Maternal care access in resource-limited settings in the Philippines

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Introduction
In developing countries with poor health care infrastructure, pregnancy poses serious health risks for women. Identified common themes in the lived experiences of
• Skilled birth attendance (SBA) by doctors and midwives greatly reduces maternal and neonatal mortality rates
• Can recognize complications
• Provide emergency care and general medicine

In remote regions, distance, lack of transportation, cost, and stigma prevent low-income pregnant women from delivering with SBAs at facilities and motivate home deliveries with traditional birth attendants (TBAs)/hilot.
• Recently, trend in delivery preferences has reversed
• Hypothesized local social capital networks improved to disseminate better health info and incentivize facility births than PH gov oversight

Objective
To understand key factors that motivate pregnant women from low-resource settings in the Philippines to forego home deliveries and seek facility-based maternal care.

Methods
Study Design: Qualitative interviews
• Bohol island, Philippines
• 6 interviews

Participant Selection: Past ICM Transform participants
• Ultrarpoor women living on <$0.50/day
• Have delivered at home at least once before delivering at a facility for subsequent child

Analysis: Performed using NVivo
• Translated and transcribed audio recordings
• Identified common themes in the lived experiences of the ultrarpoor pregnant

Results
Quality of care: TBA vs. SBA

<table>
<thead>
<tr>
<th>TBA</th>
<th>SBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only assists in labor, post-labor cleaning of newborn and mother, and cuts umbilical cord</td>
<td>Usually provides constant monitoring of women from arrival to delivery in hospital</td>
</tr>
<tr>
<td>Does not have surgical equipment, medication, or emergency aid</td>
<td>Equipped with surgical tools and emergency medications</td>
</tr>
<tr>
<td>Cannot register newborn &amp; create birth certificate</td>
<td>Presents birth certificate before family leaves or registers newborn in municipality</td>
</tr>
<tr>
<td>Cannot immunize newborn</td>
<td>Offer standard set of vaccinations</td>
</tr>
<tr>
<td>Comes to women’s homes to provide personal care</td>
<td>Patients responsible for transportation to clinic or hospital</td>
</tr>
</tbody>
</table>

Expenses of pregnancy
• Interviewees reported paying P 300–P 700 for TBAs (often for only hilot, but sometimes for hilot + assistant)
• Child registration and birth certificates are free
• PhilHealth insurance status determines cost of prenatal visits at clinics, hospital visit, and vaccines
• Without insurance, costs range from P 5000
<table>
<thead>
<tr>
<th>Prenatal care</th>
<th>P 250–P 300</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhilHealth insurance status</td>
<td>Decomplished</td>
</tr>
<tr>
<td>Status patients</td>
<td>No signature</td>
</tr>
<tr>
<td>Free for “indigent” (low-income) status patients</td>
<td>Waives standard hospital and vaccination fees</td>
</tr>
<tr>
<td>Without insurance, costs range from P 5000</td>
<td></td>
</tr>
</tbody>
</table>

Logistics: Insurance and Transportation
• PhilHealth insurance
  • Greater local outreach from BHCs to individual homes
  • Increased interest and registration for health insurance
  • Increased travel and transportation for women
  • Transportation makes it unreliable to use when needed

Discussion
Quality of care
• Interviewees reported better care during and after labor from SBAs than TBAs, though some women felt more at ease (less shame, greater emotional comfort) with TBAs from their own communities
• Newborns received proper medical care (newborn screening & vaccines) from SBAs and almost no care from TBAs

Influence of policy
• Interviews revealed that time of policy implementation and policy requirements remain vague and unclear
• But the new rule of no more home births is clear to all. SBAs cannot help in deliveries, esp. for women with complications
• Participants often reported having complications in their subsequent pregnancies due to older age, declining health, and arising blood pressure issues

Expenditures & Logistics
• PhilHealth insurance for the ultrarpoor or indigent waives standard hospital and vaccination fees
• Reliable insurance access remains a challenge

Conclusion
• Although vague and differentially implemented across barangays, federal legislation around 2009-2011 restricted pregnant women’s access to TBAs and forced them to give birth at clinics, regardless of financial means and transportation availability

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