

Global Pediatric Alliance: Indigenous Mother & Child Health May 2026 Fact Sheet



Global Pediatric Alliance (GPA) promotes grassroots empowerment and community-based healthcare to reduce maternal and infant mortality and improve the lives of women and children in Latin America. GPA is founded on a simple premise: empowering community health workers through education will improve maternal and child health in vulnerable, rural areas.

Doña María's Story

More than 80 years ago, Doña María Méndez was born into the hands of her grandmother, Mercedes, a Mayan midwife from the Tzeltal region of southern Mexico. And just like her grandmother, mother, great-aunt and great-grandmother, María became a midwife. Her mother used to say: "How could you not be a midwife, when you carry the lineage of all the midwives and healers in the family?"

María's role begins well before the birth itself. When women come to her for prenatal care, she emphasizes the importance of prenatal visits, ultrasounds, and taking vitamins. "Because sometimes the baby doesn't come right. And if you don't take care of yourself, you might suffer during childbirth – and we don't want that," she said. Her daughter Petrona, now 62, has followed in her footsteps. She began as her mother's assistant – bathing the baby, keeping the fire going, and preparing the supplies. Now, women seek her out directly.



María has spent a lifetime accompanying women through pregnancy, childbirth and their postpartum period. In “catching babies” she continues to pass on the knowledge and experience she received from midwives who came before her, the traditions that ensure future generations can thrive.

Watch [The Making of a Mayan Midwife](#).

Understanding the Issue in Context

“As Indigenous people, going to medical services makes you feel less. It makes you feel invisible.”

– Beatriz, works with GPA's Respectful Maternal Care Program in Chiapas

Approximately 19% of Mexico’s population, or about 23.2 million people, self-identify as Indigenous according to Mexico’s 2020 Census. This population is severely disadvantaged relative to non-Indigenous Mexicans. In 2022, the poverty rate among Indigenous Mexicans was 65%, twice that of the non-Indigenous population. According to the most recent data, the Infant Mortality Rate was 23 deaths per 1,000 births for Indigenous Mexicans, but 14 deaths per 1,000 births for non-Indigenous Mexicans. Indigenous Mexican women are twice as likely to die from maternal causes than their non-Indigenous counterparts.

GPA conducts most of its work in Chiapas, the southernmost state in Mexico. In 2020, Chiapas was home to almost 5.2 million people, 37% of whom self-identified as Indigenous. Chiapas is one of the poorest states in Mexico, with a poverty rate of 67%. It also has the highest Infant Mortality Rate of any state in Mexico at 25 deaths per 1,000 births.

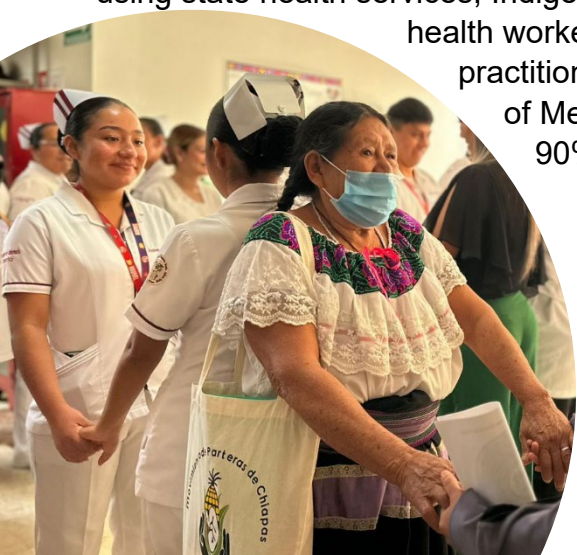
Inequities between Indigenous and non-Indigenous Mexicans in infant and maternal mortality rates are driven by three factors:

- A lack of access to health facilities,
- Discrimination when receiving services from health facilities, and
- Weak integration of traditional midwives into the formal health system.

Most Indigenous families have limited access to state health services. They tend to live in rural communities where transportation is scarce, and health facilities are hours away. Sometimes when they receive healthcare from a state health facility, they face discriminatory treatment. Instead of using state health services, Indigenous communities tend to rely on midwives and local community health workers for their frontline health care needs. These community practitioners are not integrated into the formal health system. In rural areas of Mexico where GPA works, traditional Indigenous midwives deliver 50-90% of all births.

Community-Based Solutions in Action

Most maternal and newborn deaths are preventable. In poor, rural areas, community-based healthcare can mean the difference between life and death for women and babies. To meet that need, GPA’s work spans four categories:



- **Enriching the Skills of Traditional Midwives and Community Health Workers – GPA** offers workshops for midwives that are developed from an intercultural, gender-based perspective with active participation of local midwives in the design of the curriculum. These workshops provide evidence-based pediatric primary care, prenatal care, birth techniques and management, while integrating and building upon the ancestral knowledge of midwives. Midwives are recognized as the true specialists in their communities, while their knowledge and practice are also enriched with elements of western medicine. GPA also works with organizational and grassroots partners to train teams of local frontline healthcare workers on prenatal care, obstetric emergencies, first aid, and respiratory and diarrheal diseases, as well as in the coordination of an emergency transportation fund for communities.
- **Promoting Respectful and Equitable Maternal Health Care – GPA** has expanded its focus to work with hospitals and clinics to ensure that they provide indigenous women with culturally-respectful health care. This includes a series of workshops, observation and documentation of medical practices at clinics and hospitals, surveys of service users, and the creation of individual and collective improvement plans. Over the past five years, GPA has worked in several regions of Chiapas and several health districts in the state of Yucatán and has trained nearly 2,000 health practitioners.



- **Strengthening Movements and Advocacy – GPA** has also expanded its focus to strengthen community networks to empower Indigenous women to advocate for their rights and address systemic barriers they face to equitable care.
 - Over the past 10 years, GPA has worked with the Nich Ixim Midwife Movement, which is made up of more than 600 Indigenous midwives representing more than 30 municipalities throughout Chiapas. The midwives have united in order to collectively fight for their right to preserve and practice their ancestral occupation of caring for women, in the face of increasing obstacles, discrimination and violations of their rights.
 - More recently, GPA has been working with the National Agenda for the Defense of Traditional Midwifery, an organization in Mexico that arose in response to the devastating effects of the Covid-19 pandemic on maternal mortality.
 - In 2023, GPA began collaborating with organizations throughout the Americas with the goal of uniting the efforts and voices of Indigenous midwives. Those efforts resulted in the organization of an in-person meeting of nearly 50 midwives in New York City in April 2024 and the formation of the Continental Alliance for Traditional Midwifery of the

Americas, which has as its objective the development of strategies and actions for the protection and preservation of traditional midwifery on an international level.

- **Investing in Communities** – GPA provides seed funding to communities for community-designed health projects. Many communities understand that poor health is often caused or exacerbated by poverty, racism, environmental degradation, and other factors, and they have both the motivation and knowledge to devise their own integrated solutions to child and maternal health problems. What they lack is financial support or technical expertise. GPA meets this need by providing funding for well-conceived, sustainable, grassroots health projects.



“Traditional midwifery is important because it carries the ancestral knowledge of the Maya people – knowledge that must be protected.”

– Kate del Rocío Yeh Chen, a young Indigenous women’s rights advocate and granddaughter of a midwife

Together Women Rise’s grant of \$50,000 funds Improving Access to Quality, Equitable and Respectful Maternal Health Services for Marginalized Mayan Women in Chiapas and the Yucatán Peninsula, Mexico.

The goal of this grant is to improve the well-being and health of Indigenous women by expanding their access to quality, culturally respectful maternal and child health services in the Mexican states of Chiapas, Yucatán, and Quintana Roo. GPA will accomplish this goal by strengthening the skills of Indigenous midwives, fostering community networks of care, and promoting Respectful Maternal Health principles in clinics and training institutions.

This project is comprised of three integrated components:

- **Strengthen the skills of 200 Indigenous midwives** through a series of evidence-based workshops that, from an intercultural and gender-based perspective, enrich ancestral knowledge with prenatal, birth, postpartum, and emergency-response techniques.
- **Foster Indigenous Community Networks of Care for Women’s Health**, led by Indigenous women leaders and grassroots organizations, to build leadership on maternal health, gender-based violence prevention, and gender rights, and to coordinate local and institutional actions – including emergency response – that prioritize mothers’ health.
- **Promote Respectful Maternal Health principles** within hospitals and medical schools, including training 400 health providers, securing facility agreements for concrete service improvements, and advocating for the incorporation of Respectful Maternal Health principles into 1 – 2 medical/nursing schools.



Impact and Transformation

Pediatrician Scott Cohen founded Global Pediatric Alliance in 2002. He still serves as its Medical Director. In 2002, Dr. Cohen spent a year volunteering at a health clinic in a remote part of Guatemala where access to formal health services was extremely limited and traditional midwives and community health workers provided essential health care. He recognized that training these frontline health workers could empower them to increase and sustain the quality of care for women and children. He established GPA to offer workshops on western medicine to community health practitioners.

Across all its programs, GPA reached 130,092 people in 2024. Under its Enriching Skills programs, GPA trained 324 midwives and 179 community health workers. Midwives who recently received GPA's training carried out 3,788 prenatal visits, safely delivered 815 babies, and made 116 emergency referrals for life-saving care.

GPA anticipates achieving the following outcomes because of this grant:

- 90% of the newly trained midwives will have improved knowledge and skills on prenatal, childbirth, postpartum and newborn care, and respond appropriately to obstetric and newborn emergencies.
- 75% of newly trained midwives will be aware of their rights and women's rights to health during pregnancy, childbirth, and postpartum periods.
- At least 80% of key groups of female community leaders will know their rights and recognize obstetric risk factors, pregnancy-related warning signs, gender-based violence, and know how to respond appropriately.
- Key groups of community leaders will have carried out at least five local initiatives in support of women's health rights.
- At least 400 medical staff at hospitals and clinics will have been trained in Respectful Maternal Health principles and indicate improvement in the care they provide to Indigenous women.
- At least 50% of health units/facilities that have participated in Respectful Maternal Health trainings will have signed agreements to improve maternal health services.
- At least one state university will have implemented actions to incorporate the Respectful Maternal Health curriculum into its programs for nursing/medical students.

Direct impact: 800 women (including 200 Indigenous midwives, 400 health providers, and 200 community leaders in Chiapas, Yucatan, and Quintan Roo); Indirect impact: 450,000 women and girls (through increased access to comprehensive, culturally respectful healthcare services and increased community support)

"Global Pediatric Alliance has changed my life as a professional and as an Indigenous woman. What GPA is doing will impact many generations of women and children." – Beatriz, works with GPA's Respectful Maternal Care Program in Chiapas

Mission Alignment

This project centers Indigenous women’s rights and knowledge while advancing evidence-based practices, pairing midwife-led, community-rooted care with system-level change in clinics and training institutions. It is co-designed with local midwives and leaders, ensuring cultural safety, trust, and real-world relevance. The approach addresses discrimination in maternal services head-on through Respectful Maternal Care, while documented behavior changes (referrals, testing, immediate breastfeeding) demonstrate tangible impact. With both community networks and professional providers moving in concert, this is a scalable pathway to safer births, healthier families, and lasting equity for Indigenous women and girls.

Budget

Item	Description	Cost
Personnel	Personnel costs cover 50% of Mexico Office Director salary, who oversees entire on the ground operation	\$33,000
Field Operations Travel	For workshops/activities throughout three rural states, Indigenous communities	\$8,050
Translator Expenses	Contracted Indigenous language translators	\$7,350
Supplies	Midwife kits: Approximately \$63 per kit, includes glucometer, gauze, alcohol, umbilical tape	\$1,600
Total	Total project cost: \$631,065. Rise funding: \$50,000 (approx. 8%)	\$50,000

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Source Materials

[Global Pediatric Alliance](#)

[Statista. Share of Population Living in Poverty in Mexico in 2022 by Severity and Ethnicity.](#)

[Statista. Share of Population Living in Poverty in Mexico in 2022 by State.](#)

[Schmal, John. 2022. Indigenous Mexico in the 2020 Census: A State-by-State Analysis](#)

[Geo-Mexico. The Geography and Dynamics of Modern Mexico. Which states in Mexico have the highest infant mortality rates?](#)

[United Nations Population Fund, International Federation of Midwives, and the World Health Organization. State of the World Midwifery Report 2021.](#)

[Gamlin, Jennie, and David Osrin. 2022. “Preventable infant deaths, lone births and lack of registration in Mexican indigenous communities: health care services and the afterlife of colonialism.” ETHNICITY & HEALTH VOL. 25, NO. 7, 925–939](#)

[Graciela, Maria and Freyermuth Enciso. 2018. “Maternal Mortality of Indigenous Women in Mexico: An Analysis from the Perspective of Human Rights” In David Schwartz, ed. Maternal Death and Pregnancy-Related Morbidity Among Indigenous Women of Mexico and Central America. New York: Springer.](#)

[Edson Serván-Mori and Sergio Meneses-Navarro. 2025. “Beyond disease burden: the urgent need to address maternal health disparities among Indigenous populations in Latin America.” International Journal for Equity in Health 24:276](#)