



EXPERIENCES OF COMMUNITY NURSES IN THE DELIVERY OF OBSTETRICS CARE IN RURAL AREAS

**Maria Camila Julia Q. Palma Gil, Alra Mae C. Zambrano,
Trisha Ericka A. Surigao, Mary Carmilyn G. Enriquez**
St. Mary's College of Tagum, Inc., National Highway, Tagum City, 8100, Philippines

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ABSTRACT

This research employed a generic qualitative approach to investigate the experiences of community nurses in the delivery of obstetrics care in rural areas and in addressing the limitations inherent to their respective localities. The research was carried out within the locality of Davao del Norte, with the participation of a total of fourteen community nurses: seven of them were involved in the in-depth interviews, while the remaining seven took part in the focused group discussion. Thematic analysis was employed to analyze the data. The findings of the study indicate that community nurses in rural locations hold diverse experiences regarding obstetrics care. These are lacking medical equipment and resources, and dealing with patients' irresponsibility and reluctance to avail services. To cope with the limitations, community nurses implemented the following strategies: utilizing supplement intake alternative methods, and offering insights into the importance of prenatal care. Their recommendations to enhance obstetrics care are fostering collaboration for effective healthcare, enhancing community healthcare through education, and securing funds and medical supplies. This research endeavor has the potential to provide valuable insights for healthcare authorities and other relevant stakeholders to improve rural obstetrics care systems. Through the viewpoints of community nurses, it becomes possible to identify aspects of healthcare, design initiatives, and implement programs that can effectively increase the provision of maternal healthcare services in rural areas.

KEYWORDS: *Obstetrics care, community nurses, rural areas, generic qualitative study, Davao del Norte, Philippines*

INTRODUCTION

One of the main problems that nurses had to deal with was the inability to deliver primary healthcare, which included obstetrics care (McCullough et al., 2020). According to a study of Sumankuuro et al. in 2018, there are major obstacles limiting the effectiveness and appropriateness of maternity and newborn health services in rural areas. In Ghana's Upper West Region, the issues identified were poor infrastructure, a lack of experienced workers, high informal costs of vital drugs, and generalized restricted capacities to offer care based from the perspective and experience of the health workers, including nurses and midwives.

In the Philippines, the nurses and midwives would visit rural communities themselves because of how far some communities were from the Barangay Health Center (BHC). Due to the fact that the BHC is left unattended when the nurse or midwife departs for these communities, this burden is onerous for both the healthcare workers and the health system as a whole (World Health Organization, 2018).

Purpose of the Study

This qualitative study aimed to determine the experiences of community nurses on obstetrics care in rural areas and understand how they coped with the limitations concerning obstetrical care. As part of the study, the suggestions and

recommendations of the participants to shed light on the experience were recorded and analyzed.

Research Questions

1. What are the experiences of community nurses in the delivery of obstetrics care in rural areas?
2. How do healthcare providers deal with the limitations in obstetrics care in rural areas?
3. What are the recommendations of community nurses to better the delivery of obstetrics care services in rural areas?

Theoretical Lens

This study is mainly anchored on the Phenomenology Theory authored by Husserl (1997). The researchers used this common structure or essence to make sense of their experiences with obstetrics in rural areas. The substance of the event under inquiry can also be clarified by researchers by interpreting the participants' feelings, perceptions, and beliefs (Reeves et al., 2018).

METHODS

Research Design

This research study utilizes a qualitative research design with a generic qualitative approach to investigate the experiences of community nurses in the delivery of obstetrics care in the rural area.



Research Participants

According to Cresswell (2018), he suggested that a total number of fourteen (14) key informants were best in the conduct of a qualitative study. In this study, we considered seven (7) participants to undergo in-depth interviews and another seven (7) for focused group discussions.

Data Analysis

Following data collection and interviews, the information gathered was compiled, evaluated, transcribed, translated, and analyzed using theme analysis. Using this method, the theme was guaranteed to include all necessary information without missing any important aspects. Following this, the researchers chose the theme based on the meaning and substance of the codes.

RESULTS

Table 1
Major Themes and Core Ideas on the Experiences of Community Nurses in the Delivery of Obstetrics Care in Rural Areas

Major Themes	Core Ideas
Lacking Medical Equipment and Resources	<ul style="list-style-type: none"> ● taking longer to provide service due to a lack of resources ● dealing with uncertainty about the availability of medicines
Dealing with Patients' Irresponsibility and Reluctance to Avail Services	<ul style="list-style-type: none"> ● dealing with patients' reluctance to visit health centers in the early months ● handling medication noncompliance in patients

Lacking Equipment and Resources

This theme was generated from the response of IDI-01 on the actual experience of the community's poor access to medical equipment and resources.

For example, every nurse must have a doppler to use or at least a fetoscope during prenatal care. However, some nurses do not have those, so the quality of care is affected. In an instance that a fetoscope will be used, it takes longer than a Doppler. So, the length of providing service is affected.

IDI-05 provided additional support for this, emphasizing how limited supplies were as a result of this experience.

The limitation regarding community nurses delivering obstetrics care is that we do have medicines, such as iron supplements, but it's not always available.

with Patients' Irresponsibility and Reluctance to Avail Services

This theme stemmed from the experiences of FGD-07, when it was mentioned that pregnant women tend to attend prenatal care later in their pregnancy rather than sooner.

They come here when it is in their fifth or sixth month already. It is late to receive sufficient services, and we cannot give them the supplements from the first, second, and third months they have missed. It is crucial since the major organ of the fetus develops within the first trimester, and they have not received enough supplements.

Furthermore, one of the causes of pregnant moms' non-compliance was pinpointed by IDI-04.

They are noncompliant with medication. Although we were able to give them enough health teaching, sometimes, they are also influenced by their community, which hinders them from continuing what we have advised them.

Table 2
Major Themes and Core Ideas on How Healthcare Providers Deal with the Limitations in Obstetrics Care in Rural Areas

Major Themes	Core Ideas
Utilizing Supplement Intake Alternative Methods	<ul style="list-style-type: none"> ● substituting organic alternatives in lieu of lacking vitamin supplements ● using root crops as an iron supplement substitute
Offering Insights into the Importance of Prenatal Care	<ul style="list-style-type: none"> ● providing health education to recognize the importance of prenatal care ● offering incentives to pregnant women who keep all four appointments to ensure quality prenatal care

Utilizing Supplement Intake Alternative Methods

With this theme, IDI-03 emphasized using organic alternatives when supplements aren't available.

For example, if we lack a supply of folic acid, and the pregnant client's hemoglobin is low, if they have sweet



potato there, or have moringa leaves, which are rich in iron that can also help increase their hemoglobin levels. This is consistent with IDI-05's experience, which revealed that when presented with a similar difficulty, they opt for root crops.

If there is no supplement supply, there are alternatives, such as when ferrous supplement for iron is unavailable, we can consume plants or vegetables like sweet potatoes.

Offering Insights into the Importance of Prenatal Care

In this theme, FGD-03 emphasized the benefit of health education to expectant mothers.

The most basic intervention we can provide is health education, so at least their minds will be enlightened to the significance of prenatal check-ups.

This was supplemented by FGD-04 on the strategies they use to further encourage their pregnant clients to adhere to the prenatal check-up schedules.

However, some barangays implement a rewards system. For instance, expectant clients must complete four visits to receive quality prenatal care, one for the first trimester, one for the second trimester, and two for the third trimester. The barangay will give them a Buntis Kit if they complete the four visits. It is complete with diapers and a set of things for the baby, so they are encouraged to comply.

Table 3

Major Themes and Core Ideas on the Recommendations of Community Nurses in the Delivery of Obstetrics Care in Rural Areas

Major Themes	Core Ideas
Fostering Collaboration for Effective Healthcare	<ul style="list-style-type: none"> invite community nurses to annual planning meetings with the local health board collaborate and enhance partnership between BHWS and nurses
Securing Funds and Medical Supplies	<ul style="list-style-type: none"> designate a budget solely for obstetrical health concerns maintain an adequate supply of medications and vitamins

Fostering Collaboration for Effective Healthcare

IDI-01 highlighted the health board committee meetings and the significance of a nurse being invited in the plans.

Planning correctly in advance is crucial. For instance, the regional health board already has a plan for the upcoming year, so the nurse assigned to the area should give feedback on what needs to be done and make the necessary preparations for the upcoming year.

In addition, IDI-05 mentioned the BHWS as another helping hand they have in the community.

Along with regular prenatal checkups for expectant mothers and updates from the Barangay Health Workers (BHWS), we also ask their mobile phone numbers to contact them personally. We inform them if they have taken any prescribed medications if there are any. We pay close attention to pregnant women with UTIs because they increase the risk of preterm birth.

Securing Funds and Medical Supplies

In this theme, IDI-03 have shared their thoughts on the budget allocation for obstetrics care.

It's essential to set aside money for obstetrical (OB-Gyne) concerns and to stock up on enough medication. The sole purpose of this funding is to cater to the particular needs of pregnant women or those with OB health conditions.

This was further supported by IDI-02 as budget plays an important role in their recurring problem.

Making sure we have enough medication and vitamins for them is our top priority. We frequently run into that issue around here.

DISCUSSION

Experiences of Community Nurses in the Delivery of Obstetrics Care in Rural Areas

Lacking Medical Equipment and Resources

Obstetric care tends to be complicated by the inaccessibility of sufficient materials required to perform procedures. In comparison, this result matches the findings of Lusambili et al.'s (2020) study on maternity care in rural Kenya. They identified four factors contributing to the complexity of providing care; one of these factors is a lack of resources, as there have been instances of patients receiving maternity services not having enough medication or even water.

Dealing with Patients' Irresponsibility and Reluctance to Avail Services

Despite the nurses' best efforts to persuade pregnant patients to comply with their vitamins, laboratory testing, and check-ups as soon as possible, their advice is sometimes thwarted by the community's influence and the patient's refusal to comply. In comparison, the same behavior is noted according to the findings of a study conducted by Konje et al. (2018) in the rural Geita District of Northwest Tanzania. It is shown that only 3.62% of participants begin attending check-ups during the first trimester, which may indicate a lack of responsibility for women regarding their pregnancies.

How Healthcare Providers Deal with the Limitations in Obstetrics Care in Rural Areas

Utilizing Supplement Intake Alternative Methods

Healthcare professionals, such as community nurses, strongly advised pregnant women to take supplements, but in some cases the resources in health facilities are insufficient. In accordance



with this, community-based non-pharmacological treatment options, which could be provided by a wide spectrum of healthcare practitioners, were more or equally effective in improving mother and newborn outcomes as standard obstetric care (Igawesi-Chidobe et al., 2022).

Offering Insights into the Importance of Prenatal Care

Giving prenatal checkup advice is crucial for encouraging expectant mothers to visit their doctor and for promoting health awareness of the value of prenatal care. In the study of Taylor et al. (2016), prenatal care may be increased through increasing education for females, disseminating culturally relevant information about prenatal care, and creating confidence in clinicians.

Recommendations of Community Nurses in the Delivery of Obstetrics Care in Rural Areas

Fostering Collaboration for Effective Healthcare

Community nurses can offer invaluable knowledge and experience to the community's health needs by participating in yearly planning sessions with the local health board. With nurses representing the largest percentage of the healthcare and hospital workforce at the table in these numerous settings, stakeholders benefit from their expertise on a range of health-related perspectives, such as patient experience, quality, and safety. Nurses have the knowledge and expertise required to bring fresh ideas and constructive change to boards, coalitions, and collaboratives in every sphere of our communities (Dorritie et al., 2020).

Securing Funds and Medical Supplies

The community's maternal and fetal well-being may be significantly impacted by allocating a budget to address obstetrical issues. In order to support the necessary health resources, sufficient funding is essential for strengthening primary care. However, long-term resource mobilization efficiency depends equally on ensuring good governance. By structuring the system as a whole, governance greatly impacts how healthcare is delivered (Bernal-Sundiang, 2023).

Implication to Nursing Practice

This study has shed a light on the crucial role of healthcare providers in safeguarding the maternal well-being of populations residing in underserved areas. The findings of this study can inform Local Health Committees, Government Units, and the Department of Health about the particular needs and obstacles faced by rural community nurses in the provision of obstetrics care. The community nurses have identified specific aspects of healthcare that require the most assistance, where they can develop appropriate strategies to create resources in assisting these nurses to provide effective and accessible obstetrics care services in rural areas.

Recommendations for Further Research

Several recommendations can deepen our understanding and improve the quality of maternal healthcare outcomes for future research on the perspectives of community nurses in the provision of obstetrics care in rural areas. Longitudinal studies monitoring the development of pregnant women and their children over time can provide a better understanding of the

long-term effects of community nurses' interventions. Furthermore, future studies may focus more on assessing the efficacy of obstetrics training programs provided to community nurses. Researchers can determine the effect of these training initiatives on community nurses' knowledge, skills, and confidence through in-depth assessment and outcome measurement.

Concluding Remarks

Limitations impede progress and development, yet with self-sufficiency, it brings out the best in oneself. It uses all of one's expertise to make sure that even in the face of limitations, one may still manage to provide high-quality care and services, particularly in rural areas. However, sometimes, the best solution comes with collaboration. This is particularly so in the field of obstetrics, where plenty of work needs to be done in order to provide quality prenatal care and prevent abnormalities, complications, and worst-case mortality. Moreover, this clearly demonstrates community nurses' critical role in filling healthcare gaps in rural areas where access to comprehensive obstetrics care can be difficult.

REFERENCES

1. Bernal-Sundiang, N., De Mesa, R. Y. H., Marfori, J. R. A., Fabian, N. M. C., Calderon, Y. T., Dans, L. F., Rey, M. P., Sanchez, J. T., Galingana, C. L. T., Catabui, J. T., Paterno, R. P. P., Co, E. E. A., & Dans, A. M. L. (2022). *Governance in Primary Care Systems: Experiences and Lessons from Urban, Rural, and Remote Settings in the Philippines*. *Acta Medica Philippina*, 57(3). <https://doi.org/10.47895/amp.vi0.4834>
2. Creswell, J. W., & Creswell, J. D. (2018). *Research design (5th ed.)*. SAGE Publications
3. Dorritie, R., Fiore-Lopez, N., & Sonenberg, A. (2020). *Leading for change*. *Nursing Management*, 51(3), 14–20. <https://doi.org/10.1097/01.numa.0000654844.72394.8f>
4. Igawesi-Chidobe, C. N., Okechi, P. C., Emmanuel, G. N., & Ozumba, B. C. (2022). *Community-based non-pharmacological interventions for pregnant women with gestational diabetes mellitus: a systematic review*. *BMC Women's Health*, 22(1). <https://doi.org/10.1186/s12905-022-02038-9>
5. Konje, E. T., Magoma, M. T. N., Hatfield, J., Kuhn, S., Sauve, R. S., & Dewey, D. M. (2018). *Missed opportunities in antenatal care for improving the health of pregnant women and newborns in Geita district, Northwest Tanzania*. *BMC Pregnancy and Childbirth*, 18(1). <https://doi.org/10.1186/s12884-018-2014-8>
6. Lusambili, A. M., Naanyu, V., Wade, T. J., Mossman, L., Mantel, M., Pell, R., Ngetich, A., Mulama, K., Nyaga, L., Obure, J., & Temmerman, M. (2020). *Deliver on Your Own: Disrespectful Maternity Care in rural Kenya*. *PLOS ONE*, 15(1), e0214836. <https://doi.org/10.1371/journal.pone.0214836>
7. McCullough, K., Whitehead, L., Bayes, S., Williams, A., & Cope, V. (2020). *The delivery of Primary Health Care in remote communities: A Grounded Theory study of the perspective of nurses*. *International Journal of Nursing Studies*, 102, 103474. <https://doi.org/10.1016/j.ijnurstu.2019.103474>



8. Reeves, S., Albert, M., Kuper, A., & Hodges, B. D. (2008). *Why use theories in qualitative research?* *BMJ*, 337(aug07 3), a949–a949. <https://doi.org/10.1136/bmj.a949>
9. Taylor, Y., Laditka, S., Laditka, J., Huber, L., & Racine, E. (2016). *Associations of Household Wealth and Individual Literacy with Prenatal Care in Ten West African Countries.* *Maternal and Child Health Journal*, 20, 2402-2410. <https://doi.org/10.1007/s10995-016-2068-z>.
10. World Health Organization (2018). *Delivering maternal health services in a remote community in Mabini.* World Health Organization.
11. <https://www.who.int/philippines/news/feature-stories/detail/delivering-maternal-health-services-in-a-remote-community-in-mabini>