

Peru, a lower-middle-income country where 73 per cent of the population lives in urban areas, has made enormous progress in reducing child deaths from 1 in every 6 children in 1970 to 1 in 50 by 2006. Between 1990 and 2007, the country's under-five mortality rate dropped by 74 per cent – the fastest rate of decline in the entire Latin American and Caribbean region for that period. It has had less success, however, in the area of maternal health. Its maternal mortality ratio, estimated at 240 maternal deaths per 100,000 live births in 2005, is among the highest in the region. Moreover, Peruvian women face a life-time risk of maternal mortality estimated in 2005 at 1 in 140, twice the regional average of 1 in 280.

The country's relative lack of progress in reducing maternal deaths has resulted in its inclusion on the expanded list of priority countries for the Countdown to 2015 initiative, whose criteria have now been broadened to include maternal mortality thresholds in addition to those for child mortality set out in 2005. According to the Ministry of Health, women in rural areas are twice as likely as those in urban areas to die from causes related to pregnancy. A skilled attendant was present at just 20 per cent of deliveries in rural communities in 2000, compared to 69 per cent in urban areas.

Like other Latin American and Caribbean countries, Peru's challenge for improving maternal and newborn health – and greatest potential for progress – is to address disparities due to ethnicity, geography and extreme poverty. This will require delivering quality services to women and infants in or near their places of residence and providing integrated routine and emergency maternity and newborn care.

Part of the challenge is to adapt current health services, often facility-based or outreach, to the customs of the communities currently underserved by the health system. For example, following tradition and cultural practice, rural women may prefer to give birth at home in an upright position, under the guidance of traditional birth attendants, rather than in a health centre delivery room. Moreover, even if these mothers did decide to seek formal care, distance to a health facility, cost of services, language barriers and other impediments might deter them.

Ensuring that mothers have the option of delivering in their homes, with the assistance of skilled birth attendants and a strong referral system to emergency obstetric care, if it is needed, may be an appropriate way to integrate formal health services with traditional practices. Towards this end, the Ministry of Health, in conjunction with UNICEF Peru, has developed a maternal health project that includes four key strategies:

- Establishing maternal waiting houses to resolve the difficulty posed by geographic distance from health services.

- Fostering family and community support to make maternity and the mother's condition a priority.
- Increasing access to the Integral Health Service, which covers the cost of antenatal, intrapartum and post-partum care for poor families.
- Adapting maternity services to eliminate barriers between the staff at health facilities and mothers who have deeply rooted cultural traditions for childbirth.

The maternal waiting houses, dubbed 'Mamawasi', are constructed to encourage women in rural areas to choose the option of giving birth in health centres instead of at home. Currently, there are almost 400 houses located on grounds belonging to health centres or hospitals; others are in rented buildings in the regions of Apurimac, Ayacucho and Cuzco. Pregnant women from near and distant communities can stay in the waiting rooms until they deliver. Women from remote villages may stay for weeks or months. The Mamawasi is designed to resemble a typical indigenous family home in a farming village. Expectant mothers are allowed to bring family members with them to the houses, which increases their confidence and comfort level in using the service.

Health centres have also changed their practices. For instance, the vertical birth position is accommodated, a family member or traditional midwife is allowed to accompany women during birth, and the centres are kept at a warmer temperature.

This programme has transformed everyday health services by promoting cultural sensitivity in health care. Huancarani district, located in the Andean province of Paucartambo, in the Cuzco region, has been the most successful in implementing the new strategy. Overall, almost 3 out of every 4 pregnant women now visit health-care centres in the regions served, especially for childbirth, whereas previously the ratio was 1 in 4. The programme has been integrated into district and provincial health policies and was adopted in 2004 by the Ministry of Health as a national standard to be implemented throughout the country. The Ministry of Health has also created training modules to teach health personnel how to make services culturally appropriate.

*See References, page 108.*