PHILHEALTH – ACCREDITED PRIMARY BIRTHING FACILITIES IN A SOUTHERN PHILIPPINE REGION: POST ACCREDITATION STATUS

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ABSTRACT

Forty primary birthing facilities in Northern Mindanao (Region X) that are accredited by the Philippine Health Insurance Corporation are reviewed in this study to determine their post accreditation status. Birthing facility health workers and/or owners were interviewed to obtain profiles and feedbacks on the birthing facilities. Standard instruments of two government agencies and a checklist were the main instruments used for this study, which gathered data through survey interviews with owners or key persons of each birthing facility. Results noted an imbalance of the number of birthing facilities in each province of the region. Many lapses and inadequacies were observed in the birthing facilities in terms of their services, personnel, infrastructure, equipment, and supplies. Birthing facilities were viewed playing an important role, particularly in far-flung municipalities where access to hospitals is difficult thus serving as alternatives to a hospital or home deliveries. Attempt ed to examine the relationship between income class of municipalities and cities on one hand and status of birthing facilities, on the other hand, reveals the income class of the locale of the birthing facilities matters. The income class of the locale is positively associated with a better status of said facilities which is true in most instances in clinical and ancillary services, programs available for clients, infrastructure, physical plant, other physical facilities, environment and logistics, means of transport for the conduct of patients, equipment and materials, etc. Despite positive feedback, the main recommendation of this research is to continuously monitor each birthing facility to ensure that what is required to provide quality care and service to the pregnant mothers and children is not only for accreditation purpose; instead, the provision of the highest quality of care to the patients specifically mothers and children must always be the thrust of each birthing facility.

***Keywords**:*

INTRODUCTION

The need to promote maternal well-being was formally recognized by the United Nations during the 2005 World Summit in New York. Thus the concern to improve maternal health or in particular to reduce maternal mortality ratio and for universal access to reproductive health became one of the goals of the Millennium Development Goals (MDG).

The Philippines' maternal mortality ratio (MMR) is placed at 230 maternal deaths per 100,000 live births by the 2008 United Nations Population Fund study (http.//www.unfpa.org/swp/2008/includes/images/pdf_swp/monitoring_ICPD_goals.pdf). This ratio is significantly higher than the MMRs of the Southeast Asian countries like Vietnam (150), Thailand (110) and Singapore (14). Tobin (as cited by IRIN, 2009), said that the same ratio reflects that the Philippines has not made sufficient progress relative its goal of improving maternal health. In relation to this, Estopace (2009) reported the UNFPA concern that the Philippines might not be able to meet its goals under Millennium Development Goal 5 by 2015, which is reduce maternal mortality to 52 from its current MMR of 230.

The UNFPA observes that the Philippines were only able to experience a 22% reduction in its maternal mortality rate in the past decade (Estopace, 2009). It is against this background and the many other research findings that a measure of ensuring access to skilled care or attendance at birth through the establishment of both private and public birthing facilities in the Philippines was conceived, planned, and implemented. This is to encourage mothers to give birth in health facilities where they are attended by a team of skilled health providers and thus lower maternal mortality rate.

It is for the above reason that this research endeavors to get a picture of the birthing facilities of the Northern Mindanao Region of the Philippines within the past 12 months beginning 2010 to 2011.

METHODOLOGY

Research Design

The study utilized the descriptive survey research design involving the use of both qualitative and quantitative methods. Through this design, the study is able to get the information needed to get a picture of a profile of the birthing facilities.
Two groups of respondents: birthing facilities represented by owners or health care deliverers, and birthing facility clients. Total enumeration of forty (40) PhilHealth-accredited primary birthing facilities in Northern Mindanao was covered in the study. Thus a total population of forty (40) owners or health care deliverers was taken as one set of respondents of the study. The data obtained this category of respondents served as the respondents of the paper dealt with in this paper.

Instrumentation

The main instruments used were the Department of Health's Assessment Tool for Licensing of Birthing Home and Philippine Health Insurance Corporation form MCPC-FC-2, Application for Accreditation: Non-Hospital Health Facility for the Maternity Care Package. With these two government forms, this research came up with the following: Form 1: Modified version of PhilHealth's MCPC-AF-2 form; Form 2: Original form of the Department of Health's Assessment Tool for Licensing of Birthing Home.

Ethics Observed

Ethics of research were observed right from the very beginning when the interviewer said his/her greetings and introduce him/her, the project and the purpose of the project. The interviewer asked his/her first question requesting for permission or approval to gather information about the birthing facility. The respondents were assured that the results of the research will be disseminated in both oral and written form to appropriate audience for utilization. The Respondent Consent Form comprised the first part of each of the instruments that were used in the study.

RESULTS AND DISCUSSION

Type of Birthing Facility and Province

Of the forty (40) primary birthing facilities accredited by PhilHealth a majority by 67.50% or 17 birthing homes are public established as part of the Rural Health Units (RHUs). Thirteen (13 or 32.50%) are private birthing facilities.

Of the thirteen private birthing homes, nine (9) are single proprietorship. One (1) is run by a foundation. The remaining three (3) are corporations. The province of Bukidnon listed the most number of birthing facilities (17) most of which are of public type and are part of the Rural Health Units of the province's municipalities and cities. In contrast, both Camiguin and Misamis Occidental have only one primary birthing facility each accredited with PhilHealth.

Misamis Oriental came second to Bukidnon with 11 birthing facilities but listed the most number of private birthing facilities accredited by PhilHealth. A look at the addresses of these private birthing homes reveals that all are located in Cagayan de Oro City. Lanao del Norte closely followed with ten birthing facilities, again, mostly part of the Rural Health Units of the Province's municipalities.

Apparently, there is an uneven distribution of birthing facilities in the region. While one province has established birthing facilities in half of its municipalities and cities, other provinces have only one such kind of facility in the entire province that's accredited by PhilHealth. Moreover, the initial finding of this research shows that the majority of private birthing facilities are concentrated in the city of Cagayan de Oro.

It looks like the Department of Health needs to put into action its thrust which is to provide such health facilities in the widest area possible.

Bed Capacity

The biggest number of beds available for the 40 birthing facilities is 29 . These are in the only private PhilHealth accredited primary birthing facility in Ozamis City of Misamis Occidental. Three public birthing homes have only one bed. When viewed

in aggregate, more than half of the total number of birthing facilities covered by the study have five (5) beds or below. The highest number in both public and private birthing facilities has 3 beds, 22.22% for public and 23.08 for private.

Each birthing facility has an authorized bed capacity at the start of its operations. Table 3 shows the distribution of the 40 facilities operating within, above or below the authorized bed capacity. Half of all the forty birthing facilities indicated that they are following the authorized or approved bed capacity. Of note, there are more birthing facilities that are operating with a lesser number of beds than what is authorized. This means that one in every five birthing facilities is operating below its expected bed capacity. Also of interest are the 10 birthing facilities that are either unable to show documents as proofs of their authorized bed capacity or did not give any response with regards to their bed capacity.

Services and Programs

Department of Health Administrative Order No. 147 s. 2004 (http://www.who.int/medical_devices/survey_resources/medical_devices_by_facility_philippines.pdf) defines birthing home as a health facility that provides maternal services on prenatal and postnatal care, normal spontaneous delivery, and care of newborn babies. Based on this definition, Table 4 shows that all of the forty surveyed birthing facilities provide the required services such as the prenatal and postnatal care, normal spontaneous delivery, care of newborn babies and health education.

Per respondent's report, prenatal and postnatal care is usually scheduled once or twice a week. Health educations are almost always verbal in nature in most birthing facilities surveyed. Only one facility offers a mother's class on Mondays. Two birthing facilities are giving health education as they give the discharge slip to the clients.

Clinical Services Offered at the Birthing Facilities

Only half of the birthing facilities offer a clinical laboratory. Of these 20 birthing facilities that indicated presence of clinical laboratory, only six (6) were able to show documentary proof (i.e., valid license) for the operations of such a laboratory. As for the presence of a pharmacy at the birthing facility, only eleven (11) birthing facilities indicated that they do indeed have a pharmacy. Similarly, only a few (four birthing facilities) were able to show a license as documentary proof for the operation of a pharmacy in their premises. A far fewer number of birthing facilities operates a radiology department. Of the three (3) birthing facilities that indicated presence of radiology service, only two (2) were able to show a valid license as documentary proof. Both birthing facilities offering licensed radiology services are privately-owned in the province of Bukidnon.

Ancillary Services Offered at the Birthing Facilities

The health promotion and disease prevention programs in the forty birthing facilities are summarized in Table 6. All the forty birthing facilities have a health promotion and disease prevention program that include the following: breastfeeding, family planning and rooming-in. These programs are mandated through republic acts in the Philippines. Hence, it is encouraging to note that the birthing facilities in Northern Mindanao are providing the mandated health promotion and disease prevention programs. However, one birthing facility carries no immunization program in its premises, which the rest of the birthing facilities professed to have. In addition, newborn screening is not in four birthing facilities. Two of these hospitals stated that they refer clients to go to major hospitals in the area or instruct clients to go to the city hospital for newborn screening. One birthing facility shared that the personnel for newborn screening is still on training. Health promotion and disease prevention programs are a crucial part of a birthing home; hence, a complete offering of these programs are greatly needed, especially that these programs are already mandated by Philippine laws.

Health Promotion and Disease Prevention Programs

Documents related to standard family planning-maternal and child health programs are contained in Table 7. Four birthing facilities were not able to show a logbook for consultations/admissions. Moreover, six birthing facilities do not have complete patient's clinical record and referral forms. The absence of such documents might become a hindrance to the proper care of the patients since they are important basis for diagnosis and decisions for each patient. Patient

education is also an integral part of the provision of health care, be it verbal or through printed materials. It is encouraging to note that only three birthing facilities have no printed materials/posters for patient education.

Presence of Standard Family Planning–Maternal and Child Health Records/Reports/Materials in the Birthing Facilities

The clinical service operations of the birthing facilities can be seen in Table 8. In only one (1) clinical service operation do all the forty birthing facilities share in common: Birth certificate forms are properly and completely filled with required information. This particular result is highly encouraging given the importance of birth certificates in a Filipino's life. Errors in birth certificate information have led many Filipinos to spend huge amount of money just to correct these errors. Hence, having all these forty birthing facilities completely and properly filling up birth certificates suggests a positive side, which could greatly raise confidence in the services of these birthing facilities.

Clinical Service Operations

However, a mere 45.00% or 18 birthing facilities are able to update ultrasound/x-ray report in the patient charts. This result could be tied to the fact that only three birthing facilities have radiology in their premises. This would mean that patients have to go to other health facilities for their ultrasound/x-ray needs. The collection of such reports at the birthing facilities might not be strictly enforced resulting to this low number of birthing facilities who have updated ultrasound/x-ray reports on their patient charts.

Documented policies and procedures for prenatal care, normal spontaneous delivery, and care of newborn are missing in only four birthing policies. In other words, proper documentation of existing policies and procedures can easily be accessed in 36 birthing facilities, ensuring a smooth transition of these policies and procedures in case a personnel is not present. Questions on policies and procedures could also be easily responded given the existence of these documents in the birthing facilities.

What is quite alarming perhaps is that not all of the forty birthing facilities are able to properly and completely fill up patient charts with up-to-date information. Patient charts are important medical records that provide information on the condition and status of the patient. Incomplete patient charts might lead to medical misdiagnoses or inaccurate diagnosis and inappropriate medication. Hence, a patient chart that is properly and completely filled-up is one thing that is imperative in any health facility such as a birthing home.

Manpower

The manpower resources of the forty birthing facilities are summarized in Table 9. Two birthing facilities have no administrators. One of these two is momentarily run by a barangay council. Three privately birthing facilities have administrators who, at the same time, are the owners. Among the public birthing facilities, the administrators' doubles up as a nurse, midwife, or physicians.

To round up the manpower for the general administrative services, 33 birthing facilities have a clerk/utility worker. As reported by the respondents, the midwives or the nurses also take on the role as clerk/record-keeper. On the other hand, 28 birthing facilities have drivers for their transport service. For one private birthing facility, the family driver also serves as a clinic driver who is on call 24 hours. For several public birthing facilities, it is the barangay driver who also serves for the transport needs of the birthing facility using the barangay mobile car while a few of the public birthing facilities have drivers on the job order.

As for clinical service manpower, only two birthing facilities have no midwives. In their place, a physician serves the birthing facility on an on-call basis. On the other hand, two birthing facilities have no on-call physicians an d are only served by midwives. Clinic aides are present in 18 or 45% of the birthing facilities included in this study. Results for the clinical service manpower suggests that four birthing facilities have no pairing of physician (on call) and midwife as required by law.

Personnel and Staff in the Birthing Facilities

The compliance of the birthing facilities to the personnel requirements of the Department of Health

is indicated in Table 10. An Administrator is required in each birthing facility yet two (2) of the forty birthing facilities have no designated Administrator. As already indicated in the discussion of the preceding table, one birthing facility is run by the Barangay Council and other indicated that it has no Administrator since it is a government facility. Such explanations might not be enough because the Barangay Council could only supervise but an on-site Administrator would still be needed, and even though, it is a government facility, it still should have an Administrator as the rest of the public birthing facilities in the study have done.

In accordance with the Department of Health regulations, birthing facilities with five or less authorized bed capacity are not required to have a clerk/utility worker while those with more than five authorized bed capacity should have a ratio of five beds to one clerk/utility worker. With reference to Table 2, more than ten birthing facilities operate a bed capacity of less than five. However, in Table 9, only six have not complied the requirement of having a clerk/utility worker for every five beds. This means that although some birthing facilities are not required to have a utility worker/clerk, they still have personnel taking such position in the facility.

The Department of Health requires that a birthing facility must have one physician on call. In this study, two birthing facilities are found to have not complied with this requirement. The rule on midwives as set by the Department of Health states that birthing facilities with less than five authorized bed capacity must have one midwife and another midwife on call while birthing facilities with more than five or more authorized bed capacity must have one midwife and another one as reliever. Only three of the forty birthing facilities have not been able to comply with this rule.

Compliance to DOH - Required Number of Personnel and Staff in the Birthing Facilities

Administrators serve on a full-time capacity in 35 birthing facilities while in two birthing facilities the administrators are on a part-time basis (Table 11). Except for the administrator, only 40% to 65% of the birthing facilities employ manpower on full-time basis. The rest either have part-time employees or preferred to give no response to the query on the employment status of their manpower.

Employment Status of the Personnel and Staff in the Birthing Facilities

Of the 40, 35 (87.50%) birthing facilities orient new personnel on the essential components of the services offered in each birthing facility. A lesser number of birthing facilities (80.00) identify and document duties and responsibilities of the personnel. This suggests that the personnel are quite clear in the delineation of their duties and responsibilities. A far lesser number of birthing facilities (75%) validate professional qualifications prior to employment. Given this, one in every four birthing facilities might have the possibility of employing unqualified manpower.

Manpower – related Practices in the Birthing Facilities

Clinic Factors

The features of the physical plant of the birthing facilities are shown in Table 13. Only one (1) birthing facility has no waiting area. Based on observation, however, four (4) birthing facilities have a waiting area outside the birthing facility, and another four (4) birthing facilities have inadequate space for their waiting area to accommodate clients. Further observed was the fact that no fewer than seven birthing facilities have inadequate lighting and ventilation in their respective waiting areas.

Two (2) birthing facilities have no place devoted as admitting, records and business area. Of those with an admitting, records and business area, nine (9) birthing facilities were observed to have inadequate lighting and six (6) with inadequate ventilation. One birthing facility has this particular area found beside it. As observed, birthing facilities occupy very limited space, with most of the public birthing facilities just one part of a rural health unit. Hence, these results might not be unexpected.

Twelve (12) birthing facilities have no private consultative/examination room or cubicle. The lack of a private consultative/examination room might again be due to a limited space occupied by the birthing facilities. Still, the lack of such area to ensure privacy of clients is a critical issue given the sensitive nature of pregnancies.

All the forty birthing facilities have birthing area, the core of its operations since without it they might as well not exist. However, six birthing facility have no areas designated for scrub-up and newborns. Seven birthing facilities have no recovery area with beds and four have no patient room. Given the limited areas usually occupied by birthing facilities as observed in this study, one area serves different purposes in some of the birthing facilities. Such lack of areas designated for specific aspects of the birthing process might result to a not so comfortable experience for mothers giving birth with care less than what it is supposed to be.

More intriguing are the three birthing facilities that indicated no toilet facility inside its clinic. Such facility addresses very sensitive needs of mothers, especially those who are about to give birth and the lack of such facility might cause discomfort among the patients. Moreover, twelve birthing facilities have no area solely for cleaning of instruments. At the least, it is good to note that only four birthing facilities have no equipment and supply storage area.

Physical Plant of the Birthing Facilities

Fire safety provision in terms of the presence of fire extinguisher) are observed in only half of the birthing facilities. Basic necessities like light and water are found to be inadequate in six and eight birthing facilities, respectively. A far fewer number of birthing facilities have standby generators in case of power interruptions. A much more dismal result is the absence of covered garbage containers with color-coded segregation in around half of the birthing facilities in this study. Such basic necessities as light, water, garbage disposal and others are important in ensuring quality care of the patients. As such, their absence suggests a lack of high quality of care for patients in birthing facilities.

General Infrastructure of the Birthing Facilities

Most of the birthing facilities are readily accessible to the community depending upon the location of such facilities (Table 15). This is consistent with the findings that many of the birthing facilities are attached to rural health units, particularly at the municipal level. Most of the private birthing facilities are also located in central areas that patients can readily access. However, the cleanliness of birthing facilities might be in question with ten birthing facilities found to be not free from undue noise, smoke, dust, foul odor or even flooding; although, only four are found to be not in generally clean environment.

Non-compliance to local zoning ordinances in terms of its location is observed in ten birthing facilities. Although all forty birthing facilities are found to provide and maintain a safe environment for all its stakeholders, specific provisions for the maintenance of such a safe environment are found to be still wanting in some birthing facilities. Table 15, for example, indicates that seventeen birthing facilities do not have the minimum requirement of two exits for each floor of its building. In addition, these exits do not terminate directly at an open space outside the building in nine birthing facilities.

Physical Facilities, Environment, and Logistics

Security is ensured and ventilation adequate in most of the birthing facilities. Four birthing facilities have not complied with RA 9211 (Tobacco Regulation Act of 2003) that strictly prohibits smoking throughout any health facility. Thus, patients and personnel in these four birthing facilities might be put at risk by exposure to tobacco smoke. Another result worth noting is the nine birthing facilities that provide ramps or elevators for clinical services located in the upper floor. This finding could be explained by the observation that many of the birthing facilities occupy one floor of a building. Hence, ramps or elevators to the upper floors might not be necessary.

In terms of patient movement, ten birthing facilities have not provided adequate space to allow patients and personnel to move safely around patient bed area. This finding corroborates the findings in Table 12 wherein space are so limited that one area serves multiple services. Thirteen birthing facilities are found to have no passageways that can accommodate bed, equipment, and escorts of patients who need to be transferred between rooms or service on their beds. Such space (with 1.83-meter required width) might not be seen as necessary in these birthing facilities since as shown in Table 12, some birthing facilities do not have patient rooms or recovery rooms. In these particular birthing facilities, one area may have been used for multiple purposes, eliminating the need to transfer the patient to another room for another service.

As has been earlier discussed, several birthing facilities have no provision for an area intended for private consultation/examination room. This earlier finding is supported by the data in Table 15 below wherein adequate privacy for patients is not provided in fourteen birthing facilities. Power and water supply are deemed adequate except in four birthing facilities. Still, only eighteen birthing facilities were able to show records of water analysis, particularly bacteriological examination.

Similarly, as has been discussed earlier, waste management is another concern that needs to be addressed in several birthing facilities. Fourteen birthing facilities have no multi-chambered septic tank for its liquid waste. Around half of the birthing facilities have no black and green trash bag. More alarming is the finding that only fourteen of the birthing facilities have yellow trash bags, which are for the disposal of infectious (pathological) wastes. Such absence increases the risk of contamination brought about by such infectious wastes.

A dismal result can be observed among the birthing facilities when it comes to sanitation, specifically pest and vermin control, with only fifteen birthing facilities signifying that they have an in-house pest and vermin control while only one hires a contractor for the same purpose (Table 15). Moreover, records of such endeavors are available in only three birthing facilities.

Sixteen birthing facilities do not regularly maintain and update a building/facility inventory while thirteen are observed to have floors, walls, and ceiling that are not made of sturdy materials. Around half of the birthing facilities have all the necessary permits and current licenses for safe and effective operations. This finding is noteworthy since such documentation ensures that the birthing facility is offering quality health care services that their patients deserve. Except for one, all the birthing facilities have permits to increase bed capacity or change its classification. On the other hand, only a few birthing facilities have permit s to construct, renovate, alter or expand the existing facility.

Birthing facilities are required by the Department of Health to have a means to transport patients in case of complications that needs treatment in a bigger health facility. This study found thirty-two birthing facilities that have a referral system for transport in the movement of patients (Table 16). Of these thirty-two, only thirty provided their own vehicle. The remaining two does not have a transport vehicle directly provided by the birthing facility. When referenced with Table 12, only twenty-nine of these thirty birthing facilities employ their own driver for such a transport vehicle.

However, only six birthing facilities have a document to show a formal contract service for ambulance services. This small number might be explained by the observation that most birthing facilities rely on their respective local governments for the transport services while the privately-owned birthing facilities provide their own transport vehicle. Hence, the need to establish a contract with an ambulance service provider might be seen to be unnecessary.

Means of Transport for the Conduct of Patients

Equipment, Materials, and Supplies

An inventory of the equipment and materials in the birthing facilities were conducted in this study (Table 17). All the forty birthing facilities have the following: blood pressure apparatus, pickup forceps, straight forceps 10", needle holder, pail, tape measure, and wall clock with second hands. On the other hand, the mercury-containing thermometer is available in only nineteen birthing facilities. This proves to be a positive result given the advocacy to minimize the use of such type of thermometer, which is hazardous to use.

Interestingly, the following are missing in one birthing facility (i.e., only thirty-nine birthing facilities indicated that they have these items): delivery table, instrument table, IV stand, Kelly pad, rubber suction bulb syringe, stainless steel instrument tray with cover, stethoscope, oral thermometer, suction apparatus, straight surgical scissors and weighing scale for adult and infant.

Although only a single birthing facility has no delivery table and instrument, this result is worth noting given the importance of such equipment in a birthing facility. This result leads to the question as to what equipment is being used when a patient delivers

a baby. With delivering babies as the main purpose of a birthing facility, having no delivery table must be a huge disadvantage to its patients. A successful delivery of its services might not be possible if key equipment, such as a delivery table, is not present. Key equipment in the birthing process is the vaginal speculum. However, four birthing facilities do not carry a vaginal speculum.

An inventory of supplies available in the birthing facilities was also conducted in this study. All the forty birthing facilities carry the following supplies: 70% Isopropyl Alcohol, plaster, Povidone iodine, sterile cord clips/ties for baby, and sterile gauze. These are all basic supplies in a birthing facility. At the same time, the contraceptive, DMPA, is the least common supply among the forty birthing facilities with only twenty-four having DMPA in their supply cabinets.

Equipment and Materials Present in the Birthing Facilities

Information Dissemination

Information dissemination of the birthing facilities is summarized in Table 18. The forty birthing facilities are all accredited with PhilHealth. Three birthing facilities do not have the sign indicating it as a PhilHealth provider. This might not be surprising that the same three birthing facilities do not have space for a large and clear sign bearing their respective names as a birthing facility. In addition, more birthing facilities do not have space for a large sign enumerating components of the maternity care package than those who have. Such lack of vital information might not help either birthing facility or clients. Knowledge of available maternity care package could help the clients make informed decisions on forming a birth plan and other pregnancy-related undertakings. Such information could also help birthing facilities sell themselves through advertising their services and packages.

Information Dissemination of the Birthing Facilities

Quality Assurance Activities

Records management is the most common quality assurance activity as it is done by thirty-five birthing facilities. On the other hand, satisfaction surveys for employees and patients are the least common quality assurance activity with only six birthing facilities conducting such surveys. In general, Table 19 discloses a rather downbeat result when it comes to the quality assurance activities of the birthing facilities. More than half of the birthing facilities fail to conduct activities that would assure that their services are of quality.

Quality Assurance Activities of the Birthing Facilities

Income Class of Municipalities and Cities and Status of Birthing Facilities

An attempt to investigate to see if the post-accreditation status of birthing facilities is associated with the income class of municipalities was done. The result reveals that income class of the locale of the birthing facilities matters. The income class of the locale is found positively associated with better status of said facilities which is true in most instances in clinical and ancillary services, programs available for clients, infrastructure, physical plant, other physical facilities, environment and logistics, means of transport for conduct of patients, equipment and materials, etc. (Please refer to the Tables in Appendix.) For instance, more birthing facilities (18) in first class municipalities or 45.0 percent of all birthing facilities covered by this study, excluding those that were unclassified by the source of data, NSO, offer clinical services such as prenatal care, normal spontaneous delivery, care of newborn baby, and health education than birthing facilities belonging to 2nd to 5th class municipalities. More birthing facilities based in first class municipalities and cities are also found to be offering ancillary services such as a clinical laboratory and even radiology and pharmacy.

Health programs like breastfeeding, family planning, immunization, newborn screening and rooming in are made available to clients of birthing facilities in first class municipalities than in other income classes of municipalities. The same is true for clinical service operations such as prenatal care, post natal care, care of the newborn, physical examination, ultrasound / x – ray, referral system and referral notes and consultation, medication / treatment, obstetrical record, etc. The physical plant, general infrastructure, other physical facilities, environment, and logistics are likewise associated with birthing facilities in first class

municipalities and cities.

Results of this examination of relationships between income class and status of birthing facilities in the Northern Mindanao region affirms and so, therefore, lends support to the commonplace observation that well off places or communities have better or, at least, better-equipped health facilities than those that are not well of.

Health – Related Statistics of Birthing Facilities

Case Fatality Rate and Postpartum Complications The forty birthing facilities were asked to relate their respective case fatality rates in the past twelve months. Data shared by the birthing facilities presented an encouraging result. Among the forty birthing facilities, only one has an infant death due to fetal distress upon delivery. Three maternal fatalities were shared by two birthing facilities. Another two maternal deaths occurred in a hospital after they were referred by the birthing facility. Few postpartum complications were reported by the forty birthing facilities. These include one case of vulvar hematoma, four cases of postpartum bleeding, and an overdue pregnancy. A practice of the birthing facilities could have kept the case fatality rate and postpartum complication at these low numbers. This practice calls for the birthing facilities to accept only those with normal spontaneous vaginal deliveries. Such practice is coupled by what was shared by the birthing facilities that they do an immediate referral to hospital in cases of abnormalities in pregnancy.

CONCLUSION

Birthing facilities in Northern Mindanao do play an important role, particularly in far-flung municipalities where access to hospitals might be difficult, if not impossible. Hence, the effort of one province in Northern Mindanao to setup birthing facilities in most of its municipalities is indeed laudable.

Although the birthing facilities covered in this study are accredited by PhilHealth, several lapses in their services, personnel, infrastructure and other aspects of its organization and operations have been observed. This suggests that although they have undergone accreditation, the maintenance of its quality has not been sustained through the one-year accreditation period.

RECOMMENDATIONS

Derived from the findings and conclusion of this study, the following recommendations are formulated:

1. The presence of birthing facilities in the provinces. Provinces like Camiguin and Misamis Occidental should have more birthing facilities. If government resources for the establishment of these facilities are lacking, the private sector should be encouraged by providing incentives to establish these birthing facilities in the said localities.

2. Ancillary services. Government entities strongly need to check the compliance of the birthing facilities in terms of their ancillary services. In particular, appropriate permits have to be validated to ensure that such ancillary services are at par with government standards.

3. Services. A system of monitoring have to be in place to ensure that basic procedures such as charting and staffing (particularly, those who do the necessary recording of important information) are carried regularly and accurately since keeping and maintaining patient records are vital responsibilities of any health facility.

4. Personnel. Having the midwives or nurses taking on the role as clerk/record-keeper presents an unhealthy picture since there might be a possible conflict of roles and interests in these roles that they are taking simultaneously. Thus, appropriate personnel have to be present in each birthing facility as outlined in the guidelines of concerned government agencies like the Department of Health and PhilHealth. In addition, an Administrator for each birthing facility should be hired or be put in place to ensure a smooth operation of the facility. This would also ensure that responsibilities are clear among the personnel.

5. Additionally, qualifications of the personnel in the birthing facilities have to be attended to ensure proper qualifications of these personnel. All documents necessary to verify the qualifications of the personnel have to be regularly checked. Checking with proper authorities to validate such claims of qualifications should be done or made by the birthing facility administration.

6. Infrastructure. Results strongly point towards the need to improve clinic facilities. Basic necessities as light, water, garbage disposal and others are important in ensuring quality care of the patients. As such, these necessities should be provided or complied.

7. In general, accreditation should be done similar to what other government entities like the Commission on Higher Education (CHED) is doing to colleges and universities or the programs offered by accrediting institutions in the field of education. These accreditations must be continuing and must be regularly monitored so that all birthing facilities seeking accreditation from either DOH or PhilHealth should strive to improve according to what these organizations require them to comply. Furthermore, the implementation of a Quality Management System in accordance with international standards should be enforced to ensure quality services, facilities, equipment, personnel and others resulting to birthing facilities that are of the highest quality.

8. To this, the present study would like to specifically mention the need for the observance of the Department of Health Administrative Order 2008-0021. This is in relation to the surprising revelation that 19 birthing homes covered by this research are still using the banned devices such as thermometers containing mercury.

References

[1] Administrative Order 2008-0021: Gradual Phase-out of Mercury in all Philippine Health Care Facilities and Institutions (http://www.cldh.org/dohao212008.html)

[2] Alano Jr., Bienvenido P. 2007. Establishing the Women's Health and Safe Motherhood Facility Network in FOURmula ONE for Health Program Provinces. (http://www.scribd.com/doc/64092411/Facility-Mapping-Final-Report-Complete-Version)

[3] NEDA-X, 2007 (http://www.norminet.org.ph/downloads/2007_Regional20_devt_Report.pdf)