The Journal of International Medical Sciences Academy
2023; (April - June); Vol 36; No. 2

REVIEW ARTICLE

How to Improve Maternal Health Care Quality: Scoping Review

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Abstract

Background: Maternal mortality rate is a pointer of the value of strength, linked to the excellence of care through pregnancy, related to delivery, health status and education. Improved use of strength facilites is not continuously related with a reduction in maternal and neonatal mortality, which shows that there is potential due to the poor excellence of service. Aim of the study was to classify hard work to improve the value of maternal wellbeing maintenance. **Methodology:** Adapted from Arcsey and O'Malley. Research topics include: maternal healthcare users, healthcare providers, and non-health workers in healthcare facilities. The articles were searched between 2019-2021 through three databases called PubMed, Google Scholar and Garuda Portal. **Results:** Three topics linked to regaining excellence in maternal health care, i.e. in health care facilities, responsible officials and capacity building for maternal care clients. **Conclusion:** Service arrangements, at-home training, supervision, and purchaser contribution are useful to help recover the excellence of maternal health.

Keywords: health care excellence, maternal health care

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Received: 15th January 2022
Accepted: 10th February 2023

How to Cite this Article: Virahaju MV, Trisetyaningsih AD. How to improve maternal health care quality: Scoping Review. J Int Med Sci Acad 2023;36(2):233-237.

Access this article online : www.imsaonline.com

Introduction

Increased use of maternity benefits does not result in a reduction in maternal and neonatal mortality. High-excellence, evidence-based healthcare can reduce maternal and neonatal mortality during pregnancy, during delivery, postpartum, and immediately after delivery [1]. A Zambian study found that 67% of pregnant women deliver at health facilities, but the country experienced little recover ment in pregnancy excellence and delivery outcomes [2]. The results of Riskesdas 2018 showed that 96.1% of pregnant women can access ANC facilites, 79.3% of deliveries occur in health facilities and 93.1% of deliveries are assisted by health workers, with K1 and K4 coverage increasing in the last 5 years but not importantly reducing maternal and child mortality rates in Indonesia. The number of deaths due to poor excellence healthcare is higher than the result of barriers to access to health facilities or lack of use. Previous studies have found that abusive behavior towards females through delivery is one of the barrier issues to the usage of health workers, specially in small- and middle-income countries [3]. Access to excellence pregnancy and delivery facilites is a major determinant of maternal health outcomes [4]. Vulnerable groups of women experience barriers to excellence delivery facilites, and their perinatal outcomes are poor [5,6]. Aim of the study was to systematically mapping of articles on the excellence of maternal health care and to identify efforts to recover the excellence of maternal health facilities. The outcomes of the research can be used as a reference for including the issue of the excellence of maternal health facilites in the learning curriculum in health education institutions. The results of the research can be used as teaching materials for lecturers of health education institutions.

Methods

The subsequent scoping evaluation context familiarizes from Arksey and O'Malley [7]. The steps approved out in the scoping evaluation consist of: Classifying scoping evaluation queries, Recognizing applicable articles, Range of articles, Projecting data, Performance of outcome information, discussions and conclusions [7].

1. Identifying Questions Scoping Review

This item displays a literature search strategy. In this scoping review, the researcher uses specific keywords that are sorted according to the framework PICO (population, intervention,

Tabel 1: Identifying Questions Scoping Review

P; population	I; intervention	C; comparison	O; outcome
Pregnant woman Woman giving birth/ maternity woman Postpartum woman	Efforts to recover maternal health care excellence	Poor maternal health care	Recover ment of maternal health care excellence

comparison, outcome). PICO is a model for developing review questions, so that the material questions are relevant and well-defined [8].

Based on the scoping appraisal query framework above, the research question obtained is How to recover the excellence of motherly health facilites?".

2. Identifying Relevant Articles

When performing a scoping review, the author will identify appropriate articles using presence and prohibiting principles. The criteria for inclusion in the search for these articles are: 1) original research, 2) articles in Indonesian or English; 3) Published between 2019-2021; 4) The entire article can be accessed for free. Exclusion criteria include each article as a review, book, thesis, thesis, and dissertation.

The database used to search for relevant articles is through PubMed, Google Scholar, Garuda portal. The selection through the above search is considered according to the purpose of the article search used.

3. Article Selection

The research of three databases, namely PubMed (181,000), Portal Garuda (467) and Google Scholar (15,452), the total number of articles obtained is 196,919. The three pages are then saved into the Mendeley bibliography engine, then the data has been inputted and the data is then filtered according to the framework. In the next stage, the researcher carefully reads the outline of the selected articles, namely around the research topic, objectives, population, type of research and results. Selecting the content of the article as a whole and ensuring that the article is downloadable and relevant to the research theme. The data filtering process is using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). PRISMA describes the stages of information through the various phases of a systematic review. PRISMA maps the number of records identified, included and excluded, and reasons for exclusion [9]. PRISMA is considered suitable to use because its use can recover the excellence of publication reporting [10]. PRISMA Flowchart can be written as follows:

Results and Discussion

The search for articles in the scoping review is determined based on keywords, then the results are compiled, summarized, and reported in the fifth stage [7]. Scoping assessment are arranged into mapping or grouping themes, so that several themes can be found according to the focus of the review. The search results are classified in Table 1. There are 10 articles that meet the inclusion criteria. Two articles were published in non-health journals. No articles are published in maternity journals. Research topics include: hospitals, health centers, clinics, maternal health service users, health workers providing facilites, and non-health workers in service locations. Identifying the objectives of the study shows the following results:

1. Fulfillment of service excellence dimensions: 4 articles
2. The influence of training on the service excellence of officers in health facilities: 3 articles
3. The influence of excellence recover ment on the utilization of health facilities: 1 article
4. Implementation of minimum service standards in health facilities: 1 article
5. The influence of improving facilities on service excellence: 1 article

There is 1 qualitative study, 1 mixed method study, and 8 articles using quantitative methods.

There are 3 main themes, namely infrastructure in service facilities, service providers, and the community as consumers of health facilites.

This study shows that two methods are used to evaluate service excellence, namely ServQual and Importance Performance Analysis (IPA). Patient satisfaction with healthcare, the excellence of healthcare provided, and attachment to healthcare providers influence health facility selection decisions. Agreeing to standards based on the perceptions of service recipients is at risk of bias toward meeting the standards of clinical facilites conducted by health workers. Previous research has shown that the use of maternal health facilites has decreased due to lack of attention to the content and excellence of ANC facilites [16]. The excellence of healthcare should also be determined based on the fulfillment of the minimum standards that have been set.

Infrastructure at Health care facilities

Childbirth is a complex health service. Facilities and infrastructure are an important contributing factor in providing maternal health facilites by standard. It can be hard for health labors to afford all suggested involvements, especially due to the unavailability of standard infrastructure for specific community groups. Delivery facilites at excellence care facilities are able to increase officials' compliance with established work practices [2]. Other studies have found that the addition of electricity facilities and solar lamps recover s timely and adequate healthcare delivery [20]. Two articles show that adequate supportive infrastructure in health facilities can recover the service performance of officials. The results of studies using IPA materials do not directly show that infrastructure affects service excellence based on public perception [14]. Some people have realized that there is a difference in the completeness of service facilities according to the level of healthcare facilities.

Excellence of maternal health service providers

To reduce maternal and neonatal mortality, women will need to give birth in high-excellence health facilities. However, many establishments provide poor excellence care, which may be inferior to the use of universal establishments. Basic maternity facilites have been shown to be effective in reducing maternal and neonatal mortality. The problem is that these facilites are not provided in all deliveries, not even in health services. The WHO Safe Delivery Checklist (SCC) was created as an employment aid to remind health workers of the evidence-based practices they follow during delivery. Previous research has found that implementation of a guided checklist can lead to broad-based recover ments in the excellence of care provided at the facility, Excellence in care, measured as acceptance in practice of health personnel. It is an important stage to influence the recovery of service results. Mentoring interventions require commitment at the national level to ensure continuity of activities, availability of staff and adequate equipment [2].

In others, the excellence of service is clinically determined by the consent of executive officers. Pregnant women do not take advantage of low-level health benefits because they know the possibilities, delays in service, inability to make decisions, and delays in making referral decisions by officials [21]. Professionalism is an important factor in the excellence of a service. Without professionalism, a service cannot demonstrate existence. Professionalism refers to the attitude in the form of commitment of professional members to perform excellent service and to try to recover the excellence of

Author	Subject	Objectives	Methods	Result	Conclusion
Endartiwi SS et al. 2021 [11]	JKN participants who use family planning facilites at Imogiri 1, Plaret and Banguntapan II health centres	Analysis of the excellence and sustainability of family planning in the JKN era	mixed method/ case study	This research shows that the excellence of family planning facilities is good. The aspects evaluated cover 5 aspects of excellence, including realism, reliability, responsiveness, tranquility, empathy.	family planning service excellence is good
Larson et al., 2019 [12]	Primary care clinics in Tanzania	to asses the influence of a excellence recover ment project on facility utilisation for childbirth	cluster-randomised experiment	Efforts to restore health systems can lead women, especially non-users, to use vital health services.	Increased use of facilities to improve pre-month excellence
Mudhune S. *et al.* 2020 [2]	Health facilities at Nchelenge District of Zambia	measuring changes in health care workers practice after the introduction of SCC together with guidance focused on addressing health system gaps to achieve consistently high adherence to maternity facilites.	pre test-post test design	Zambia's The medical staff was lower at the beginning of the exam to complete the exercises required for delivery, but a recovery has been seen when the SCC entered and the tutoring entered..	interventions can recover the excellence of care for deliveries in health facilities
Ni Luh Hitakirana Dewi et al., 2019 [13]	pregnant women in South Denpasar	Discovery of a description of the five dimensions of service excellence of Clinic X and Clinic Y and a comparison between both clinics	cross sectional	29.8% of respondents said that service excellence at clinic X was adequate, while results at clinic Y showed that 35.7% of respondents said service superiority at clinic Y was good.	there is a difference in service excellence between Clinic X and Clinic Y
Ningrum RK, 2021 [14]	Patients of MCH facilites at Cipaku Health Center	to know the excellence of service and the level of satisfaction with the excellence of MCH facilites	descriptive	There are problems from various dimensions included in Quadrant I, namely service procedures, transparency of service personnel, capacity Officers, scheduling certainty, and service safety	Cipaku Health Center has lack of management its human resources
Kaplan LC et al., 2021[15]	hospitals, community health centers in Aceh	Assessing the impact of medium-intensity habilitation SCC on the impact of health workers on key birth practices	cluster randomized clinical trial	As for the benefits of patient compliance with the checklist, the significant consequences it can have for patients' health suggest that it deserves a restructured coaching capable of promoting long-term behavior change.	According to the findings, moderate-intensity training has not been sufficient to increase the number of properly consumed SCCs.
Marita et al., 2021 [16]	Midwives, Administrative Officer, Pregnant women at Puskesmas Sitanggal and Bandungsari, Brebes	analyze the excellence and find out the factors related to the minimum standard of health facilites for pregnant women	qualitative	Different aspects of human resource input with different workloads of infrastructure in Polyndes and Posiandu. This condition affects the process of counseling facilites and is not conducted according to lila standards. As a result, program coverage is high, but pregnancy complications may not be properly managed at the Sitangal Health Center.	the excellence of service standards for pregnant women in the input and process aspects is still lacking
Larson et al., 2020 [17]	Health facilities, providers, patients	**Proof of the success of an intervention to restore excellence in maternal health care to truly improve excellence**	cluster-randomized controlled	The intervention increased counselling of newborns, but there was no significant change in 17 additional indicators of excellence. On average, installations reached 39%. The comparison of the facilities with the greater implementation of the control facilities was recovered in one of the indicators of excellence.	The multifaceted intervention to restore superiority has not been a meaningful restoration of superiority. According to the evidence, it is theoretically impossible to maintain a high level of implementation and failure: interventions to clinically restore clinically directed excellence in weak primary care clinics have not been effective with poor infrastructure and low provider efficiency.
Montagu, et al., 2020 [18]	Health facilities at Uttar Pradesh, India	to compare two phases of a QI Intervention targeting PCMC	case- control	Both intensive and light-touch weapons demonstrated major recovery at PCMC	A brief, cheap, light-touch, and instructional intervention can change staff practices and importantly restore women's experiences during childbirth. It also shows that provider-patient interactions have a 'halo' effect of recovery in some cases, changing many other aspects of patient-provider interactions at the same time.
Mulyati, 2021[19]	pregnant women at Puskesmas Swasti Saba, Kota Lubuklinggau	Excellence Measurement (SERVQUAL) on five dimensions of service excellence	descriptive	gap analysis shows the value of the servqual dimension gap is negative	health facilites for pregnant women are not yet qualified

service delivery. Although the midwifery profession is ahead, maternal health care is the joint responsibility of health workers. The profession of midwife aims to recover the health of mothers, children and family planning to achieve the health of the family and the community. Previous studies have found that midwives have a positive and important relationship with professionalism and have an influence on the excellence levels of maternal and child health facilites. The better the level of professionalism of the midwife, the better the excellence of maternal and child health care [22,23]. Another article shows that officials other than midwives have an influence on the excellence of healthcare facilities in general. Minimum service standards for officials other than midwives involved in maternity care need to be considered by the health facility manager [23].

Article reviews show servqual-based service excellence assessments based on 5 items (reality, responsiveness, empathy, reassurance, responsiveness); Four of them are more concerned about human resources. Strategies and policies must be prioritized for continuous monitoring of the healthcare system [11]. The results of the IPA-based service excellence assessment (importance performance analysis) are still low. Article review shows that excellence recover ments, including service procedures, transparency of service personnel, officer capabilities, assurance of service schedules, and service safety, are prioritized. Health facilities need to conduct guidance and training for staff to recover the excellence of service [14].

All officials in health facilities influence the client's perception of the excellence of maternal healthiness maintenance. The knowledge skills of the officers are strongly unfair by the skills of the service providers formed during their education and work experience.We find that regardless of implementation managers and resources dedicated to excellence recover ment projects, maintaining the implementation of these complex interventions is a challenge [2,17]. Effective collaboration between professions in the field of maternal health care can enhance facilities, strengthen health organizations, and progress outcomes. Collaborative practices can also reduce the incidence of complications, length of hospitalization, conflicts between service provider teams, and the incidence of death. The absence of good cooperation among employees has a negative influence on clients, healthcare organizations, waste of resources and loss of job satisfaction. Leadership support and a favorable work environment are factors that support the implementation of collaborative practices. To address the barriers of health workers, recover d human resource planning is needed, which includes job transfers and improving the excellence of training [1, 12].

Consumers of health facilites

Public perception of excellence is one of the considerations for exploiting well-being facilites. The excellence of service is good if the service delivery process is in accordance with the perception of the service recipient. Factors that can influence people's perceptions of the excellence of health facilites include the accessibility of organization/facilites at the Puskesmas and human resources, namely availability, competence, commitment and responsiveness to provide facilites [14,19]. Insights of the excellence of maternal health care are also unfair by the characteristics of the client. The characteristics of a mother, such as education, socioeconomic status, and eexcellence, often cause health benefits not to be utilized. Previous studies have shown that a lot of efforts have been made to rise the use of health services, including travel vouchers, discount fees, fee waivers, public education and text message reminders. Provision of facilities and facilities Provides new indication that excellence plays a vital character in encouraging or inhibiting the use of health facilities [12,24]. There may be an unmet need for healthcare due to differences of interest between officials and the community. Managers of healthcare facilities can use the IPA tool to determine excellence perceptions based on the level of importance from a community perspective. Different programs to recover the excellence of healthcare may fail due to differences in attitudes between health workers and the target community.

Conclusion

There are 10 articles about the excellence of maternal health care that meet the research criteria. The findings of the article review show that maternal health facilites are not of high excellence. Officials are a major problem in health facilities related to poor excellence of healthcare. Training and regulation are efforts to recover value of service of health workers. Service infrastructure facilities are added to help health workers work as per standards.

Suggestion

To suggest the participation of officials and the community to support healthcare facilities to strengthen the education system and bring about change to achieve greater qualifications.

Efforts to recover the excellence of maternal health must purpose to rise motherhood care providers' skill to identify circumstances that request medical appointment.

Conflict of Interest:	All authors declare no COI
Ethics:	There is no ethical violation as it is based on voluntary anonymous interviews
Funding:	No external funding
Guarantor:	Dr. Mahindria Vici Virahaju act as guarantor of this article on behalf of all co-authors.

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