Introduction

According to the World Health Organization (WHO), the worldwide maternal mortality rate is unacceptably high. Approximately eight hundred women die each day from problems related to pregnancy and childbirth; ninety-nine percent of these deaths occur in developing countries (WHO, 2012). Mexico is a developing nation with a maternal mortality rate of 50 deaths per 100,000 births. As of 2010, the maternal mortality rate had decreased by thirty-six percent since 1990; however, mothers in the states of Chiapas, Oaxaca and Guerrero die in childbirth seventy percent more often than the national average (The Economist, 2010). This inappropriately can be attributed to the rural landscape of Oaxaca, which makes it more difficult for the women to reach the hospital, and the communication difficulties due to the poor Spanish-speaking abilities of many indigenous mothers who often speak only native languages. Additionally, many indigenous women view birth as a natural process that does not require excessive medical attention such as a visit to a doctor, so they opt to see a partera instead. A partera is typically female which the mother and her spouse prefer due to the female doctor's and nurse's understanding the language and culture. However, many low-income indigenous women are unable to afford these service resources, beliefs, and traditions of the parteras that would be working. This incongruity can be attributed to the rural landscape of Oaxaca, which makes it more difficult for the women to reach the hospital, and the communication difficulties due to the poor Spanish-speaking abilities of many indigenous mothers who often speak only native languages. Additionally, many indigenous women view birth as a natural process that does not require excessive medical attention such as a visit to a doctor, so they opt to see a partera instead. A partera is typically female which the mother and her spouse prefer due to the female doctor's and nurse's understanding the language and culture. However, many low-income indigenous women are unable to afford these service resources, beliefs, and traditions of the parteras that would be working. Similar to Mrs. Vízméster, Dr. Saucedo and Nurse Carabante highlighted keeping the presentations simple and concise. They suggested that the group perform skills, play games, and ask questions. They also provided the group with all the necessary materials for the presentations, such as poster paper, baby dolls, toys, measuring tapes, etc. After each meeting, the group edited the presentations according to the suggestions of the doctor and nurse. At the end of the third week, the group presented their work to each other and the nurse to ensure that the slideshows and skills were coherent and comprehensive.

Methodology

Methodology (cont.)

The group was also in contact with the local Child Family Health International (the group’s not-for-profit partner organization) coordinator, Nick Penco, who provided the group with the list of workshop presentation topics two months prior to the program. These topics included: Risk Factors, Healthy Pregnancy, Complicated Pregnancy, Pre-natal Care, Safe Childbirth, Complicated Childbirth, Attention to the Newborn, Postpartum Care, Maternal Nutrition, and Family Planning. The group met prior to arriving in Mexico to brainstorm and discuss creative ways to effectively present this material, keeping in mind that many of the parteras are illiterate and limited in their medical resources. Presentations regarding pediatrics, family planning, and high-risk pregnancies and births would emphasize the importance of sending women to the nearest health centers for care that the parteras would be able to equip to provide. Shortly after, each student was assigned a topic and began preparing their respective presentations.

Upon arrival in Mexico, the first two weeks were spent rotating through rural primary care clinics. These two weeks were imperative because not only did they allow for the group to acculturate to the cultural norms, but they also allowed the group to identify the specific needs of the rural communities. The third week was spent meeting with a local doctor, Isabel Saucedo, and a nurse, Teresa Carabante, to learn more about their experiences teaching and working with parteras. Two years ago, they ran a similar partner training workshop and thus, had vital information to share with the group. The following week was spent delving deeper into the cultural resources, beliefs, and traditions of the parteras that the group would be working with. Similar to Mrs. Vízméster, Dr. Saucedo and Nurse Carabante emphasized keeping the presentations simple and concise. They suggested that the group perform skills, play games, and ask questions. They also provided the group with all the necessary materials for the presentations, such as poster paper, baby dolls, toys, measuring tapes, etc. After each meeting, the group edited the presentations according to the suggestions of the doctor and nurse. At the end of the third week, the group presented their work to each other and the nurse to ensure that the slideshows and skills were coherent and comprehensive.

Results

During the last week of our program, each of the seven students presented a series of important pregnancy and birth-related topics (i.e., risk factors, signs and symptoms of a healthy or high-risk pregnancy on the antenatal, delivery, and postpartum care for low birth rates in low-cost clinics), short breaks, as well as designated times for the parteras to share experiences regarding maternal remedies, unique cultural practices, or difficult deliveries. Additionally, over the course of the week several team-building exercises were incorporated into the schedule in order to promote trust and a sense of camaraderie. The most significant of these was the “secret friend” exercise, during which each member of the program (students, medical staff, and partner) was matched with another student and instructed to send a friendly message or small gift daily, excluding the name of the sender. At the end of the week all secret friends were revealed, and each partner shared a hug and short conversation. Each day consisted of 2-3 presentations, a review of the previous day’s material, short breaks, as well as designated time for the parteras to share their experiences regarding maternal remedies, unique cultural practices, or difficult deliveries. Additionally, over the course of the week several team-building exercises were incorporated into the schedule in order to promote trust and a sense of camaraderie. The most significant of these was the “secret friend” exercise, during which each member of the program (students, medical staff, and partner) was matched with another student and instructed to send a friendly message or small gift daily, excluding the name of the sender. At the end of the week all secret friends were revealed, and each partner shared a hug and short conversation. Each day consisted of 2-3 presentations, a review of the previous day’s material, short breaks, as well as designated time for the parteras to share their experiences regarding maternal remedies, unique cultural practices, or difficult deliveries. Additionally, over the course of the week several team-building exercises were incorporated into the schedule in order to promote trust and a sense of camaraderie. The most significant of these was the “secret friend” exercise, during which each member of the program (students, medical staff, and partner) was matched with another student and instructed to send a friendly message or small gift daily, excluding the name of the sender. At the end of the week all secret friends were revealed, and each partner shared a hug and short conversation.

Discussion

It was widely debated whether there should be a role for traditional partaras in modern medicine. In 2003, the Mexican government began a program in the states of Oaxaca, Chiapas, and Guerrero to pay for the midwives who deliver in a hospital. Although the program would require a student to pay for travel and food, more funding would be required to either pay for parteras to come to Puerto Escondido or to pay for students and medical teams to travel to the rural communities and give the one-week workshop in order to reach more people.

Acknowledgements

Thank you to Doctora Isabel Saucedo who gave us the idea for the midwife workshop and provided us with the information and personnel to make it successful. We would also like to thank Nurse Teresa Carabante who spent countless hours teaching us and helping us hone our presentations; her contribution to the workshop was invaluable. These two women taught us what it means to be dedicated to the health of a community. Without their passion and devotion, the workshop would not have been possible. Also, we would like to give a special thank you to Global Health International (GHI) for funding the program and making our amazing experience possible.

References


