ATTENDANTS' PERCEPTIONS ABOUT MATERNAL SERVICES AND CHILDBIRTH AT HOME

Dr. Stephen C. Hadwiger, PhD, RN
Truman State University
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RESEARCH PROBLEM

- United Nations 5th Millennium Goal:
 - Reduce by ¾, between 1990 & 2015, the maternal mortality ratio (MMR).
 - Philippines target for MMR: 53/100,000 births
- In Philippines, MMR had only declined from 209 to 162 per 100,000 births in 2007 (Ericta, 2007).
- 37% of Filipina women used traditional birth attendants in 2003 (54% in rural areas)

BACKGROUND

- WHO Training for Traditional Birth Attendants (Verderese & Turnbull, 1975)
- Philippine Midwifery Act of 1992
 - 2 years of college with 20 supervised deliveries
 - Licensed midwife
- Dept of Health Circular 69-A (1994)
 - Authorization for trained Traditional Birth Attendants to attend home births
- Dept of Health Circular 187A (1994)
 - Protocol for Home Deliveries
 - Trained Traditional Birth Attendants (hilots) only if licensed birth attendant is unavailable
- DOH Safe Motherhood and Women's Health Program (2000)
 - Recommends attendance of deliveries by licensed persons (e.g., midwives, nurses, or doctors)
- Establishing the Women's Health & Safe Motherhood Provincial Network (2007)
 - Prohibits traditional birth attendants from attending deliveries without a licensed person

PURPOSE OF THIS STUDY:

To describe maternal care services and perceptions among professional birth attendants from municipalities in Iloilo Province where Filipina mothers had previously been interviewed.

RESEARCH DESIGN

Qualitative Field Study

- Recorded interviews and field observations of birthing centers
- Interview guide & informed consent in English
- Approved by Truman Institutional Review Board

FIELD SETTING:

• Iloilo Province

- Central Visayas Region (Panay Island)
- Republic of the Philippines

Three municipalities:

- Municipality #1 7-10 km. from Iloilo City Proper
- Municipality #2 15-20 km from Iloilo City Proper
- Municipality #3 25-30 km from Iloilo City Proper



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PANAY ISLAND

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BoracayLive.com

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com/panay_island.jpg

HEALTH CARE SYSTEMS

- Baranggay Health Station
 - Smallest government unit
 - Comparable to "neighborhood" or "barrio"
 - Staffed with Baranggay Health Worker
- Municipal Health Center
 - Primary Care facility
 - Physician, sometimes dentist, nurse, and midwives
 - Lying In Clinic for deliveries staffed by midwives
- (No hospitals in these municipalities ambulance from municipal health center)

BARANGGAY HEALTH STATION



HEALTH CENTER LYING IN CLINIC



LYING IN CLINIC: MOTHER'S ROOM



NETWORK SAMPLING: 16 PROFESSIONAL BIRTH ATTENDANTS (E.G., MIDWIVES)

15 licensed midwives & 1 registered nurse

Marital Status:	Married Single	14 (87.5%) 2 (12.5%)
Education:	15 Midwife (2 years college) 1 RN (4 years college)	
Years of Experience:	Mn = 18.9 years; SD = 9.5 ; Range = $3 - 33$ years	
No. of Families in Area:	Mn = 7,090 families in catchment area	
No. of Deliveries/Month:	Mn = 9 deliveries/mo; Range = 2 – 20	

(confirmation visits with 10 professionals)

DATA COLLECTION

 Professional health workers were interviewed either in their homes or in the health clinic/stations where they worked.

DATA ANALYSIS

- Template analysis (Hsieh & Shannon, 2005)
 Categories
 - Standards of prenatal care
 - Standards of childbirth care
 - Standards of postpartum care
 - Perceptions of Mothers' Beliefs
 - (Beneficial, Harmless, or Harmful)
 - Concerns with Home Deliveries

FINDINGS CATEGORY: PRENATAL CARE

- Assessments
 - lab, blood pressure, fetal heart rate
- Health teachings
 - Personal hygiene
 - Nutrition
 - Breastfeeding
 - What to prepare before delivery
- Immunizations of mother (tetanus toxoid)

FINDINGS CATEGORY: CHILDBIRTH CARE

• Pattern: Care for Mother

- Home deliveries
- Deliveries in municipal health unit or baranggay health station
- Comforting the mother
- Teaching
 - How to push
- Delivery of placenta
- Methergin IM or PO

FINDINGS CATEGORY: CHILDBIRTH CARE

Pattern: Baby care

- Gestational assessment
- Suction airway
- Oil bath
- Cord care
- Eye prophylaxis with antibiotic
- Immunizations
 - Hepatitis B
- Prepare birth certificate

BABY CARE STATION



FINDINGS CATEGORY: CHILDBIRTH CARE

- Pattern: Baby care -changed during confirmation visits in 2011
 - Essential Newborn Cares (Unang Yakap)
 - Immediate drying of newborn
 - Early Skin-to-skin contact with mother
 - Timely (delayed) cord clamping
 - Early Breastfeeding (< 1 hour)
 - Other Cares after baby's first breastfeeding
 - Bath postponed until after 24 hours

FINDINGS CATEGORY: POSTPARTUM CARE

- Postpartum visit after 24 hours
- Teach hygiene (perineal washing using boiled guava leaves)
- Monitor vital signs
- Teach follow-up on breastfeeding, cord care for the baby, & family planning.
 - Family planning is consistent with WHO guidelines (not Roman Catholic Church)

PERCEPTIONS OF MOTHERS' FOLK BELIEFS:

Pattern: Harmless

- Not to use necklace, or have a towel around your shoulder/neck when pregnant; may cause cord coil around baby's neck.
- To step on ropes or cords instead of over them when pregnant to prevent cord coil around baby's neck
- Stay inside if there is solar eclipse. It will cause abnormalities in the baby.
- Not to fight with elders; it will cause difficult labor.
- When you are in labor, be sure that the closets are open to help the baby to come out easier and faster.
- Once the bag of water has ruptured, give the mother a raw native egg to drink to facilitate the baby's delivery.

PERCEPTIONS OF MOTHERS' FOLK BELIEFS:

• Pattern: Harmless

Take a bath 5 - 9 days postpartum and to boil 5 - 7 different leaves of plants in water; drink one glass of the water once cooled; and use remaining water for their first bath. The leaves are used to smoke the mother, to help regain her strength. Midwives often decided to help mothers with this ritual. This ritual was intended to prevent "bughat", postpartum complications of fatigue, dizziness, and blurred vision.

PERCEPTIONS OF MOTHERS' FOLK BELIEFS:

• Pattern: Harmful

- Batak: The paltera "lifts up" the pregnant mother's abdomen to straighten the baby.
- Mothers often place talc powder, ashes, or dirt on the baby's umbilical cord to allow it to dry and heal more quickly.
- The postpartum use of (bigkis) binder, postpartum or else they feel nauseated, dizzy, and feeling weak.

CONCERNS ABOUT CHILDBIRTH IN MOTHERS' HOMES

- Patients trying to go to another midwife in order to see if they can deliver at home even though they have been advised to go to the hospital for prenatal care and to deliver because they are high risks
- Risks for midwife traveling to very remote areas when called to deliver at home
 - Attacks by dogs
 - Inclement weather
- Delivering at home without midwife and called to cut the cord - no money

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QUESTIONS?



