

Compliance of Private Lying-in Clinics as Perceived by Midwives

SILVIA C. DORON

ORCID No: 0000-0003-2394-4429
scdoron50@universityofbohol.edu.ph

ABSTRACT

Private Lying-in the clinic is a primary level health care facility for low-risk childbearing women and having normal status during pregnancy, childbirth and postpartum. In Bohol province, most Lying-in clinics are owned and managed by private practicing registered midwives. Compliance in this study pertains to the capacity of the private lying-in clinics as to facilities, equipment, and personnel. This study aimed to assess the personal and professional profiles of the respondents, compliance status of clinic managers and clinic staff to the DOH licensing and Phil Health Requirements based on the seven areas under study in the operation and management of private lying- in clinics. The researcher formulated survey questions adapted from DOH and Assessment Checklist for licensing birthing facilities. The respondents of the study were clinic managers and staff of the eleven private Lying-in clinics in Bohol which were managed by midwives. The study made use of quantitative normative survey, and the responses were analyzed through frequency, percentile and weighted mean and Scheffe's test. Results showed that all clinic managers and clinic staff were registered midwives, trained and were excellent in complying the requirements in the operation and management of private Lying -in clinics. The outcome of this study may serve as the basis for review of the accreditation requirements of primary level health care facility for administration.

KEYWORDS

Midwifery, low-risk childbearing women, quantitative-normative survey, Scheffe's test, DOH license to operate, Phil Health accreditation

INTRODUCTION

To ensure the healthy lives and to promote the well-being for all at all ages is the third of the Sustainable Development Goals (SDG) by 2030. Good Health is important for us to enjoy life and perform our work well. This goal assures everyone has health coverage and safe access to effective medicines vaccines especially pregnant mothers during childbirth (“Sustainable Development Goals,” 2015).

Globally, there was an estimated 289, 000 maternal deaths in 2013 (“Trends in Maternal Mortality: Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division,” 2015) and the Philippines is one the countries with the highest incidences of maternal and children’s deaths.

In the Philippines, home deliveries are inefficient considering that the area is prone to infection, lack of skilled health professional, lack of supplies and equipment. In case of emergencies, there are delays in reaching to higher health facilities, which worsens the situation. Every delivery is facility-based and managed by skilled birth attendants/skilled health professionals (“Department of Health MNCHN Strategy Manual of Operations,” 2011). This is embodied in a joint statement on the “Reduction of maternal mortality by WHO/UNFPA/UNICEF, World Bank, GENEVA” in 1999 which states that the rights relating to life, liberty and security of a person require governments to ensure both access to appropriate health care during pregnancy and childbirth.

Such care is to be provided by a skilled birth attendant: an accredited health professional who has been educated and trained in the skills needed to manage the critical stages in pregnancy and childbirth as well as in the identification, management, and referral of complications. A midwife is one of those professionals who can provide quality care.

The risk of maternal mortality is high during pregnancy and childbirth. According to World Health Organization Maternal Mortality (2016) that in 2015, about 830 women die every single day due to complications of pregnancy and childbirth. Hence, all childbirth should be conducted in a health, birthing facility equipped with essential supplies and instruments and the presence of competent and skilled health professional ready if complications may arise. By ensuring that all birthing facilities or lying in clinics are duly licensed the country can lessen maternal deaths and safeguard the survival of the newborn not only in urban areas but also in

rural areas. Deliveries in an accredited health facility managed by licensed midwives is an important strategy to help reduce maternal and infant deaths.

In the research of Watts et al., (2003), it was found out that women were satisfied with the care they received and the style of care by the midwife. It is congruent with the findings of this study wherein accredited lying in clinics and having a license to operate passed the high standards of maternal care. Thus, mothers' satisfaction with the level of care by the midwife is assured.

Midwives can help curve maternal deaths in the Philippines for its trusting relationship with women, having a tender loving care, good communication and adept in behavior.

The key findings of the research of Berg et al., (1996) revealed the trusting relationship of a midwife during childbirth is associated with this study where midwives are the ones who attend childbirth in private Lying-in clinic that undergo standards of licensing requirements.

The Private Midwife managed Lying -in Clinic is a nongovernment primary health care facility which provides quality services for low-risk clients for normal childbirth. The registered midwives who managed Lying-in clinic, before they can operate should first secure License to Operate (LTO) from the Department of Health.

The researcher, being the clinical instructor in the college of midwifery and coordinator of school-based Lying-in clinic, would like to find out the status of compliance and how equipped these Lying-in clinics are, based on DOH Phil Health Accreditation standards. It is also important to look into the personal and professional profile of clinic managers and staff, who operate their own Lying-in clinics. The findings of this study could be a benchmark to other health professionals in the province who want to operate and manage Lying-in clinics.

The purpose of this study is to assess the operation and management of private Lying-in clinics in Bohol province managed by private practicing midwives. Specifically, it intends to answer the following:

- What is the personal and professional profile of clinic managers and staff
- What is the status of compliance in the operation and management of Lying-in clinics based on the DOH / Phil. Health Licensing and accreditation requirements

- Are there significant differences in the responses of two groups of respondents namely: the clinic manager and the staff on the seven areas of study?

Accredited Lying-in clinics mean the health facility and personnel passed the standards set by the accrediting agency.

According to Phil. Health Circular No. 0033 s 2013 (“Deferment of License to Operate (LTO) Requirement for Renewal of Accreditation of Birthing Homes/Lying-in / Maternity Clinics,” 2013), all birthing homes and Lying –in clinics maternity clinics and other related facilities are advised to communicate with Department of Health - Center for Health Development (DOH-CHD) in their regions. This is to facilitate and initiate their application for the license to operate from Department of Health License to Operate (DOH LTO) and shall be a requirement for initial and renewal of Phil. Health accreditation (“Phil. Health Circular No. 15”, 2001). It urges all Regional Managers, Non-Hospital Based Maternity clinics, Rural Health Units, Health Centers, Physicians, Licensed Midwives and all others concerned to follow the Guidelines for Accreditation of Outpatient Clinics, Physicians, and Midwives for Low-Risk Maternity Care Package. Phil Health Insurance, in line with the thrust of the National Health Insurance Program, provides its members benefit package at an affordable cost by including accreditation for the outpatient clinic for low-risk maternity package.

The Department of Health also issued Regional Memorandum No. 2012-003 “Establishing and Implementing Local Programs for Engaging Private Practice Midwives.”, (2012). This memorandum issued to inform and guide local government units (LGUs) and private practice midwives in Central Visayas in the establishment of local programs that will develop the capacities of Private Practice Midwives, worth the objective to increase their contribution to improving MNCHN outcomes in their respective communities. This strategy will contribute to the rapid reduction of maternal and neonatal deaths.

Republic Act 7392 known as the “Philippine Midwifery Law,” (1992) states that the midwife can provide primary health care services. The midwife manages normal childbirth in their own responsibility, give care during labor, delivery and postpartum care, detection of abnormal conditions and make timely. Hence, this study is related to the major areas of the Bachelor of Science in Midwifery curriculum on Administration and

Supervision and Health Care Facility Management. The outcomes of this study could be a reference for students who want to pursue midwifery entrepreneurship (“CHED memo series no. 33,” 2007).

METHODOLOGY

The study used a quantitative-descriptive normative survey method. It is purposive because only clinic managers and clinic staff who were midwives managing the lying-in clinics were being considered. Weighted mean, percentages, and Scheffe’s Test were used for statistical purposes.

The researcher constructed a questionnaire consolidating the assessment checklist used by Phil Health accreditation and DOH licensing requirements. The questionnaire has two parts personal and professional profile and the seven areas to assess the status of operation and clinic management.

There were two groups of respondents of the study. These were clinic managers and staff of eleven private lying in clinics in Bohol province. These private Lying-in clinics are IMAP lying –in clinics operated in the province. As of 2016, there were eleven private lying–in clinics in Bohol province, which were managed by operated by private practicing midwives.

The research protocol, as well as the ethical considerations, was ensured on the conduct of this study.

FINDINGS AND RESULTS

1. Professional Profile of clinic managers and clinic staff

Most of the clinic managers and staff belonged to 22-30 years of age. This belongs to a younger group which means that they can easily adopt new trends in midwifery practice. All of the clinic managers and clinic staff were females. The majority were married, 8 of clinic managers were married. All of the clinic managers earned Diploma in Midwifery, Licensure Examination for Midwives passers, while four of them completed Bachelor of Community Health Service and one with Bachelor of Science in Midwifery.

2. Compliance Status of Clinic Operation and Management by clinic staff and clinic managers.

According to the survey, six were descriptively rated **Excellent**. And only one was rated **Very Good**. As a whole, lying-in clinic complied with what is required by accrediting agencies of the standard licensing requirements of the Department of Health and Phil. Health accreditation. Such helped hugely in delivering quality maternal and neonatal and child health care services to the clients. Findings are reflected in Table 1 below.

Table 1. Status of Clinic Operation and Management as perceived by both Clinic Managers and Clinic Staff

Licensing Requirements	Clinic Managers		Clinic Staff	
	WM	DV		
I. Service Capability				
Does the clinic provides quality clinical health services on :				
1.Pre-natal & Post-natal care	5.00	E	5.00	E
2.Normal Spontaneous Delivery	5.00	E	5.00	E
3.Routine Newborn care	5.00	E	5.00	E
4.Family Planning	5.00	E	5.00	E
5.Newborn Screening	5.00	E	5.00	E
6.Health Education on birth planning, hygiene, nutrition, lactation management and health financing	4.73	E	3.73	VG
7. Proper identification of newborn upon discharge	5.00	E	4.00	VG
Does the clinic has the following:				
8. Organizational chart placed in a location readily seen by public	4.00	VG	4.00	VG
9.Qualified personnel who are trained and oriented on essential components of health services	5.00	E	5.00	E
10. Breastfeeding program	5.00	E	4.55	E
11. Vision/Mission/Goals/Objectives posted in the clinic	3.18	G	3.18	G
12. Standards Operation Manual – Standard Operating Procedures (SOP)	5.00	E	5.00	E
13. Business Permit	5.00	E	5.00	E
14. MOA with higher facility of higher capability for referrals	5.00	E	5.00	E
15. Certificate of Business Name Registration	5.00	E	5.00	E
Composite mean	4.79	E	4.63	E
II. Staff/ Personnel Structure				
Does the clinic has:				
1. Licensed Midwives, at least accredited by Phil. Health for Low Risk Maternity Package (LRMC	5.00	E	5.00	E
2. Clinic Aide/Clerk /Utility Worker	5.00	E	5.00	E

3. Partner Obstetrician (on call) with MOA	5.00	E	5.00	E
4. Partner Pediatrician (on call) with MOA	5.00	E	5.00	E
5. Driver	5.00	E	5.00	E
6. Administrator	5.00	E	5.00	E
7. Are the personnel on duty wear proper uniforms	4.64	E	4.64	E
Composite mean	4.95	E	4.95	E
III. Trainings Provided				
Does the clinic has the staff who have the following:				
1. Certificate of Training on Family Planning	5.00	E	5.00	E
2. Suturing of 1 st & 2 nd degree perennial lacerations	5.00	E	5.00	E
3. IV insertion	5.00	E	5.00	E
4. Internal examination	5.00	E	5.00	E
5. Newborn Screening	5.00	E	5.00	E
Composite mean	5.00	E	5.00	E
IV. Physical Facility				
Does the clinic has the following areas:				
1. Waiting Area which measures 2.5m x 2m as required and adjacent to the counseling room / consultation/ examination/procedure room	4.82	E	4.82	E
2. Admitting / Records and Business Area	5.00	E	5.00	E
3. Consultation and Examination room with visual and auditory privacy	4.73	E	5.00	E
4. Lavatory with proper drainage for hand washing	5.00	E	5.00	E
5. Delivery room/Birthing room	5.00	E	5.00	E
6. Scrub area	5.00	E	5.00	E
7. Newborn area	5.00	E	5.00	E
8. Equipment and supply area	5.00	E	5.00	E
9. Patient/Recovery room	5.00	E	5.00	E
10. Sanitary Toilet	5.00	E	5.00	E
11. Work Area	4.73	E	5.00	E
12. Emergency exit which opens into an open space and far from entrance of the clinic and kept close at all times	4.73	E	4.91	E
13. Hallway	4.45	E	4.55	E
14. Large signage bearing the name of the clinic	4.73	E	4.82	E
15. Available and safe water supply	5.00	E	5.00	E
Is the delivery room located in the place wherein:				
16. There is minimal flow of clients	4.73	E		
17. Very near to labor /recovery room	5.00	E	5.00	E

18. Door is not across toilet door	5.00	E	5.00	E
19. Is the DR clean and sterile	4.27	E	3.73	VG
20. All rooms properly identified	4.09	VG	4.27	E
21. Are the things of clinic properly and in order	3.91	VG	4.09	VG
22. Is the clinic neat and clean	3.82	VG	4.18	VG
Composite mean	4.73	E	4.78	E
V. Equipment /Instruments /Supplies				
Equipment:				
Is the clinic has the following equipment which are functional?				
1. Clinical weighing scale	5.00	E	5.00	E
2. Examining/delivery table	5.00	E	5.00	E
3. Gooseneck lamp	5.00	E	5.00	E
4. Instrument table	5.00	E	5.00	E
5. Oxygen unit	4.45	E	4.45	E
6. Sterilizer	5.00	E	5.00	E
7. Foot stool	4.73	E	4.73	E
8. Emergency light	5.00	E	5.00	E
9. Patient transport vehicle	1.00	NP	1.00	NP
10. Electric stove	5.00	E	3.82	VG
11. Ambu bag (pedia /adult)	4.50	E	5.00	E
12. Bassinet /newborn carrier	5.00	E	3.91	VG
13. IV stand	5.00	E	5.00	E
14. Medicine cabinet	5.00	E	5.00	E
15. Wall clock with second hand	5.00	E	5.00	E
16. Suction apparatus	5.00	E	5.00	E
Instruments:				
Is the clinic have the following which are clean and sterile and ready to use:				
17. Delivery set/OB pack	5.00	E	4.82	E
18. Kelly pad/Disposable maternal pads	4.64	E	5.00	E
19. BP Apparatus	5.00	E	5.00	E
20. IUD kit (for IUD Providers)	4.50	E	4.73	E
21. Wound dressing instruments	5.00	E	5.00	E
Supplies:				
Is the clinic have the following and available supplies;				
22. antiseptics	5.00	E	5.00	E
23 bed sheets	5.00	E	5.00	E

24. IV tubings	5.00	E	5.00	E
25. D5LR (dextrose)	5.00	E	5.00	E
26. Disposable syringes with needles	5.00	E	5.00	E
27. DR gowns/scrub suit	4.73	E	3.82	VG
28. Nasal cannula	5.00	E	5.00	E
29. Soaking solution /disinfectants	5.00	E	5.00	E
30. Sterile absorbable sutures	5.00	E	5.00	E
31. Sterile cord clamps	5.00	E	5.00	E
32. Sterile cotton balls/ sterile cotton pledget	5.00	E	5.00	E
33. Sterile cutting / round needle	5.00	E	5.00	E
34. Sterile drapes/towels	4.00	VG	4.36	E
35. Sterile gloves	5.00	E	5.00	E
36. Sterile gauze/plaster	5.00	E	5.00	E
37. Surgical caps and masks	5.00	E	5.00	E
38. Clinical thermometers	5.00	E	5.00	E
39. Xylocaine/lidocaine	5.00	E	5.00	E
40. Methergonovine maleate ampule/oxytocin	5.00	E	5.00	E
41. Tetanus toxoid vaccines	5.00	E	5.00	E
42. Erythromycin ophthalmic ointment	5.00	E	5.00	E
43. Vitamin K ampule	5.00	E	5.00	E
44. Family Planning Supplies	5.00	E	5.00	E
45. DR slippers are cleaned and disinfected	3.91	VG	4.09	VG
Composite mean	4.81	E	4.77	E
VI. Records/Reports/Materials				
1. Consultation/Admission logbook	5.00	E	5.00	E
2. Patient's clinical records	5.00	E	5.00	E
3. Morbidity/mortality records	5.00	E	5.00	E
4. Newborn records	5.00	E	5.00	E
5. Referral records	5.00	E	5.00	E
6. Printed materials /posters for patient education/IEC	4.64	E	5.00	E
7. Delivery records	5.00	E	5.00	E
8. Daily Clients Record	5.00	E	5.00	E
9. FP Records	5.00	E	5.00	E
Composite mean	4.96	E	5.00	E
Composite mean				

VII. Sanitation and Waste Management				
Is the health facility :				
1. Clean, provides and maintains healthy and aesthetic environment. Smoking not allowed	4.27	E	3.18	G
2. Observes pest and vermin control	4.00	VG	4.00	VG
3. Facility has written Waste management plan	4.00	VG	4.00	VG
4. Observes segregation , coding and labeling of wastes: Black trash bag (for general wastes, non-infectious, dry) Green trash can (for general wastes, non-infectious, wet) Yellow trash bag (for infectious-pathological)	3.64	VG	3.64	VG
5. clinic utilizes sharp puncture proof container	4.00	VG	4.00	VG
Composite mean	3.98	VG	3.76	VG
Overall Composite mean	4.75	E	4.70	E

Legend: DV Meaning

1.00 - 1.79 (NC) Complied	Situations complied
1.80 - 2.59 (P) Poor	Situations are poorly complied
2.60 - 3.39 (G) Good	Situations are moderately complied
3.40 - 4-19 (VG) Very Good	Situations are extensively complied
4.20 - 5.00 (E) Excellent	Situations are extensive and are complied excellently

3. Degree of Difference on the Responses of the two groups of Respondents in the Seven Areas of Clinic Operation and Management.

To ascertain whether there yields a significant difference in the means of responses of the two groups in the seven areas being studied, the t-test of correlated means was used (See Table 2).

Table 2. Difference on the Responses of the Two Groups of Respondents on the Seven Areas of Clinic Operation and Management (N = 22)

Areas	X₁	X₂	D	D²
I. Service Capability	4.79	4.63	0.16	0.026777
II. Staff/ Personnel	4.95	4.95	0.00	0
III. Trainings	5.00	5.00	0.00	0
IV. Physical Facility	4.73	4.78	-0.05	0.002699

V. Equipments /Instruments / Supplies	4.81	4.77	0.04	0.001473
VI. Records/Reports/Materials	4.96	5.00	-0.04	0.001632
VII. Sanitation and Waste Management	3.98	3.76	0.22	0.047603
Sum	33.22	32.89	0.33	0.08018
Mean	4.75	4.70	0.05	0.01
t = 1.2747				
Critical Value @ 6 df(0.05) = 2.447				
Result: Insignificant				
Ho: Accepted				

The computation yielded a t of 1.2747 which was lower than the critical value of t of 2.447 at six def and at the 0.05 level of significance; hence, insignificant which led to the acceptance of the null hypothesis. This means both groups had the same perception or perceived those variables in the same light or perspective. Both clinic managers and clinic staff had parallel perceptions, with an overall rating of **Excellent**.

CONCLUSION

All private lying-in clinics were rated excellent in their compliance with the standard requirements of DOH and Phil. Health licensing requirements. Thus, they were accredited and have licensed to operate and manage primary level health care facilities in the province of Bohol. Competent clinic managers and clinical staff who were midwives manned the operation and management of Lying-in clinics. Clinic managers were professional and had the capability of clinic operation and management of a primary health care facility. The accredited eleven private Lying-In clinics in the province can deliver quality maternal, neonatal and child health care services. Thus, they can help curve maternal and infants' deaths in the country.

Further studies are recommended as to the impact of lowering the maternal and neonate mortality rates. Another recommended study is the satisfaction of the stakeholders of the private lying-in clinics.

LITERATURE CITED

UNDP Sustainable Development Goals. (2015). Retrieved from <https://goo.gl/1du662> last July 15, 2007.

Trends in Maternal Mortality: Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. (November 2015). Retrieved July 17, 2017, from <https://goo.gl/MZ1r8E>.

Reduction of maternal mortality A joint statement WHO/UNFPA/UNICEF, World Bank, GENEVA1999pp 6. (1999). Retrieved at <https://goo.gl/81tWt5> last July 17, 2017.

Department of Health MNCHN Strategy Manual of Operations. (27 March 2011). Retrieved from <https://goo.gl/W8PqQ3> last July 17, 2017.

Watts, K., Fraser, D. M., & Munir, F. (2003). The impact of the establishment of a midwife managed unit on women in a rural setting in England. *Midwifery*, 19(2), 106-112. Retrieved 15 July 2017, from <https://goo.gl/xLQxJa>.

WHO/Maternal Mortality. (2016). Retrieved July 16, 2017, from <https://goo.gl/PWCjjH>. Berg, M., Lundgren, I., Hermansson, E., & Wahlberg, V. (1996). Women's experience of the encounter with the midwife during childbirth. *Midwifery*, 12(1), 11-15. Retrieved 15 July 2017, from <https://goo.gl/H3mHwT>.

CHED Memorandum Order (CMO) No. 33 Series of 2007, Policies and Standards for Midwifery Education. (2007). Retrieved 15 June 2017, from <https://goo.gl/BPdXLH>.

Phil. Health Circular No. 0033 s 2013. Deferment of License to Operate (LTO) Requirement for Renewal of Accreditation of Birthing Homes/ Lying-in / Maternity Clinics. (2013). Retrieved 11 January 2017, from <https://goo.gl/BMemaB>.

Phil. Health Circular No. 15 s 2001. Guidelines for Accreditation of Out-patient Clinics,

Physicians and Midwives for Low Risk Maternity Care Package. (2001). Retrieved 3 February 2017, from <https://goo.gl/nSpfcg>.

Philippine Midwifery Law RA 7392. Act Revising Republic Act no. 2644 as amended, otherwise known as the Philippine Midwifery Act. 9. (10 April 1992). Retrieved 3 February 2017, from <https://goo.gl/Mn4Mcm>.

DOH Regional Memorandum No. 2012-003. Establishing and Implementing Local Programs for Engaging Private Practice Midwives. (2012). Retrieved 21 July 2017.