

## **Weaving Through The Perspectives of Maternal and Child Health in Santiago Atitlán**

**by Sara Lever**

The doctor looked at me and shook her head, “You won’t believe this one, preterm labor, at 22 week pregnancy, that the comadrona (traditional birth attendant) tried to deliver in the home. Now with retained placenta leading to a septic abortion.” After hearing the story, I too was disturbed. How could anyone allow this to happen? Because of an unsuitable home delivery, this woman’s life was now at risk, and it was up to the local physician to clean up the mess.

I spent the last 10 months navigating and trying to work to improve maternal health outcomes in the complex Women’s Health arena in Santiago Atitlán, a Tz’utujil Mayan community 75 miles west of Guatemala City. As an outsider, I was welcomed into this beautiful and culturally rich Tz’utujil town nestled between three volcanoes on a stunning calderic lake.

*Lead clinical educators in the office are responsible for the recruitment, teaching and monitoring of the School of POWHER*



I had the opportunity to interact with the different stakeholders in this dynamic and intricate health care system. I spent 1 day a week at the local health clinic, primarily focusing on Maternal and Child Health where I was gifted the experience of working alongside the locally trained physicians, nurses and community health workers. I witnessed the realities of trying to treat patients within the national health care system where medications and laboratory supplies never arrived and donations ended up hoarded in closets out of fear that they would end up in the wrong hands. Moreover, these staff members essentially worked for free while bearing the burden of providing treatment for 50-100 patients per day, with the promise that they would be paid back once money trickled down from the government. While living in Guatemala, these community health workers became my coworkers, friends, and family. With time, I began to grasp how they saw the world, the frustrations they faced, and the decisions they made in health care administration.

For the remainder of the week I worked with a non-profit Saving Mothers. At the NGO, I worked alongside traditional birth attendants, comadronas, to develop educational

programming to train comadronas in basics in prenatal care. One day, I asked my coworker about her weekend. “It was disappointing,” she sighed, “I was at the health center, and, during the handoff, the doctor exclaimed, that a woman had been in labor for hours and hours and that the bruises on her legs were the comadrona’s fault.” My coworker continued, ‘It was hurtful. The comadrona was my mother, and I know my mother is diligent and careful, and was caring adequately for her patient.” It was true — I knew her mother, the whole town knew her mother. At the age of 74, her mother was one of the three most respected comadronas in town. She was responsible for thousands of safe and healthy births over the past 40 years. Despite having no formal education and speaking only Tz’utujil, this woman had a gift or ‘don’, and it was her calling to help women and families in Santiago. Being the bright lady she was, she had figured out how to maximize outcomes in birthing in the home setting.

*Meetings with clinical educators, graduates of the School of POWHER, are a time when team members can discuss strengths and areas for growth for students participating in the practicum portion of their training.*



The comadronas also became my friends, my family and my community. I understood, that many were not formally educated, and their calling was spiritual in nature. Yet, I also recognized that they were some of the most powerful, most respected, and most savvy women in their communities. Without access to resources or education, their people and communities had been geographically, linguistically, and culturally isolated from

adequate maternal and child health care for many years. The midwives were the ones who provided the only care available for millennia. For their own career security and for the benefit of their town, they had figured out the techniques and tactics that resulted in safe births. So, I understood the offense taken when they referred patients to the biomedical hospital system and were then met with criticism. I also could understand the resistance in wanting to refer patients, when in moments of panic and fear, their referrals could be met with blame and accusation.

Then there were the patients. I recall one day a neighbor, who had become a close friend, approached me after confirming she was pregnant several weeks prior. She was having cramping and bleeding and didn’t know where to go. She knew that if she went to the clinic, she would wait for hours at a time and miss out on hours she could spend caring for her child. Furthermore, any testing or medications they would order would

require she use the little income her family had made in the past week on medical expenses. Even so, like many other folks in town, she was frustrated not knowing if she would receive adequate care and maintain her pregnancy by using a comadrona alone. I understood her frustrations as well.

*Made to be felt like part of the family, when coworkers shared important holidays and experiences including a visit to the cemetery to honor ancestors on Día de los Muertos*



While these are some of the key players in the Atitlan health system. They aren't the only ones. There are also private clinics, NGO hospitals, and traditional birth attendants that had varying degrees of biomedical background and training. As the months progressed, the more I understood the system, the more I felt overwhelmed by the changing dynamics, and the key stakeholders. By the end, the only thing I truly knew was that I would never fully understand the politics of the town's health care system. However, what I began to appreciate, was that organizations like Saving Mothers could help facilitate collaborations which were key to maximizing medically adequate and culturally appropriate care.

In my role as the programs coordinator, I had the privilege of working with our local staff in the implementation of activities related to the School of POWHER. The training program offers four months of in-classroom training to women already recognized by their communities and by the government as comadronas, uniting traditional birth attendants from across the province. The 4-month didactic curriculum covers prenatal care, safe intrapartum management, patient counseling, and a background in contraceptive practices. The school is led by former participants and local comadronas, allowing for women to exchange practices that carry the history and cultural richness of regional Mayan birth practices on to the next generation. They shared their practices in the local teas and herbs that are galactogogues (assist with milk let-down), the dreams they followed, and the illness they overcame to fulfill their role as comadrona. Following the didactic component, they have the opportunity to return to their own communities and utilize the knowledge from the school, accompanied by graduates, to ensure they feel comfortable measuring blood pressure, counseling, and referring patients when necessary. The program demonstrates how to beautifully balance the wisdom and traditions of Mayan midwifery while also incorporating other practices to move towards culturally appropriate and adequate maternal health care to help alleviate the disparities in maternal mortality and morbidity in rural indigenous areas. While the complexity of

the Atitlán health care arena remains, there is significant opportunity for non-profits to assist in navigating these systems. The women at Saving Mothers continue this effort each day and are working hard to strengthen referral systems, and find common ground between Atitlán's multiple stakeholders in order to optimize maternal and infant health outcomes in a way that celebrates and honors traditional Mayan practices.

*A visit to a town called Camotán to lay the foundation with other NGOs and the local ministry to build a program of POWHER in the area.*



I feel privileged for my time in Atitlan to learn from excellent providers and patients and to see how non-profits can advocate for marginalized communities and leverage resources for collaboration between stakeholders. However, I am also appreciative for the space and time to reflect on the parallels in my own community. Being so attuned to these perspectives and how they were different from my own will be crucial to my future work as a physician. It will

allow me to take a step back and understand why colleagues make certain treatment plans, why administrators have certain priorities and health belief models to why patients may not follow up with certain management plans. This experience provided an opportunity to not only learn about maternal and child health and Tz'utujil Mayan traditions, but also provided space and time for introspection, and an understanding of the complexities of health care systems. Because of this experience, I look forward to returning Atitlán and continuing to learn from and support this community as I also gain skills in my medical practice. I similarly look forward to pushing myself to understand unique perspectives, as well as the historical, social, and economic underpinnings of health care systems as I approach a career dedicated to Women's Health in the United States.

**If you would like to learn more about Saving Mothers and support the work they do please visit <https://savingmothers.org/>.**