



Asociación Pro-Salud Perinatal de Guatemala

## TRADITIONAL BIRTH ATTENDANTS PROGRAM PETÉN NORTH, GUATEMALA

This proposal targets the root causes of a preventable mortality crisis and provides children with the foundation for them to not just survive but thrive in life.



1. **Project Name:** “Survive & Thrive”
2. **Institution presenting this project/Country:** Asociación Pro-Salud Perinatal de Guatemala, Guatemala
3. **Execution date planned:** 2023-2026
4. **Overview**

Guatemala has the highest birth rate in Central America, and at the same time ranks among the worst for maternal, fetal, neonatal, and childhood deaths. The reported rates<sup>1</sup> are 17 neonatal deaths out of 1,000 born alive), 28 infant deaths out of 1,000 born alive, and 140 maternal deaths out of 100,000 born alive. 60% of these children deaths happen during the first year.

The statistics are impacted greatly by extreme poverty, which has remained relatively constant over the past 20 years. Pregnant and nursing mothers have limited access to safe and affordable prenatal care. Their ability to care for themselves and their babies is further impacted by limited knowledge of prenatal and infant health and nutrition.

Traditional Birth Attendants (also referred to as midwives) handle 70% to 95% of births in rural Guatemala. They are often bound by culture and tradition, and their expertise varies greatly. Most midwives are illiterate and are not fluent in Spanish. Their first language is the native language of their region. The government provides training, but it is facilitated in Spanish and the curriculum focuses on typical birth scenarios, without preparing them for at-risk pregnancies. Additionally, their practices are not supervised to verify that they apply what they learn. Without proper training, midwives may overlook complications that require more advanced medical care.

Hospitals without capacity to attend the population and without specialized health care professionals: While identifying the risk is an important first step, Guatemala does not have sufficient medical facilities available once the risk has been diagnosed. On a scale that categorizes five levels of specialized hospital services, there are only three hospitals in Guatemala that can provide level III services, and none equipped to provide levels IV and V services. The level III hospitals are all located in Guatemala City, which leaves the rest of the population with levels I and II services.

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<sup>1</sup> Datos estadísticos: ([https://www.unicef.org/infobycountry/guatemala\\_statistics.html](https://www.unicef.org/infobycountry/guatemala_statistics.html), ENSMI 2014-2015 (National MNCH Survey, Guatemala) y <https://data.worldbank.org/indicator/SH.DYN.NMRT>).



## Asociación Pro-Salud Perinatal de Guatemala



Malnutrition: in Guatemala 80% of children 0 to 5 have some degree malnutrition (acute malnutrition, stunting or obesity). 46.5% of children in the country suffer from stunting and 16.6% of the cases are severe. Two thirds of the mothers of these children are indigenous; still, the problem is not ethnical, but of lack of resources and education.

### 5. Objective:

To eliminate preventable maternal and newborn mortality in the rural areas of Guatemala through training Traditional Birth Attendants (TBAs) to be able to identify risks during pregnancy, birth and post-partum, so that they can refer their patients to specialized health services on time.

### 6. Beneficiaries:

- Traditional midwives (birth attendants), improving their knowledge and skills to identify risks in a timely matter, and refer the risk cases to the health system.
- Pregnant mothers and their unborn and newborn babies, having access to better health services during pregnancy, birth, and post-partum.
- The families of pregnant women, by eliminating preventable deaths (theirs and of their children).
- The communities in general, since better care of the mother will diminish orphanage and children will be better cared for.
- Teaching better nutrition and prenatal & neonatal stimulation to TBAs, who in turn teach these practices to the mothers, children will have a better start for their adequate physical and mental development.
- The Health System of Guatemala, by having reliable statistics and research for adequate decision making.

#### Beneficiaries in numbers

Description	2023-2024	2024-2025	2025-2026
Midwives	81	81	81
Mothers and their newborn	1,000	2,000	4,000
Children	22,000	45,000	90,000
Families	10,000	20,000	50,000
Communities	100	200	400

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## Asociación Pro-Salud Perinatal de Guatemala



### 7. Expected Results

- Reduction and elimination of preventable deaths of mothers and their newborn.
- Better nutrition of the pregnant woman and of children, especially girls, to break the malnutrition cycle.
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### 8. The Program

- Midwives' program is focused in identifying risks during pregnancy and referring risk cases to the health system, for specialized care. The first group of 84 midwives was trained in the health districts of Paquip, department of Chimaltenango (42 TBAs), and in Alotenango (21 TBAs) and Sumpango (21 TBAs), department of Sacatepéquez between October 2020 and July 2022, with funding from a Rotary Foundation global grant (GG1977766).
- The TBAs attend a training module once a month for twelve months. Since most of the TBAs are illiterate, the modules are facilitated with audio-visual materials and hands-on practices. If required,
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9. **Budget:** approximately US\$ 1,200 per TBA per year = US\$ 97,500 per year x 3 years

### 10. Collaborating Institutions

- **Club Rotario Tikal-Petén**, MD Flor de María Chavarría and MD Fabrizio Palma, doctors at the national hospital in Petén, and members of the Rotary Club Tikal-Petén. The club will be the host and will implement the TBA Program with the collaboration of the Perinatal Association of Guatemala.
- **Asociación Pro Salud Perinatal de Guatemala** (Perinatal Association of Guatemala), Ingrid Figueroa, President of the Board.
- **Rotary Club Laguna Niguel**, Kristin Epperson writing the Global Grant.
- **Rotary Club Placentia**, Kevin Padilla (Rotary District 5320) supporter and advisor for the writing of the Global Grant.

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