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Introduction

In developing countries with poor health care infrastructure, pregnancy poses serious health risks for women

Maternal mortality rates		
Developed countries	Developing countries	Philippines
1 in 8000 risk	1 in 76 risk	1 in 140 risk

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, monetary costs, and shame prevent low-income pregnant women from delivering with SBAs at facilities and motivate home deliveries with traditional birth attendants (TBAs)/hilots

- 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

- Ultrapoor 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 ultrapoor pregnant

Results

Quality of care: TBA vs. SBA

Prenatal Attendant	Poor			Fair			Good		
	2003	2008	p value	2003	2008	p value	2003	2008	p value
Doctors	8.5	2.7	0.00	40.1	24.2	0.00	51.7	73.2	0.00
Nurse/Midwife	21.1	13.2	0.00	55.2	47.2	0.00	23.7	39.7	0.00
Hilot	88.5	93.0	0.02	9.2	2.8	0.00	3.6	4.2	0.98

Note: If p value is less than .05, there is a significant difference between 2003 and 2008 estimates. Source: Lavado, Lagrada, Ulep, and Tan (2010). Prevalence and correlates of good quality prenatal care in the Philippines.

Figure 1. Despite formal training, TBAs have continued to provide **less satisfactory care** than SBAs. Study participants heavily emphasized this disparity in all interviews.

TBA	SBA
Only assists in labor, post-labor cleaning of newborn and mother, and cuts umbilical cord	Usually provides constant monitoring of women from arrival Doctor and nurse deliver child
Does not have surgical equipment, medication, or emergency aid (e.g., no dextrose to maintain consciousness)	Equipped with surgical tools and emergency medications Hospital provides food and clean clothing for duration of entire stay
Cannot register newborn & create birth certificate	Presents birth certificate before family leaves or registers newborn in municipality records so family can pick up certificate later
Cannot immunize newborn	Offer standard set of vaccinations
Comes to women's homes to provide personal care	Patients responsible for transportation to clinic or hospital

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**
 - Free for "indigent" (low-income) status patients
 - Without insurance, costs range from P 2000–P 5000
- Prenatal check-ups** at BHCs vary based on location from providing only vitamins to providing imaging, ultrasound, and lab results
- Transportation ranges from free to P 200 per person

Influence of policy

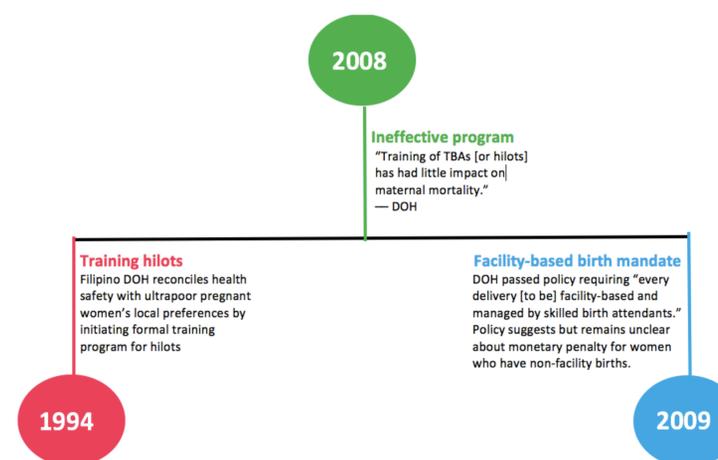


Figure 2. Timeline of Filipino maternal care health policies

- Around 2009-2011, federal law prohibited barangay/local health centers (BHC) from dispatching hilots to aid pregnant women deliver their children at home, especially for **women with complications, high/low blood pressure, and are of older age**
- Hilots who assisted home deliveries would incur **monetary penalty** (amount is unclear/varies)
- Children born at home may not receive birth certificate and be registered in municipality records
- Newborn may not be vaccinated without registration

Logistics: Insurance and Transportation

- PhilHealth insurance
 - Greater local outreach from BHCs to individual homes has increased interest and registration for health insurance in recent years
 - Bureaucratic disorganization** often inactivates insurance and makes it unreliable to use when needed
- Transportation
 - Lack of barangay ambulances ready to pick up pregnant women in labor or in emergency situation
 - Pregnancy women rely on families, neighbors, and friends for **transportation on motor bikes, boats, and jeepneys** to reach facility-mandated care in hospitals

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: TBAs 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 (common in the Philippines)

Expenses & Logistics

- PhilHealth insurance for the ultrapoor 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
- Mandate has been implemented without the measures to help ultrapoor women abide by the mandate, e.g., create clinics in every barangay staffed with at least one midwife, dispatch barangay ambulances to transport women to hospitals

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