

61 maternal deaths per 100,000 births. Partners In Health (PIH) has partnered with the Mexican Ministry of Health to reduce maternal morbidity and mortality by increasing the number and quality of institutional births, as well as reducing obstetric violence.

Structure/Method/Design: The strategy is centered around improving the value-chain of care surrounding birth at the Ángel Albino Corzo community hospital and its catchment area: improving antenatal care and family planning; facilitating access to facility deliveries; improving the experience of mothers during child-birth and the quality of care through standardized training, including the “WHO Safe Childbirth Checklist,” “Helping Babies Breathe,” and contextualized dignified birth practices (reducing episiotomy, overuse of antibiotics and IVs, allowing a companion, and encouraging free position for the delivery); and ensuring emergency transportation to secondary-level facilities for complications. Forming this strategy required coordinating international best practices with Mexican national policies and brokering buy-in from local partners.

Outcome & Evaluation: Implementing all of the elements as a single comprehensive program within an already existing government strategy is transforming the way in which births are being taken care of at the government-run, PIH-supported facility. In the 2 months since the PIH obstetric service started, 97 women have given birth in the hospital, 68 of whom have been taken care of utilizing the new model, representing an increase from 52% in the first month to 83% in the second month. The program is a model for Obstetric Nurse training, and 5 are currently working in the PIH-supported site.

Going Forward: Using this demonstration program, our goal is to continue working with the government to make this strategy the standard of care for pregnant women across Chiapas and beyond. If successful, the PIH experience suggests that this will lead to dramatic improvements in maternal-child health.

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Critical Assessment of Maternal-Newborn Care Delivery in Solukhumbu, Nepal

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Background: The majority of Nepal's births take place in remote, rural and difficult to reach areas. Adverse outcomes for mothers and newborns are common. Little information exists about available health resources and care practices for maternal-child health (MCH) in these areas. The intent of this study was to evaluate care practices and identify areas of intervention for ante-, intra-, and postpartum care in one Nepali district.

Methods: From December 2015 to March 2016, in the Solukhumbu District, we surveyed a random sample of 122 women

who had delivered in the preceding 24 months. They live in 3 randomly selected, geographically separated village clusters (pop ~5,000), each consisting of 9 settlements. Women were identified from government birth records. This was done using a previously validated, standardized MCH household survey, based on WHO practice guidelines with a primary focus on ante-, intra-, and post-partum processes and outcomes after delivery. Reporting is descriptive.

Findings: Of 122 women surveyed, 60/122 (49%) had a birth preparedness plan, including at least one antenatal care visit. 32/122 (26%) of deliveries took place in a healthcare facility, with a trained midwife who has the ability to manage birth asphyxia. 86/122 (70%) of deliveries were at home without a skilled provider, and 3 deliveries occurred en route to a hospital. 19/122 (16%) of deliveries had complications including post-partum hemorrhage, mal presentation, or prolonged labor; including one maternal and one newborn death. Of 121 live births, 7/121 (6%) had all four essential elements of newborn care (immediate drying, skin-to-skin placement, cord clamping after 1-3 minutes and breast-feeding within 1 hour). 11/121 (9%) of live newborns had a danger sign in the first week, and 47/121 (39%) received a health-worker check-up within the first week.

Interpretation: Access to skilled care around childbirth remains problematic in Solukhumbu. Improvements in the access to quality MCH services are critically needed. This data, in combination with prior related studies, has laid the foundation for our cohort to undertake a multi-faceted intervention to make such improvements possible.

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Human-Centered Design of Women's Reproductive Health Education in Guatemala: Promoting Education and Understanding about Cervical Cancer

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Program/Project Purpose: Although cervical cancer is the most common cancer as well as the leading cause of cancer-related premature deaths and disabilities (DALYs) among women in Guatemala, only an estimated 40% of Guatemalan women have ever been screened for this preventable cancer. With the long-term goal of increasing women's utilization of cervical cancer screening, this project of the UVA-Guatemala Initiative (UVA-GI) utilized human-centered design (HCD) methodology to co-design an educational curriculum concerning cervical cancer (CC), screening, and preventive health with indigenous Guatemalan women.

Structure/Method/Design: This project involved in-depth interviews of 48 indigenous Mayan (Kaqchikel) women— who were selected based on prior involvement with UVA-GI programs— in three rural villages surrounding San Lucas Tolimán, Guatemala.