TABLE OF CONTENTS

❖ Letter from the Director.........................3
❖ Who We Are........................................4
❖ Clinical Skill Building..........................10
❖ Outreach.............................................18
❖ COVID-19 Response..............................22
❖ New Directions for Sustainability...........26
❖ By the Numbers....................................28
❖ Acknowledgements..............................31

Doña Santa Mendez, one of the ACAM founding midwives
Dear MMI & ACAM Supporters,

In 2003, I climbed into the back of a pickup truck for a wild ride to Guatemala with four of the founding Maya midwives of the Asociación de Comadronas del Area Mam (ACAM). I had met them at a Midwifery conference in Oaxaca, Mexico. There was no hot water in their room, so my colleagues and I offered them use of our shower. By the time four showers were complete we were having a great time, laughing and sharing our Midwifery experiences. We ended up spending the entire day together and they shared the challenges they faced and their dream of a place of their own. One that would offer excellent, respectful care in their Mam language. One that would be under their control and honor their traditions while integrating new skills. I was acquainted with the situation in Guatemala since many of the women I cared for in Boston had fled from there to escape the genocide of the 1980s. Their chances of achieving their dream seemed slim. But, by the time I left Guatemala I knew that these women were going to do it! And they did!

Accompanying the ACAM midwives on their journey to their vision has been one of the great joys and privileges of my life. It required that all of us who are not Maya examine our motives and listen carefully to what was being asked of us. And what was not. They had no need of another foot on their necks nor to be the employees of people from outside of their communities. They did not need help that was short term or inappropriate or had impossible strings attached. They needed Allies.

From the beginning, all of us involved with MMI have strived to be those allies. First by ensuring that the ACAM Birth Center was owned and under the control of the ACAM Council. Then by providing material support while assisting the midwives to gain the Midwifery and administrative skills that will eventually allow them to become self-sufficient. And, most importantly, maintaining close, long-term personal relationships. Personal affection (and laughter) can get you through the rough spots when the weight of history or current events threaten to derail you. And look what has been accomplished!

As I step down from my position as MMI Executive Director, I do so with the certainty that our new Director, Asia Newlin-Blackwell, will continue to nurture our respectful and affectionate relationship with ACAM. I can’t wait to see what the next generation of ACAM midwives will achieve!

Thank you to each and every one of you who has contributed to this work. You have all been essential to its success. I hope you will remain involved as the ACAM midwives continue to bring a brighter future to the families of their communities.

Nikki May
Executive Director | CNM, MSN, FNP
WHO WE ARE

VISION
A Guatemala where all Maya women and their families can live out their full potential as strong, healthy human beings in a just society.

MISSION
❖ To partner with the ACAM midwives ensuring they have the resources needed to provide high quality, culturally grounded health and wellness care to their communities.
❖ To promote the growth of the ACAM midwives in clinical, leadership, and administrative skills so they become a more self-sustaining, autonomous group of women capable of bringing lasting change to their communities and beyond.
❖ To support our ACAM colleagues as they set program direction and priorities, and make all decisions that affect their future and those of the organization.
OUR CORE VALUES

What makes us unique?

CULTURAL HUMILITY

We act in accordance with Maya values, seek consensus, and respect cultural norms as the organization seeks to grow and expand its reach.

ETHICAL STEWARDSHIP

We continue our careful ethical stewardship of the human and financial resources entrusted to us.

ACAM CENTER

ACAM is the sole birth center in Guatemala owned and operated by Maya midwives, located in the Western Highlands department of Quetzaltenango.
PROGRAM GOALS

❖ Supporting Maya midwives in clinical skill enhancement, respecting the best of traditional practices, combined with updated understandings of evidenced based care.

❖ Promoting midwifery leadership development, ensuring the ACAM midwives’ ability to assume central advocacy roles locally, regionally, and nationally.

❖ Advocating on behalf of midwifery on a national level and developing linkages with the professional midwifery school in Guatemala City to ensure a role for all midwives within the Guatemalan Ministry of Health.

❖ Ensuring competent, culturally grounded care to women in the Mam-speaking Western Highlands region, areas of economic and social marginalization with a dearth of skilled providers and disproportionately high perinatal mortality.

❖ Delivering a holistic range of services that complement prenatal and birth care such as nutrition, family planning, and cervical cancer screening and treatment programs.

❖ Facilitating care within the greater health care system to bridge the gap between these marginalized areas and higher levels of care, while advocating for humane treatment of Maya women within the Ladino-dominated health care system.
Going to the hospital is difficult, they don’t let us enter with our patients because we cannot write, read or speak Spanish.

When there are complications, and our women need to go [there], they are afraid. The people there have power over us, they consider us nothing...

Here [at the ACAM Center] they don’t discriminate against us because we are Mam--they speak Mam, not like in the hospitals.

FELIPA CORTES GARCIA
Community Midwife and town council official in the mobile clinic village of La Nueva Concepcion

Hear Felipa’s powerful story in her own words in a short video, and watch ACAM’s own Imelda Lopez speak about her midwifery journey in another powerful EMC video at:

https://everymothercounts.org/guatemala/
RESPONDING TO THE NEED

According to a 2019 Guatemalan government report (MSPAS Guatemala 2020) national maternal mortality is 100/100,000 births, and 53% of these deaths were Maya women. According to USAID, the highly indigenous western highlands region has even higher rates of 139/100,000 births. True rates are likely much higher because statistics are very difficult to collect and documentation is poor. To compare, the 2018 maternal mortality rate in the United States was 17.4/100,000; in Canada 8.3/100,000.

Mothers in the ACAM catchment area are at high risk during their pregnancies. Women often have many children, in part, a cultural legacy of the recent genocide against the Maya people. They are often anemic and at risk of dying from postpartum hemorrhage, the leading killer of childbearing women in Guatemala.

ACAM provides care where it is needed most. Women of the Western Highlands are treated by trusted, Mam-speaking members of their own communities.

These maternal mortality statistics above do not reflect the impact of the COVID 19 pandemic which is having a devastating impact on maternal child health in Guatemala, and around the world. COVID will be discussed in greater detail further on in this report.
The ACAM Birth Center, built in 2003 and inaugurated in May 2004, is the only center in Guatemala owned and operated by Maya midwives. It stands as a unique testament to the perseverance of the midwives of ACAM, who banded together after the civil war to respond to the numerous needs of the women and families in their communities, as well as a symbol of the enduring relationship between ACAM and Maya Midwifery International, the U.S. 501 (c) 3 partner organization.

In 2019-2020, there has been enormous growth in the services provided by the Center itself, including prenatal care, labor and delivery, family planning education and services, and cervical cancer screenings. Consults have grown from 3800 for 2017-2018 to over 5300 for 2019-20, an almost 40% increase, even with pandemic curfews and public transport shutdowns in much of 2020. Births have increased dramatically, a 50% increase over the past 2 years – almost 300 births at the ACAM Center in 2020 alone. In August of this year, a new record high of 38 women gave birth at the Center. Each of these births in the past 2 years have been followed up with a postpartum home visit (modified to phone follow up during the pandemic) which includes ongoing education and referrals for complications. These birth numbers don’t include the many dozens of women transferred to higher levels of care during labor for complications.
Family planning remains an integral part of the health services offered to women and their partners at the ACAM Center and mobile clinics, with Depo Provera being the most popular. It is also an important component of the postpartum home visits for ACAM mothers. Due to the pandemic, there has been a shift from in-home follow-up to telephone follow-up; however, education on the value of family planning and the methods available remains an important part of these postpartum calls, and no postpartum family leaves the Center without accurate information on their birth control options.

Due to the Guatemalan Ministry of Health regulations, midwives must refer patients who desire long-acting reversible contraceptives (LARCs), such as IUDs and implants, to a physician. As ACAM’s new physician is also as of yet untrained to provide LARCs at this time, the Midwife Mentor has been able to successfully step in on patient request and provide this service. In 2021, MMI plans to seek additional training for the ACAM physician in LARC insertion methods.
ULTRASOUND

MMI, through the persistent teamwork of the Midwife Mentors and the Board’s Radiologist, has created a certification mechanism for ultrasound competency based on rigorous US standards, the first of its kind for Guatemalan traditional midwives. Three separate workshops were executed in 2019 and 2020. After completing hundreds of hours of clinical ultrasound practice supervised by the Midwife Mentors, passing a thorough and exacting written test, and having had dozens of sonography images individually reviewed and validated by the MMI Board’s Radiologist, four midwives were certified to perform basic obstetric ultrasound. A 4th workshop planned for 2020 had to be postponed due to the pandemic. However, plans continue for additional training to increase the number of midwives with this certification in 2021.

EXCELLENCE RECOGNIZED

An ACAM patient was seen and evaluated by her midwife, who performed an ultrasound and provided the patient with the written report documenting the findings. The patient then took the findings to a physician. After repeating the ultrasound and finding concurring results, the physician called the ACAM midwife to congratulate her on the quality and accuracy of her ultrasound report. This was a noteworthy external validation of this very challenging work and a further reinforcement of the reputation of the ACAM Center. The local medical community is now recognizing this commitment to high quality care in a region where midwives are typically disregarded by the medical establishment.
Since receiving the cervical cancer screening training and certification in 2017, ACAM midwives have held several specialty days at the Center and in the mobile clinic community of La Victoria and on the coast. In late 2019, ACAM midwives came together for a strategy session to address poor attendance, increase outreach success, and overcome the lack of community acceptance of cervical cancer screenings. The new approach for 2020 implementation was put on hold due to the pandemic and will continue in 2021, as well as the cervical cancer screening certification of the remaining two ACAM midwives who completed the basic training.
NEW SKILL DEVELOPMENT

MMI’s experience has proven that training alone, without ongoing clinical mentoring, does not result in the consistent application and practice of newly acquired skills. We continue to see how much the presence of a CNM Midwife Mentor, and a structured standardized learning process has resulted in significant gains in the clinical expertise of the midwives. In 2019 and in 2020, the Midwife Mentors assisted ACAM midwives in developing the following enhanced skills:

❖ TREATMENT OF HEMORRHAGE: Six midwives have successfully completed certification in IV insertion, and one midwife is certified in suturing. An additional four midwives are anticipated to complete the suturing certification process in 2021.

❖ SUPPORTIVE MEASURES FOR THE NEWBORN’S TRANSITION TO LIFE: This year, the ACAM midwives have spent many hours studying and practicing how to identify a fetus in labor that might need supportive measures, and how best to provide those measures within the limitations of their setting, both locally and nationally.

❖ COMPUTER LITERACY AND DATA COLLECTION: Four midwives have improved their computer literacy skills, including Excel, Word, and Gmail utilization, and helped to create more thorough, efficient, and precise health record documentation at the Center, in order to better capture and communicate their impressive outcomes.

“When I first became a midwife (at ACAM), I was nervous attending births, feeling the pain of the mother as my own pain, and kept thinking what if something happens to the mother or the baby? Then, I kept learning and I did attend a mother who had a hemorrhage and I knew what to do, I felt more sure of myself and knew what to do in an emergency. My vision is to keep learning more and to serve those who need me.”

TOMASA LUCIA LOPEZ
ACAM Midwife
With the support of the MMI Board scholarship committee, a young ACAM midwife, Celia Lopez Romero, was chosen to pursue her dream of higher education, and she has successfully completed the first year of a three-year professional nursing RN degree program at a renowned private university in Quetzaltenango. She plans to work at the ACAM Center following graduation.

“I now am learning more, not just about labor and birth, but about other illnesses too, because women come to ACAM with many problems, not just pregnancy...I feel proud to represent the Maya people...many people there don’t take Comadronas into account and I can share my experiences with them. I am proud to be a Comadrona, I am the only one who wears my traditional dress. At first, I felt isolated, but it is much better now. I am showing them that I can do it, that Maya people can succeed. I am learning a lot already, but I want to learn even more so I can graduate and help share my knowledge, especially when there are complications of mothers and babies.”

CELIA LOPEZ ROMERO
DRIVING & LITERACY LESSONS

In 2019, two ACAM midwives successfully completed a driving school course in Xela, and have been practicing in 2020. Despite pandemic restrictions making the sitting of the licensing exam difficult, one midwife successfully received her driver’s license. This skill will enable the midwives to meet their own transportation needs and reduce the need to hire outside drivers. We hope the remaining midwife will pursue the exam in 2021. Here, Lucía poses with her new license:

In 2020, one of the elder ACAM midwives, Santos, who grew up during Guatemala’s 36-year civil war and never had access to formal education, requested to learn to read and write. In addition to her twice weekly shifts at the Center, and weekly capacity building workshops with her colleagues, this midwife committed to weekly lessons with the CNM Midwife Mentor to learn the Spanish alphabet, her second language, and made tremendous progress toward recognizing frequently used prenatal and birth vocabulary. In 2021 she plans to continue her studies with the goal of being able to read one of her favorite childhood books, *Barbuchin*. 
Thanks to Midwife-to-Midwife Trainings and community involvement, high risk patients have been referred to the Center where they receive culturally competent, mutually respectful, and medically appropriate care. These referrals include:

- **Detection of high blood pressure**: Community midwives have begun to refer prenatal patients with elevated blood pressures to the ACAM Center for additional evaluation and consultation.

- **Preterm labor**: Premature gestation and age-related risks have been identified by community midwives and referred to the ACAM Center where midwives are trained in neonatal support measures.

- **External referrals**: Mobile clinics have recognized additional needs such as cleft palate repair, access to clean water, and family planning education in a heavily machista context. This has led to coordination with other NGOs and institutions in the area.

Since 2018, the ACAM midwives have been meeting with their midwife colleagues in the remote mobile clinic communities in order to help them improve their skills, and provide them with additional equipment and supplies. The local government health center, seeing ACAM’s success, entrusted them to take over the monthly training of the midwives in their own area, in their Maya language. Nearly 60 midwives began building their capacity on a variety of themes before the pandemic hit. ACAM midwives have also begun distributing safe birth kits and equipment education to the community midwives, made possible with grant funding from foundations in Britain. These trainings and equipment have resulted in several patients being appropriately referred to the ACAM center, both for concerns during pregnancy and for complications during labor, by their community midwives.
This is baby Emeliana Gonzalez, being embraced by her mother Romuelda Gonzalez. Edelmira was born with a cleft lip, as was her older sister Patricia, seated behind. The ACAM midwives, during their postpartum visit, were able to refer this mother to a project in Guatemala that performs corrective surgeries without charge. The postpartum home visiting program supports the ACAM midwives to make these crucial visits, where the midwives often take on the role of a social worker, in addition to ensuring that mother and baby make a healthy recovery from birth.

SAVING LIVES THROUGH VBAC

In 2009, Guatemala reported a cesarean section rate of 16%, an 11% increase since 1997. Global trends and anecdotal evidence from the region indicate that cesarean section, a potentially life-saving surgical intervention, is not being utilized appropriately. Even within the U.S. context, a mother has a 10-fold increased risk of dying during a cesarean birth, as compared with a vaginal birth. For this reason, ACAM midwives have begun tracking the number of VBAC (Vaginal Birth After Cesarean) patients they attend.

In 2020 alone, ACAM midwives have attended 18 VBAC patients without complication, a 100% success rate. This noteworthy clinical accomplishment is a significant indicator that unnecessary repeat cesarean sections can be safely avoided in this at-risk population.
From January 2017-through February 2020, the ACAM midwives were able to continue their mobile clinics initiative, providing care and ongoing local access to critical RMNH services to each of the four marginalized communities on a monthly basis.

The average monthly attendance ranged from eight women in the smallest, most remote community to 33 women in the largest community. In total, the mobile clinics served over 1100 women from 2019-2020, prior to mandated closures due to the COVID-19 pandemic. During these COVID-19 closures, many mobile clinic patients in outlying communities were able to seek care at the ACAM Center.

Thanks to the mobile clinic initiative, several women in these more remote areas were identified as high risk for complications by the ACAM midwives, and appropriately counseled to seek necessary care.
A 42-year-old woman, thinking she was in menopause, presented to the mobile clinic with complaints of generally not feeling well. At the clinic, the ACAM midwives diagnosed her unexpected pregnancy, as well as hypertension and diabetes. The woman was referred to a hospital, and received specialized care. With additional support from the midwives, she had a successful pregnancy and birth at a private clinic, under appropriate medical supervision.

After having never received prenatal care in prior pregnancies due to abuse and control from her husband and in-laws, a young woman presented to the mobile clinic pregnant with her third baby. She described the relief of finally receiving prenatal care, including ultrasound, as well as emotional and psychological support, in her own language and culture, because the ACAM mobile clinic in her community provided her with accessible care.
According to the World Food Program, Guatemala has the worst rates of malnutrition in the Americas, where childhood stunting is almost 50% nationwide and upwards of 70% in the Western Highlands. Current MMI and ACAM efforts to address this crisis include:

❖ The provision of supplements, vitamins as well as protein powder, to all patients.
❖ As of 2020, the provision of basic foodstuffs to all the midwives in the mobile clinic communities as well as all the women giving birth at the ACAM Center, pictured here:

These relief efforts, made possible by critical donor support, have allowed the midwives of ACAM to help alleviate malnutrition and hunger during the economic devastation wrought by the pandemic.

Nutrition education is integral to these relief efforts woven into the care provided by the midwives, but education can only go so far given the extreme poverty of the region. In 2021 and beyond, once the pandemic is under control, we hope to join forces with Maya Health Alliance, among others, in a larger effort to address the root causes of malnutrition in a multipronged approach in these vulnerable communities.
Four ACAM midwives formed a team to design and deliver a monthly radio program focused on community health education in order to increase uptake of women’s health and pregnancy-related services. This programming has become increasingly important during the pandemic due to government regulations and restrictions to mobility, and has received recognition from the producers at the local radio station.

Radio programs have focused on COVID-19 awareness, transmission, and prevention, as well as human anatomy, the menstrual cycle, prenatal care, nutrition prior to and during pregnancy, and pre-eclampsia. The ACAM Center has experienced an increase in patients thanks to the radio program and hopes to expand programming in the new year.

A newly awarded grant from the Conservation, Food and Health Foundation for 2021 will enable the ACAM midwives to further develop the radio program, providing them with additional training and the tools to assess the impact of this training.
IMPACT OF THE PANDEMIC

Estimates vary widely, but the Guatemalan maternal mortality rate is forecast to nearly double, from 100/100,000 live births to anywhere from 126-207/100,000, due to reductions in maternity care access, and increases in malnutrition. These leave women weak, anemic, and more vulnerable to death in childbirth. The pandemic has also increased rates of adolescent pregnancy, a group at high risk for pregnancy and birth complications and higher rates of neonatal mortality. (MSPAS Guatemala 2020)

The Guatemalan economy has been severely affected by the lack of income from the shutdown of businesses and transportation, as well as the decreased value of the remittances from abroad on which many Guatemalans depend. This economic blow has a direct impact on health outcomes as families struggle to put food on the table or purchase necessary medications.

A UNICEF Report from September 2020 estimated that many government programs have been severely impacted by COVID, resulting in a 10-25% drop in postnatal care, a 25-50% drop in support of breastfeeding programs and a 50-75% drop in nutritional support for pregnant and lactating women.
As mentioned above, the ACAM midwives have always been directly involved in nutrition support, distributing protein supplementation and vitamins to all patients. Since the pandemic induced economic downturn, ACAM is also distributing additional foodstuffs such as beans, rice, legumes, and eggs to local community midwives and to each woman who gives birth at the Center, along with bars of soap.

Fear of the pandemic in the government hospital in Xela, has resulted in a large increase in the volume of births and consults at the ACAM Center since March 2020. In rising to the challenge, the ACAM midwives have yet to lose a single mother and safely cared for increasing numbers of healthy patients while transferring dozens of women with complications during pregnancy or labor. Due to this increased need, the midwives are seeking to increase staffing per shift, but this has been difficult due to the overall staff shortage and the challenge of finding or training, bilingual, literate, traditional Maya midwives with freedom to work outside the home.

The midwives are working harder than ever to provide safe clinical care while maintaining infection precautions. They are religiously using hand sanitizers, masks, face shields, eye protection, and gowns at each birth, and are wearing washable closed-toed shoes. All are seeing first-hand the importance of these efforts to curtail the spread of infectious disease, and we are confident that these lessons will carry forward into the future.

Maintaining infection precautions also includes the difficult task of explaining to anxious family members accompanying pregnant women the need to severely limit the number of persons entering the Center. Pulling from emergency grant funds, the ACAM midwives were able to construct an outdoor bathroom to increase the comfort of those waiting outside.

By taking precautions seriously and modeling infection transmission prevention, the midwives and their families have, thus far, managed to not become sick themselves as they have cared for thousands of community members over this year.
COMMUNITY EDUCATION & PPE DISTRIBUTION

By the request of the local government health center, the ACAM midwives provided COVID-19 training in the local Maya language, Mam, and supplies to over 70 individual community midwives. Emergency grant funding allowed for the ACAM midwives to make and distribute several gallons of hand sanitizer, extra gloves, material to make washable gowns and masks, protective waterproof gowns for births, eye protection, plastic face shields, sanitizer for disinfecting rooms, and extra bars of soap.

71 community midwives who received PPE from ACAM
20 liters of hand sanitizer made by the ACAM midwives
0 ACAM midwives who have contracted COVID thus far
SAFE TRANSPORTATION

The emergency grant funds, and the flexibility of our generous donors, allowed us to provide private transportation to the midwives needing to come in for their shifts, essential during the shutdown of public transportation. These funds also enabled MMI to continue paying full salaries to the ACAM midwives, on whom all this work depends, throughout the pandemic.

REMOTE MEETINGS FROM HOME

Additionally, in order to reduce the infection risk of meeting in-person, each of the ACAM midwives has installed internet service at home with the help of grant support. This allows them to log into meetings on Zoom via a smartphone or laptop. This internet service will also allow for creative training opportunities and greater flexibility moving ahead, in scheduling meetings locally as well as nationally and internationally.

We will seek support going forward to pay the monthly service fees for this vital expansion of communication options, and we are grateful to our donors for making this new development possible.
In 2019, a new solar photovoltaic system was installed on the rooftop at the ACAM Center along with a solar hot water heater. In addition to lowering the carbon footprint, the Center now makes almost all of the electricity it consumes, reducing operating costs and contributing to the long-term financial sustainability of the Center. The battery backup system also provides power to the Center for up to 3 days during the many outages of the grid. This ensures that the midwives will have light to be able to attend births, and heat to keep babies warm. A very generous donation by the MMI Board President, James Carbone, has made this system possible.
A very significant change for MMI in 2020 is that Nikki May is stepping down after 17 years as a pro bono Executive Director. We are excited to introduce a new paid ED to begin in January 2021. Asia Newlin-Blackwell, a US citizen, lives in Guatemala permanently and has a Master’s in Public Administration, with a focus on nonprofits. She also deeply understands the situation of the traditional Maya midwife in Guatemala from her Peace Corps years in the Quiche, working alongside midwives, and is herself the daughter of a midwife. The ED position will be funded by MMI Board donations for 2021; however, we are looking to creatively fund the position going forward for long-term sustainability. We will also be hiring a Guatemalan Local Program Administrator based in Xela to support the ACAM Director’s Council and MMI administration in the coming months.

In other developments, current MMI Program Manager, Mary Ellen Galante, CNM will be stepping down, and, along with Nikki May, will remain active on the MMI Board of Directors. KC Bly, CNM, MMI’s 2020 Midwife Mentor, will become the new Program Manager. KC, who works in the faculty practice for the University of Utah with other former ACAM volunteers, will team up with a new MMI Board member, a CNM with experience in global health work and education. Together they plan to design and begin implementation of a global health practicum in dialogue with the University of Utah’s Nurse Midwifery Program with hopes to develop a joint exchange program in 2021.

The MMI Board has taken on some very important new initiatives and has further developed its structure to include a recruitment committee, a grants committee, and a scholarship committee. As an exciting unintended consequence of recruitment committee work, several exceptional, dynamic, and highly qualified individuals have joined the Board and already made invaluable contributions to our grant applications work. Additionally, the 2020 MMI team has expanded to include a social media coordinator, who has dramatically increased our online presence and impact to date.
BY THE NUMBERS

TOTALS FOR 2019-2020
BY THE NUMBERS

511 BIRTHS performed by the ACAM midwives. This is a 50% increase in births from the previous 2 years due to more referrals from area midwives, and the mobile clinic outreach. This number doesn’t include dozens of women referred for complications in labor.

511 POSTPARTUM VISITS for ACAM patients. Each woman who births at ACAM receives a postpartum follow up home visit (phone call during the pandemic) in the earliest days following birth. Photo Credit: Every Mother Counts

1550 LBS OF BEAN, LENTILS, & RICE were distributed to 295 women who birthed at the ACAM Center this past year, along with 26,000 eggs. Photo Credit: Every Mother Counts

1350 LBS OF PROTEIN SUPPLEMENT distributed to women prenatally in mobile clinics and postpartum women in 2020 who birthed at the ACAM Center.

5400 CONSULTATIONS performed at the ACAM Center. Midwives provide prenatal care, diagnose vaginal infections using microscopy, prepare herbs for traditional treatments, and use massage therapy to alleviate discomfort.

976 ULTRASOUNDS performed at the ACAM Center, in addition to hundreds of ultrasounds more provided during 1100+ mobile clinic consults.
55 MOBILE CLINICS held in six rural communities. Midwives teach about nutrition, coordinate with local officials, and provide prenatal care, along with ultrasounds.

1100 MOBILE CONSULTATIONS performed through mobile clinics. The average attendance at each site has been steadily increasing over these past 2 years, with some clinics seeing over 30 patients.

60 MOBILE CLINIC PATIENTS referred to higher levels of care for pregnancy complications, potentially saving lives.

62 CERVICAL CANCER SCREENINGS conducted by ACAM midwives both at the Center and in remote communities.

71 COMMUNITY MIDWIVES trained in 49 training workshops. These community midwives are now referring women with urgent complications to the hospital or to the ACAM Center.

57 BIRTH KITS distributed to Maya midwives in remote areas to enable them to improve the basic care they can give the women in their communities, with another 14 to distribute in 2021.
ACAM DIRECTORS
COUNCIL 2020

From left to right…
❖ Imelda Lopez, Treasurer
❖ Antonina Sanchez, at large
❖ Azucena Fuentes, President
❖ Magdalena Cabrera, Asst. Treasurer
❖ Lucia Lopez, Secretary
❖ Fabiola Romero, Vice President
James Carbone, President
Cheryl Hamlin, MD, Secretary
Jane Carbone, Treasurer
Carol Bedrosian, Editor
Claire Bettler, CNM
Andrea Catalano, MPH

Kimberly Navarro, CNM
Suzannah Hurd, MPH
Tim Frey, MD
Elisa Vandervort, CNM
Emeritus: Judy Luce, LM
Emeritus: Jan Saunders, CPM

Nicole May, CNM, MSN
Executive Director
Mary Ellen Galante, CNM, MPH
Program Manager
James Carbone, RN, MPH
Board President

Asia Newlin-Blackwell, MPA
Incoming Executive Director
KC Bly, CNM
Incoming Program Manager
2020 Midwife Mentor
Alyssa DeConto, CNM
2019 Midwife Mentor
THANK YOU

OUR FOUNDATION SUPPORTERS

With special thanks to

EVERY MOTHER COUNTS

and to all our foundation supporters:

The Swinmurn Family Foundation
The LATA Foundation
The Derek Moore Foundation
ALAF - Anglo-Latin American Foundation
La Vida Foundation

and a deep gratitude to our Ambassadors:

Philippa Vernon-Powell, MBE
Ivan Bravo Carbajal

Report Graphic Design by Isaiah Lyons- Galante

THANK YOU

GRACIAS

CHJONTE