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SEEK-ing enhanced antenatal care quality: Strengthening governance and pregnancy tracking in Mati City, Davao Oriental, Philippines

Mariza Mei Lazaro Guillermo[1,2,3]

Abstract:

BACKGROUND: Antenatal care (ANC) is a key maternal health intervention designed to prevent poor pregnancy outcomes, while pregnancy tracking by community healthcare workers (CHWs) serves as an important strategy to monitor its effective implementation and utilization. In Mati City, Davao Oriental, Philippines, a consistent decline in ANC quality and a rise in maternal and infant mortality have been observed, which may be linked to gaps in the implementation of maternal healthcare programs.

AIMS AND OBJECTIVES: To address this concern, the study aims to analyze the strategies and challenges faced by CHWs in pregnancy tracking, assess the perceptions of health officials regarding these gaps, and recommend governance strategies to enhance the overall quality of ANC services.

MATERIALS AND METHODS: A qualitative research design was employed, using purposive sampling to select Barangay Health Workers, midwives, and nurses for the focus group discussions, while the City Mayor, City Health Officer, and City Councilor on Health participated as key informants. Thematic analysis was conducted on manually transcribed data while adhering to strict ethical considerations.

RESULTS AND DISCUSSION: Findings revealed that proper implementation and monitoring of maternal healthcare services are crucial for effective pregnancy tracking. CHWs play a significant role in health service delivery; however, gaps such as weak health promotion efforts adversely affect community engagement, health-seeking behavior, and sociocultural dynamics, highlighting the need for stronger policy enforcement and sustained local government support. Systemic and logistical challenges must also be addressed to improve service delivery. Effective maternal healthcare requires robust policy implementation and close collaboration among local government units. A sustainable maternal health system further depends on depoliticized legislative processes, improved health financing, and continuous investments in primary healthcare and infrastructure. Based on these findings, the study developed the Strengthen, Empower, Engage, and Key Policy Reforms Framework – an innovative governance approach aimed at reducing maternal healthcare disparities through multisectoral collaboration, depoliticized legislative action, and evidence-based maternal health interventions.

CONCLUSION: Adopting the SEEK framework may enable local governments to ensure equitable access to high-quality ANC and ultimately improve maternal and infant health outcomes.

Keywords:

Community healthcare workers, maternal health services, pregnancy tracking, quality antenatal care

[1]Ateneo School of Government, Ateneo de Manila University, Quezon City, Philippines, [2]City Health Office, Local Government Unit of Mati, Mati City, Davao Oriental, Philippines, [3]Department of Health, Doctors-to the-Barrio Program, Manila, Philippines

Address for correspondence:
Dr. Mariza Mei Lazaro Guillermo, Department of Health, Philippines. San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Philippines.
E-mail: mmlguillermo003@gmail.com

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Introduction

Maternal death is a significant global issue, with eight to nine women losing their lives daily due to a range of medical and compounding factors. Around 75% of maternal mortalities during or after childbirth result from severe bleeding, infections, preeclampsia and eclampsia, delivery complications, and unsafe abortions.[1] As such, any notable delays in seeking, reaching,

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and receiving appropriate and adequate maternity or obstetric services can contribute to maternal mortality.[2] This is evident in global maternal health statistics, as in 2020, approximately 800 women died each day 1 in every 2 min from preventable pregnancy and childbirth-related causes, with 95 percent of these fatalities happening in low- and lower-middle-income countries, despite a 34% decrease in maternal mortality worldwide between 2000 and 2020.[1]

Over the past 50 years, significant efforts have been made both nationally and internationally to enhance maternal and neonatal care and reduce maternal and child mortality rates.[2] Such commitment is apparent in worldwide initiatives: from the 1978 Alma Ata Declaration on Primary Health Care to the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) of the 21st century, global commitment has remained steadfast.

In the Philippines, the Department of Health (DOH) introduced the National Safe Motherhood Program (NSMP) in 1997, aiming to ensure that Filipino women have complete access to health services for a safe pregnancy and childbirth. The program provides technical support and partners with Local Government Units (LGUs) to deliver maternity and newborn care services.[3] The Maternal Newborn and Child Health and Nutrition (MNCHN) strategy framework complements the NSMP and shares the goal of lowering maternal and neonatal mortality rates. MNCHN combines services and programs focused on maternal health, family planning, and the prevention of sexually transmitted infections by promoting a continuum of care from pregnancy through childbirth and ensuring ongoing care for children and adolescents.

Under the MNCHN strategy framework is the implementation of quality antenatal care (ANC) among pregnant women, as indicated in the Administrative Order 2016-0035 entitled Guidelines on the Provision of Quality ANC in All Birthing Centers and Health Facilities Providing Maternity Care Services. With an emphasis on the policy's guidelines for high-quality prenatal care, it examines governance tactics and obstacles to fill in the gaps in pregnancy monitoring and service provision. The results are intended to guide changes in policy that improve the health of mothers and newborns. Its primary aim is to ensure the health and safety of pregnant women and their unborn child through ANC utilization and promotion of early and regular prenatal visits. It also emphasizes the utilization of comprehensive prenatal care, which integrates into routine checkups the use of screenings for conditions such as syphilis, hepatitis B, human immunodeficiency virus, and cervical cancer. In addition, it advocates for facility-based deliveries to prevent mortalities.

The DOH AO 2016-0035 aligns with the Universal Health Care (UHC) framework and encourages the formation of service delivery networks to provide continuous maternal care from pregnancy to postpartum. This regular healthcare service enables doctors, nurses, and midwives to detect, prevent, and manage potential health issues during pregnancy, while also encouraging healthy lifestyles that benefit both mother and child.[4] To fully realize the life-saving benefits for both the mother and her unborn child, four ANC visits are recommended. The first visit should occur between 8 and 12 weeks of pregnancy, the second around 24–26 weeks, the third at 32 weeks, and the final visit between 36 and 38 weeks.[5] Quality care, coupled with patient safety provisions, is vital in preventing maternal and newborn mortality. Thus, the road to healthier mothers and newborns starts with quality ANC.[4]

However, there are numerous factors that can negatively affect the utilization of pregnant women of antenatal healthcare services. These include socioeconomic factors such as low income, inadequate education, and remote geographic location, which are critical determinants of healthcare access and quality. These factors disproportionately affect ANC utilization among pregnant women in rural areas, leading to poorer health outcomes.[6] In order to ensure that women and newborns benefit from ANC, skilled health professionals are advised to conduct pregnancy tracking, a form of community surveillance spearheaded by the midwife – leading the barangay health workers (BHWs) in tracking every pregnant woman in the community and follows them up until the end of pregnancy.[7] There are several examples that demonstrate structural competency in action. One example is the utilization of Community Health Workers (CHWs) to reduce health disparities in underprivileged areas.[8,9] Community health workers are advised to fill up the Pregnancy Tracking Form or the Master List of Pregnant women in their assigned areas. House-to-house visits can also be done to better reach out to clients. Another example is the application of electronic health records to collect information about patient demographics and health status. By examining this data, healthcare providers can discover and address any discrepancies that may arise.[10]

In the Philippine National Demographic and Health Survey, "(only) 86% of women who had a live birth in the 2 years preceding the survey received ANC from skilled providers and (only) 83% of women had four or more ANC visits during their most recent pregnancy resulting in a live birth in the 2 years preceding the survey."[11] These values are still below the World Health Organization (WHO) national target of 90% pregnant women to attend four or more ANC visits and a target of

90% births to be attended by a skilled health professional in order to meet the SDGs by 2025.[5,12]

In Mati City, Davao Oriental, Philippines, the quality of ANC is consistently below the 90% National Target set for the health program for 4 years (i.e., 2020–2023), which is of overall significant concern since the City Health Office's records have also shown an increasing trend in maternal and infant mortality during the past 4 years.[13]

Mati City is a 5th-class component, coastal city spanning 588.63 square kilometers, making up 10.36% of Davao Oriental's area, and has 175,432 residents as of the 2024 census.[7] Mati's diverse economy includes agriculture, agroindustries, tourism, and mining. It has a total of 26 barangays, 3 of which are Geographically Isolated and Disadvantaged Areas (GIDA), with more than 600 puroks overall. Despite having functional rural health units, most of the barangays have scarcity and difficulty in transportation, thereby still facing difficulties in accessing health care. The city also has one government hospital – the Davao Oriental Provincial Medical Center and one private hospital – the St. Camillus Hospital Foundation, Inc.

In the existing data on Maternal Care by the City Health Office of Mati MNCHN Program, shown in Figure 1, quality ANC gradually increased up to 84.7% in 2023 but is still below the national target of 90%. This enduring gap demonstrates persistent obstacles to healthcare access and delivery, outlining the critical need for governance strategies and policy innovations that address logistical challenges, strengthen service quality, and be certain that no community falls behind in achieving maternal health goals at the local level.

The indicators of having quality ANC include the following: (1) number of pregnant who delivered was seen by a doctor, (2) number of pregnant who delivered was seen by a dentist, (3) number of pregnant who delivered had at least 4 prenatal visits, (4) number of pregnant who delivered had 3 basic laboratory examinations, (5) number of pregnant who delivered was given complete iron supplementation, and (6) number of pregnant was given health counseling/promotion.[4] One of the most significant concerns in the locality is the number of pregnant women who have not completed the WHO-recommended 4 ANC visits. Figure 2 shows the number of pregnant women who only had their 1st ANC visit during the 2nd and 3rd trimester of their pregnancy, which predisposes these pregnant women to poorer health outcomes if complications within pregnancy were not timely detected.

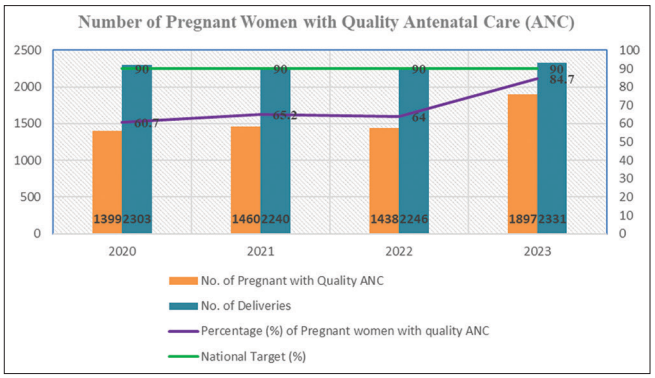

Figure 1: Number of pregnant women with quality antenatal care in Mati City from 2020 to 2023. ANC: Antenatal care

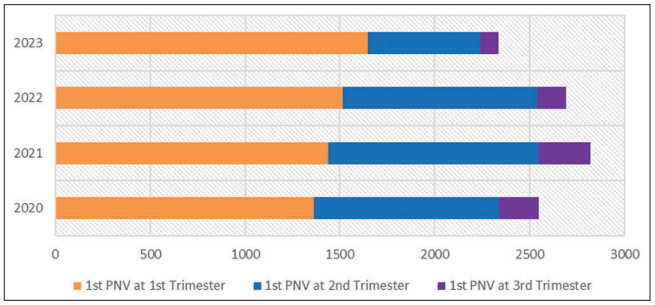

Figure 2: Number of pregnant women with first prenatal visit (1st PNV) by trimester of current pregnancy

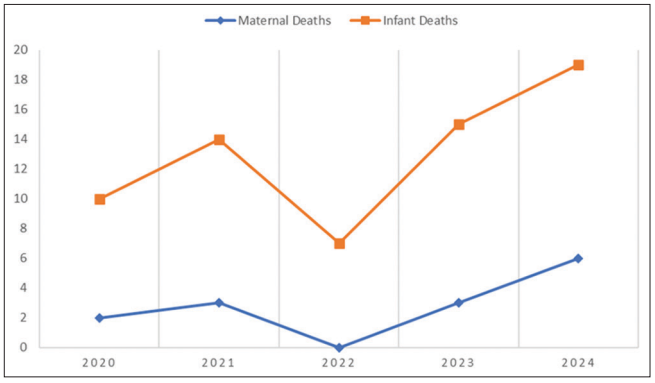

Figure 3: Number of maternal and infant deaths in Mati City from 2020 to 2024

Consequent effects of poor quality of ANC may lead to maternal and even infant mortality.[2] Figure 3 shows the number of maternal and infant deaths recorded in Mati City, Davao Oriental, throughout the years 2020 up to 2024.

The increasing trend in mortalities may be attributed to poor ANC compliance throughout the course of the pregnancy, which may have been prevented. It may also be attributed to the existing comorbidities of the mother prior to giving birth, which may have been poorly managed or treated, thereby negatively affecting pregnancy outcome. Moreover, the Coronavirus disease 2019 pandemic (2020–2022) may have contributed to this

increase due to reduced health facility access, transport limitations, and service delivery disruptions affecting maternal and child health.

Existing policies, guidelines, and protocols on the conduct of pregnancy tracking and community surveillance were established by the DOH at the national level. However, at the local level, the decreased quality of ANC, as indicated by the nonadherence to recommended time and number of prenatal visits, was still evident in Mati City for about 4 years, indicating a perceived outcome-based fragmentation of the healthcare system in this aspect. The efforts of community health workers such as midwives, nurses, and BHWs in tracking pregnant patients were notable; however, a large percentage of pregnant women in the past 4 years remain untracked on the onset of their pregnancy, or not followed-up during their pregnancy as indicated by the number of pregnant women who only had their 1st PNV during their 2nd or 3rd trimester [Figure 2], of which complications or comorbidities will already be detected or identified untimely. Implications of poor pregnancy tracking and follow-up may lead to a decrease in quality ANC, and notable delays in seeking, obtaining, and receiving proper and adequate maternity or obstetric services can contribute to maternal morbidity and mortality.

While various studies have examined the quality of ANC and maternal health services at the national and regional levels, there is still a major empty space in research on the localized health maternal governance difficulties that affect ANC implementation in Mati City. The overwhelming majority of available literature focuses on clinical service delivery and maternal health outcomes, but systemic, structural, and policy constraints to successful pregnancy tracking and ANC utilization have received less attention. Despite national initiatives aimed at reducing maternal mortality and improving ANC access, Mati City continues to face disparities in ANC coverage, limited pregnancy tracking efficiency, and maternal health governance-related challenges, necessitating an investigation into the root causes of these persistent issues.

In addition, there has been very little study into how LGUs translate national or local maternal health policies into effective, community-based initiatives. The impact of governance factors such as policy enforcement, health financing, and community engagement on ANC implementation in Mati City has not been adequately investigated. Without this understanding, efforts and other forms of interventions may remain fragmented, unsustainable, and ineffective. In addition, no previous scholarly work has provided a structured maternal health governance framework for the LGU which is explicitly tailored to address maternal health inequities at the local level. Thus, the study aims to analyze the implemented strategies as well as the challenges faced by community healthcare workers in pregnancy tracking. Specifically, it seeks to assess the perception of local government officials and community healthcare workers on the existing gaps in pregnancy detection and decreased ANC quality, which contribute to the increasing trend in maternal and infant mortality in the past few years, and to recommend a strategic governance framework to enhance pregnancy tracking and the overall quality of ANC. In doing so, the study particularly examines how governance mechanisms, financial resources, community healthcare worker capacity, and sociocultural health-seeking behaviors influence the effectiveness of pregnancy tracking and ANC delivery.

Methodology

The study utilized a descriptive qualitative research design through a focus group discussion (FGD) and semistructured key informant interviews (KIIs). Primary data were collected over a 2-week period in June 2024. The FGD was conducted among six participants, including two BHWs, two midwives, and two public health nurses, to explore their experiences, challenges, and strategies in pregnancy tracking and ANC implementation. The KIIs involved the City Mayor, City Health Officer, and the Chairman of the Committee on Health of the Sangguniang Panlungsod to gather insights on local governance, policy implementation, and service delivery. Participants were selected using purposive sampling based on their policymaking roles, direct involvement in ANC service delivery, and governance responsibilities in maternal healthcare. The sample size was determined based on role diversity and data saturation, continuing interviews until no new themes emerged.

A semistructured interview guide was developed to cover topics such as ANC implementation barriers, governance issues, service delivery gaps, and policy recommendations. Open-ended questions encouraged in-depth discussion, while follow-up questions focused on key themes. Thematic analysis followed a six-phase framework, ensuring systematic coding and interpretation of manually transcribed data.[14] Validity and reliability were strengthened through peer debriefing or postdata triangulation among the selected participants. Ethical integrity was upheld by obtaining informed consent, ensuring voluntary participation and confidentiality, and by adhering to the standards and guidelines set by the Philippine Health Research Ethics Board.[15]

Results and Discussion

Consistent with the objectives of this study, the discussion focuses on the strategies and challenges encountered in pregnancy tracking, the perceptions of local government officials and community healthcare workers regarding the existing gaps in ANC quality, and the development of a governance framework to strengthen ANC service delivery in Mati City. Results showed that proper implementation and monitoring of maternal healthcare services are crucial for effective pregnancy tracking. Community healthcare workers, including the barangay healthcare workers, nurses, and midwives, play a significant key role through regular home visits, prenatal checkups, and health promotion and literacy. However, in GIDA, various challenges such as shortages in staff and limited budgets exist. Inconsistent implementation of the barangay level 5% health fund forces CHWs to cover expenses from their personal pockets as one respondent said: *"It was very difficult especially when it comes to medicines.[...] Supposedly, the LGU at the barangay level must have a counterpart, but they have not followed the 5% allocation under the IRA (Internal Revenue Allotment).[...] There were times we had to get money from our own pockets to support patients, especially when they really needed it."* Limited medical supplies aggravate the challenges of maternity care, underlining the importance of prioritizing resource allocation. Consistent with the findings of Fougang *et al.*,[16] reducing healthcare disparities generally necessitates major systemic adjustments, which might be difficult to implement without sufficient financial and institutional support. Community involvement has implications for maternal healthcare access and reliable pregnancy tracking. BHWs serve as a liaison between pregnant women and the City Health Office, promoting positive aspects and benefits on prenatal care. Meanwhile, financial limitations and misinformation influence healthcare-seeking behavior. This gap in healthcare-seeking behavior is consistent with findings showing that socioeconomic conditions and discrimination have a substantial effect on healthcare access and outcomes among distinct populations of women.[17] Socioeconomic differences and cultural biases all have a role in limiting maternal healthcare availability. The City Health Office uses peer-reporting endeavors and home-based treatment, but long-term effectiveness is dependent on public trust and involvement. Cultural sensitivity and linguistic adaptation help to build community trust and improve program efficacy in geographically distant and disadvantaged locations. Likewise, systemic and logistical challenges have an influence on maternal healthcare services. These include medical supply shortages, shortages of means of transportation for emergency referrals, and lengthy wait periods at healthcare facilities. Limited government financing makes things more difficult in the delivery of healthcare. To address these difficulties, CHWs use community-based tracking, NGO collaborations, and volunteer assistance. As pointed by the City Health Office, *"… instead of the patients, it is the laboratory team who comes to visit every barangay to get samples for blood count, urinalysis and blood typing for pregnant women."* By dispatching laboratory teams to barangays, it has expanded service accessibility – reducing expectant women's travel difficulties. This approach is consistent with the value of connectivity between healthcare personnel and patients, as demonstrated by compassionate behavior and the delivery of comprehensive maternal healthcare information and services.[18] Cultural and societal barriers have a substantial impact on pregnancy monitoring and maternal healthcare availability. Traditional birth attendants continue to be the favored choice in some GIDA communities due to long-standing norms and distrust of modern healthcare practitioners. Gender roles and family decision-making also limit women's ability to seek prenatal treatment. In addition, generational disparities and lower levels of education are associated with decreased use of maternal health services, with one of the respondents emphasizing that *"in far-flung barangays and GIDA areas, people from the younger generation like Gen Z are easier to advocate and convince to avail of healthcare services. However, those from the earlier generation, like the elderly who have not received sufficient education, are harder to deal with."* Customized health literacy initiatives are required to bridge these gaps and improve healthcare access in rural communities. Effective maternity care entails strong policy enforcement and collaboration among local governments. Some barangays provide financial and logistical assistance, while others struggle with inadequate enforcement and political constraints. CHWs advocate for improved policies that promote resource equity. This is consistent with one study recommendation that health policies targeting inequities in opportunity can ensure that the most disadvantaged groups receive effective health interventions, improving social justice and improving overall health outcomes.[19] Mati City's prenatal care ANC rate of 85% falls short of the DOH's 90% objective due to funding constraints, inadequate health literacy, and structural inefficiencies. Rivalry between local politicians and bureaucratic challenges undermines its health governance. Achieving a sustainable and strong maternal healthcare system requires depoliticized policies, improved health financing, and regular investments in primary healthcare and infrastructure.

To support the emerging themes, direct quotations from key informants were integrated to illustrate participant experiences and validate thematic findings. Based on the findings and analysis of data presented, the study developed the Strengthen, Empower, Engage, and Key Policy Reforms (SEEK) Framework [Figure 4], an

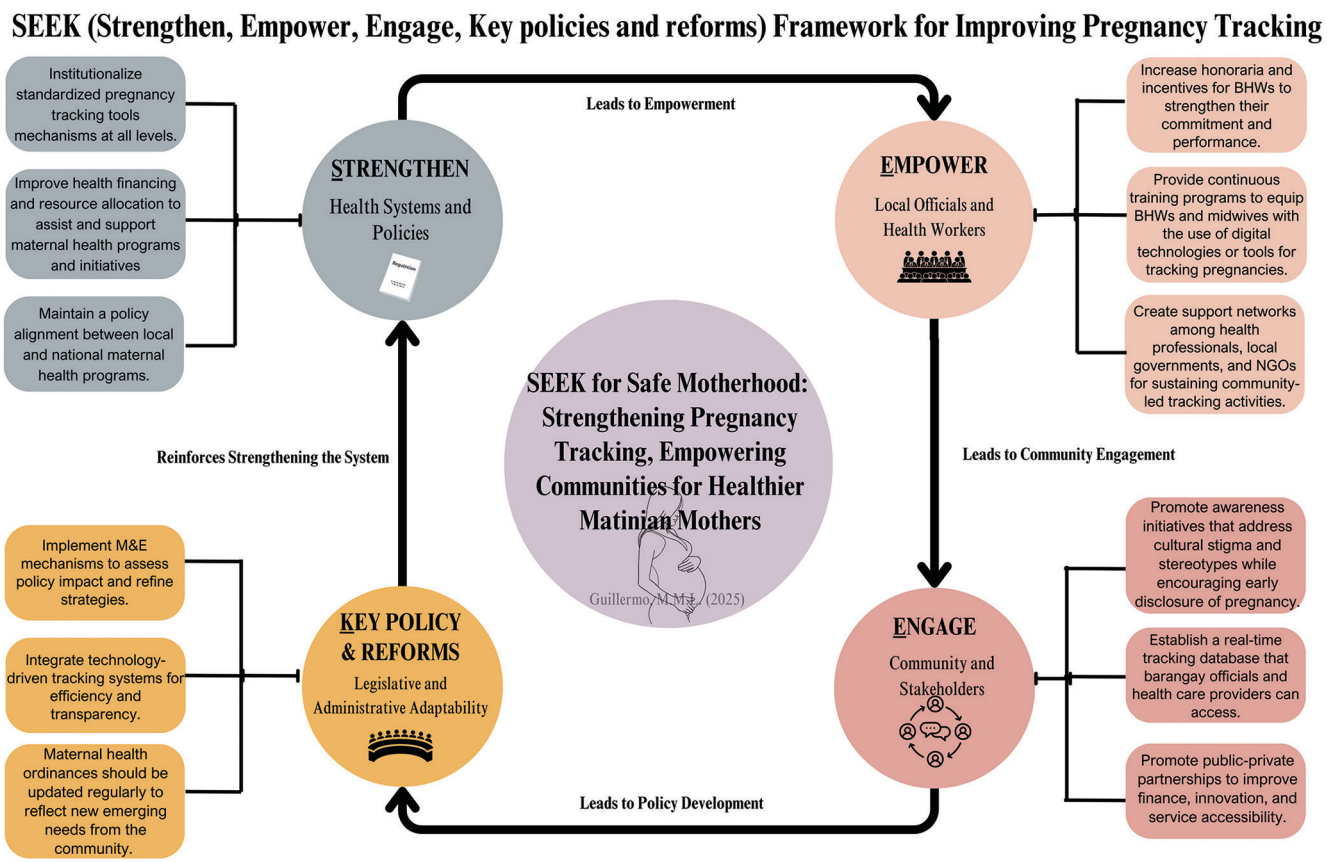

Figure 4: Strengthen, Empower, Engage, Key Policy Reforms framework for improving pregnancy tracking. SEEK: Strengthen, Empower, Engage, Key Policy Reforms

innovative governance framework that aims to reduce maternal healthcare disparities through multisectoral collaboration, depoliticized legislative support, and evidence-based maternal health interventions. Meanwhile, the framework was formulated through an inductive and iterative analysis of recurring themes from both FGDs and KIIs. Codes related to governance structures, leadership, accountability, financing, and service delivery were synthesized into interconnected components. These elements were validated through peer review and consensus among the research team to ensure that the framework was empirically grounded and policy relevant. The framework represents an actionable governance approach to enhance local ANC service delivery and maternal health outcomes.

To improve maternal healthcare services and pregnancy monitoring, the SEEK Framework may be utilized as an integrated and systematic approach to address the identified systemic gaps and inefficiencies and improve the maternal health service delivery in Mati City. Specifically, it encompasses the following. (1) Strengthening by rebuilding the healthcare system requires a consistent implementation of policies, especially the distribution and allocation of the 5% health budget at the barangay level to support the community healthcare workers who sometimes experience financial constraints as a result of irregular financing at the barangay level. Moreover, it encompasses improving healthcare infrastructure, increasing medical supplies, providing reliable means of transportation for emergency referrals that may help reduce care delays and improve maternal health outcomes, especially within the GIDA areas. (2) Empowering the CHWs by means of capacity building programs, financial incentives, and rewards, support services, such as the adoption of digital pregnancy monitoring tools, would contribute and improve service efficiency and sustainability. They can effectively track pregnancies and offer quality prenatal care when they are given enough resources and continuous training. (3) Engaging the community has become essential for promoting health-seeking behavior, especially in rural and ethnically diverse locations. It could possibly be accomplished by expanding maternal health literacy programs, initiating culturally relevant health promotion campaigns and promoting active community engagement in the healthcare decision-making process. Improving the relationship between CHWs, barangay authorities, and pregnant women will improve trust, mitigate misinformation, and strengthen compliance to prenatal care. (4) Key policies and reforms aim to depoliticize the maternal

healthcare governance, optimize fund distribution procedures, and integrate the maternal health objectives into long-term LGU development plans. Improvement of partnership between the local chief executive and the local legislators, maintaining financial transparency, and instituting maternal health programs are all necessary and important steps that contribute to the long-term success of healthcare programs. By employing the SEEK framework, the LGU of Mati, its local healthcare workers, and the communities, can work together to address the maternal healthcare gaps, providing proportionate, high-quality ANC and minimizing maternal and newborn death rates.

The SEEK framework is a cutting-edge governance framework that transforms and redefines local maternal healthcare by transitioning away from immediate and short-term interventions to a systematic, structured, data-driven decision and community-anchored development approach. In contrast to other conventional or traditional models that solely rely on reactive delivery of services, the SEEK framework structurally incorporates policy regulations, sustainable health financial management, capacity building, and collaborative citizen-centered governance for developing a resilient, adaptable, and inclusive local healthcare system. It institutionalizes and enforces decision-making based on scientific data, multisectoral partnerships, and socioculturally receptive healthcare processes so that Mati City's maternal health services are not just exclusively accessible but also sustainable and economically viable and also insulated from the movements of politics. The said framework not only addresses the identified challenges or gaps but also restructures and transforms the flow of maternal healthcare governance-showing that the outcomes of ANC are not just the matter of various resources needed but of effective leadership, strong political will, and efficient management in terms of monitoring and evaluation of its long-term strategies. By integrating the local ANC programs into the fundamental framework of local governance, the SEEK framework guarantees that equitable ANC services are not merely a privilege and benefits to be enjoyed by every citizen but a long-term benefit to the community, redefining the flow of governance into an effective and powerful facilitator and component of equitable, innovative, and sustainable maternal healthcare. The SEEK framework differs from health governance approaches by emphasizing a governance-driven, systems-based strategy rather than solely on clinical service delivery. While many maternal health programs concentrate on expanding healthcare access and service provision, SEEK integrates policy reforms, workforce empowerment, community engagement, and institutional accountability to ensure a sustainable and locally adaptive maternal healthcare system. Unlike traditional models, which often rely on national mandates or donor-driven interventions. It is distinguished from the general governance systems currently employed by LGUs through its intentional structuring around four interrelated pillars, namely, Strengthen, Engage, Enable, and Key (decisive) actions, designed specifically to address observed fragmentation and implementation gaps in local health service delivery. SEEK framework is not intended to replace existing systems but to provide a strategic framing that helps LGUs identify where their current governance practices may be falling short, especially in terms of inclusivity, responsiveness, and sustainability of health reforms. In that sense, it is both complementary and transformative. The framework is neither meant to stand alone nor is it externally imposed, but rather emerged through the identification of gaps, bottlenecks, and enabling factors found in both literature and local data. Hence, the SEEK framework is designed not to replace existing planning and budgeting mechanisms but to function as a governance lens that can be integrated within current processes such as the Local Development Plan, Annual Investment Plan (AIP), and Local Health Investment Plan. It provides guiding principles and decision points that help LGUs ask the right governance questions during those processes. Hence, the framework functions as a tool to help the LGU of Mati and local health actors reflect on and recalibrate what they are already doing across various governance functions.

Conclusion

The key findings of this study highlight the critical gaps in maternal healthcare program implementation which negatively affect pregnancy tracking as well as maternal healthcare services utilization and delivery, that has a direct impact on the quality of ANC in Mati City, Davao Oriental. Review of secondary data showed the increasing trend in maternal and infant mortality in the city for the past few years as well as the consistently unmet national target for quality ANC (i.e., 90%). There is an apparent difficulty in the implementation and compliance of the national guidelines on maternal healthcare programs at the local level due to a number of identified gaps in maternal healthcare program implementation. By identifying these gaps under the perspectives of the community healthcare workers and local officials who collaborate in the implementation of these programs, innovative solutions in governance and policy reforms may be developed to address the identified issues.

To effectively address the gaps in maternal healthcare implementation, it is important to tackle the financial and sociopolitical barriers that hinder program success. These barriers can be mitigated through the collaborative efforts of community health workers (CHWs) and

local health officials, who play central roles in reducing healthcare disparities. Although numerous government initiatives have been introduced to strengthen local health systems, persistent challenges remain in delivering quality healthcare services at the community level.[20] The analysis of collected data further suggests that the declining quality of ANC cannot be resolved solely by enhancing pregnancy tracking strategies but requires a more comprehensive and system-wide approach. Rather, the identified gaps that need to be addressed must be apprehended in a holistic health governance systems approach, taking into consideration the important roles of community healthcare workers and policy-makers to address the gaps in pregnancy tracking, the financial and sociopolitical barriers that hinder healthcare structural developments, and the challenges or barriers involving community engagement and health-seeking behaviors. Systemic and logistical challenges affecting the delivery of maternal healthcare services must also be addressed. Enhancing the accessibility of primary care services must be pursued to establish a viable framework for inclusive and sustainable maternal health programs. Maternal access to healthcare services and pregnancy tracking are also affected by cultural traditions and community norms. Increasing awareness of maternal health services through health promotion and mitigation of intergenerational variations to healthcare utilization can be employed to address social–cultural and educational barriers. Policy enforcement and local government support are crucial elements in the sustainable and effective implementation of maternal healthcare programs. Comprehensive policies and financial planning matter greatly to provide support among community healthcare workers that perform the job on the ground. In addition, these governance policies bridge the gaps in implementation, accessibility of healthcare services, and health-seeking behaviors that contribute to the quality of ANC. Challenges such as leadership, political, and bureaucratic barriers in maternal healthcare must also be addressed by strengthening and organizing legislative support on maternal health programs, streamlining financial resources, and depoliticizing health policies. Sustainability and success of maternal healthcare programs depend largely on sufficient resource allocation and efficient health financing. By aligning maternal health programs with the UHC Law and the 2030 Agenda for Sustainable Development, the LGU can efficiently navigate to close the gaps and disparities in health services accessibility and utilization. The improvement of primary healthcare programs, healthcare financial sustainability, and development of streamlined policy reforms are ways in which the LGU is able to close the gaps and inefficiencies on maternal health service utilization and accessibility to improve pregnancy tracking effectiveness and thereby enhance the quality of ANC. A developed comprehensive health systems framework on pregnancy tracking (i.e, the SEEK framework) may be utilized to easily navigate and holistically address the gaps and barriers that hinder its implementation, thereby improving the quality of ANC and eventual maternal health outcomes.

Recommendations

To improve maternal healthcare services and pregnancy tracking, it is recommended that the SEEK Framework be applied. To strengthen the healthcare system, policies must be consistently enforced, the 5% health budget at the barangay level must be properly allocated, medical supplies need to be upgraded, and emergency referrals must be endorsed efficiently. Empowering community health workers with capacity-building initiatives, financial incentives, and digital monitoring technologies will improve the overall maternal service delivery. Engaging communities in culturally-responsive health literacy initiatives, as well as active engagement in maternal healthcare decisions, will increase trust and health services utilization. Finally, key policy reforms should focus on depoliticizing healthcare management, streamlining funds allocation, and incorporating maternal health priority into long-term local government development plans through the Executive-Legislative Agenda and AIP. By using this approach, local governments, healthcare providers, and communities may address maternal healthcare disparities and guarantee that everyone has access to high-quality prenatal care.

This study is limited to qualitative insights derived from a small sample in Mati City, Davao Oriental. As such, the findings may not fully capture the range of maternal health governance challenges across other LGUs or regions. Nevertheless, the results provide valuable preliminary evidence on the local implementation of pregnancy tracking and ANC services. Future studies may consider expanding the scope to include multiple LGUs and apply comparative mixed-method or quantitative approaches to validate the SEEK Framework's components and evaluate its impact on maternal and child health outcomes at the regional or national level.

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Conflicts of interest

There are no conflicts of interest.

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