7. REPRODUCTIVE HEALTH/ MATERNAL CARE SERVICES

It is a health care service specifically for women during pregnancy, childbirth, and the postpartum period. It covers the healthcare from family planning, preconception, prenatal, and postnatal care in order to ensure a positive and fulfilling experience.

| Office or Division: | City Health Department |
|-------------------------|----------------------------|
| Classification: | Simple |
| Type of Transaction: | G2C- Government to Citizen |

| Who may avail: | General Public | | | | |
|---|---|---------------------------|--------------------|-----------------------|--|
| CHECKLIST | OF REQUIREMENTS | WHERE TO SECURE | | | |
| Individual Treatment Record (new) | | Barangay Health Center | | | |
| PhilHealth Identification Card (new) | | PhilHealth Office/ Branch | | | |
| 4Ps/ OSCA/ PWD Identification Card (if applicable) | | CSWD/ OSCA/ PDAO | | | |
| Mother-Baby Booklet (if applicable) | | Barangay Health Center | | | |
| Maternal Club Identification Card (if applicable) | | Barangay Health Center | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| -Get Queueing No. | -Provide Queueing No. and Ask for Patient's Name | None | 1 min | BNS/ BHW | |
| -Wait for Copy of ITR | - Retrieval of patient's folder or ITR/ Provide new ITR form | | 5 min | | |
| -Filling out of ITR (Patient's Information) -Undergo Admission/ Assessment | -Admission (new record) -Assessment of Records (old patient's record) | None | 2 min 10 min | BNS/ BHW | |
| | -Brief Interview about | None | 5 mins | RN/ RM | |
| | Chief Complaint/s -Vital Signs (BP, Height, Weight, Temperature) | | 10 mins | | |
| | -History of Present Illness -Past Medical History, Family History, Social and Obstetric History -Physical Examination | None | 10 mins | MD/ PGI | |
| | (include abdominal examination, fundic height, fetal heart tone) -Provide request for CBC, Urinalysis, Syphillis | | 5 mins 10 mins | | |

| | | | | , |
|-------------------|--|------|------------|---------|
| | Screening, HIV screening, | | | |
| | Hepatitis B Antigen | | | |
| | Screening, Transvaginal/ | | | |
| | Transabdominal ultrasound | | | |
| | -Provide prescription for | | | |
| | vitamins supplements | | 5 mins | |
| | -Fill up mother –baby book | | 5 mins | |
| | -Discuss birth plan | | 5 mins | |
| | -Discuss breastfeeding | | 10 mins | |
| | -Discuss about birth | | 5 mins | |
| | spacing | | | |
| | -Refer to RM/RN for | | 5 mins | |
| | Tetanus Toxoid | | | |
| | Vaccination | | | |
| | -Refer to Barangay | | 1 min | |
| | Nutrition Scholar | | | |
| | -Refer patient to Dental | | 1 min | |
| | Service | | | |
| | -Discuss follow up | | 1 min | |
| | - Endorse Forms to RN/RM | | 1 min | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | -Tetanus Toxoid | | E resire e | |
| | vaccination | | 5 mins | |
| Proceed to RN/ | | None | | RN/RM |
| RM Room | -Provision of available | | E main a | |
| | supplements | | 5 mins | |
| | | | | |
| | -Assess Nutritional Status | | | |
| | of Mother | | 5 mins | BNS |
| | | | | |
| Nutrition Service | -Advise client on Nutritional | None | 40 | |
| | build up for pregnant | | 10 mins | |
| | women | | | |
| | | | | |
| Dental Service | -Referral of client to Dentist | None | 1 min | Dentist |
| | on Duty | | | |
| | -Provision of Basic Oral | | 15 min | |
| | Health Care | | | |
| | -Discuss plans for client's | | 5 mins | |
| | oral health | | | |
| | -Discuss client's follow up | | 5 mins | |
| | ······································ | | | |

| Home Visit after delivery | Home visit of client's who already delivered Follow up outcome of delivery. Advise follow up at health center | None | 20 mins | RM/BNS/BHW | |
|------------------------------|---|------|---|------------|--|
| Check up after delivery | -Assessment of client -Discuss breastfeeding -Discuss Immunization schedule of baby -Discuss birth spacing and methods available -Provision supplements and Family planning commodities | None | 10 mins 5 mins 5 mins 10 mins 10 mins | MD/RN/RM | |
| Exit | Discharge of patient | None | 1 min | RN/ RM/ AA | |
| End of Transaction | | | | | |