inclusion of the issue of maternal mortality in the public health strategies of the Departmental Health Secretariat and the municipalities of Guapi, López de Micay Timbiquí ensures the sustainability of this program.

For example, thanks to the financial support of the municipal health secretariats, midwives in the Cauca Pacific coast will continue to benefit from training on the identification of risk and protective factors, warning signs, clean delivery, caring for the newborn and monitoring a woman's pregnancy, among others.

The credibility of the health care system (hospitals, ESEs, health secretariats, etc.) from the perspective of midwives has resulted in a renewed confidence in being recognized and given them a particular interlocutor — the nurse — who meets with them, orients them, provides information and ensures that the relationship with medical staff is regularly incorporated into the institutions, given the heavy rotation of personnel.

Despite the ups and downs that have occurred as a result of changes resulting from the completion of administrative periods of managers of health care service providers, insurers and regional health centers, and of the frequent turnover of health care professionals, the group of midwives maintains its relationship with those health institutions thanks to the work of nursing assistants, which maintains relative job stability due to their own interest in continuing to provide support in the Cauca Pacific coast.

Elsewhere, PAHO continues to encourage work with midwives. In addition, it has facilitated the replication of the initiative and reproduction of the work materials and tools, continued to advocate before regional authorities with the aim of having the issue of safe maternity incorporated as a strategy, and supported the municipal and departmental health secretariats, lending technical support to staff that deal with the issue and to hospitals and their staff whenever needed.

The experience has been successfully replicated in El Charco, an Afro-Colombian community in the department of Nariño, in southern Colombia, as well as in the Canon of Garrapatas, the municipalities of El Dovio and Bolívar, in the department of Valle del Cauca and in the indigenous community of Embera Chamí.

In this context, it was possible to create spaces for dialogue between Western medicine and community agents that resulted in 1) an increased capacity to identify risk and protective factors, 2) agreements with midwives for intercultural monitoring of pregnant women, 3) increases in hospital childbirths, and 4) improved flow of information on pregnant women and infants between midwives and hospitals.

What did we learn?

The lessons from this experience are diverse and valuable, especially in the Cauca Pacific coast, which lacks the most basic sanitation. Yet, thanks to a few women who have traditionally practiced midwifery, many children and mothers have survived. To give them some basic tools and aseptic care made it possible to decrease maternal and perinatal mortality in this region.

Illiteracy as well as ethnic, linguistic and age differences no longer constitute a barrier to bringing together Western and traditional medicine. Ethno-cultural adaptation to technology can influence and develop knowledge. Respect for differences and the search for tools that help overcome these barriers enables a new form of communication and allows for inclusion, resulting in new knowledge that takes from the wisdom of midwives. The main difficulty was the resistance of young health professionals to embrace ancestral wisdom, possibly because universities devalue this knowledge.

It is necessary to include the men of the community. The control that they have over women can be considered a barrier to the latter's access to health care services; however, their sufficient awareness of and commitment to the process overcame that obstacle.

Patriarchy is common in the Pacific coast and in indigenous communities. The men wield power and control the money and the means of transport. Nevertheless, by sharing knowledge with them, showing them the difficulties that women face during pregnancy, especially to carry water or firewood for cooking, demonstrates how this affects the family, a pregnant woman or a problematic birth. The importance of a man's role in the care of a pregnant woman and the newborn helps him to become more sensitized and to facilitate the transportation of women whenever the latter requires it and to view as a priority the health problems of a pregnant woman.



PHOTO 15. Micay River.

Photo credit: María Cristina Lesmes, MD



The midwives accept their limitations and recognize the contributions that Western medicine has made. Although there is no exclusive or complete science, the quality and typical warmth of ancestral health management and the identification of risk factors and warning signs create links with Western medicine. Midwives are aware of the emergence of new diseases and the development of a science that exceed their ancestral knowledge. Therefore, they recognize the importance of knowledge dialogue and complementarity.

At the same time, health institutions, particularly medical professionals, need to recognize the knowledge and contributions that midwives make to the lives of people in the Cauca Pacific coast. A major lesson learned is that the work based on respect can result in agreements for the proper intercultural care of pregnant women and newborns.

Much remains to be done so that there is an improved flow of information involving not only institutions but also the community, with midwives viewed as community health agents who must also act as epidemiological monitors and first responders.

The approach to the reality that pregnant women experience on a daily basis in the

countryside of the Cauca Pacific coast shows that the mortality of pregnant women and infants is very high, with many cases not reported due to the isolation in which they live. Promoting this approach will ensure that the true extent of the problem is known and that, in the medium term, accurate indicators will be available to demonstrate progress in the work initiated by PAHO.

Clearly, the graphic materials must be adapted to the culture and physiognomy of target community so that people see themselves reflected and respected in the work tools. Thus, community participation is fundamental for ensuring acceptance - work that PAHO is already carrying out through its emergency program in Colombia with indigenous people.

In the outreach to indigenous communities, it was shown that they can also access Western medical knowledge using pedagogical tools that are culturally adapted and accepted. The experience with the Embera Chamí community was an enriching one, demonstrating once again that it is necessary to involve men and group leaders in order to raise their awareness of and gain their commitment to the health of pregnant women, and to obtain from them authorization to work freely with women on the issue of sexual and reproductive health, without their presence and making use of female interpreters in order to remove any linguistic barriers.



Abbreviations

DANE: National Administrative Department of Statistics.

ECHO: Department of Humanitarian Aid and Civilian Protection (European Union).

ESE: State Social Enterprise.

PED: Area on Emergency Preparedness and Disaster Relief of PAHO.

SSO: Mandatory Social Services.

MSPS: Ministry of health and Social Protection



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