



# Strategies for Improving Maternal Health Services in the Selected Lying-in Clinic in Tacurong City a Basis for Maternal Health Services Recommendation for the Improvement of Maternal Health Services

*Dalumpines, Plenky L. RM, BSM, Faller Erwin M.*

*St. Bernadette of Lourdes College, Quezon City Philippines*

## ABSTRACT

This qualitative research explored strategies to enhance maternal health services in a selected lying-in clinic in Tacurong City. Maternal health remains a critical concern in public health, particularly in resource-constrained settings where challenges such as limited access, suboptimal quality of care, and workforce gaps persist. The study focused on capturing the insights, experiences, and recommendations of key healthcare providers specifically midwives and nurses who play a vital role in delivering maternal services.

Data were gathered through semi-structured interviews with twenty (20) healthcare providers. Thematic analysis was employed to identify recurring themes related to service quality, challenges, and opportunities for enhancement. Participants described current quality assessment practices, including monitoring patient wait times, staff responsiveness, cleanliness, availability of essential supplies, and patient outcomes.

## 1. INTRODUCTION

Maternal health is an important public health issue, especially in developing countries like the Philippines, where access to quality healthcare is often limited. In Tacurong City, Sultan Kudarat, the lying-in clinic is a key healthcare facility for expectant mothers. It offers prenatal, delivery, and postnatal care. Making maternal health services better is a global priority. However, the Philippines continues to face significant challenges even with ongoing health reforms.

Improving maternal health services remains a global priority, with the Philippines facing notable challenges despite ongoing health reforms. From 2021 to 2022, the Department of Health (DOH) observed rising maternal and newborn mortality rates, prompting renewed emphasis on primary care under the Universal Health Care (UHC) framework. WHO, in collaboration with DOH and development partners like KOICA, has strengthened local health networks yet significant urban-rural disparities persist.

## 2. REVIEW OF RELATED LITERATURE

### *International Literature*

Recent global studies emphasize the importance of comprehensive, people-centered, and evidence-based strategies to improve maternal health services, especially in primary-level care settings like lying-in clinics.

According to the **World Health Organization (2016)**, quality maternal and newborn care must be effective, safe, and respectful. Their framework outlines eight domains of quality including evidence-based practices, effective communication, and essential physical resources all of which are directly relevant to maternal health services in low-resource settings like Tacurong City.

**Edwards et al. (2023)** argue that improving maternal health outcomes requires more than clinical competence it demands systemic learning from frontline providers, adaptation to community needs, and accountability structures that prioritize women's safety and dignity. Their findings support the development of maternal health service recommendations that focus on quality, staff development, and client satisfaction.

A study by **Sakeah et al. (2015)** identified strategies to boost demand for maternal services in resource-limited settings. These strategies include community-based education, male involvement, and transportation support. These insights relate well to interventions important for rural areas like Tacurong, where accessing services is a continual challenge.

Dumont et al. (2021) found that structured training in emergency obstetric and neonatal care significantly lowered maternal mortality in community-level facilities. This highlights the need for building capacity and improving skills, which are key parts of the suggested strategies for improvement.

### **Local Literature**

In the context of the Philippines, various studies and national frameworks emphasize the necessity of strengthening maternal health services, particularly at the primary care level.

La Vincente et al. (2013) highlight how localized Investment Cases (ICs) have improved planning and resource allocation for maternal and child health programs. This approach can guide strategy formulation in lying-in clinics that encounter budgetary and personnel constraints.

The Department of Health's Philippine Health Facility Development Plan (DOH, 2020) outlines the infrastructure and service delivery upgrades needed across the country's primary care facilities. It specifically identifies lying-in clinics as crucial for decongesting hospitals and providing safe and accessible maternal services.

Lumbuan et al. (2019) evaluated the compliance of private lying-in clinics with national maternal care standards. Their findings reveal gaps in emergency care readiness, staff training, and facility infrastructure—issues similar to those observed in Tacurong City. These results underscore the need for targeted strategies in infrastructure development, referral systems, and ongoing education.

Paredes (2016) explored disparities in the utilization of maternal health services, noting that low-income and geographically isolated populations face greater risks due to limited access. This supports the inclusion of equity-focused strategies in your recommendation plan, such as mobile clinics and community outreach programs.

Moreover, policy documents like the *Philippine Development Plan (2023–2028)* and the *Universal Health Care (UHC) Law (RA 11223)* emphasize primary care enhancement, digital health innovations, and maternal service continuity priorities that align closely with the vision of your research.

## **3. THEORETICAL FRAMEWORK**

This study employs a combination of three complementary theoretical frameworks: The Donabedian Model of Quality of Care (1980), the World Health Organization's Quality of Care Framework for Maternal and Newborn Health (2016), and the Consolidated Framework for Implementation Research (CFIR), updated by Damschroder et al. (2022). This framework supports uniquely to the study design, analysis, and interpretation.

### *Donabedian Model of Quality of Care (1980)*

The Donabedian Model provides a foundational structure for measuring healthcare quality. It categorizes health service quality into three interrelated components: structure, process, and outcome. As the study aims to propose actionable improvements, this model offers a logical pathway for evaluating existing services and identifying areas for improving.

**Structure** – Refers to physical, human, and organizational infrastructure, staffing, equipment, space.

- **Process** – Refers to how care is delivered: prenatal care, labor management, referrals.
- **Outcome** – Refers to the results of care: maternal satisfaction, reduced complications.

### **3.1 Relevance to the Study**

This framework allows the researcher to assess maternal services from the perspective of healthcare providers by analyzing their methods, constraints, and resources, and perceived effects on patients and service quality. These elements directly inform the proposed recommendations for improving maternal healthcare delivery.

### *World Health Organization's Quality of Care Framework for Maternal and Newborn Health (2016)*

#### **Justification**

This framework offers a globally recognized standard specifically tailored to maternal and newborn health. It ensures that the study not only evaluates technical care but also emphasizes the experience of care, such as respect, dignity, communication, and emotional support. It aligns with the overarching goal of your research: to ensure maternal health services are both effective and patient-centered.

- **Provision of Care** – Evidence-based practices, skilled attendance, and timely referral systems.
- **Experience of Care** – Respect, dignity, effective communication, and emotional support.
- **Cross-cutting Standards** – Competent personnel, adequate infrastructure, and functioning information systems.

#### **Relevance to the Study**

This framework enables assessment of whether the maternal services offered align with WHO standards, highlighting specific service gaps related to both clinical and interpersonal care. The framework directly supports your effort to generate well-rounded, patient-centered service recommendations.

*Consolidated Framework for Implementation Research (CFIR) – Updated 2022*

The implementation of science framework that examines how innovations and service improvements are adopted in real-world healthcare settings. It was employed in this study to analyze how and why certain maternal health strategies succeed or face resistance in the clinic setting.

- **Intervention Characteristics** – Clarity and adaptability of improvement strategies.
- **Outer Setting** – Community needs, policies, and external pressures.
- **Inner Setting** – Facility culture, leadership, and communication.
- **Characteristics of Individuals** – Beliefs, motivation, and competency of staff.
- **Implementation Process** – Planning, training, execution, and feedback systems.

**Statement of The Problem**

Maternal health remains a critical public health priority, particularly in local settings where healthcare resources may be limited. In Tacurong City, the role of lying-in clinic is vital in providing maternal care services. However, gaps in service quality, provider capacity, and systemic support continue to affect outcomes. There is a need to better understand how healthcare providers experience, address, and navigate these challenges in order to improve maternal health services. This study seeks to investigate the experiences, strategies, and challenges encountered by healthcare providers in a selected lying-in clinic in Tacurong City, with the goal of formulating evidence-based recommendations for service enhancement.

1. What are the experiences of healthcare providers in improving maternal health services in the selected lying-in clinic in Tacurong City?
2. What strategies are employed by healthcare providers to improve maternal health services in the selected lying-in clinic in Tacurong City?
3. What challenges are faced by healthcare providers in delivering and improving maternal health services in the clinic?
4. Based on the findings, what recommendations can be proposed to improve maternal health services in the selected lying-in clinic in Tacurong City?

**Significance of The Study**

Maternal health service delivery in primary-level facilities such as lying-in clinic plays a crucial role in reducing maternal and neonatal mortality, especially in underserved communities (World Health Organization [WHO], 2019). This study seeks to explore the lived experiences, applied strategies, and pressing challenges faced by healthcare providers in selected lying-in clinics in Tacurong City. The findings aim to serve as a basis for formulating evidence-based recommendations for the enhancement of maternal health services.

Previous research has consistently highlighted the need to strengthen primary-level maternal care to ensure early risk detection, safe birthing practices, and adequate postnatal support (Tunçalp et al., 2015; Dayal & Hort, 2020). In the Philippines, lying-in clinics provide critical access to maternal care, particularly for normal deliveries. However, challenges such as limited resources, workforce shortages, and inconsistent service quality persist (DOH, 2020). While national-level strategies exist, there is limited localized research to guide targeted improvements in smaller urban centers such as Tacurong City.

**Scope and Limitation of the Study**

This study focuses on exploring the experiences, strategies, and challenges encountered by healthcare providers nurses and midwives in selected lying-in clinic in Tacurong City, Sultan Kudarat. The study is qualitative in nature and includes 20 respondents, all of whom are actively providing maternal healthcare services such as prenatal, intrapartum, and postnatal care within the selected clinic. Data were gathered through semi-structured interviews using open-ended questions.

The study does **not** include:

- Hospital-based maternal health services
- Perspectives of pregnant women or patients
- Clinics outside Tacurong City
- Quantitative assessment of clinical outcomes

**limitations**

were established to maintain a focused inquiry into the provider-level experiences and to generate context-specific recommendations for improving services within primary-level maternal care settings.

---

## 4. METHODOLOGY

### 4.1 RESEARCH DESIGN

This study employed a qualitative research design using a descriptive phenomenological approach. This method was chosen to explore and describe the lived experiences, strategies, and challenges of healthcare providers specifically nurses and midwives engaged in delivering maternal health services in selected lying-in clinic in Tacurong City.

A descriptive phenomenological approach, rooted in the work of Edmund Husserl, focuses on capturing participants' firsthand experiences without imposing the researcher's interpretations. This design allowed the researcher to uncover rich, in-depth insights into how healthcare providers perceive and implement maternal health strategies within their clinical settings. It is particularly appropriate for identifying common themes and meanings that emerge from their day-to-day encounters in improving maternal healthcare.

The qualitative nature of the study also supported the formulation of evidence-based recommendations for the improvement of maternal health services, as grounded in the actual context, challenges, and practices observed in the local healthcare environment.

### 4.2 RESEARCH SITE

#### Research Locale

This study was conducted in selected **lying-in clinic** within **Tacurong City**, located in the province of **Sultan Kudarat**, Region XII (SOCCSKSARGEN), Philippines. Tacurong City serves as a key urban center in the province, with its main government institutions and health facilities situated along Bonifacio Street, corner Roxas Avenue, Tacurong City, 9800.

The selected lying-in clinic cater to women from both urban barangays and nearby rural areas, offering essential maternal health services such as prenatal care, childbirth assistance, postpartum monitoring, and family planning. These clinic play a vital role in supporting the city's goal of reducing maternal mortality and improving access to safe and quality maternal care.

### 4.3 SAMPLE AND SAMPLING DESIGN

This study focused on *nurses and midwives* working in lying-in clinic, as they are directly involved in delivering maternal healthcare services. A total of *20 respondents*—a mix of licensed nurses and registered midwives—were selected from one accredited lying-in clinic in Tacurong City.

The study employed a *purposive sampling technique*, which is appropriate for qualitative research. This method ensured that only participants with direct involvement and sufficient experience in maternal health service delivery were included. The sample size was determined based on the availability of qualified respondents who met the criteria, as well as the qualitative nature of the study, which prioritizes depth of insight over statistical generalization.

### 4.4 RESEARCH INSTRUMENT

The primary research instrument used in this study was a **semi-structured interview guide**. This approach provided a balance between consistency in data collection and the flexibility needed to explore participants' unique experiences in depth. Semi-structured interviews are particularly well-suited for qualitative research as they allow participants to elaborate on their thoughts while enabling the researcher to probe for further detail when necessary.

The interview guide was **developed in alignment with the study objectives**, focusing on the experiences, strategies, and challenges of healthcare providers in delivering maternal health services. It included **open-ended questions** that covered key areas such as

- Staffing levels and workload
- Availability of resources and equipment
- Access to training and professional development
- Communication practices within the facility
- Perceptions of patient satisfaction and quality of care
- Suggestions for improving maternal health service delivery

Interviews were conducted in either *Tagalog or English*, depending on the participants' language preference, to ensure comfort and clarity during discussions. With participants' consent, all interviews were *audio-recorded and transcribed verbatim* to preserve the integrity of the data and support a rigorous thematic analysis.

#### 4.5 VALIDATION INSTRUMENT

The interview guide was validated by experts to ensure its relevance and alignment with the study's objectives. Three experts, who are professionals in maternal healthcare and qualitative research, reviewed the instrument.

The validation process included a content validity assessment, during which the experts evaluated the appropriateness of the questions in relation to the research objectives. Feedback from the reviewers was carefully considered to refine the structure and flow of the questions.

This validation process enhanced the credibility and trustworthiness of the data collection tool, ensuring that it could effectively capture the lived experiences, strategies, and challenges of healthcare providers at the selected lying-in clinic.

#### 4.6 DATA GATHERING PROCEDURE

This study followed a systematic and ethical process for gathering qualitative data from healthcare providers at selected lying-in clinic in Tacurong City. The steps undertaken are as follows:

##### 1. Familiarization with the Data

After completing the interviews, I personally transcribed each recording verbatim to deeply engage with the data. This initial involvement helped me identify recurring patterns, notable statements, and potential areas of interest related to maternal health service delivery.

##### 2. Generating Initial Codes

Utilizing an inductive approach, key phrases and meaningful expressions in the transcripts were manually highlighted. Descriptive codes were assigned to text segments that reflected strategies, challenges, experiences, and recommendations regarding maternal health services in the lying-in clinic.

##### 3. Searching for Themes

Once I completed the initial coding, I grouped similar codes together to identify potential themes. For instance, codes related to "limited resources," the need for training, and "inadequate equipment" were categorized under a potential theme called "Capacity and Resource Gaps." I sought overarching patterns that connected the individual codes and aligned them with the objectives of my study.

##### 4. Reviewing Themes

I thoroughly examined all the emerging themes to confirm that they accurately reflected the coded data and were backed by detailed quotes from participants. I also looked for any overlap or redundancy and made necessary revisions. This process ensured that the themes were internally coherent and distinct, while still being connected to the overall research questions.

##### 5. Defining and Naming Themes

Ultimately, I presented each theme alongside selected direct quotations from participants to give voice to their experiences. I ensured that the narrative was logically structured, reflected the participants' perspectives, and connected each theme to broader implications.

##### 6. Producing the Report

Finally, I wrote a detailed narrative of the findings, presenting each theme alongside selected direct quotations from participants to give voice to their experiences. I ensured that the narrative was logically structured, reflected the participants' perspectives, and connected each theme to broader implications and literature on maternal health services.

##### Member Checking for Credibility

In addition to the six phases, I also conducted **member checking** by sharing a summary of the findings with a few participants. Their feedback helped confirm the accuracy of the themes and strengthened the trustworthiness of the findings.

#### 4.7 DATA ANALYSIS PROCEDURE

The English transcriptions of the interviews were analyzed using thematic analysis, guided by the six-phase framework of Kiger and Varpio (2020). An independent reviewer conducted the initial thematic analysis to enhance objectivity and reduce researcher bias.

The process began with the reviewer familiarizing themselves with the transcribed data through repeated reading. **Codes** were generated inductively—meaning they were derived directly from the data without imposing pre-existing categories—to ensure that all relevant inputs and nuances from the participants were captured.

Once initial codes were identified, they were organized into broader **themes and sub-themes** that reflected the core meanings and recurring patterns in the data. The reviewer used **Microsoft Excel** to systematically categorize and track the codes, themes, sub-themes, and representative participant quotations.

The results of the analysis were presented in a **table format**, providing a clear and organized overview of the findings. This included

- Thematic labels
- Supporting quotations from participants
- Descriptions of how each theme related to the research objective.

#### *Pilot Interview*

Before commencing the full data collection, a pilot interview was conducted with *two* healthcare providers (one nurse and one midwife) who met the inclusion criteria but were not included in the final participant pool. The purpose of this pilot interview was to evaluate the clarity, flow, and relevance of the semi-structured interview guide and to assess the practicality of the data collection process within the context of a lying-in clinic.

#### Key Observations and Notable Insights

During the pilot interviews, several important observations were made

- Participants responded openly and in detail, which affirmed that the questions were relevant and meaningful to their professional experiences.
- Some terms used in the guide (e.g., “barriers,” “strategies,” or “service quality”) needed clarification. Participants occasionally paused to ask what was meant, indicating that simpler language or brief examples might be more effective.
- It became evident that some questions elicited overlapping responses, which led to repetitive answers. This observation suggested that the structure and sequencing of questions needed refinement.

Additionally, the **timing** of the interviews was assessed. Both interviews lasted approximately **40–50 minutes**, which was deemed appropriate and manageable for the final data collection.

#### Unexpected Findings and Adjustments

One unexpected insight from the pilot was the participants’ emphasis on community involvement and cultural considerations, which were not strongly reflected in the original interview guide. This prompted the inclusion of additional probing questions related to:

- Community engagement in maternal health
- Influence of local beliefs and practices on service delivery

Another observation was the importance of provider well-being in shaping service quality. Although this was not a central focus initially, responses in the pilot interview revealed that staff shortages, fatigue, and lack of support significantly impacted how services were delivered. This insight informed later data interpretation but was not added as a separate question in the guide.

#### Modifications to the Interview Guide

As a result of the pilot interview, several revisions were made:

- **Rephrasing of complex questions** into more conversational and culturally familiar language. For example, “What challenges do you face in delivering maternal health services?” was simplified to “Ano ang mga kabudlayan ninyo sa paghatag sang serbisyo sa mga nagabusong?”
- **Reordering of questions** to improve the natural flow of conversation. Demographic questions were moved to the beginning to build rapport, while sensitive topics were placed in the middle, once participants felt more comfortable.
- **Addition of probes** to encourage deeper reflection, such as:
  - “Can you give a specific example?”
  - “How did that affect your patient or your work?”
- **Removal of redundant items** that elicited similar answers, allowing the interview to remain focused and within time limits.

#### • Data Collection through Semi-Structured Interviews

The main data collection involved face-to-face, one-on-one interviews using a semi-structured interview guide. Interviews were conducted in a private, quiet location within or near the lying-in clinics, and each lasted approximately 30–45 minutes. The conversations were audio-recorded with the participants’ permission and supplemented with field notes.

#### • Transcription of Interview Data

All recorded interviews were transcribed verbatim. For interviews conducted in Filipino or Hiligaynon, translations into English were made while preserving the meaning and context of the responses.

#### • Data Analysis using Thematic Analysis (Kiger & Varpio, 2020)

Thematic analysis was used to examine and interpret the transcribed data. The six phases recommended by Kiger and Varpio (2020) were followed

- *Familiarization with the Data*

The researcher read and re-read the transcripts to become deeply familiar with the content and gain initial insights.

- *Generating Initial Codes*

Meaningful phrases and statements related to the research questions were highlighted and coded manually.

- *Searching for Themes*

Related codes were grouped together into broader categories or potential themes that captured significant patterns in the data.

- *Reviewing Themes*

The initial themes were reviewed against the data to ensure they accurately reflected participants' experiences and were coherent.

- *Defining and Naming Themes*

Themes were clearly defined and labeled to reflect the core meaning behind each one.

- *Producing the Report*

A detailed narrative was developed, including direct quotations from participants to support each theme and illustrate key findings.

- *Validation of Results*

To enhance credibility, member checking was conducted by returning selected thematic findings to some participants for feedback and confirmation of accuracy.

#### **4.8 ETHICAL CONSIDERATION**

Ethical standards were strictly upheld throughout the conduct of this study. Informed consent was obtained from all participants prior to their involvement in the interviews. Confidentiality were ensured by omitting any personal identifiers in transcripts and final reports. Interview recordings and transcripts were stored securely in password-protected digital storage. The data will be retained for five (5) years in accordance with ethical research standards and then securely deleted.

This study explored the perceptions and experiences of midwives and nurses regarding maternal health services in a selected lying-in clinic in Tacurong City, using a qualitative approach. Patient feedback is valued and systematically gathered to improve service delivery, demonstrating a culture of responsiveness and accountability. However, challenges persist, including limited infrastructure, long wait times, communication gaps, and a lack of advanced medical equipment. While ongoing training programs like EINC and FPCBT1 have been beneficial, the respondents also identified gaps in training, particularly in mental health support, respectful maternal care, and clinical protocols.

The healthcare providers expressed a clear and ambitious vision for the clinic to become a regional leader in maternal care through enhanced access, equitable service delivery, and a stronger emphasis on respectful, community-based care. Their suggested strategies ranging from staff development to technological upgrades and patient education reflect a strong commitment to continuous improvement.

Staff have demonstrated a strong awareness of these issues and have proposed realistic and practical improvements, indicating their commitment to enhancing patient care. Their vision aligns with national health goals, focusing on equitable access, improved service quality, and patient-centered care. These findings underscore the urgent need for a facility development plan that targets both infrastructure and human resource development.

---

## **RECOMMENDATIONS**

### **A Basis for Maternal Health Services Improvement**

Based on the findings and discussion, the following recommendations are proposed to improve maternal health services in the lying-in clinic:

#### ***For Community Outreach and Service Accessibility***

Establish mobile health units to extend maternal services to geographically and economically underserved areas.

Build strong referral networks with nearby hospitals to ensure timely care for high-risk pregnancies.

#### ***Enhance Staff Training***

Provide regular and specialized training on maternal mental health, respectful maternity care, communication, cultural sensitivity, and updated clinical protocols.

#### ***Upgrade Medical Equipment and Facility Resources***

Invest in modern diagnostic tools (e.g., ultrasound machines) and expand facility infrastructure to reduce overcrowding and improve service delivery.

***Improve Communication and Patient Education***

Develop comprehensive patient education programs and ensure that healthcare providers explain procedures, aftercare, and risks clearly and empathetically.

***Reduce Patient Wait Times***

Streamline clinic processes and improve scheduling systems to ensure faster and more efficient service.

***Strengthen Feedback and Monitoring Systems***

Implement a more robust patient feedback mechanism, regular audits, and performance reviews to track and improve service quality.

***Expand Community-Based Services***

Explore mobile health clinics and outreach programs to reach underserved populations and promote maternal health in the broader community.

***Establish Stronger Referral and Digital Tracking Systems***

Build partnerships with nearby hospitals for high-risk referrals and introduce digital tools for patient record-keeping and appointment reminders.

***Promote a Supportive Work Environment***

Foster collaboration and continuous learning among staff to sustain motivation and improve the overall quality of maternal healthcare services.

***Expanded Recommendations***

***Improve Physical Infrastructure***

- Construct or renovate clinic areas to include dedicated spaces for prenatal consultations, labor, delivery, and postnatal care.
- Ensure clean, well-ventilated, and well-lit rooms to promote infection control and patient comfort.
- Provide adequate toilet and washing facilities, especially for birthing mothers and companions.

***Invest in Advanced Medical Equipment***

- Procure essential maternal health tools such as fetal Dopplers, ultrasound machines, resuscitation kits, and delivery beds.
- Ensure timely maintenance and calibration of equipment to prevent service disruption.

***Increase Skilled Birth Attendant Coverage***

- Hire additional midwives or obstetric nurses to manage patient load during peak hours and emergencies.
- Offer incentives for staff retention and continuous professional development.

***Establish a Continuing Professional Education Program***

- Regularly conduct in-service training, workshops, and seminars on maternal and newborn care (e.g., BEmONC, EINC, PPIUD, postpartum depression management).
- Include modules on cultural sensitivity, adolescent pregnancy, and emergency response.

***Integrate Mental Health Services into Maternal Care***

- Train staff on identifying and managing postpartum depression and maternal mental health issues.
- Offer referral systems or partnerships with mental health professionals and psychologists.

***Enhance Data Collection and Monitoring***

- Implement an electronic or manual health information system to track antenatal, intrapartum, and postnatal outcomes.
- Use data analytics to identify trends and areas needing intervention.

***Develop Mobile or Satellite Clinics***

- Launch mobile birthing units or prenatal check-up teams to reach remote or underserved barangays.
- Conduct home visits for high-risk pregnancies and postnatal care.

***Promote Health Education and Awareness***



- Offer regular health talks, group classes, and educational campaigns for expectant mothers and families.
- Include topics such as danger signs during pregnancy, nutrition, breastfeeding, and family planning.

#### ***Strengthen Referral Systems***

- Establish formal linkages with higher-level hospitals and emergency transport services.
- Train staff on triage and appropriate referral protocols for high-risk cases.

#### ***Implement Quality Assurance Measures***

- Conduct regular internal audits and maternal death reviews, if any.
- Form a quality improvement team to monitor service performance and patient satisfaction.

#### ***Enhance Community Participation***

- Engage local leaders, women's groups, and barangay health workers in maternal health advocacy and outreach.
- Establish community advisory boards to gather input and promote accountability.

#### ***Pursue Accreditation and Licensing Improvements***

- Align clinic operations with DOH and PhilHealth standards to maintain or upgrade accreditation status.
- Regularly assess compliance with health regulations and maternal care protocols.

#### ***Secure Sustainable Funding***

- Advocate for increased LGU or DOH budget allocations for maternal health.
- Explore partnerships with NGOs, donors, or international agencies for infrastructure and capacity-building support..

#### ***References***

- Campbell, O. M., & Graham, W. J. (2006). Strategies for reducing maternal mortality: Getting on with what works. *The Lancet*, 368(9543), 1284-1299. doi:10.1016/S0140-6736(06)69381-1
- Department of Health. (2020). Philippines health facility development plan 2020-2040. Department of Health, Republic of the Philippines.
- Health: Progress and challenges. Retrieved from <https://www.unfpa.org/maternal-health>
- Campbell, O. M., & Graham, W. J. (2006). Strategies for reducing maternal mortality: Getting on with what works. *The Lancet*, 368(9543), 1284-1299.
- Edwards, A., & Tappis, H. (2023). Quality improvement in maternal and reproductive health services. *BMC Pregnancy and Childbirth*, 23(1), 21.
- Gabrysch, S., & Campbell, O. M. (2009). Still too far to walk: Literature review of the determinants of delivery service use. *BMC Pregnancy and Childbirth*, 9(1), 34.
- Koblinsky, M., Matthews, Z., Hussein, J., et al. (2006). Going to scale with professional skilled care. *The Lancet*, 368(9544), 1377-1386.
- Kruk, M. E., Gage, A. D., Arsenault, C., et al. (2018). High-quality health systems in the Sustainable Development Goals era. *The Lancet Global Health*.
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H. (2018). High-quality health systems in the Sustainable Development Goals era: ti
- La Vincente, S., Aldaba, B., Firth, S., Kraft, A., Jimenez-Soto, E., & Clark, A. (2013). Supporting local planning and budgeting for maternal, neonatal, and child health in the Philippines. *Health Research Policy and Systems*, 11(1), 3.
- La Vincente, S., Aldaba, B., Firth, S., Kraft, A., Jimenez-Soto, E., & Clark, A. (2013). Supporting local planning and budgeting for maternal, neonatal, and child health in the Philippines. *Health Research Policy and Systems*, 11(1), 3.
- Lavis, J. N., Lomas, J., Hamid, M., & Sewankambo, N. K. (2006). A systems approach to improving maternal health in the Philippines. *Bulletin of the World Health Organization*, 84(6), 631-637.
- Lumbuan, R. M., & Mendoza, M. A. (2019). Compliance of private lying-in clinics as perceived by midwives. *International Journal of Nursing and Health Services*, 2(3), 245-253.
- me for a revolution. *The Lancet Global Health*. doi:10.1016/S2214-109X(18)30328-1
- World Health Organization (WHO). (2016). Standards for improving quality of maternal and newborn care in health facilities. Retrieved from <https://www.who.int/publications/i/item/9789241511216>
- Paredes, K. P. (2016). Inequality in the use of maternal and child health services in the Philippines: Do pro-poor health policies result in more equitable use of services? *International Journal for Equity in Health*, 15(1), 181.
- Philippine Legislators' Committee on Population and Development (PLCPD). (2010). Philippine policies on maternal, newborn, and child health and nutrition: Towards achieving MDGs 4 and 5.

Dayal, P., & Hort, K. (2020). Quality of care in maternal health services in low- and middle-income countries: A review of the literature. *International Journal for Quality in Health Care*, 32(3), 161–170.

- Department of Health (DOH). (2020). *Manual of Standards for Lying-in Clinics*. Manila, Philippines: DOH.
- Kruk, M. E., Gage, A. D., Arsenault, C., et al. (2016). High-quality health systems in the Sustainable Development Goals era: Time for a revolution. *The Lancet Global Health*, 4(11), e839–e840.
- Tunçalp, Ö., Were, W. M., MacLennan, C., et al. (2015). Quality of care for pregnant women and newborns—the WHO vision. *BJOG: An International Journal of Obstetrics & Gynaecology*, 122(8), 1045–1049.
- United Nations. (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*.