

# Neonatal survival, cultural safety and traditional midwifery in indigenous communities of Guerrero State, Mexico

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<b>Registration date</b> 24/07/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 24/07/2009	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

## Study information

**Scientific Title**  
Neonatal survival, cultural safety and traditional midwifery in indigenous communities of Guerrero State, Mexico: a cluster-randomised controlled trial

**Acronym**  
BMx

## **Study objectives**

1. Recovery and strengthening of traditional Amuzgo culture is important for the physical and mental health of Amuzgo people in the Mexican State of Guerrero
2. Recovery and strengthening of the traditional role of the midwife is a necessary condition for the safety of the Amuzgo birth culture
3. Traditional birth practices have some advantages over common biomedical practices for the physical and mental health of both the mother and the newborn
4. Birth attendant training conducted by biomedical practitioners, however respectful and sensitive, is inherently culturally unsafe
5. The transmission of traditional midwifery skills from generation to generation involves knowledge and practices that are sacred to the culture and best conveyed through a process of apprenticeship
6. Once their role and authority is stabilised, traditional midwives are more likely to adapt biomedical perspectives and technologies that they see, on the basis of evidence, to be helpful to the fulfilment of their roles

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

1. Comisario Ejidal (representing the Amuzgo communities of Xochistlahuaca) approved on 5 March 2009
2. Ethics Committee of the CIET Tropical Disease Research Centre, University of Guerrero with indigenous participation, approved on 2 March 2009
3. CIETcanada Research Ethics Board approved on 7 December 2008

## **Study design**

Single-centre cluster-randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Other

## **Health condition(s) or problem(s) studied**

Maternal, perinatal and neonatal health

## **Interventions**

The following interventions to be carried out immediately in three randomly selected geographic areas of the municipality and, after the two-year trial period, in the remaining three areas:

1. Material support for each of the identified midwives in intervention areas to create or maintain a "school" of disciples or apprentices whom they will assist to pursue a vocation to midwifery
2. Support from indigenous health promoters in intervention areas to midwives, pregnant women and newborns consisting of:
  - 2.1. Surveillance of pregnancies
  - 2.2. Organisation of pregnant mothers' groups
  - 2.3. Liaison with nearest health centre
  - 2.4. Facilitation of contacts between pregnant women, midwives and health centres

- 2.5. Organisation of transport in obstetric and neonatal emergencies
- 2.6. Early postnatal visits to weigh newborns and check on their health status
- 3. Pregnant women's groups for mutual support in intervention areas
- 4. Organisation of existing public transport for response during obstetric and neonatal emergencies based on reimbursement for fuel costs through voucher provided by indigenous health promoter

The following interventions will be carried out immediately in the entire municipality and in the nearby regional hospital:

- 1. Updated training of hospital and health centre staff in obstetrics and neonatal care
- 2. Intercultural training of hospital and health centre staff
- 3. Training of translators at hospitals and health centres
- 4. Provision of residential space for family members who accompany indigenous mothers to regional hospital in Ometepec
- 5. Revision of norms and guidelines for responding to obstetric and neonatal emergencies among the indigenous population

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

The 2011 follow-up survey will measure the following indicators from the 2008 baseline survey among women who gave birth during the previous three years:

- 1. Neonatal deaths
- 2. Number of times women seen by midwife during pregnancy
- 3. Proportion of births at home attended by midwives
- 4. Frequency of recourse to midwife in case of pregnancy complications
- 5. Frequency of recourse to midwife in case of complications with newborns
- 6. Proportion of women intending to have future births at home
- 7. Among women who gave birth in health institutions, questions about their treatment including birth position, availability of translators, presence of family members at birth, presence of midwife at birth, bathing in cold water, treatment of the placenta, retention of amulets and how respectful they considered their treatment to have been

### **Key secondary outcome(s)**

- 1. From survey of women who gave birth in previous three years:
  - 1.1. Prevalence of violent acts toward pregnant women
  - 1.2. Proportion of births without external assistance
- 2. From survey of husbands, mothers and mothers-in-law:
  - 2.1. Opinion as to whom the woman should consult first when she learns she is pregnant
  - 2.2. Opinion as to who should attend the woman first if she has complications during pregnancy
  - 2.3. Opinion as to who should decide whether to take the woman to the hospital if there are complications during childbirth
  - 2.4. Perception of neighbours' preferences as to who should provide antenatal care
  - 2.5. Perception of neighbours' preferences as to home vs institutional birth

3. From survey of health workers:

- 3.1. Consistency of criteria for classifying levels of pregnancy risk and referral of high risk pregnancies, complicated births and neonatal emergencies
- 3.2. Willingness to allow midwives to participate in institutional births and to charge for it
- 3.3. Proportion of workers who have received any intercultural training

All secondary outcomes will be followed-up for three years.

**Completion date**

01/04/2011

## **Eligibility**

**Key inclusion criteria**

The following have been randomised into three geographic areas for immediate intervention and three for delayed intervention:

1. Twenty midwives identified by the baseline survey as having assisted at three or more births in the previous 3 years
2. All women in the baseline sample clusters who give birth or become pregnant during the trial period
3. All adult family members of the above
4. All families of the baseline sample communities where pregnancies or births occur during the trial period
5. Community health managers (gestores) certified by the Red de Promotores de Salud Indigenas Amuzgos, A.C. (Indigenous Amuzgo Health Promoters Network)
6. Medical personnel and support staff of health centres and hospitals serving the municipality of Xochistlahuaca

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Female

**Key exclusion criteria**

Does not meet inclusion criteria

**Date of first enrolment**

01/04/2009

**Date of final enrolment**

01/04/2011

## **Locations**

## Countries of recruitment

Mexico

## Study participating centre

CIET Tropical Disease Research Centre

Acapulco

Mexico

80001

## Sponsor information

### Organisation

CIET Tropical Disease Research Centre (Mexico)

### ROR

<https://ror.org/054tbkd46>

## Funder(s)

### Funder type

Other

### Funder Name

Anonymous foundation (Switzerland)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration