

## Abstract

**Background:** Globally Skilled delivery services are critical aspects to combat Maternal and neonatal mortality. In Kenya, skilled deliveries account for 62% of all deliveries; unskilled deliveries pose a higher risk of maternal and neonatal mortality and morbidity. The maternal mortality ratio in Kenya is currently 462 per thousand live births, with 40% of these deaths occurring at home. The main objective of the study was to explore the experiences of women of reproductive age on skilled delivery services.

**Materials And Methods:** The baseline study was conducted between November 2022 and January 2023. It employed a cross-sectional research design involving 347 women of reproductive age. The study aimed to examine their current practices, challenges, and experiences with skilled delivery services. Focus Group Discussions (FGDs) were conducted with 48 recently delivered women (within one year), as well as with 48 Community Health Volunteers (CHVs) and 10 Community Extension Workers (CHEWs). In-depth interviews were also held with local health facility administrators. Quantitative data analysis was performed using SPSS version 25.0. Measures of central tendency were employed for continuous data tabulation. The analyzed data was then presented through charts, tables, and frequencies. The qualitative data underwent thematic arrangement and analysis using NVIVO version 13 and then triangulated with descriptive data.

**Results:** The results revealed that (90.6%) of women's previous childbirth experiences influenced their utilization of skilled birth attendance services in subsequent pregnancies. Women who had never given birth in health facilities or had chosen home births were less likely to utilize skilled birth attendance services.

**Conclusion and Recommendations:** This study identified factors influencing skilled birth attendance use in Kandara SubCounty, highlighting the role of previous childbirth experiences, health facility-related factors, and danger signs during pregnancy. To improve utilization, interventions should focus on health facility conditions, health worker attitudes, and community awareness programs.

