

RESEARCH ARTICLE

Compliance on Patient's Admission Protocol of Birth Center Personnel in the 5th District of Camarines Sur, Philippines

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Abstract

This study utilized the descriptive method of research. The researchers used the questionnaire checklist as the main data-gathering tool. It was supplemented by an informal interview and a record review to support the data gathered. To quantify and interpret the data, appropriate statistical tools were used, such as the percentage technique and weighted mean. The primary goal of this study is to assess birth center personnel's adherence to the patients' admission protocol in the 5th District of Camarines Sur, Philippines. Results of the study showed that the majority of the respondents are single, from 21–30 years old, on job order/contractual employment status, Roman Catholic, and college graduates. Further, data shows that birth center personnel are moderately compliant on the indicators under admission but are compliant on the indicators under active labor, fully dilated and effaced stage, postpartum and newborn care, and referral. In addition, there are some factors that greatly affect the compliance of birthing facility personnel with the admission protocol. The three most important factors that affect the compliance of birthing facility personnel on admission protocol are the financial stability of the patient, transportation resources, and the distance of the hospital from the birthing facility. And lastly, the proposed plan would help strengthen the compliance of the birthing facility personnel on admission protocol. The proposed plan was formulated taking into account the results of the compliance and factors affecting the compliance of birthing facility personnel on admission protocol.

KEYWORDS:

Compliance, Admission Protocol, Birth Center Personnel

1 | INTRODUCTION

Maternal health care is one of the important health care programs that are given worldwide. However, the current state of maternal health of pregnant women in the Philippines illustrates low compliance levels from pregnant women and healthcare providers toward this health program. With this, unwanted situations arise, such as infection, hemorrhage, and maternal deaths. Shimazaki, Honda, Dulnuan, Chunanon, and Matsuyama (2013) stated that healthcare providers in any area of sudden must be kept abreast of competence in this ever-changing globe and always be ready in any area of sudden phenomena where they themselves are the protagonists of the future in the realms of health. They must be sensible of their client's feelings, fears, anxieties, and sufferings.

Administrative Order 2008-0029: Implementing Health Reforms for the Rapid Reduction of Maternal and Neonatal Mortality. It applies the Formula One for Health (F1) approach instituted by then Health Secretary Francisco Duque III for the implementation of an integrated Maternal, Neonatal, and Child Health and Nutrition (MNCHN) strategy. The goal is to improve the functions of health systems and also to reduce the risks and prevent direct causes of maternal and neonatal deaths (Western Pacific Region Organization, 2014). Maternal health means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth. According to Hadwiger and Hadwiger (2012), women's health is a critical area that reflects national health standards and is basic to women's advancement. The health of mothers and children has improved dramatically during the last two decades globally as a result of the increase in imported medical advancements, the availability of low-cost and high-impact public health measures such as vaccines for mothers and children, improved nutritional practices, and improved maternal and child health care.

According to Kanindot, J. R. (2016), a major challenge in addressing maternal deaths is the lack of accurate data. Although knowledge of the number of women dying and the reasons behind their deaths is improving, much remains unrecorded and unreported. In many low-income countries, maternal deaths go uncounted, and frequently the cause of death is unknown or not recorded correctly, particularly when women die at home. This is consistent with general global trends: only one-third of all deaths worldwide are recorded, and fewer than 100 countries record the cause of death using WHO's International Classification of Disease. As a result, it is often hard for national health programs to allocate resources where they are needed most. This is why the United Nations Commission on Information and Accountability for Women's and Children's Health is calling for better measurement of maternal and child deaths. As such, the Commission requires that "by 2015, all countries have taken significant steps to establish a system for registration of births, deaths, and causes of death". In the study of Villaverde, M. and Matheson (2013), it stated that there is growing consensus worldwide that ending preventable maternal deaths can be achieved by ensuring that every woman has access to quality health care. Maternal health is still a top priority for global development (United Nations Commission on Information, 2012).

Lapa, M.I and Ysmael, F.Y (n.d.) emphasized that a Bemonc facility, which is based in hospitals, rural health units, barangay health stations, lying-in clinics, or birthing homes, can perform six signal obstetric functions: parenteral administration of oxytocin in the third stage of labor; parenteral administration of loading dose of anti-convulsants; parental administration of an initial dose of antibiotics; performance of assisted deliveries (Imminent Breech Delivery); removal of retained products of conception; and manual removal of retained placenta. According to the operations manual of the MNCHN, Bemonc facilities operate on a 24-hour basis with a staff complement of skilled health professionals such as doctors, nurses, midwives, and medical technologists. A Bemonc based in RHUs, BHS, lying-in clinics, or birthing homes can either be a stand-alone facility or be composed of a network of facilities and skilled health professionals capable of delivering the six signal functions, the MNCHN manual of operation said (DOH, 2010). As a family member who owned a birthing facility and as a health care provider, the researcher opted to conduct the study to determine the compliance of birthing facility personnel with Rinconada's patient admission protocol. The researcher has been exposed to and does the actual implementation of the policies regarding the admission of patients. Hence, the researcher is interested in assessing the different factors that affect the compliance of personnel on the patient's admission protocol.

Lastly, this research study is directed at healthcare providers to improve their skills in complying with the existing policies in the health facility in addressing the special needs of newborns and mothers and be vigilant about the different conditions that threaten mother and newborn lives, which require utmost care and attention. Thus, success in complying with the guidelines entailed close partnerships with health care professionals and other stakeholders who were on the front line of service delivery in birthing facilities and hospitals.

2 | METHODOLOGY

The descriptive method of research involving the application of questionnaire and descriptive interpretation of the data was used in the study. According to Gonzales (2002) descriptive method as a fact finding with adequate interpretation and it follows logically after careful tendency, or deviation, or correlation. It was designed for the researchers to gather information about the present condition. It is concerned with the condition or relationship that exist, practices that prevail and process that are going on, effects that are being felt or trends that are developing. The respondents of the study are the health personnel of the different birthing facility in the 5th District of Camarines Sur, Philippines using the universal sampling which is total enumeration of the respondents from 18 birthing facilities. The tools that were used in gathering the data throughout the course of study were

the questionnaire and documentary analysis to validate the information elicited from the respondents. The researchers used the questionnaire-checklist supplemented by unstructured interview as the main data gathering tool and documentary analysis.

To quantify the interpretation of data, the researcher used statistical treatments such as percentage technique and weighted mean.

3 | RESULTS AND DISCUSSION

3.1 | Profile of the Respondents

3.1.1 | Age

Table 1 presents the distribution of the respondents according to age. As shown in the table, out of 164 respondents, 104 or 63.41 percent belonged to the age bracket of 21-30 years old, followed by age brackets of 31-40 with 41 respondents or 25 percent, while 20 years old and 41-50 years old has 5 or 3.05 percent respondents. From the foregoing data, the greatest number of the respondents belonged to the age 21-30 years old. while the least number of respondents belonged to 51-60 years old. Further, the data showed that there are 61 years old and above with 7 or 4.27 percent which implies that those who are retired from their employment established a birthing facility as their family business.

TABLE 1 Age of Respondents

Age	Number of Respondents	Percentage
21 Years Old Below	5	3.05
21-30	104	63.41
31-40	41	25.00
41-50	5	3.05
51-60	2	1.22
60 and Above	7	4.27
Total	164	100%

3.1.2 | Civil Status

Table 2 shows that majority of the respondents are single with 92 or 56.10 percent, while married respondents has 68 or 41.46 percent. The least number of respondents in terms of civil status are widow/widower with 4 or 2.44 percent.

TABLE 2 Civil Status of Respondents

Civil Status	Number of Respondents	Percentage
Single	92	56.10
Married	68	41.46
Live-in Partners		
Separated		
Widow	4	2.44
Total	164	100%

3.1.3 | Religion

Table 3 shows that majority of the respondents are Roman Catholic with 147 or 89.63 percent while 10 or 6.10 percent are Iglesia ni Kristo. The least number are Born Again Christian with 7 or 4.27 percent.

TABLE 3 Religion of Respondents

Religion	Number of Respondents	Percentage
Roman Catholic	147	89.63
Born Again Christian	7	4.27
Iglesia Ni Cristo	10	6.10
Others		
Total	164	100%

3.1.4 | Status of Employment

Table 4 shows that most of the respondents are Job Order/Contractual in the birthing facility they are employed with 120 or 73.17 percent, while 29 or 17.68 percent are permanent. Upon gathering of data, it was noted that these employees are the owners of the facility. Further, there are trainees with 15 or 9.15 percent.

TABLE 4 Status of the Employment of Respondents

Status Of Employment	Number of Respondents	Percentage
Job Order/Contractual	120	73.17
Casual		
Permanent	29	17.68
Trainee	15	9.15
Total	164	100%

3.1.5 | Educational Attainment

Based on Table 5, majority of the respondents are college graduate with 109 or 66.46 percent. Additional information were gathered thru interview that they were graduates of nursing and some are midwives. While utility workers and drivers are High School Graduate with 36 or 21.95 percent. While others took their bachelors degree in midwifery as a requisite for those with birthing facility and some are masters degree graduates with 19 or 11.59 percent.

3.2 | Level of Compliance of Birthing Facility Personnel on Admission

Table 6 illustrates the compliance of birthing facility personnel on admission with an average weighted mean of 2.49 interpreted as moderately complied. Based on the data gathered, evaluating the medical history of patients and assessing the presence of danger signs ranks 4 and 5 with weighted means of 2.07 and 2.37 respectively. This implies that the birthing facility personnel must focus their attention during admission on these two indicators to avoid problems since all other indicators such as assessment

TABLE 5 Educational Attainment of Respondents

Educational Attainment	Number of Respondents	Percentage
Post Graduate	19	11.59
College Graduate	109	66.46
High School Graduate	36	21.95
Elementary Graduate		
Total	164	100%

of fetal well-being, quick assessment for maternal well being and gathering of profile of the patient as a baseline for intervention were interpreted as complied.

TABLE 6 Level of Compliance of Birthing Facility Personnel on Admission

Indicators	Weighted Mean	Interpretation	Rank
Gather the profile of the patient as a baseline for intervention	2.78	Complied	1
Quick assessment for maternal well-being	2.67	Complied	2
Assessment for fetal well-being	2.57	Complied	3
Evaluate the medical history of the patient	2.07	Moderately Complied	5
Assess and evaluate presence of danger signs	2.37	Moderately Complied	4
Average Weighted Mean	2.49	Moderately Complied	

3.3 | Level of Compliance of Birthing Facility Personnel on Active Labor

Table 7 illustrates the compliance of birthing facility personnel on active labor with an average weighted mean of 2.77 interpreted as complied.

TABLE 7 Level of compliance of Birthing facility Personnel on Active Labor

Indicators	Weighted Mean	Interpretation	Rank
Admit patient and secure consent to care	2.78	Complied	3
Monitor progress of labor using platform	2.72	Complied	4
Monitor vital signs	2.87	Complied	1
Monitor fetal heart Tone	2.70	Complied	5
Instruct on proper Bearing down	2.81	Complied	2
Average Weighted Mean	2.77	Complied	

Among the indicators, it was found out that monitoring vital signs is the main concern of birthing facility personnel as it is 2.87 with an interpretation of complied. All other indicators which were also interpreted as complied were giving instruction on proper bearing down, admitting patient and secure consent to care, monitor progress of labor by using platform and monitoring of fetal heart tone.

3.4 | Level of Compliance of Birthing Facility Personnel on Fully Dilated and Effaced Stage

Table 8 shows the distribution on the compliance of the fully dilated and effaced stage which has a weighted mean of 2.66 and interpreted as complied. Based on the findings, only one indicator shows a moderately complied interpretation which indicates that the birthing facility personnel of Rinconada should focus on. Doing perineal care when there is a laceration has a weighted mean of 2.45 while other indicators were interpreted as complied.

TABLE 8 Level of Compliance of Birthing Facility Personnel on Fully Dilated and Effaced Stage

Indicators	Weighted Mean	Interpretation	Rank
Prepare and gather All necessary instrument	2.78	Complied	1
Transfer mother to DR table	2.72	Complied	2
Secure things needed by the mother and the newborn	2.67	Complied	4
Assist in actual delivery of the newborn and placenta	2.70	Complied	3
Do perineal repair if there is laceration	2.45	Moderately Complied	5
Average Weighted Mean	2.66	Moderately Complied	

3.5 | Level of Compliance of Birthing Facility Personnel on Postpartum and Newborn Care

Table 9 illustrates the compliance of birthing facility personnel on postpartum and newborn care with an average weighted mean of 2.51 interpreted as complied. Based on the findings, among five indicators, three of which was moderately complied. They are as follows; mother transfer to the recovery room, monitor baby and mother and assess newborn status with weighted means of 2.37, 2.39 and 2.46 respectively. While two indicators such as provide newborn care(unang yakap strategy) and prepare mother and baby for discharge were all interpreted as complied with 2.72 and 2.61 weighted means respectively.

TABLE 9 Level of Compliance of Birthing Facility Personnel on Postpartum and Newborn Care

Indicators	Weighted Mean	Interpretation	Rank
Assess newborn status	2.46	Moderately Complied	3
Provide newborn care (unang yakap strategy)	2.72	Complied	1
Mother transfer to the recovery room	2.37	Moderately Complied	5
Monitor baby and Mother	2.39	Moderately Complied	4
Prepare mother and baby for discharge	2.61	Complied	2
Average Weighted Mean	2.51	Complied	

3.6 | Level of Compliance of Birthing Facility Personnel On Referral

Table 10 shows the distribution on the compliance of birthing facility personnel on referral with a weighted mean of 2.62 and interpreted as complied. Based on the data gathered, four indicators were interpreted as complied while only one was interpreted as moderately complied with a weighted mean of 2.40. This implies that the birthing facility personnel must take into consideration referring mother if there is presence of danger signs since this is the only indicator that should give attention with.

TABLE 10 Level of Compliance of Birthing Facility Personnel On Referral

Indicators	Weighted Mean	Interpretation	Rank
Refer mother if there is presence of danger	2.40	Moderately Complied	5
Refer mother for undelivered placenta	2.72	Complied	2
Refer Mother for elevated or low blood pressure	2.51	Complied	4
Refer mother for severe bleeding and other complications	2.70	Complied	3
Refer sick baby to partner pediatrician	2.81	Complied	1
Average Wiegthed Mean	2.62	Complied	

3.7 | Factors Affecting the Compliance of Birthing Facility Personnel on Admission Protocol

Table 11 shows the results discussing the factors affecting the compliance of birthing facility personnel on admission protocol which has an average weighted mean of 3.50 interpreted as greatly affect. Financial stability as the main factor affecting the compliance of birthing facility personnel as raised by the respondents with a weighted mean of 3.78 and interpreted as greatly affect. Based on the data gathered, transportation resources, distance of the hospital from the birthing facility, willingness of the patient to be referred, proper assessment and evaluation of patient's health condition, awareness on the admission protocol and the awareness of patients on her health condition are also great factors that affect the compliance on admission protocol. While, number of patients admitted in the birthing facility doesn't have a great bearing that affects the compliance since it was interpreted as affect with a weighted mean of 2.49. Results implied and was supported by the study of Ganle et al. (2015) that mothers should prepare financially during her pregnancy to avoid financial difficulties at the time of her difficulties. Further, birthing home facilities should assess and evaluate appropriately the patients' health condition to easily identify presence of danger signs which indicates early referral.

TABLE 11 Factors Affecting the Compliance of Birthing Facility Personnel on Admission Protocol

Indicators	Weighted Mean	Interpretation	Rank
Awareness on the admission protocol policy	3.55	Greatly Affect	6
Transportation Resources	3.73	Greatly Affect	2
Distance of the Hospital from the birthing home facility	3.72	Greatly Affect	3
Financial stability of the patient	3.78	Greatly Affect	1
Willingness of the patient to be referred	3.71	Greatly Affect	4
Number of patient admitted	2.49	Affect	8
Awareness of the patient on her medical status	3.45	Greatly Affect	7
Proper Assessment and evaluation of patient's health condition	3.63	Greatly Affect	5
Average Weighted Mean	3.50	Greatly Affect	

3.8 | Proposed Plan to Enhance the Compliance of Birthing Facility Personnel on Patient's Admission Protocol

Based on the result of the study, the researcher had proposed plan to enhance the compliance of the birthing facility personnel on admission protocol as shown in Table 12

TABLE 12 Proposed Plan to Enhance the Compliance of Birthing Facility Personnel on Patient's Admission Protocol

Areas of Concern	Objectives	Activities/Strategies	Persons Involved	Success Indicator
Assessment and Evaluation of Presence of Danger Signs	To provide information regarding proper assessment and evaluation of presence of danger signs	Conduct seminars to birthing facility personnel to enhance their knowledge on proper assessment, evaluation and identification of presence of danger signs.	Birthing Facility Personnel	Birthing facility personnel can now easily identify danger signs
Perform Perineal Repair when there is laceration	To enhance their knowledge and skills on performing the Perineal Repair	Conduct training workshop on the perineal repair to enhance the confidence of the personnel in performing perineal repair whenever there is laceration	Birthing Facility Nurses and Midwives	Nurses and midwives can perform perineal repair well
Postpartum and newborn care	Enhance the knowledge and skills on Postpartum and Newborn Care	Conduct seminars and workshop on postpartum and newborn care to upgrade the knowledge of birthing facility personnel	Birthing Facility Personnel	Enhanced knowledge and skills of birthing facility personnel on postpartum and newborn care
Compliance on Proper Referral	Encourage both mother and birthing facility personnel to comply proper and immediate referral	Conduct of Mothers Class, Health teaching and health education	Mothers /Birthing Facility Personnel	Both mothers and birthing facility personnel complied well on proper referral system

4 | CONCLUSION

Majority of the respondents are single, from 21-30 years old, on a job order/contractual employment status, Roman Catholic and college graduate. Thus, birthing facility personnel are moderately complied on the indicators under admission but complied on the indicators under active labor, fully dilated and effaced stage, postpartum and newborn care, and on referral. Also, there are some factors that greatly affect the compliance of birthing facility personnel on admission protocol. Three top most factors that affect the compliance of birthing facility personnel on admission protocol are financial stability of the patient, transportation resources, and the distance of the hospital from the birthing facility. Based on the proposed plan, it is necessary to further enhance the knowledge and skills of the nurses and midwives of birthing facilities relevant to assessment and evaluation of presence of danger signs, performing perineal repair when there is laceration, postpartum and newborn care and compliance on proper referral. These can be achieved through attendance to seminars and workshop for them to be able to update themselves on admission protocol.

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