Technical Brief

Global Promotion of Maternal and Child Health Handbook

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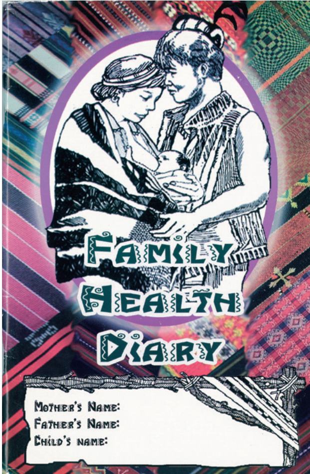
PHILIPPINES: Roles of MCH Handbook to advance Universal Health Coverage in rural areas



Family Health Diary (Philippine Maternal and Child Health Handbook), Cordillera Region, The Philippines, 2014

Challenges for access

Cordillera Administrative Region of the Philippines is characterized by its geographical conditions – a massive mountain range. More than 1.6 million people live in the region and nearly 35,000 neonates are born each year. Approximately one third of the population live in urban areas, while the remaining two thirds live in rural areas of the region.

As a tool for cross-provider information sharing on maternity care

Pregnant women in rural areas tend to have distinct utilization pattern of maternal health services from those in urban areas of the region. The women living in urban areas are more likely to receive antenatal care, conduct delivery, and receive postnatal care continuously at a single hospital/clinic. Doctors prefer to observe each woman's conditions throughout pregnancy, delivery and postpartum period, to enable them to provide care knowing mother's conditions. In urban areas, mothers also prefer to see consistently the same health care provider, having understood the benefits. This is because the terrain in urban areas is less mountainous and public transport means is more available. Thus, very few factors prevent pregnant women and mothers from consistently visiting the same health facilities.

In rural areas, however, mothers are more likely to receive maternity health services from multiple health providers due to the geographical barrier and limited availability of transport means. During the first and second trimesters of pregnancy, they receive antenatal care at midwife-led health posts near their home. When their expected date of delivery comes closer, they temporarily move to their relatives' houses in urban areas, wait until labor starts, and deliver babies at hospitals. A few days later after the delivery, they discharge from the hospitals and go back to their home in rural areas. The midwives of the health posts visit mothers' home and provide them with postnatal care services.

Under such circumstances, the issue is how to ensure information sharing among the multiple health care providers. If health care providers solely rely on medical records stored at each facility, the results of antenatal care given by a midwife of a health post cannot be shared with a doctor at a hospital. As a result, doctors often end up attending delivery of the women without referring to precise information on health status of the mothers during pregnancy. Such fragmentation of clients' health information might deprive health workers of opportunities to provide appropriate care which could have been given.

In this situation, the Maternal and Child Health (MCH) Handbook plays an important role. Unlike the facility-based medical records, the MCH Handbook is kept by mothers. If health care providers record the results of maternity care in the MCH Handbook, mothers can show them when they visit other health care providers.

For example, doctors' records on labor and postnatal care at a hospital can be shared with a midwife of a health post through the MCH Handbook, which enable the midwife to provide appropriate and continuous postnatal care based on information recorded by the hospital doctor in the MCH Handbook.

As a data source for health information system

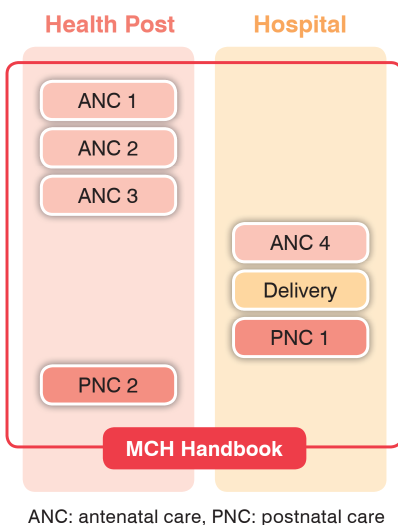
The MCH Handbook can serve as a more reliable data source for estimating service coverage such as antenatal care and child vaccination. The

A rural town in the Cordillera mountain range

Philippine Department of Health recommends that all pregnant women make at least four antenatal care visits and two postnatal care visits. Midwives of health posts are required to monitor the number of mothers who complete antenatal and postnatal care in their catchment areas, and further report the completion rates to the national health information system. Figure 1 shows an example of a typical utilization pattern of the maternity care of the mother in rural area of the region – three antenatal care are conducted by a midwife of the health post in her neighborhood; the fourth antenatal care, delivery and the first postnatal care are conducted at a hospital; and then the second postnatal care is given by the midwife of the health post.

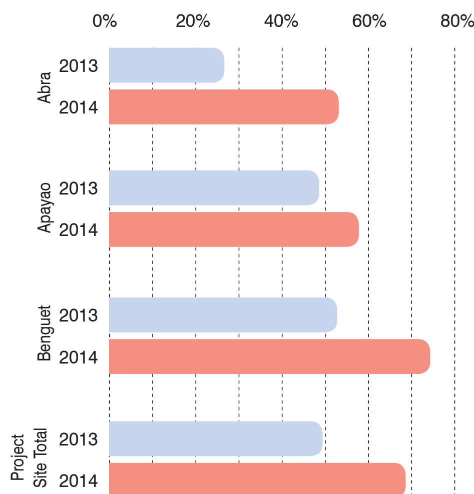
If a midwife made the report to the health information system solely relying on the records of her health post, she would consider the woman in Figure 1 as an "incomplete" case, because the records of the health post show the women only received three antenatal care and one postnatal care despite the fact that the woman actually completed both four antenatal care and two postnatal care.

However, use of the MCH Handbook successfully enables midwifes of health posts to confirm that mothers also have received one antenatal care (the fourth visit) and postnatal care (the first visit) at the hospital where mother delivered a baby. Thus, the health post can report the accurate completion rates, counting care given by other health facilities.



ANC: antenatal care, PNC: postnatal care

▲ **Figure 1. Example of antenatal care, delivery service and post-natal care utilization**



Source: Target client list of maternity care

▲ **Figure 2. Enrollment rates of national health insurance program among pregnant women**

As a tool for health insurance enrollment promotion

National health insurance program of the Philippines is promoting all pregnant women to enroll in the program prior to delivery, so that they can go to hospitals without financial concerns especially in case of emergency. The MCH Handbook contains "Birth and Emergency Plan" including a question on health insurance enrollment status. During antenatal care visits, a midwife assists mothers to make the plan and check whether the women have enrolled in the insurance program. If she finds the mothers are not enrolled yet, she explains insurance benefits and enrollment procedures, and encourages them to be members of the program. If mothers are too poor to pay an insurance premium, she refers the mothers to a social welfare officer so that she can receive government subsidy for the premium.

As a result of the health insurance enrollment promotion using MCH Handbook as well as the government subsidy program for the poor, health insurance coverage among pregnant women in project sites of Cordillera region increased from 50% in 2013 to 70% in 2014 (Figure 2).

Conclusion

As these examples illustrate, the MCH Handbook has a great potential to be a supportive tool to attain Universal Health Coverage among pregnant and postpartum women and neonates. They can receive quality care without financial concern, particularly through enabling multiple health care providers to share information of mothers and neonates and provide continuous care, as well as supporting health insurance enrollment of the pregnant women.

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Further readings

1. Project for Cordirella-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services. *Good Practices Booklet - Reducing Maternal and Child Mortality in the Cordillera,* Baguio City: JICA-SSC, 2015.

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