

A Student's International Research Project on Best Practices Used by Peruvian Maternal Health Care Providers

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Cusco, the imperial capital city of the Incas, was once the center of the Incan world, but today it is better known for its mystery, romanticism, and unique Peruvian interculturalism. Each neighborhood in Cusco combines the former livelihood of the ancient Incas with the influence of Spanish colonialism and blends them together within the 21st century package of a modern city. Although modern technology and other advances are evident in Cusco, a little-known fact continues to cast a long shadow over the city and the region. The city of Cusco and the region that bears its name have one of the highest maternal mortality

rates in Peru, estimated to be over 200 deaths per 100,000 live births.¹ In the first 6 months of 2011, the Cusco region experienced 26 maternal deaths or about one maternal death every week with the primary cause being postpartum hemorrhage. Given those statistics, I wanted to complete a simple research project, as a student, that could realistically influence the problem.

Yale offers an amazing opportunity through the Downs International Health Student Travel Fellowship, a competitive international research fellowship that provides funding for students to complete a health-related project in low- to middle-income

Editor's Note:

This article provides an account of one student's experience while in Peru for 3 months conducting a descriptive study of the treatment protocols used at several maternal health care centers. The author describes his work and observations of the maternal mid-level health care providers known as Obstetras and the culturally sensitive care they provide under less-than-ideal conditions.

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Traditional Peruvian women leaving the maternal waiting home (mama wasi) in the village of Ccatcca. Many women travel between 4–7 hours by foot to reach the mama wasi to ensure a safer delivery for themselves and their babies.

The intent of the Student Forum section is to provide an outlet for student-authored articles about experiences in PA school, including participation in local and national PA student organizations. Feature articles should be submitted to journal staff at jpae@PAEOnline.org.

countries. I submitted a proposal to conduct a multicenter descriptive study designed to enhance the adoption of best practices through direct observation of the treatment protocols used by Peruvian maternal health care providers. Peru is a middle-income country but continues to have one of the highest maternal mortality rates in the Americas. Although Peru's maternal mortality rate has fallen by 44% over the last 9 years and was estimated to be 103 deaths per 100,000 live births in 2009,² the maternal mortality rate in the poorest regions inhabited by the indigenous populations of Peru continues to be among the highest in the western hemisphere.³ This mortality rate is two to four times higher than the national average. My research focused on three factors that had an influence on the women seeking care: (1) whether they were receiving the best care available; (2) whether their health care providers were implementing known protocols that are proven to save lives; and (3) determining individual as well as collective provider attitudes towards the recommended protocols.

I spent 3 months in Peru conducting my research, and it was an incredible life-changing experience. I learned how hands can act as a tocometer to measure uterine contractions, how to employ a watch and a good eye to replace an IV pump, and how to build fetal heart tracings using a stethoscope and Doppler. I soon came to realize that in the poorest, most rural and most isolated regions of Peru, maternal health care fell singularly on a cadre of specialized Peruvian maternal mid-level providers known as *Obstetras*.⁴ During my observations, they were the only health care professionals who employed vertical birth procedures and focused on the importance of cultural sensitivity during the



A 2-year-old girl carries a doll in the traditional way of indigenous women in her village. These women use a "lliclla" or "manta" in Spanish, which is a large, colorfully woven square blanket, to carry their child or "wawa."

entire birthing process. They were also the health care professionals who were most often counted on to give optimal care under less-than-optimal conditions. I was impressed not only by the dedication of the *Obstetras* with whom I worked during my 3 months of research but also by their professionalism as they continued to do the best they could with limited resources, untimely pay, and little outward recognition for their daily efforts.

When I think about my Downs Fellowship experience one thing stands out: the receptiveness of the Peruvian people. It could have been our shared cultural roots or the fact that I was conducting research on maternal health care, but everyone I met was happy and proud that I had chosen to come to Peru. Taxi drivers beamed and gave me discounts, bureaucrats became helpful, and health professionals bent over backwards to assist with my research. There is also something to be said for living overseas instead of visiting

for a short time. You can move past the lenses of your own culture and view the world through another perspective. I spent 1 month in Lima, 1 month in the city of Cusco, and 1 month in rural health clinics in the mountains of the Peruvian Andes. Overall, I found that *Obstetras* have the same problems we have in the United States: inconsistent training, out-dated views of current protocols, and lack of institutional support, which results in poor adherence to protocols.⁵ For the most part, however, providers were doing the best they could with what they had. In the end, I discovered a love for Peru as well as international health research, and I hope to continue building on these experiences as I transition from student to PA-C.

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