

**4th May 2010, Ecuador (IPS) - Seventeen-year-old Miriam Toaquiza is the only occupant of the teenage mothers' ward in the public hospital in this Andean city. Beside her in the bed is Jennifer, her newborn baby.**

She is relaxed and smiling, in spite of having to stay in hospital longer than expected because of a postpartum complication.

"Are they looking after you all right, dear?" asks Julio Guerrero. "Yes," she replies. "Have they charged you for any medicines or for anything they have given you?" "No," she says. "Has anybody asked you to pay for anything at all?" he asks again. "No, it's all free, because of the free maternity programme," she says cheerfully.

IPS was on the scene in Latacunga, 100 kilometres south of Quito, the capital of the north-central province of Cotopaxi, one of the poorest in the country.

In the valleys between the Andean mountain chains that surround the city, at a height of 2,800 metres above sea level, flowers and broccoli are produced for export, providing a high level of employment.

But higher up the mountains, indigenous Quechua-speaking communities, marginalised for centuries, scratch a living from small plots of eroded land.

Toaquiza, who is completely bilingual in Quechua and Spanish, lives in one of these communities in the canton of Saquisilí, where 68 percent of the people live on less than two dollars a day, a poverty rate 20 percentage points higher than the provincial average.

Guerrero is the chairman of the Local Users Committee, established under the Law of Free Maternity and Child Care, which was approved in 1994 and codified in 2006 to harmonise laws within its scope, reinforce existing regulations and programmes, and provide financial autonomy.

As a result, Ecuador has achieved a steep decline in maternal mortality, and United Nations agencies refer to its law as a model for other Latin American countries, where deaths of women in childbirth and the postnatal period are either stationary or rising.

In Quito, Verónica Rocha, head of institutional development for the Free Maternity programme, told IPS that the law "finances medicines, materials, vitamins and minerals, supplies and laboratory tests, for pregnant women, during labour and postnatally, as well as for children up to the age of five."

Ministry of Health staff, facilities and equipment also participate in the programme. The achievements are a credit to "the entire public health system," she said.

During the 1970s, the average annual maternal mortality rate in Ecuador was 188 per 100,000

live births, which fell to 142 in the 1980s, 75 in the 1990s and dropped again to an average of 55 maternal deaths per 100,000 live births for the period 2001-2007, according to internationally recognised statistics.

The average maternal mortality rate in Latin America was 130 deaths per 100,000 live births in 2007. International organisations and women's groups warn that this ratio is being reduced slowly or not at all.

The principle behind Ecuador's law is simple. Every woman has the right to free, high-quality health care during pregnancy, childbirth and the postpartum period, as well as access to sexual and reproductive health programmes, says the first article.

Eulalia Salinas, the secretary of the Latacunga Users' Committee, says that training for these community groups and their supervisory responsibilities over the programme have been the key to its success. The law stipulates that a committee be created in each of the 221 cantons that are subdivisions of the country's 24 provinces. However, there are only 59 committees so far.

She is pleased that there were only two maternal deaths in Cotopaxi province in 2009, compared to 33 four years ago.

"Our committee was formed in 2004, through the work of the Women's Political Coordinating Body," said Salinas. This non-governmental organisation has fomented the creation of the committees, "which until then were dead letter, so that we could claim our rights," she said.

"We work on a voluntary basis to ensure that the budgeted funds sent to each canton are used for the free maternity programme, and that the women and children are treated to a high standard, and with human warmth," she added.

The committees have successfully reduced mistreatment of women and discrimination with racist overtones.

"Before, the doctors would treat us badly. When we were giving birth they would shout, 'you dirty Indian, you opened your legs when you felt like it and now you're screaming! Shut up now!'" said Giovanna Álvarez, head of the Users' Committee in Saquisilí, Toaquiza's canton.

This canton has made the most progress towards "humanised childbirth." Mothers can have a person of their choice with them during labour, they can have hot herbal tea before labour starts, and they can choose the birthing position they prefer.

All these things are forbidden in other hospitals, but in Saquisilí they were accepted after pressure from indigenous women, as a mark of respect for their traditional customs.

"Before, the doctor's convenience always came first. He would sit in front of the woman in labour, who was lying horizontally with her legs spread apart in metal stirrups, a completely unnatural position. The natural way is for the woman to be standing or squatting," so the baby is born with the help of gravity, Salinas said.

The model centred on the mother's needs, and not those of the doctor or midwife, will be extended throughout the country, and every encouragement will continue to be given for women to deliver in health centres. "The vast majority of maternal deaths happen when they give birth at home, in inadequate conditions," Álvarez said.

Source: [IPS](#)