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DOI: [10.31965/infokes.Vol23.Iss4.1906](https://doi.org/10.31965/infokes.Vol23.Iss4.1906)Journal homepage: <https://jurnal.poltekkeskupang.ac.id/index.php/infokes>**RESEARCH****Open Access****Barriers in Proper Maternal Referral Systems: A Scoping Review of Qualitative Research****Dedeh Supriyatin^{1a*}, Khusnul Khotimah^{1b}, Qorinah Estiningtyas Sakilah Adnani^{2c}, Bibek Giri^{3d}**¹ Master of Midwifery, Padjadjaran University, Bandung, West Java, Indonesia² Department of Public Health, Faculty of Medicine, Padjadjaran University, Bandung, West Java, Indonesia³ Research Institute for Collaborative Development, Kathmandu, Nepal^a Email: dedeh23001@mail.unpad.ac.id^b Email: khotimahk799@gmail.com^c Email: qorinah.adnani@unpad.ac.id^d Email: iambibekgiri@gmail.com

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Abstract

The maternal referral system is a crucial component of healthcare services designed to ensure the welfare of women and babies throughout pregnancy, delivery, and the postpartum phase. This method allows pregnant women with complications to get improved and specialized healthcare treatments in adequately equipped and skilled maternity facilities. However, the effectiveness of maternal referral systems is sometimes hindered by several complex and interrelated concerns, especially in resource-limited countries. This research seeks to examine barriers in the maternal referral system. This study utilizes a scoping review of qualitative research techniques to analyze the PEO framework. The P (Population) component examines the attributes of pregnant women and healthcare professionals engaged in the maternal referral system. The E (Exposure) component examines the obstacles faced in the referral process. Finally, the O (Outcome) component examines the impact of these constraints on the quality and accessibility of maternal health care. This scoping review employs many databases, including PubMed, ScienceDirect, Scopus, Springer, and Google Scholar, to identify papers using the phrases "maternal referral system," "barriers," "healthcare services," and "health outcomes." The study results suggested that six publications identified several impediments hindering women's access to hospital delivery facilities and maternal referral systems. The inclination towards home birth is shaped by diminished autonomy, economic reliance, and the impact of socio-cultural norms, especially among young women and vulnerable populations, who often disregard referral advisories despite elevated risks. Obstacles within the healthcare system including inadequate coordination among hospitals, insufficient comprehension of referral standards, limited training for healthcare professionals, and challenges related to political and information technology infrastructure. Additional significant obstacles include inadequate communication prior to referral, insufficient referral paperwork, and a scarcity of ambulances and qualified medical staff. Moreover, women encounter mobility limitations, delays in accessing care, and disrespectful treatment from healthcare providers. The maternal referral system aims to improve its efficacy, efficiency, and responsiveness, hence resulting in enhanced health outcomes for mothers and newborns and reducing maternal and neonatal death rates.

Keywords: Barriers, Health Outcomes, Healthcare Services, Maternal Referral System.**Corresponding Author:**

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1. INTRODUCTION

An excellent technique to assess the performance of a program focused on improving maternal health is by applying a famous statistic known as the Maternal Mortality Rate (MMR). According to the World Health Organization (WHO), Maternal mortality rate (MMR) refers to the number of women who die because of pregnancy-related causes (excluding accidents, suicide, or incidental instances) during pregnancy, childbirth, and the postpartum period (up to 42 days following delivery) per 100,000 live births. During the year 2020, an average of 800 women per day lost their lives owing to avoidable variables linked with pregnancy and delivery. Furthermore, nearly 95% of all maternal deaths occurred in nations with poor and lower-middle-income economies (World Health Organization, 2023).

In Indonesia, the maternal mortality rate has significantly decreased nationally, falling from 305 deaths per 100,000 live births in the 2015 Inter-Census Population Survey to 189 deaths per 100,000 live births in the 2020 Population Census. The reduction falls well short of the 2022 target of 205 deaths per 100,000 live births. To achieve the 2024 objective of 183 deaths per 100,000 live births and the long-term target of less than 70 deaths per 100,000 live births by 2030, it is essential to maintain and improve the existing performance level (Kementerian Kesehatan Republik Indonesia, 2023). Maternal mortality is classified into two categories: direct causes and indirect causes. The main contributors to maternal death are postpartum hemorrhage (25%), sepsis (15%), pregnancy-induced hypertension (12%), obstructed labor (8%), complications from unsafe abortion (13%), and other variables such as anemia (8%). Maternal fatalities are largely ascribed to preexisting ailments or illnesses that arise during gestation, including malaria, HIV/AIDS, and cardiovascular disease (Saifuddin et al., 2020).

The Ministry of Health of the Republic of Indonesia intends to minimize the Maternal Mortality Ratio (MMR) by ensuring that every mother has equal access to high-quality healthcare services. This comprises prenatal assistance for expecting women, delivery help given by qualified healthcare professionals, postnatal care for mothers and newborns, expert treatment referrals in case of complications, and the availability of family planning alternatives (Kementerian Kesehatan Republik Indonesia, 2024). High-quality healthcare services are available. 24-hour availability is vital for the protection of mother and newborn life. Nevertheless, throughout the execution of the procedure, there often arise hindrances and delays in handling obstetric emergency circumstances, leading to raised rates of mother and baby death. Obstetric crises demand rapid medical management at an appropriate healthcare institution and often involve a referral (Armini, 2020).

The maternal referral system is a fundamental aspect of healthcare services that attempts to assure the well-being of mothers and newborns during pregnancy, delivery, and the postpartum period. This technique allows pregnant women with issues to acquire increased and specialized healthcare treatments at well-equipped and skilled medical establishments. Nevertheless, the efficiency of maternal referral systems is frequently limited by a multiplicity of complicated and interwoven concerns, especially in resource-constrained developing countries (Nestelita et al., 2019). The referral system of the Community Health Centre is crucial to the overall service quality offered by the main service center for the community (Mia, Suparwati, & Suryoputro, 2016).

Obstacles in the maternal referral system might directly impact the incidence of morbidity and mortality among mothers and newborns. The World Health Organization (WHO) states that over 830 women die daily owing to issues resulting from pregnancy and delivery, with most of these deaths concentrated in developing countries. A crucial facet of expanding access to and quality health care for mothers and newborns is the comprehensive identification and

appreciation of the constraints inherent in maternal referral systems. This research aims to analyze the obstacles within the maternal referral system.

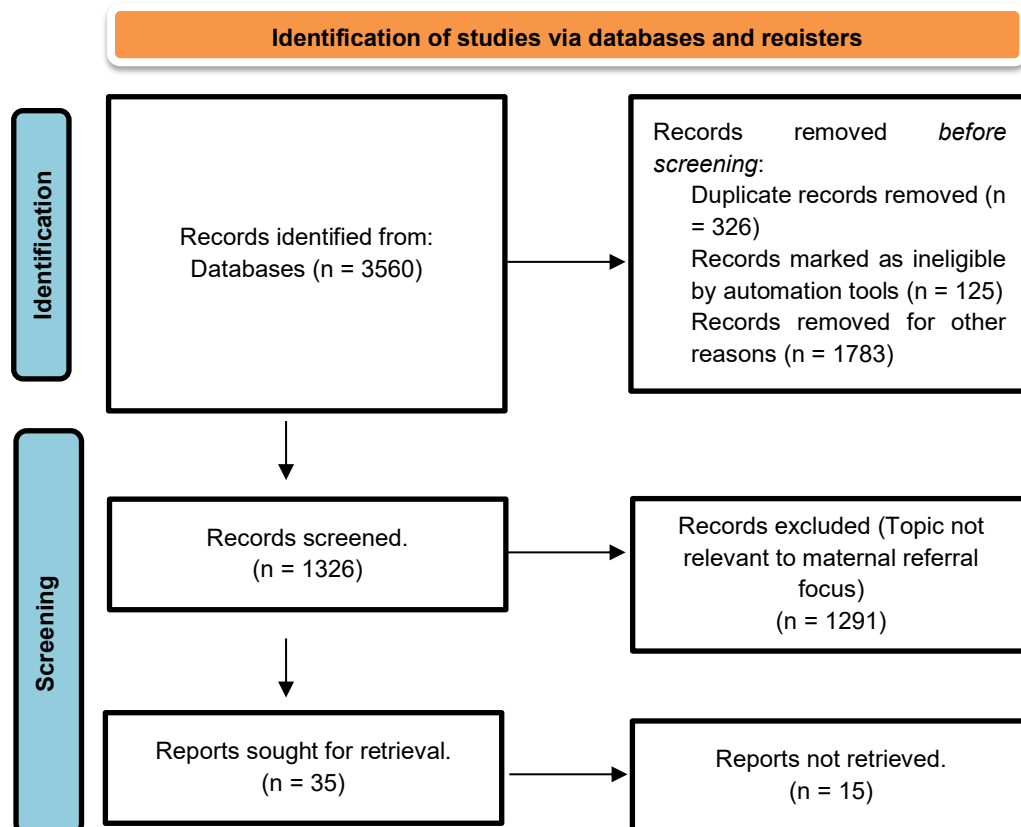
2. RESEARCH METHOD

This study employed a qualitative scoping review approach to identify and analyze barriers within the maternal referral system. The scoping review methodology was chosen because of its ability to comprehensively map existing evidence, synthesize diverse findings, and identify research gaps within complex and multifaceted health system issues, particularly maternal referral networks (Lockwood et al., 2015).

A comprehensive literature search was conducted across several electronic databases, including PubMed, ScienceDirect, Scopus, Springer, and Google Scholar. The search targeted peer-reviewed and published research articles that specifically addressed barriers in the maternal referral system. Literature reviews, editorials, commentaries, and non-research articles were excluded. The search strategy utilized English keywords such as “maternal referral system,” “barriers,” “healthcare services,” and “health outcomes,” which were processed using the Publish or Perish (POP) application to ensure systematic retrieval of relevant studies.

The formulation of the research question, search strategy, and eligibility criteria was guided by the PEO framework. The Population (P) component included pregnant women and healthcare providers involved in maternal referral services. The Exposure (E) component focused on various barriers encountered throughout the referral process, while the Outcome (O) component examined the impact of these barriers on the quality, accessibility, and affordability of maternal health services. This review included qualitative studies published between 2019 and 2024, sourced from reputable open-access databases, and written in either English or Indonesian.

The study selection process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) guidelines. All retrieved articles were screened systematically, and duplicate records were removed using the Covidence application to ensure accuracy and consistency during the selection process.



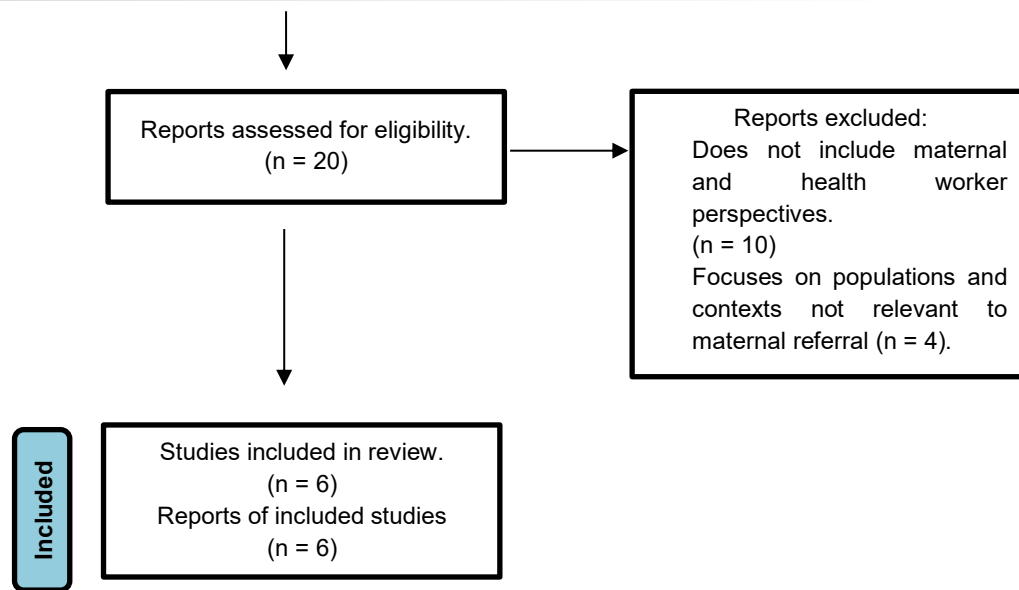


Figure 1. PRISMA for Scoping Review

3. RESULTS AND DISCUSSION

Data were gathered from all research included in the extraction table. Theme categories were established according to the study questions, and theme analysis was performed in accordance with the six steps outlined by Braun and Clarke (Byrne, 2022). The used deductive technique highlighted the hierarchical identification of themes. The first phase included the writers thoroughly examining and reviewing the data to familiarize themselves with it. The principal author performed a manual and methodical examination of the data attributes, resulting in the generation of initial codes. In the third step, thematic aspects were explored, followed by the identification of subthemes and an examination of the link between themes and codes in the fourth stage. Upon identifying the principal themes in the fifth step, the results were scrutinized to confirm their pertinence to the research inquiries. This process involved regular discussions between authors to review and agree on the analysis procedures and naming of themes (Byrne, 2022). Ultimately, six publications were chosen for this research.

Table 1. Summary Table of Data from Included Articles.

No	Author, Year, Country	Objective, Sample, Research Type	Result
1	Author: Sushma Rajbanshi, Mohd Noor Norhayati, and Nik Hussain Nik Hazlina. Year: 2021. Country: Nepal	Objective: To investigate the factors contributing to the lack of adherence to referral recommendations among high-risk pregnant women. Sample: 14 high-risk women who did not comply with referrals to give birth in a hospital Research Type: A qualitative phenomenological.	Several key themes were identified as barriers to hospital-based childbirth, including the preference for giving birth at home, limited autonomy and financial dependence among women, situational constraints, and prevailing sociocultural norms. Many women attended antenatal care primarily to confirm that their pregnancies were

			progressing normally, which in turn reinforced their intention to deliver at home. Young women who had recently married often faced informational challenges, such as a lack of knowledge about where to access appropriate healthcare services. Women from the poorest and most marginalized groups tended to disregard referral advice for hospital births, even when facing high-risk pregnancy conditions. A complex interplay of socioeconomic and cultural factors significantly influences women's decisions regarding delivery in referral hospitals (Rajbanshi et al., 2021).
2	Author: Maria Stephanie Fay S Cagayan, Rita Mae Ang-Bon, Fernando B Garcia Jr, Filomena S San Juan, Cecilia L. Llave, Catherine Banwell, and Erlidia F. Llamas-Clark. Year: 2020. Country: Philippines	Objective: To investigate the limitations on the supply side that impact the successful implementation of service delivery networks (SDN) in Legazpi, Albay, and the Bicol Region, Philippines. Sample: Healthcare practitioners in elementary schools in Legazpi City and provincial and regional health workers who expressed their willingness to participate in the study. Research Type: A qualitative study with face-to-face, in-depth interviews using semi-structured questionnaires.	Barriers within the referral system were found to span multiple aspects of the health system, including governance structures, human resources for health, service provision, and health information systems. These obstacles were further categorized based on their origin, whether stemming from individual-level issues, organizational limitations, or external influences, particularly in the context of the service delivery network (SDN). Specific challenges included insufficient understanding of referral protocols and clinical guidelines, weak inter-facility coordination, ineffective data handling, limited opportunities for professional development, and the influence of a frequently shifting political

			and policy environment (Cagayan et al., 2020).
3	Author: Betelhem Mengist, Agumasie Semahegn, Shegaye Yibabie, Bezabih Amsalu, and Abera Kenay Tura. Year: 2024. Country: Eastern Ethiopia	Objective: To investigate the obstacles that hinder the effectiveness of maternal referral systems in specific referral hospitals located in eastern Ethiopia Sample: The study included 2 respondents, liaison officers, and health service providers, as well as three in-depth interviews with referred women. Research Type: A qualitative study with key informant interviews and in-depth interviews.	The study identified several barriers impacting the maternal referral system in Eastern Ethiopia, which were categorized into three main domains: communication, transportation, and the healthcare system. The most reported challenges included the absence of pre-referral communication and feedback mechanisms, reliance on informal communication channels, incomplete referral documentation, inadequate ambulance services, including misuse of ambulances, the lack of trained healthcare personnel to accompany patients, and insufficient medical equipment during emergencies. Additional issues involved unnecessary self-referrals, poor referral competencies among staff, and a limited number of healthcare professionals available to manage the referral process effectively (Mengist et al., 2024).
4	Author: Harriet Nabulo, Helga Gottfredsdottir, Ngonzi Joseph, and Dan K. Kaye. Year: 2023. Country: Uganda	Objective: To identify obstacles and facilitate, the objective is to investigate the encounters of women sent to Mbarara Regional Referral Hospital (MRRH) in Uganda. Sample: 10 postpartum women and two companions were selected as key informants. Research Type: An exploratory qualitative	Women faced significant challenges during the referral process, including transportation difficulties, delays in receiving care, and instances of disrespectful or neglectful treatment by healthcare providers (HCPs). Common obstetric indications prompting referral included severe obstructed labor, uterine rupture, transverse fetal position during advanced

		study with in-depth interviews.	labor, eclampsia, and retained second twin accompanied by intrapartum hemorrhage. Contributing non-clinical factors for referral were also identified, such as non-operational surgical theaters due to power outages, unsterilized instruments for cesarean procedures, lack of blood transfusion services, shortages of essential emergency medications, and the absence of healthcare personnel needed to perform surgery. From the data, four key themes emerged: factors facilitating referral, barriers to effective referral, poor quality of care, and disorganized health facility operations. Most referring facilities were located within a 30–50 km radius of Mbarara Regional Referral Hospital (MRRH). Delays in accessing emergency obstetric care (EmOC) contributed to the development of complications during hospitalization and extended lengths of stay. Factors that supported effective referral included strong social support, prior financial preparation for childbirth, and the birth companion's awareness of danger signs (Nabulo et al., 2023).
5	Author: Saachi Dalal, Ruchit Nagar, Rohaan Hegde, Surya Vaishnav, Hamid Abdullah, and Jennifer Kasper. Year: 2022. Country: India	Objective: To evaluate the obstacles and factors that promote the use of referral services among pregnant women at high risk in rural Rajasthan, focusing on quality. Sample: A group of 19 pregnant women who are at high risk due to their low	Several barriers to accessing referral care emerged, including inadequate transportation, domestic obligations, and limited levels of awareness, education, and social support. The most significant obstacle identified was the absence of

		socioeconomic origins, residing in 15 different villages. Research Type: A qualitative study with In-depth individual interviews.	a family member or healthcare provider to accompany the women to the referral facility. Conversely, factors that facilitated successful referrals included the presence and involvement of husbands, proactive healthcare workers, supportive neighbors, and female relatives who shared their prior experiences with the healthcare system (Dalal et al., 2022).
6	Author: Nabila Clydea Harahap, Putu Wuri Handayani, Achmad Nizar Hidayanto. Year: 2021. Country: Indonesia.	Objective: To investigate healthcare professionals' perspectives and encounters regarding the maternal and newborn referral system, emphasizing the impediments related to the system and health information technology (IS/IT) at Community Health Centers in South Tangerang. Indonesia Sample: The South Tanggreang Community Health Center has 9 participants who oversee referring moms and newborns. Research Type: A qualitative study with semi-structured interviews.	In South Tangerang, patient registration and documentation of medical services are managed through the Primary Health Care Information System (SIMPUS). To support referral activities, Primary Health Centers (PHCs) utilize several digital platforms, including the Integrated Referral Information System (SISRUTE), P-Care, and the Integrated Emergency Management System (SPGDT). However, four key barriers related to information systems and technology (IS/IT) in facilitating maternal and neonatal referrals were identified: limitations in technological infrastructure, insufficient human resources, lack of organizational support, and challenges within the referral process and its implementation (Harahap et al., 2020).

Table 1 outlines the data extraction methodology used for mapping the findings of the scoping review. An analysis of six publications identified several obstacles impacting access to hospital delivery and maternal referral systems. The inclination for home birth is shaped by

restricted autonomy, financial dependence, and socio-cultural conventions, particularly among young and underprivileged women, who often disregard recommendations despite elevated risk. Barriers within the health system include inadequate coordination among hospitals, insufficient comprehension of procedures, limited training for healthcare professionals, and challenges related to political and IT infrastructure. Significant obstacles include inadequate pre-referral communication, insufficient referral paperwork, and a scarcity of ambulances and qualified staff. Women encounter mobility challenges, service delays, and disrespectful conduct from healthcare providers.

Table 2. Themes and Sub-themes of Barriers in Maternal Health Referrals

No.	Theme	Sub Theme	References Articles
1	Obstacles in communication, coordination, and guidelines	a. Insufficient information clarity b. Inefficiencies in inter-facility communication c. Language obstacle d. Insufficient coordination among facilities e. Complex referral procedures f. Inadequate staff training and development g. Inadequate health policies h. Insufficient resources. i. Uncertainty due to policy changes and regulatory factors.	(Dalal et al., 2022; Harahap et al., 2020; Mengist et al., 2024; Nabulo et al., 2023; Rajbanshi et al., 2021; Cagayan et al., 2020).
2	Infrastructure	a. Constraints in transportation. b. Lengthy distances and intricate accessibility. c. Insufficient amenities and apparatus.	(Mengist et al., 2024; Nabulo et al., 2023; Cagayan et al., 2020)
3	Social and Individual	a. Cultural norms and beliefs b. Educational attainment and health consciousness c. Economic standing d. Fear and anxiety e. Prior adverse encounter f. Ambiguity regarding procedures and results	(Dalal et al., 2022; Harahap et al., 2020; Nabulo et al., 2023; Rajbanshi et al., 2021)

Table 2 presents three contributing themes to barriers in maternal referral systems: 1. obstacles to communication, coordination, and guidelines, 2. infrastructure, and 3. social and individual.

Obstacles in Communication, Coordination, and Guidelines

Maternal referral systems are essential in attempts to decrease mother and newborn mortality rates. The efficacy of referrals is mostly influenced by seamless communication, inter-facility cooperation, and a mutual comprehension of relevant clinical guidelines and rules. Nevertheless, in several circumstances, these systems encounter various obstacles that impede service continuity and jeopardize the safety of pregnant women and those in labor. Barriers to communication within the maternal referral system might adversely affect the quality and effectiveness of patient treatment. A key barrier to successful communication is the lack of clear and thorough patient information. Insufficient information may result in confusion and uncertainty when identifying the requisite stages for the referral process. Patients may not get

sufficient clarification on the reasons for the referral, the methods to be used, and the benefits of the referral. This may undermine their trust and compliance with suggestions. Furthermore, insufficient communication may lead to misinterpretation and misconceptions, culminating in worse treatment (Knight et al., 2021). In their study, Rajbanshi et al. (2021) outlined concerns such as informational obstacles faced by recently married (Rajbanshi et al., 2021). Cagayan et al., (2020) state that insufficient familiarity with standards and guidelines among healthcare providers impedes the efficacy of referrals (Cagayan et al., 2020). Poor communication between basic and secondary health facilities can impede the referral process and delay managing urgent situations. The transmission of crucial medical information from the referring clinic to the receiving hospital may experience delays or lack adequate detail. Lack of effective communication across health facilities impedes the efficient and expeditious referral procedure (Onambe et al., 2022). Language or dialect disparities between patients and healthcare practitioners can impede efficient communication, particularly in regions with significant linguistic variation. Patients residing in rural or isolated regions may communicate in a vernacular unfamiliar to healthcare professionals from other locations. Language limitations frequently lead to substantial misinterpretations in medical discussions, which have a detrimental effect on treatment choices and health outcomes (Ali et al., 2018). Mengist et al. (2024) revealed that the absence of pre-referral communication and feedback, as well as reliance on informal communication, can result in delays and mistakes during the referral process, which in turn affects the prompt availability of life-saving therapies (Mengist et al., 2024). Nabulo et al. (2023) revealed that healthcare providers in rural Tanzania and Southern Uganda encountered multiple obstacles when implementing referral procedures. These included challenges in communication, incomplete referral processes, lack of communication prior to referral, absence of feedback regarding major illnesses, insufficient medical supplies, lack of supportive supervision, and harassment from colleagues (Nabulo et al., 2023).

The efficient coordination and management of the maternal referral system provide a substantial challenge that might affect the effectiveness and quality of healthcare services delivered to patients. A major obstacle is the insufficient coordination across various levels of healthcare institutions, including basic health clinics as well as secondary and tertiary hospitals. Insufficient cooperation between primary health clinics and referral hospitals may lead to delays in patient treatment and reduce the quality of service. Insufficient coordination across healthcare institutions sometimes leads to fragmented care and delays in the treatment of critical patients (Knight et al., 2021). Nurses and midwives have difficulties because of insufficient training in emergency obstetric care (OC), which hinders their capacity to deliver high-quality treatment during obstetric emergencies (Impwii & Kivuti-Bitok, 2023). Cagayan et al. (2020) revealed that insufficient coordination among health facilities, subpar data management methods, and limited capacity development opportunities for health service professionals hinder the effectiveness of maternity referrals. The presence of incomplete referral forms and the lack of standardized referral documentation can lead to the omission of crucial information required for the proper care and follow-up of referred women, hence causing inefficiencies in the referral system (Mengist et al., 2024). Complex and cumbersome administrative procedures can impede the referral process and be a substantial obstacle in the maternal referral system (Mia et al., 2016). Inadequate training and development of healthcare personnel in relation to efficient referral protocols might lead to inefficiencies in the management of referrals. Inexperienced healthcare personnel may lack knowledge of or adherence to appropriate referral protocols, leading to mistakes and inefficiencies in the referral process. Comprehensive training for healthcare professionals is crucial to ensure their ability to manage referrals by relevant procedures successfully (Ali et al., 2018). Harahap et al. (2021) stated that the absence of simplicity in information systems or technology makes it more challenging to choose hospitals

for referral, resulting in delays in patient referrals. Current applications have limitations in supporting comprehensive referrals, as each application is designed to serve only one specific type of patient or referral (Harahap et al., 2020). In addition, the online referral system still needs improvement, such as information technology performance issues, continuity of medical services, unfair access to services due to quota policies, and lack of patient knowledge (Sawitri et al., 2020).

Inadequate or non-specific health policy might provide a significant barrier to addressing specific maternal health requirements. Certain countries may lack health policies that prioritize maternity services or lack strategic initiatives to enhance maternal referral networks. Inadequate health policies that lack comprehensiveness and fail to prioritize maternal health frequently lead to insufficient allocation of resources and inadequate attention to maternal referral services (Wang et al., 2014). Unclear or inefficient regulations might lead to ambiguity and inconsistency in implementing maternal referral services. Inconsistencies in legislation pertaining to referral procedures might confuse healthcare providers and impede the referral process. Implementing efficient maternal referral services is often hindered by ambiguous or contradictory legislation (Singh et al., 2014). External elements, such as the dynamic political landscape and evolving regulations, influence the maternal referral system (Cagayan et al., 2020). The failure of the maternal referral system is generally attributed to a lack of implementation and monitoring of current policies. Despite a maternal referral policy, the absence of proper monitoring and evaluation renders the program ineffectual in practice. Efficient execution and surveillance are essential for the successful operation of the maternal referral system, hence necessitating sound policies (Singh et al., 2014). The lack of a comprehensive policy to include all pertinent stakeholders in the referral system leads to a deficiency in user engagement with the information system or information technology. The intricate referral procedures, such as the restriction of referring patients to only one hospital at a time and the requirement to wait for a response before making further referrals, pose challenges for healthcare professionals in rapidly referring patients (Harahap et al., 2020).

Infrastructure

The presence of adequate infrastructure and easy accessibility are crucial elements that can impact the safety and quality of maternal care in the referral system. The biggest hindrance to the maternal referral system is insufficient healthcare services, particularly in rural and isolated regions (Ofosu et al., 2021). Several distant regions lack fully equipped medical facilities to manage complex maternity cases. This results in individuals traveling significant distances to access the required medical care. The absence of sufficient healthcare infrastructure in rural regions greatly impedes the community's ability to obtain crucial medical treatments (Gabrysch & Campbell, 2009). In their study, Impwii & Kivuti-Bitok (2023) examined insufficient provisions, such as the absence of necessary medications and fluids required to handle obstetric crises, which are vital for maternal healthcare during childbirth. Furthermore, there is a significant scarcity of nurse midwives in healthcare institutions, which hinders their ability to carry out all the tasks specified in maternal healthcare guidelines, such as promptly referring patients for specialized treatment (Impwii & Kivuti-Bitok, 2023).

Inadequate road infrastructure and limited transit options can impede pregnant women's ability to reach advanced healthcare facilities. Individuals residing in regions with inadequate road infrastructure may encounter difficulties promptly accessing medical facilities, particularly during obstetric crises. The limited availability of well-maintained roads and insufficient public transit options worsen the delays in accessing medical treatment in rural regions (Wang et al., 2014). Inadequate transportation infrastructure in some rural regions presents obstacles to prompt maternal referral, impacting the referral system's efficiency (Angelina et al., 2025). The considerable distance between pregnant women's residences and the facilities to which they are sent can be a substantial barrier in the maternal referral system.

Individuals residing in isolated regions may be required to cover extensive distances to access medical facilities equipped to handle difficulties related to pregnancy, hence amplifying the likelihood of maternal complications and mortality. In numerous developing nations, maternal mortality is mostly caused by the significant distances and extended travel durations required to reach healthcare services (World Health Organization, 2020).

Inadequate ambulance services, which encompass both the misappropriation of ambulances and the necessity of payment for services rendered, along with challenges in obtaining transportation to healthcare institutions, can result in delays in receiving essential medical attention for obstetric emergencies (Mengist et al., 2024). Patients, officers, and health workers in Ghana identified various obstacles to the referral process, including underutilization of ambulance services, inadequate patient management during transportation, absence of trained escorts, emergency referrals, lack of feedback, and shortages of medications and blood. These barriers impede the timely transfer of patients to referral hospitals. Furthermore, the women in this study encountered other obstacles to maternal referral, including insufficient infrastructure, limited emergency drug supplies, a lack of healthcare practitioners, malfunctioning operating rooms, non-sterilized tools, and a shortage of blood transfusion services (Mengist et al., 2024). Implementing maternal referral programs is typically hindered by limited resources, such as funding, manpower, and infrastructure. Several nations encounter fiscal limitations that impede the execution of extensive maternal health strategies encompassing referral networks. Insufficient resources hinder the successful implementation of maternal health policy (Singh et al., 2014). Moreover, the absence of integration between the health sector and other sectors, such as transportation and information technology, can impede the efficiency of the maternal referral system. Lack of coordination between policies and the transportation sector leads to accessibility issues for pregnant women seeking referrals to higher-level healthcare facilities (Friberg et al., 2010).

Social and Individual

Robust cultural norms and beliefs may influence pregnant women's decisions to seek health care and use referral services. Certain groups hold the concept that childbirth should occur at home under the guidance of a traditional healer or midwife rather than in a medical facility. Pregnant women may be deterred from utilizing existing referral services due to this. In many poor countries, the preference for home delivery and skepticism towards modern health facilities are significant obstacles to using maternal referral services (Moyer & Mustafa, 2013). Pregnant women in communities that heavily rely on traditional medicine may be deterred from seeking referral treatment due to their lack of trust in the health system or medical personnel. Certain societies exhibit a greater reliance on traditional healers or midwives rather than medical professionals, leading to a preference for informal healthcare settings among pregnant women. Lack of confidence in the official healthcare system and a preference for traditional medicine pose substantial obstacles to the utilization of maternal referral services in numerous developing nations (Dalal et al., 2022). Gender can hinder access to maternal referral services by influencing decision-making. Spouses or other male relatives typically determine health decisions for women in numerous cultures. Pregnant women may require consent from their spouses or relatives to access healthcare facilities, resulting in potential delays in receiving essential medical attention. Male-dominated decision-making within families might impede women's ability to receive health services, such as maternal referral services (Ganle et al., 2015). Significant obstacles to hospital delivery include sociocultural factors such as the influence of mothers-in-law, control over healthcare costs by family members, and women having limited power in maternal referrals. Socioeconomic differences also impact compliance with maternal referral (Rajbanshi et al., 2021).

Pregnant women, particularly those who are unmarried or belong to marginalized groups, may face social stigma and discrimination that might impede their ability to seek referral services. Pregnant women who are not married or belong to minority ethnic groups may encounter social and healthcare provider prejudice, thereby diminishing their inclination to pursue medical assistance. Stigmatization and discrimination within maternal health services frequently hinder the utilization of referral services by pregnant women belonging to marginalized groups (Bohren et al., 2015). Rajbanshi et al. (2021) have observed that women tend to favor giving birth at home rather than in a hospital. They use antenatal check-ups to confirm that their pregnancy is progressing normally, which often results in their not following the suggestion to seek medical care elsewhere. Women's decision-making regarding hospital birth is influenced by their parents and husbands, as well as financial assistance, which in turn obstructs their ability to follow referral guidance (Rajbanshi et al., 2021). Dalal et al. (2022) found lack of mobility, home obligations, inadequate awareness, education, and social support as barriers to maternal referral care. The primary obstacle identified was the absence of support from family members or health staff at the referral center. Furthermore, the reasons for delays in seeking care, reaching a health facility, and receiving appropriate care are influenced by social, cultural, and environmental factors and health system issues. Patients' barriers include environmental variables, lack of awareness regarding referrals, poverty, maternal health status, and cultural influences (Dalal et al., 2022).

Pregnant women may fail to seek prompt medical care due to a lack of awareness of the warning signals of pregnancy complications and the significance of referral services. A significant number of expectant mothers lack knowledge of the indications of pregnancy issues that necessitate immediate medical intervention, such as preeclampsia or hemorrhage. Lack of awareness regarding maternal health and the warning symptoms of pregnancy is a significant obstacle to the utilization of maternal referral services in Uganda (Kabakyenga et al., 2011). Pregnant women may be deterred from accessing referral services due to apprehension and unease related to the medical process, healthcare facilities, or the potential for unfavorable results. Pregnant women may have apprehension towards medical procedures or interventions in hospital settings, leading them to opt for home births even in the presence of problems. Pregnant women may be deterred from using referral services in health facilities due to fear and worry, particularly in regions where there have been previous poor encounters with healthcare services (Bohren et al., 2015). The presence of social stigma and shame, particularly in relation to specific circumstances such as teenage pregnancy or pregnancy outside of marriage, can act as barriers that discourage pregnant women from accessing necessary healthcare services. Adolescents who are pregnant may have feelings of embarrassment or fear due to societal disapproval, which can cause them to hesitate in seeking medical assistance at healthcare institutions. Pregnant teenagers can encounter stigma and shame, which can hinder their ability to obtain appropriate maternal health services and necessary referrals (Okeke et al., 2015). Nabulo et al. (2023) revealed that barriers to maternal referral were identified as previous negative referral experiences, inadequate ambulance systems, and significant distances to referral centers (Nabulo et al., 2023). Past adverse encounters with healthcare services, such as unhelpful staff demeanor or insufficient treatment, can diminish pregnant women's assurance and drive to pursue referral care. Pregnant women who have encountered unfavorable treatment from healthcare providers may exhibit hesitancy in seeking further medical care at healthcare institutions (Kruk et al., 2018).

Study strengths and weaknesses

An advantage of this article is its utilization of a qualitative scoping review technique, which enables a thorough investigation of obstacles within the maternal referral system. The utilization of many databases, such as PubMed, ScienceDirect, Scopus, Springer, and Google Scholar, enhances the comprehensiveness of research. One limitation of this study is the

absence of an examination of quantitative data, which may offer statistical analysis on the effects of eliminating these obstacles in the maternal referral system. To augment qualitative analysis, research could be enhanced by incorporating broader sources, such as interviews, case studies, and articles.

4. CONCLUSION

Maternal referral systems face several barriers that can affect the effectiveness and efficiency of maternal health services. These barriers can be categorized into three main factors: communication, coordination, and guidance; infrastructure; and social and individual factors. Communication barriers in maternal referral systems can affect the quality and efficacy of patient care. Lack of clear and comprehensive information can lead to confusion and errors in the referral process. In addition, a lack of coordination between primary and secondary health facilities often results in delays in patient care. Language barriers and lack of training for health workers also contribute to inefficiencies in referral systems. The availability of adequate infrastructure is critical to the safety and quality of maternal care. However, many remote areas lack adequate medical facilities, requiring patients to travel long distances to receive care. Poor road infrastructure and inadequate ambulance services also hinder rapid access to health facilities. Strong cultural norms and beliefs can influence pregnant women's decisions to seek health care and use referral services. Factors such as distrust of the modern health system, family influence in decision-making, social stigma, and lack of awareness of signs of pregnancy complications can prevent pregnant women from using available referral services.

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