Background

Midwifery practice contributes to the reduction of global maternal and infant mortality.¹ Midwives are capable of managing 87% of the needs of childbearing women worldwide.² Chile has one of the highest rates of induction and Cesarean section in Latin America, despite widespread midwifery practice.³ Routine use of these medical interventions are not known to improve maternal and infant health outcomes and limit midwifery autonomy.⁴ The Chilean Ministry of Health conducted a mixed-method investigation of the system-wide implementation of the Clinical Guide for Humanized Attention during labor and childbirth.⁵ There is a need to examine regional/cultural differences in hospital work environments. Previous research determined that Hospital Ancud was an “exemplary” performing site and Santiago hospitals were “adequate” performing sites.⁶

Project Overview

The Emory Global Health Institute Team (EGHI) conducted a follow-up qualitative study at the two sites, Hospital Ancud on the island of Chiloe and San Borjas Hospital in Santiago, Chile. The project aims to compare work environment conditions across a rural and urban hospital settings in Chile to understand the implementation of a midwifery model of care.

Participating Interviewees

<table>
<thead>
<tr>
<th>Hospital Ancud</th>
<th>Hospital San Borjas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession</td>
<td>Years of Experience</td>
</tr>
<tr>
<td>OB/GYN 1</td>
<td>28</td>
</tr>
<tr>
<td>OB/GYN 2</td>
<td>21</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>16</td>
</tr>
<tr>
<td>Midwife 1</td>
<td>30</td>
</tr>
<tr>
<td>Midwife 2</td>
<td>15</td>
</tr>
<tr>
<td>Midwife 3</td>
<td>11</td>
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<td>Midwife 4</td>
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<tr>
<td>Midwife 5</td>
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</tr>
<tr>
<td>Paramedic</td>
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</tbody>
</table>

Acknowledgements

- We would like to thank the Emory Global Health Institute for sponsoring this research.
- We would also like to thank the WHO/PAHO Collaborating Center for Midwifery in the Americas for being great hosts and providing multiple opportunities for research outside of our project.
- We would like to specifically thank our mentors Dr. Jennifer Foster and Dr. Lorena Binfa for continuing to guide and mentor us with this project.

Preliminary Results

- Midwives at both locations struggle with a shortage of personnel
- Cultural misconceptions are barriers to humanized birth
- Work environment between providers, nurses, and technicians are generally positive because of the high-need environment
- Ancud had a more positive view on the role of midwifery

Next Steps

The following will be accomplished by Jan. 31st:

- Finish transcription and translation of the Santiago interviews.
- Develop a codebook, cluster patterns, and interpret final findings comparatively between Ancud and Santiago.
- Submit a manuscript for publication with the aid of the University of Chile and Emory faculty

Additional Collaborating Center Projects

- Translated and edited a student thesis on midwifery empowerment for publication
- Proof-read a Companion of Choice at birth manuscript authored by University of Chile faculty
- The team translated a manuscript based on the Objective Structured Clinical Examination (OSCE) competency-based midwifery curriculum
- Aided Joint Collaborating Center’s manuscript on the Scope of Midwifery and Nursing Research in Latin America and Caribbean Systematic Review Paper
- Aided Joint Collaborating Center’s manuscript on Midwifery and Nursing Utilization of Technology Research paper

References

4. Binfa, Lorena, et al. (2013). Assessment of the implementation of the model of integrated and humanised midwifery health services in Santiago, Chile. Midwifery, 29(10), 1151-1157.