



QUALITY CARE AND DELIVERY OF SERVICES OF BIRTHING CLINICS IN COTABATO CITY

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Abstract

This study aimed to evaluate the service delivery provided by birthing clinics in Cotabato City. The study is a descriptive-correlation design utilizing a researcher-made survey questionnaire to 74 selected respondents, using purposive sampling, employing mean and Pearson r . The findings revealed that the administration of birthing clinics in maternity service on pre-natal and post-natal care, normal spontaneous delivery, and care of newborn babies were all very highly administered. The safe quality care of birthing clinics was very highly improved. The correlational analysis between the delivery of services of the birthing clinics and the improvement in safe quality care revealed a significant relationship. Hence, the null hypothesis is rejected. The study concludes that adherence to the standards mandated by the law of the birthing clinics can help improve care to mother and child that prevented maternal and child mortality and complications. The study generally recommends the intensification of support to capacitate the birthing clinics in providing quality services.

Keywords: Quality Care, Delivery of Services, Birthing Clinics, Cotabato City

INTRODUCTION

Health experts all over the world explained that the time of birth is critical to the survival of women and their babies, as the risk of morbidity and mortality could increase considerably if complications arise due to unsafe birthing practices. In spite of the considerable researches and interventions that have been ongoing for several years, the concept of “normality” in labor and childbirth is not universal or standardized and death rates both of mother and babies increase (Simelela, 2018).

In the Philippines there has been a substantial increase over the last two decades in the application of a range of labour practices to improve the outcomes for women and babies. The administration and operations of birthing clinics are strictly regulated by the Department of Health to ensure safe quality care of the mother and babies. However, despite of the different strategies and approaches

implemented, still the attainment of zero maternal death is not attained (Ordinario, 2020).

In Mindanao, the Department of Health reported that many of the mothers prefer to give birth in birthing clinics due to convenience and quality of services provided. However, problems on complications during birth may endanger the life of the mother and baby if the administration of the birthing clinics is not compliant to the general guidelines of safe birthing protocols (Batulid, Mayo and Polangi, 2015).

Thus, the timeliness in determining the administration and operation of the birthing clinics in Cotabato is beneficial to the clients that inspired the researcher to be able to formulate recommendations to improve the practices of the birthing facilities in their operation.

Theoretical Framework

The study is primarily supported by the DOH Administrative Order No. 2012-0012 entitled “The Rules and Regulations Governing the New Classification of Health Facilities” which includes the birthing clinics to acquire license to operate and comply with requirements to ensure safe quality care of the mother and newborn. It describe a birthing home is a homelike birthing facility that provides birthing services on pre natal and post natal care, spontaneous delivery and care of newborn babies to ensure lessen maternal mortality and safeguard the delivery of newborn babies. Furthermore, the Administrative Order No. 2008-0029 specifically in Section 3 requires that every birthingclinics should be manned by skilled birth attendants and should be done in a birthing facilities.

On the other hand the study is supported by the theory on safe birthing protocols formulated by the World health organization under the Sustainable Development Goal 3 which ensure healthy lives and promote well-being for all at all ages and the new Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), wherein global agendas are expanding their focus to ensure that women and their babies not only to survive labour complications if they occur but also that they thrive and reach their full potential for health and life (WHO , 2018).

These guiding polices and protocols can help provide an assurance that safe and quality practices in the operation of birthing clinics protect the lives of the mother and newborn babies. Through the provision of quality services to the pregnant mothers the prevention and early detection of complications can help improve the safety of birth of the mother and their newborn.

Conceptual Framework

The diagram in Figure 1 presents the first box that shows the provision services of the birthing clinics in terms of: maternity service on pre and postnatal care, normal spontaneous delivery and care of newborn babies; as the independent variable.

The second box describes the quality care of the birthing clinics describe in terms of lessen maternal mortality and safeguard the delivery of newborn babies; as the dependent variable.

The boxes are connected by a line describing the relationship between the dependent variable and independent variable.

INDEPENDENT VARIABLE

DEPENDENT VARIABLE

Provision of Services of Birthing Clinics

- Maternity service on pre and postnatal care
- Normal spontaneous delivery
- Care of newborn babies

Quality Care

- Lessen maternal mortality
- Safeguard the delivery of newborn babies

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Care Impr

Statement of the Problem

This study aimed to determine the quality care of delivery of services of the birthing clinics in Cotabato City.

Specifically, it sought answers the following questions:

1. To what extent is the administration of services of the birthing clinics in terms of;
 - 1.1 maternity service on pre and postnatal care;
 - 1.2 normal spontaneous delivery; and
 - 1.3 care of newborn babies?
2. To what extent are the quality care improvement of birthing clinics attained in terms of;
 - 2.1 lessen maternal mortality; and
 - 2.2 safeguard the delivery of newborn babies?
3. Is there a significant relationship between quality care delivery of services and the quality care improvement of birthing clinics in Cotabato City?

Hypothesis

The hypothesis of the study was tested at 0.05 level of significance.

Ho1. There is no significant relationship between the quality care delivery of services and quality improvement of birthing clinics in Cotabato City.

METHODS

The study used of the descriptive –correlational design. According to Durnham (2015) this type of research is helpful in describing a phenomena through gathering quantitative data using survey and describing the relationship of the variables using statistical tools. The descriptive aspect of the study described the administration of the delivery of services of birthing clinics and quality care improvement. The correlational aspect is the description of the relationship between the variables mentioned above. The triangulation aspect included supports from an interview conducted with some selected respondents.

The respondents of the study were the selected 100 midwives and birthing clinic owners and managers for calendar year 2020-2021. The study was conducted in the 20 selected private birthing clinics located at Sinsuat Avenue Cotabato City. Presently there are 35 private birthing clinics registered at the DOH 12. In this study, only 20 were included because the rest of the birthing clinics were no longer in operation due to the Covid-19 pandemic.

The researcher first formulated a research - made survey questionnaire which was used as the main instrument for data gathering. It was patterned from the DOH guidelines for birthing clinics operations. The survey instrument was composed of 2 major parts. The Part 1 was composed of 15 item close ended questions about the administration of the delivery of services of the birthing clinics. The Part 2 was made up of close ended statements about the improvement of quality care. The instrument made use a four point Likert scale as basis for selecting the situations describe in the statements.

Part 1 Administration of Delivery of Services

Scale	Mean	Interpretation
4	3.50-4.49	Highly Administered
3	2.50-3.49	Administered
2	1.50-2.49	Less Administered
1	1.00-1.49	Least Administered

Part 2 Improvement of Quality Care

Scale	Mean	Interpretation
4	3.50-4.49	Highly Improved
3	2.50-3.49	Improved
2	1.50-2.49	Less Improved
1	1.00-1.49	Least Improved

The researcher decided to use the purposive sampling technique since selected respondents will be chosen to answer the research instrument. This sampling technique is a non probability sampling technique that will use inclusion criteria of selecting only those working in birthing clinics.

The research instrument underwent a validity and reliability evaluation to ensure it has the right content to be able to answer the research questions. The validity assessment of the instrument was conducted by three experts composed of one professor from CCSPC and two external validators from Department of Health. A dry run was conducted to 20 individual which were excluded as respondents to test the reliability of the instrument using the Item Total Analysis and Split Half to be checked by Chronbach's Alpha.

The mean was used in describing the administration of the delivery of services and improvement of quality care of birthing clinics. Additionally, the Pearson r Product Moment Correlation was used in determining the relationship between the independent and dependent variable of the study.

RESULTS AND DISCUSSIONS

Extent of Provision and Operation Practice in terms of Maternity Service on Pre and Postnatal Care

Table 1 presents extent of administration and operation practice of birthing clinics in terms of maternity service on pre and postnatal care that got a grand mean of 3.87 interpreted as highly implemented. This means that the clinic provide services pertaining that ensures access the women in the community for pregnant mothers .

Table 1
Mean Rating on the Extent of Provision and Operation Practices of the Birthing Clinics in terms of Maternity Service on Pre and Postnatal Care
 n=74

Maternity service on pre and postnatal care	Mean	Descriptive Interpretation
1. Provides pre natal check up.	3.91	Very Highly Implemented
2. Conducts counseling services for maternal care.	3.86	Very Highly Implemented
3. Gives health education on pregnancy and delivery.	3.86	Very Highly Implemented
4. Conducts post partumcheck up.	3.85	Very Highly Implemented
5. Provides family planning services after delivery.	3.88	Very Highly Implemented
Grand Mean	3.87	Very Highly Implemented

Range of Means
 3.50-4.00 Highly Implemented
 2.50-3.49 Moderately Implemented
 1.50-2.49 Less Implemented
 1.00-1.49 Least Implemented

Extent of Provision and Operation Practice in terms of Normal Spontaneous Delivery

Table 1 presents extent of administration and operation practice of birthing clinics in terms normal spontaneous delivery that got a grand mean of 3.76 interpreted as highly implemented. This implies that services of birthing clinics are compliant with their mandate to cater normal deliveries since complicated cases are not part of their services. In statement which pertains to ensures compliance to essential birth care for mothers during delivery, the respondents rated it as highly implemented as supported by the highest mean value of 3.88. This shows higher safety measures provided by the clinics since they follow the guidelines to ensure welfare of the mother and child are given attention which is mandated by the Department of Health.

On the other hand, they rated the performance of delivery to 18-35 years old mothers with the lowest mean of 3.34 interpreted as moderately implemented. This means that they are observing the guidelines on safe age bracket for mothers that are allowed in the birthing clinics to give birth. However, according to some informant they have an obstetrician on duty in the clinic thus sometimes even those older than 35 were catered in their clinic.

Recidoro (2014) explained under the guidelines of EINC the allowed age bracket of safe and normal delivery in birthing clinic is between 18-35 since younger or lower that age is considered high risk already. But if there is an obstetrician in the clinic then it is allowed as long as they are managed properly and has no manifestation of danger signs.

Table 2
Mean Rating on the Extent of Provision and Operation Practices of the Birthing Clinics in terms of Normal Spontaneous Delivery
 n=74

Normal spontaneous delivery	Mean	Descriptive Interpretation
1. Perform delivery to 18-35 years old mothers.	3.34	Very Highly Implemented
2. Performs birth delivery to cephalic and normal presentation of babies.	3.86	Very Highly Implemented
3. Maintains strict aseptic technique during delivery.	3.88	Very Highly Implemented
4. Ensures compliance to essential birth care for mothers during delivery.	3.88	Highly Implemented
5. Deliveries are conducted by trained and qualified health care providers..	3.86	Very Highly Implemented

Grand Mean	3.76	Very Highly Implemented
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Range of Means

3.50-4.00	Highly Implemented
2.50-3.49	Moderately Implemented
1.50-2.49	Less Implemented
1.00-1.49	Least Implemented

In the statement, which ensures compliance to essential birth care for mothers during delivery, the respondents rated it as highly implemented as supported by the highest mean value of 3.88. This shows higher safety measures provided by the clinics since they follow the guidelines to ensure the welfare of the mother and child are given the attention which Department of Health mandates.

Extent of Provision and Operation Practice in terms of Care of Newborn Babies

Table 3 displays the extent of administration and operation practice of birthing clinics in terms of care of newborn babies that got a grand mean of 3.77 interpreted as highly implemented. This denotes that the provision of newborn care is provided always as part of the main activities of birthing clinics during delivery.

Specifically, the statement pertaining to application of eye ointment as eye prophylaxis of the newborn, the respondents rated it as highly implemented as supported by the highest mean value of **3.79**. This shows the birthing clinics are following the standard routine newborn care mandated by the Department of Health to ensure babies who are delivered are given immediate preventive measures.

In the same answers they have rated the conduct of latch on upon birth that got the lowest mean of 3.75 interpreted as highly implemented. This means that the birthing clinics promote breastfeeding which is mandatory to all deliveries so that babies are given the best source of nutrients upon birth.

The EINC protocols mandated the health care providers to all delivery care properly to do immediate latch on to ensure breastfeeding is promoted is mandatory to all birthing facilities. This can provide guidance and information to mothers on the importance of breastfeeding for babies welfare (EINC Briefer, 2015).

Table 3
Mean Rating on the Extent of Provision and Operation Practices of the Birthing Clinics in terms of Care of Newborn Babies

n=74

Care of newborn babies	Mean	Descriptive
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		Interpretation
1. Performs latch on upon birth of the baby.	3.75	Very Highly Administered
2. Wraps the baby to be warm upon birth.	3.78	Very Highly Administered
3. Injects Vit k upon birth of the baby.	3.76	Very Highly Administered
4. Applies eye ointment as eye prophylaxis of the newborn.	3.79	Very Highly Administered
5. Wipes the nose and mouth of the baby right afterbirth to facilitate breathing.	3.78	Very Highly Administered
Grand Mean	3.77	Very Highly Administered

Range of Means

- 3.50-4.00 Highly Implemented
- 2.50-3.49 Moderately Implemented
- 1.50-2.49 Less Implemented
- 1.00-1.49 Least Implemented

Extent of improvement of Safe Quality Care of Birthing Clinics in terms of Lessen Maternal Mortality

Table 4 describes the extent of improvement of safe quality care of birthing clinics attained in terms of lessen maternal mortality got a grand mean of 3.80 interpreted as highly improved. This means that the services provided by the birthing clinics contributed in decreasing the death of mothers due to complications in pregnancy and delivery which is vital to quality maternal healthcare.

In statement which pertaining to decreased death due to infection after giving birth, the respondents rated it as highly improved as supported by the mean value of 3.81. This implies that the services are safe because proper infection control is given highest priority.

Table 4
Mean Rating on the Extent of Improvement of Safe Quality Care of Birthing Clinics Attained in terms of Lessen Maternal Mortality
n=74

Lessen maternal mortality	Mean	Descriptive Interpretation
1. Decreased death due to hemorrhage.	3.80	Highly Improved
2. Decreased death due to rupture of uterus.	3.81	Highly Improved
3. Decreased death due to infection after giving birth.	3.81	Highly Improved

4. Decreased death due to Eclampsia	3.77	Highly Improved
5. Decreased death due to cervical lacerations.	3.81	Highly Improved
Grand Mean	3.80	Highly Improved

Range of Means

3.50-4.00	Highly Improved
2.50-3.49	Moderately Improved
1.50-2.49	Less Improved
1.00-1.49	Least Improved

Meanwhile, the answers on decreased death due to eclampsia with the lowest mean of 3.77 interpreted as highly improved. This answer denotes good assessment measures in identifying danger signs of pregnancy like eclampsia since it can be controlled when detected.

Similarly, (Javier 92016) explained that the main purpose of maternal care is to ensure mothers are given best care to ensure safety during and after giving birth.

Extent of improvement of Safe Quality Care of Birthing Clinics in terms of Safeguard the Delivery of Newborn Babies

Table 5 shows the extent of improvement of safe quality care of birthing clinics attained in terms of safeguard the delivery of newborn babies got a grand mean of 3.85 interpreted as highly improved. This means that the birthing clinics are providing excellent care to the babies born in their facility for they are ensuring the welfare and lives of the babies are given sufficient care.

Table 5
Mean Rating on the Extent of Improvement of Safe Quality Care of Birthing Clinics Attained in terms of Safeguard the Delivery of Newborn Babies
n=74

Safeguard the delivery of newborn babies	Mean	Descriptive Interpretation
1. Decreased fetal death due to strangulation.	3.85	Highly Improved
2. Ensured health birth deliveries.	3.88	Highly Improved
3. Facilitated good breathing of newborns..	3.88	Highly Improved
4. Provided immediate newborn care.	3.88	Highly Improved
5. Prevented asphyxia for babies.	3.78	Highly Improved

Grand Mean	3.85	Highly Improved
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Range of Means

3.50-4.00	Highly Improved
2.50-3.49	Moderately Improved
1.50-2.49	Less Improved
1.00-1.49	Least Improved

Correlation Analysis between the Administration and Operation Practices of the Birthing Clinics and the Improvement in Safe Quality Care

Table 6 presents the correlation analysis was used to identify the significant relationship between the administration and operation practices of the birthing clinics and the improvement in safe quality care.

Table 6
Correlation Analysis between the Provision and Operation Practices of the Birthing Clinics and the Improvement in Safe Quality Care

Provision of Delivery of Services	Quality Care				OVERALL ATTAINMENT	
	Lessen maternal mortality		Safeguard the delivery of newborn babies		r	Sig
	r	Sig	r	Sig		
Maternity service on pre and postnatal care	.843**	.000	.968**	.000	.950**	.000
Normal spontaneous delivery	.740**	.000	.920**	.000	.868**	.000
Care of newborn babies	.823**	.000	.752**	.000	.833**	.000

** . Correlation is significant at the 0.01 level (Highly Significant)

As shown in the table below all the indicators of administration of delivery of services in terms of maternity service on pre and postnatal care with a p-value of .000, normal spontaneous delivery with a p-value of .000 and care of newborn babies with a p-value of .000 indicating a significant relationship between the indicators of quality care (lessen maternal mortality and safeguard the delivery of newborn babies) at .01 level of significance. This means the null hypothesis that there is no significant relationship is rejected. This implies that the implementation of birthing practices in accordance to the mandate and standards of law contributed in the improvement of quality and safe care to both mother and children ensuring prevention of complications and deaths.

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are

consistent with current professional knowledge (World Health Organization, OECD, and International Bank for Reconstruction and Development/The World Bank, 2018). This can promote higher safety and wellbeing of mothers and children.

Summary of Findings

Supported by the data gathered, the following are the major findings of the study:

The extent of implementation of provision and operation practice of birthing clinics in terms of maternity service on pre and postnatal care, normal spontaneous delivery and care of newborn babies were all very highly administered, which signifies effective operation of birthing clinics.

The extent of improvement of safe quality care of birthing clinics attained in terms of lessen maternal mortality and safeguard the delivery of newborn babies were highly improved which means it is effective in promoting safety of mother and child.

The correlational analysis between the administration and operation practices of the birthing clinics and the improvement in safe quality care revealed there is a significant relationship. Therefore, the null hypothesis is rejected.

Conclusions

The study concludes that adherence to the standards mandated by law like the Essential Intrapartal and Newborn Care (EINC) guidelines of the birthing clinics in the implementation and administration of birthing clinics can help in improvement of care to mother and child that prevented maternal and child mortality as well as complications. The adherence of the clinic in providing quality services in pre natal and post natal care provided safety and comfort to mothers that helped in ensuring safe delivery. Likewise the competent care to the newborn by providing the routine care properly had increase improvement in the wellbeing of newborns after birth. The birthing clinic had helped in providing competitive and accessible care to the mother and hold that can contribute in the attainment of the goals of the Department of Health of eliminating maternal and child care through quality service delivery.

Recommendations

In the light of the findings and conclusion of this study the following are strongly recommended:

1. To the Department of health to intensify regulations and monitoring of the birthing clinics to ensure their compliance in the standards mandated for higher safety measures for mother and babies.

2. To the Birthing Clinic Owners to ensure the administration and implementation of the maternal and child care be aligned with the mandate of the Department of health to increase safety and quality of care provided.
3. To the health care providers working in the birthing clinic to ensure commitment and adherence to standards mandated by law in the performance of pre and post natal care and newborn care to increase safety of mother and child.
4. To the local government officials to provide support to the birthing clinics to improve their facilities and help in regulating the implementation of quality maternal and child health care services.
5. To the clients to make sure of selecting the birthing clinics that comply with permits required by the government to operate to ensure quality care provided.

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