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| **ISA ISPID  Abstract Submission  Nº: 134**   |  | | --- | | Topics: **Implementing best practices** | | Type: **Oral** | | **“La Cuarentena”: Newborn care practices, postnatal seclusion and barriers to neonatal care utilization in Chiapas, Mexico** | | **Sacks, Emma**1; **Alegre, Juan-Carlos**2; **Mendez, Montserrat**3; **Tristao, Ignez**4; **Iriarte, Emma**5 *1 - Johns Hopkins University. 2 - Management Sciences for Health. 3 - El Colegio de la Frontera Sur. 4 - Ministry of Health (ISECH). 5 - Interamerican Development Bank.* | | **Introduction** Despite global efforts, postnatal care utilization, especially in rural areas, is consistently low. Chiapas, a sparse and mountainous state in Mexico, has one of the highest rates of perinatal mortality (32 per 1000 live births) and has been subject to political conflict and violence.  A process evaluation of a demand-side incentives program to increase intrapartum and neonatal care utilization at facilities in two municipalities in Chiapas, Mexico, found much lower rates of usage for postnatal than obstetric care. Yet, there is almost no research on factors related to postnatal care utilization in Latin America.  **Material and Methods** In 2014, we conducted 101 interviews with recently-delivered women, male partners, traditional birth attendants, and health staff, to assess barriers to postnatal care utilization. Data were analyzed using content analysis with Dedoose qualitative software. Key themes that emerged were around danger signs and factors for non-use of postnatal care.  **Results** Strong cultural traditions around postnatal seclusion for 40 days immediately after birth, “La Cuarantena,” were difficult to break if the newborn did not appear ill. However, recognized danger signs included high temperature, yellow eyes (jaundice) and a cord stump that did not “dry well” (infection), but failure to breastfeed, mild diarrhea and fever were not seen as emergencies. There was good understanding of the need for infants to be vaccinated and to receive a blood test (“sacar sangre”), but without urgency. Facilities providing neonatal care were not the lowest-level facilities and women would have to travel far shortly after traveling for delivery, which was a disincentive. Importantly, we evaluated satisfaction of obstetrical services among women who delivered in facilities and we found not only dissatisfaction, but reported disrespectful care of newborns, including separation of the mother and baby without consent and detainment of the newborn if services were not paid. Indigenous women also found the language barrier difficult between Spanish and the local languages of Ch’ol and Tseltal, highlighting the need to provide additional services for minority groups during intrapartum and neonatal care.  **Conclusions** Provision of neonatal care at community-level health posts or by health workers in the home, as well as improvement in quality of respectful care at obstetric facilities, including linguistic translation, would increase postnatal care utilization in Chiapas. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Emma** | | Lastname: | **Sacks** | | E-mail: | **ersacks@gmail.com** | | Country: | **USA - United States of America** | | Institution | **Johns Hopkins University** | | Cellphone: | **+1 410 929 2105** | | City: | **Washington DC** | |