

*Guide for*  
**Women's Health Team**  
**(WHT)**

Mangiwanwan iti  
Bunggoy A Mangtarabay iti  
Salun-at Dagiti Babbai



ILOCANO  
October 2006



# Acknowledgments

This Women's Health Team (WHT) Guide Book (local version) was made possible through the joint support of the LGUs of Aguinaldo, Mayoyao and Alfonso Lista; province of Ifugao and JICA-MCH Project.

Special appreciation to Clint Gil S. Ildefonso (DOH Rep.) and Rufina G. Bangachon (RHM- Mayoyao) for drafting the local translation in Ilocano and Ayangan respectively. Also, to all the participants of the TOT on Women's Health Team who contributed their input on the final document.

## LIST of WHT Trainors

|                                |  |
|--------------------------------|--|
| <b>Clint Gil S. Idefonso</b>   | DOH Rep. (Mayoyao)                     |
| <b>Rogelio V. Padre, Sr.</b>   | DOH Rep.<br>(Aguinaldo & Alfonsolista) |
| <b>Aristole P. De Castro</b>   | Nurse IPHO                             |
| <b>Estela Marie Nanglegan</b>  | Nurse IPHO                             |
| <b>Catherine A. Haynes, MD</b> | MHO Aguinaldo                          |
| <b>Lina M. Juguiad</b>         | PHN Aguinaldo                          |
| <b>Alen B. Limante</b>         | RHM Aguinaldo                          |
| <b>Bernadeth H. Gayana</b>     | RHM Aguinaldo                          |
| <b>Josephine L. Bania</b>      | RHM Aguinaldo                          |
| <b>Mayline P. Talusig</b>      | RHM Aguinaldo                          |
| <b>Jeffrey R. Attolba, MD</b>  | MHO Alfonso Lista                      |
| <b>Myrna G. Ancheta</b>        | PHN Alfonso Lista                      |
| <b>Carolyn A. Ganotice</b>     | RHM Alfonso Lista                      |
| <b>Lorna M. Vicente</b>        | RHM Alfonso Lista                      |
| <b>Josephine A. Langbayan</b>  | RHM Alfonso Lista                      |
| <b>Virgie L. Dulnuan, MD</b>   | MHO Mayoyao                            |
| <b>Jennylene B. Chunanon</b>   | PHN Mayoyao                            |
| <b>Rose C. Chawana</b>         | RHM Mayoyao                            |
| <b>Rufina G. Bangachon</b>     | RHM Mayoyao                            |
| <b>Rosemarie C. Vicente</b>    | RHM Mayoyao                            |

# JICA Maternal & Child Health Project

## Introduction *Introduksion*

JICA, through the Maternal and Child Health Project, assists the Local Government by strengthening its capacity to deliver quality Maternal and Child Health Care services through establishing sustainable Emergency Obstetric Care from community to various levels of the facilities.

*Ti JICA Maternal and Child Health Project panggep na nga asistaran ti kabaalan ti Gobyerno benneg ti pannakaiyatnag wenna pannakaimplementar ti dikalida nga serbisyo ti MCH babaen ti pannakaestablisar iti EmOC manipud komunidad agingga iti nadumaduma a tukad ti pagagasan.*

This capacity development is envisioned to be operational with the organization of a network of Women's Health Teams (WHTs) to the health service delivery system. Organization of WHTs guarantees an efficient support system in the implementation of the Women's Health and Safe Motherhood Intervention Model. The network starts in each barangay level to base on operation is the BHS.

*Daytoy nga ganwat ket maisayangkat babaen ti pannakabuangay iti bunggoy ti WHT. Ti bunggoy ti WHT ket ipasigurado na ti napintas nga pannakaisayangkat ti servisyo ti salun-at. Ti WHT ket maysa ngawagas ti pannakaimplementar ti "Women's Health and Safe Motherhood Intervention Model". Daytoy nga bunggoy ket mangrugi nga agtrabaho kadagiti nadumaduma nga barbarangay ken nakabase ti operasyon da sadiay Barangay Health Center.*

The WHTs are consisted of:

*Ti WHT ket buklen ti:*

- 1) Midwife as the Team Leader  
*Komadrona nga isu na ti mangipangulo*
- 2) Barangay Health Worker (BHW)
- 3) Barangay Nutrition Scholar (BNS)
- 4) Traditional Birth Attendant (TBA)  
*Mangngilot/Mammaltot*



\*The Municipal Health Officer (MHO) or some other staff acts as the supervisor  
*Doktor wenna Nars ti agserbi nga mangiwanwan iti daytoy a grupo..*

## Maternal and Child Care Service Functions

### *Dagiti pagrebbengan ti MCHC*

#### 1) Pregnancy Tracking Form (Annex1)

Every pregnancy occurring within the community should be tracked by using the Pregnancy Tracking Form. This form provides basic information relative to prenatal care in each trimester. It gives a general appraisal of the pregnant woman's condition as well as the outcome of the pregnancy.

*Kada panagsikog iti uneg ti komunidad ket maamuan babaen ti "Pregnancy Tracking form". Daytoy nga porma ket naglaon ti impormasyon maipapan iti panangparipato iti ina kada mkaikatlo nga bulan ti sikog. Ken Ipalawag na wenko ipakitana ti kondisyon ti bagi ti maysa nga masakog agraman ti resulta ti panagsikog na.*

- Assign the members of the team to specific cluster(s) or purok(s) within the barangay.  
*Mangidisignar da ti membros iti bunggoy iti maysa nga purok ti barangay.*
- Make sure that all pregnant women are recognized and their conditions are tracked from the time of pregnancy to 42 days after childbirth.  
*Suguraduen nga amin a masakog ket maamuan ti kondisyon ti salun-at da manipud panagsikog aginggana maka ikaupatnga pulo ket duwa nga aldaw (42) kalpasan ti panagpasngay.*
- Record all the services provided to pregnant women and fill up the copy of the Pregnancy Tracking Form.  
*Isurat amin nga serbisyo nga naipaay tayo iti masakog.*
- Regulate schedules of team meetings for reporting and updating information to share. This will prevent any double reporting.  
*Adda koma nakalatang nga aldaw ti meeting para ti panagreport ken panag-update ti anya man nga impormasyon tapno malapdan ti mamindua wenko madoble nga panagreport.*
- Midwife should keep a consolidated Pregnancy Tracking Report in each barangay within the catchments area.  
*Ti Komadrona ti mangidulin kadagiti nakonsolidar nga PTR ti kada barangay nga masakapan na.*
- Midwife should consolidate the master list of all the information collected by the team members.  
*Ti Komadrona ti mangkonsolidar kadagidiay impormasyon nga nakalap dagiti miembros ti bunggoy.*

## 2) Birth Plan ( Annex 2: Mother and Child Book and Home-Based Mother's Record: Pink Card)

The Mother and Child Book (MC Book) and Home-Based Mother's Record (HBMR) or Pink Card contains Birth Plan for record and information of each pregnancy, it is a detailed plan of the woman about her pregnancy, childbirth and 42 days after childbirth assuring a safer pregnancy and childbirth.

*Ti Mother and Child Book ken Home-Based Mother's Record weno pink card ket naglaon ti impormasyon ti maysa a masakog ken detalyado nga plano ti panagsikog, panaganak, ken kalpasan ti 42 nga aldaw iti panaganak. Tapno maisigurado ti naan-anay nga salun-at ti panagsikog ken panaganak.*

Responsibilities of the WHT:

*Responsibilidad ti WHT:*

- ▶ Give the MC Book and HBMR (Pink Card) to every pregnant woman.  
*Mangted da ti MC Book ken HBMR kadagiti amin nga masakog.*
- ▶ Inform and record name of the WHT member assigned for consultation and advice.  
*Mangidesignar da ti membro ti WHT nga mangbagbaga kadagiti masakog.*
- ▶ Encourage pregnant woman for prenatal check up in the facilities.  
*Allukoyen dagiti masakog nga agpa-prenatal checkup da idiy Barangay Health Senter/RHU weno hospital.*
- ▶ Give advice for delivery in facilities or with Skilled Birth Attendant (Doctor, Nurse and Midwife). Only on extreme cases, some activities can be done at home, otherwise, facility delivery should be advised.

*Balakadan da dagiti masakog nga aganak da kadagiti pasilidad nga adda-an ti SBA ( nga mabalin a Doctor, Nars, komadrona); malaksid no kaya na ti aganak iti balay. Ibagada ti lokasyon dagiti pagpaanakan nga BEMOC/CEMOC certified kasla koma ti CEMOC ket idiy IPHO weno asideg nga pribado nga ospital*



- ▶ Identify and record 2 possible blood donors in case of emergency. The name and contact details of the donors should be submitted to the Regional Blood Center for easy tracking. *Ammuen ken aglista ti dua nga mabalin nga agdonar ti dara no adda ti emergency case. Dagiti nagan ken contact # dagiti Donor ket maisubmitar diay Regional Blood Center tapno nalaka da nga mabirukan/makontak*
- ▶ Identify and record the name and location of the local government unit or individual who will provide vehicle at the time of emergency including contact person and number. *Nakarecord ti nagan ken locasyon ken kontak no. dagiti tao wenno opisyal iti comunidad nga mangipaay ti lugan no adda dumteng nga emergency.*
- ▶ Help to make financing plan for childbirth. *Balakadan dagiti masakog nga aggurnong da ti kasapulan nga magastos iti panaganak da.*
- ▶ Advise the pregnant woman to bring MC Book (Birth Plan) whenever she visits the health center for prenatal check-up. *Balakadan da dagiti masakog nga itugot da ti MCB bayat ti panagpapachekup da idiy Health Center.*
- ▶ Check on the Birth Plan whenever a home visit is done. *Kitaen da ti Birth Plan no agpaspasyar da kadagiti babbalay.*

Responsibility of Midwife:

*Responsibilidad ti Komadrone:*

- ▶ Examination and recording of each pregnant woman. *Ilista ken eksaminen da dagiti masakog.*
- ▶ Make sure all the prenatal check-up findings and health advice given are recorded in the MC Book and HBMR (or Pink card) in each trimester. *Siguraduina nga amin a prenatal check up findings ken balakad nga naipa-ay ket nakalista idiy MC Book ken HBMR kada trimester.*
- ▶ Inform and record the plan for post-childbirth follow-up. *Ipakaamo ken ilista da diay plano kalpasan ti panaganak.*
- ▶ Ensure good quality of maternal care services provided in all health facilities. *Siguraduina da ti kalidad ti "maternal care services nga naipa-ay da.*
- ▶ Prenatal activities such as vital signs taking, counseling and post-natal follow-up are provided at home. *Prenatal activities kas kadagiti Vital sign taking, counseling and post-natal follow-up ket mabalin nga maipa-ay idiy balay.*



### 3) Certificate of Facility-Based Childbirth (Annex 3)

This form is accomplished by the WHT and validated by the BEmOC or CEmOC doctor as appropriate. The form also includes an Authorization for the collection of the P 500 incentive for the mother. The WHT should submit this form to the Municipal Accountant or Treasurer for the release of the 500 pesos. However, these incentives are given based on the decision of each Local Government Unit of the project area.

*Daytoy nga porma ket inyaramid ti WHT ken icountercheck ti BEmOC wenno CEmOC a Doctor kas maiparbeng. Naglaon met daytoy ti authorization para diay pannakaala ti P500.00 nga insentibo para diay ina. Ti bunggoy ti WHT ket isubmitar daytoy a porma diay Municipal Accountant wenno diay Treasurer para idiaay pannakarelease ti P500 pesos. Ngem, daytoy nga insentibo ket agdependar diay decision ti kada LGU idiaay project area.*

### 4) Counseling and Health Education

Active counseling should be given during pregnancy, childbirth, and immediately after childbirth to support the mental health of families (mother, father and other family members).

*Nasayaat nga panagbalakad ket maaramid bayat ti panagsikog ken panaganak tapno mapaganitgitan dagiti membros ti pamilya.*

Team members should also provide practical health education on maternal care, family planning, STI prevention, HIV control, adolescent and youth health and other relevant women's health issues, etc. with families and community members.

*Ti bunggoy ti WHT ket mangipaay da met ti "Practical Health Education" ti Maternal care, family planning, STI prevention, HIV control, adolescent and youth health or relevant women's health issues kadagiti pampamilya ken ti komunidad.*

Topics below should be particularly addressed,  
*Dagitoy ti topico nga dapat nga sangwen,*

- ▶ Importance of facility delivery with Skilled Birth Attendant  
*Importansya ti panaganak nga kadwa ti Skilled Birth Attendant.*



- ▶ Importance of Exclusive Breast Feeding and care of the breasts before and after breastfeeding

*Importansya ti eksklusibo nga panagpasusu ken panagaywan ti suso sakbay ken kalpasan ti panagpasuso.*

- ▶ Care of the newborn  
*Panagtaripato/panang-aywan ti kayananak nga ubing.*

- ▶ Importance of Newborn screening (examination of five metabolic

disorders that could affect the health of the child within the first few weeks of life). If these are left undetected, these disorders may cause mental retardation or even death for the child. Early diagnosis ensures the child's health and growth.

*Kinapateg ti "Newborn Screening". No dagiti sakit ket saan nga madetect ket agresulta ti pannakaperdi ti ulo ti ubing. Ti kasasapaan nga pannakaammu ket isigurado na ti salun-at ti ubing ken ti panagdakkal na.*

## 5) Postnatal Care

### ***Panagtaripato kalpasan ti panaganak***

The WHT makes follow-up visits to the mother and child until 42 days after childbirth.

*Ti WHT ket agfollow-up visits da kadagiti inna ken annak agingga uppat nga pulo ket dua(42) nga aldaw kalpasan ti panaganak.*

- ▶ Inspect excessive lochial discharge during the first 7 days after childbirth.

*Damagin nu adda adu pay nga rumrumwar diay puwerta manipud maikapito nga aldaw.*

- ▶ Check and provide practical advice on personal hygiene, proper newborn care, maternal and child nutrition, breastfeeding, child's immunization, etc.

*Isigurado ken mangted da ti pammagbaga ti panaglinis ti bagi, panang-aywan ti kaiyanak nga ubbing, nasustansya nga makan para ti ina ken ubbing, panagpasuso, panagpabakuna ken daduma pay.*

- ▶ In case of emergency, symptoms such as unconscious/convulsing, severe vaginal bleeding, severe abdominal pain, severe headache, high fever, kindly refer clients to the appropriate health facility.

*No adda simptomang nga kas kadagiti: panag-ulaw/nakaro nga pudot, nabulos nga panagpadara, sobra nga sakit ti tyan, sobra nga sakit ti ulo, nagato unay nga pudot ket iyapan da nga dagus ti pasyente diay health center wenno ospital.*

## **6) Maternal Death Review Form (Annex 4)**

Maternal Death Review Form is devised to enable the health system track maternal death in the community on time. As a routine activity, it is able to provide accurate and updated maternal mortality data for better public health programming and budgeting.

*Ti MDR nga porma ket kasapulan tapno adda listaan ti amin nga matmatay nga babbai gapu ti panagsikog ti kabiitan nga panawen. Daytoy nga listaan ket mangted ti husto ken updated nga maternal mortality data.*

- ▶ Occurrence of death in the community should be reported immediately to the Municipal Health Officer, using the Maternal Death Review: WHT Reporting Form.  
*Ti kaadda ti matay iti komunidad ket dagus koma nga maipakaammo ken ni MHO babaen ti panagfill-up ti MDR WHT reporting form.*
- ▶ MHO accomplishing the Death Certificate validates the WHT report.  
*I chek ni MHO diay WHT report santo agaramid ti "Death Certificate/bahas".*
- ▶ MHO submits the validated WHT Report to the Provincial Health Office and submits the Death Certificate to the Civil Registrar.  
*Isubmitar ti MHO diay na-chek nga WHT Report idiaay Provincial Health Office ken isubmitar na dyay "Death Certificate"/bahas diay opisina ti Civil Registrar.*
- ▶ The purpose of the Validated WHT report which contains the Death Certificate Number is for easy tracking and review of the Provincial MMR Team.  
*Diay na-chek nga WHT report ket aglaon ti Death Certificate/ numero ti bahas tapno nalaka nga makita nu agreview ti Provincial MMR Team.*

## **7) Family Planning, STI-HIV Prevention and Control and Adolescent and Youth Health Service**

On a regular basis or whenever the need arises, WHT assists in organizing outreach activities according to Department of Health Order such as: Blood Collection Day, Family Planning Day,

Adolescent and Youth Camp, and other similar activities. Outreach activities are special events that are meant to provide services that are not normally provided at the RHU or community level and WHT is not limited to the only suggested outreach activities. Other events can be organized for providing better service to the clients.

*No adda ti pagkasapulan ti WHT ket tumulong nga mangbuangay ti outreach activities base diay DOH order kasla koma dyay "Family planning day", "Blood Collection Day", "Adolescent and Youth Camp" ken dadduma pay. Dagitoy nga aktibidades ket makatulong kadagiti saan unay nga ar-aramiden ti RHU wenna barangay.*

a. Blood Collection  
*Panagdonar ti Dara*

- Mobilizes the community to organize a bloodletting day  
*Adda ti nabuangay nga aldaw ti panagdonar ti dara.*
- List prospective donors and inform them about the bloodletting activity  
*Adda listaan ti posible nga agdonar ken maipakaamo kadakuada daytoy nga aldaw ti panagdonar.*
- Invites health center staff to brief the volunteer donors on the benefits of the bloodletting and how well they should take care of themselves before the activity. This may be done in a community assembly or meeting.  
*Agimbatar ti Health Worker manipud RHU nga mangipalawag kadagiti Volunteer Donor ti magunguna nu agdonar da ti dara, nu kasano da taripatu en dagiti bagi da sakbay ken kalpasan ti panagdonar. Daytoy ket mabalin nga isayangkat no adda community assembly wenna meeting*
- Coordinates venue with the barangay officials. Appropriate venue is spacious, well-ventilated and well-lighted such as the barangay social hall, barangay covered court, and school.  
*Makicoordinate ti lugar a pakapasamakan ti Blood letting kas koma social hall, barangay covered court, ken eskwelaan.*



- Maintains proper coordination with BEmOC Team and the Regional Blood Center Team.  
*Mentenaren ti pannakicordinate iti BEmOC Team ken ti Regional Blood Center Team*

b. Family Planning,

- Provide assistance in the regular Department of Health activities  
*Tumulong iti regular nga activities ti DOH*

c. Adolescent and Youth Camp

- Coordinate with the ADY Team in providing health education  
*Makicoordinar iti ADY Team para ti Health Education.*

## Emergency Obstetric Care Facilities and Women's Health and Safe Motherhood Facilities (WHSMF)

### 1) Basic Emergency Obstetric Care (BEmOC) Facilities

- ▶ BEmOC services are available in health facilities nearest to homes in a reachable locality within a travel timeframe of 30 minutes.  
*Ti BEmOC services ket adda kadagiti pagagasan nga asideg kadagiti balbalay ken adaan ti travel time nga 30 min.*
- ▶ BEmOC facilities are adequately and appropriately constructed and equipped with competent doctors, nurses, medical technologists and WHT members.  
*Ti BEmOC facilities ket mayat ti pannakapatakder na ken addaan ti agkakalaeng nga Doktor, Nars, Med Tech ken membros ti WHT.*
- ▶ BEmOC facilities are attractive and comfortable with privacy and space for an attending "birth companion" (family member, friend, TBA or BHW) as well as for minors/children in cases where leaving them at home is not possible.  
*Ti BEmOC facilities ket nakaayayo ken komportable ti pasyente nga magyan, nalawa ken kaya na nga malaon dagiti membro ti pamilya, TBA wenna BHW ken annak ti pasyente no madi na mabalin nga ibati iti pagtaengan da.*
- ▶ BEmOC facilities are equipped with radio or telephone for easy contact with a designated higher-level facility should advice or referral beneeded, and as planned with the community, an emergency transportation system is put in place.

*Ti BEmOC facilities ket addaan ti radyo, telepono tapno nalaka nga matawagan ken adda ti pagreferan nga nangatngato a pagagasan no kasapulan, addaan ti ambulansya para ti emergency transport ti pasyente.*

Services provided by a BEmOC facility:

*Serbisyo nga ipaay ti BEmOC a pasilidad:*

- ▶ Potential administration of antibiotics, anticonvulsants and oxytocic drugs  
*Mangted da ti antibiotics, anticonvulsants ken oxytocic drugs.*
- ▶ Manual removal of placenta  
*Agikkat da ti kadmada.*
- ▶ Removal of retained products of conception  
*Agikkat da ti "retained products of conception".*
- ▶ Assisted vaginal delivery using mid cavity forceps  
*Agasistar da ti panaganak babaen ti Mid Cavity Forceps*
- ▶ Family planning counseling and contraceptives provision  
*Mangipaay da ti pammagbaga iti Family Planning ken kontraseptibo.*
- ▶ IUD insertion  
*Agkabilda ti IUD*
- ▶ Screening for STI  
*Agscreen da ti STI*

## **2) Comprehensive Emergency Obstetric Care (CEmOC) Facilities**

- ▶ CEmOC facilities are for the population of 500,000. Women who develop serious maternal complications are referred to these facilities.  
*Ti CEmOC facilities ket para ti adda 500,000 nga populasyon na kadagiti babai nga nagdevelop ti complication ket maiyapan ti kastoy nga pagagasan.*
- ▶ CEmOC facilities are adequately and appropriately equipped and staffed by competent CEmOC Teams (CTs). Woman referred from BEmOC facilities can reach these facilities within 1-hour travel time.  
*Ti CEmOC facilities ket imatonan ti nalalaing nga CEmOC Teams. Dagiti babai nga maiyapan ti daytoy nga pagagasan ket mapan ti maysa oras nga panagtravel.*
- ▶ CTs and the Itinerant Teams (ITs) are based on these facilities.  
*Ti CTs ken Itinerant Teams ket adda da iti daytoy nga ospital.*
- ▶ In addition to the provision of BEmOC services, CEmOC

facilities possess the capability to do the Caesarian Section and Blood Transfusion

*Mainayon dagiti BEmOC services nga ipaay da ket adda kabaelan na nga agisayangkat ti CS ken Blood Transfusion.*

### 3) Rural Health Units (RHUs)

- ▶ Basic WHSM services are provided in all RHUs.  
*Basic WHSM services ket ited ti RHUs*
- ▶ This facility is provided with technical assistance to achieve self-sufficiency through PhilHealth accreditation, collection of user fees, franchising of FP commodities, and LGU subsidy.  
*Daytoy nga pagagasan ket agkailangan ti Technical assistance tapno maala na ti self-sufficiency babaen iti Philhealth accreditation, agcollectar ti user fees, franchising of FP commodities, ken tultulungan ti LGU.*

Services provided by RHUs:

*Mangted da ti:*

|  |   |
|--|---|
| <b>Family planning</b>                     | Provision of contraceptives,<br>Non-scalpel vasectomy<br><i>Non-scalpel vasectomy</i><br>Counselling<br><i>Pammagbaga</i> |
| <b>Maternal care</b>                       | Prenatal care<br>Postnatal care   |
| <b>STI prevention and control services</b> | Health education<br>Screening using modified syndromic approach<br>Appropriate treatment and referral                     |
| <b>Adolescent and youth health</b>         | Counseling<br>Referral  |

### 4) Barangay Health Station

- ▶ Some of the BHS of each Municipality were assigned to serve as Birthing stations  
*Sumagmamano nga Barangay Health Center kada munisipyo ket nakaplano nga pagpaanakan.*

## **WHT Benefits** *Benepisyo ti WHT*

WHTs are assured of monetary as well as non-monetary rewards of below

### **1) Facility-Based Childbirth Performance-Based Grant (FBC-PBG)**

According to the plan of the Local Government Unit, WHT and their supervisors are provided with incentives for every pregnant woman that it refers to a BEmOC or CEmOC facility for childbirth services. A similar incentive scheme is being worked-out through a share in the PhilHealth reimbursements.

*Sigun ti plano ti LGU, ti WHT ken dagiti supervisor ket maikkan ti insentibo no adda maipan kanyada nga paanakenda. Ti benneg ti CEmOC facility for childbirth services ket adda scheme nga sursuruten da babaen ti PHIC reimbursement.*

Monetary incentives of the WHT will be based on the agreed percentage sharing, and as stipulated into an entered Memorandum of Agreement between and among the Local Government Units, Rural Health Units and the Member of Women's Health Team. This will be approved by the ILHZ Board.

*Monetary incentive ti WHT ket base ti mapagtungtungan a porsyento ti panagbibingay kas nakalanad iti MOA iti nagbaitan ti LGU, RHU ken dagiti membro ti WHT units. Daytoy ket aprobaran ti ILHZ Board ken agdependar ti paganurutan ti kada LGU.*

### **2) Other Incentives:** ***Dadduma nga incentives:***

Non-monetary incentives provided to the WHT members:

- ▶ Attendance to workshops and seminars  
*Panagatendar ti workshop ken panagsanay*
- ▶ Enhancement of knowledge and skills  
*Panagpadakkel ti paggammo ken- abilidad*



# Pregnancy Tracking Form

(Annex 1)

## PREGNANCY TRACKING FORM

Month and Year: \_\_\_\_\_

WHT Name: \_\_\_\_\_

Sitio/Purok/Barangay: \_\_\_\_\_

Municipality: \_\_\_\_\_

Leader's name (RHM): \_\_\_\_\_

Duty station(RHM): \_\_\_\_\_

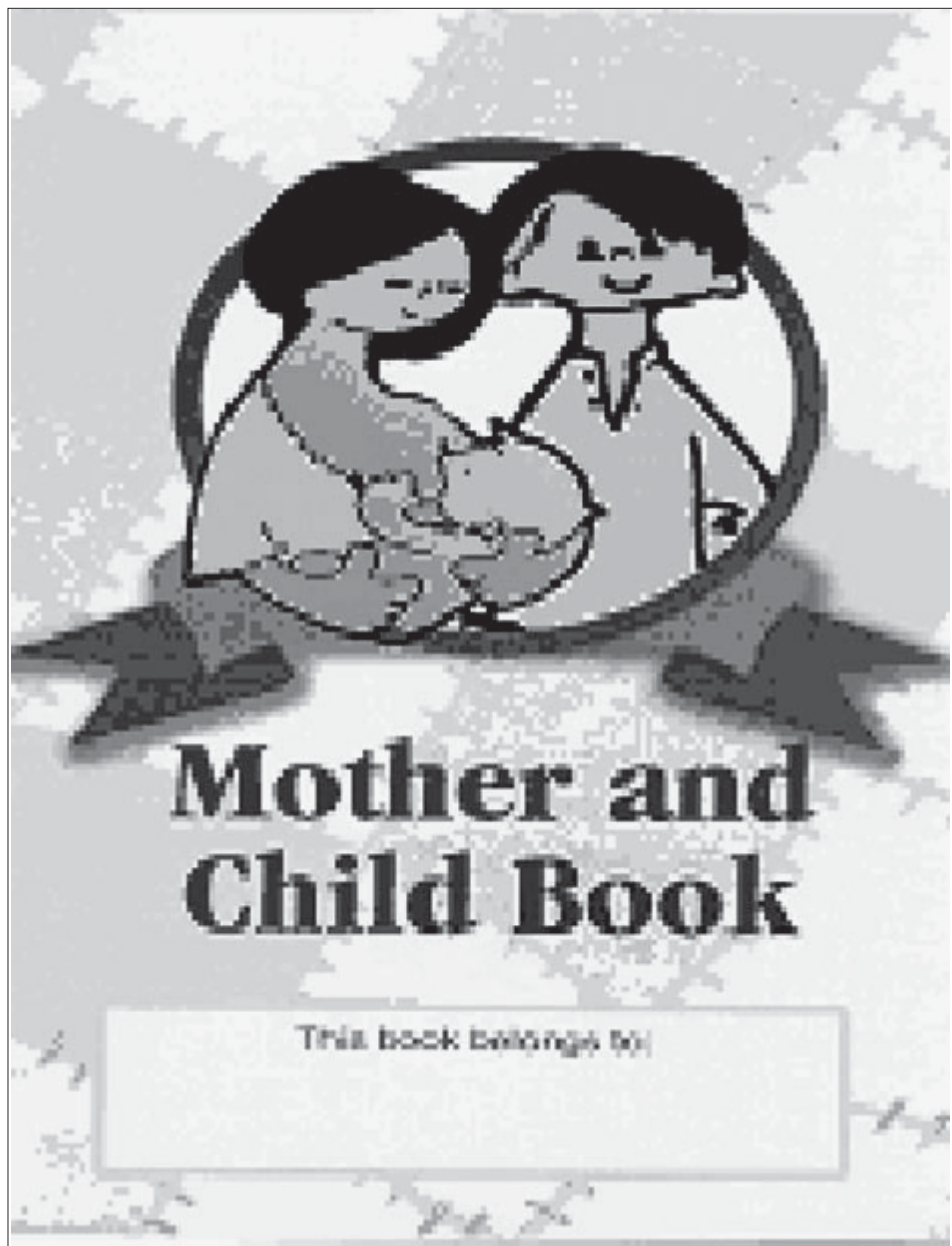
| Name of Pregnant Woman | Age | Address | LMP | EDC | Prenatal Care |   |   |   |   |   |   |   | Pregnancy Outcome |  |
|------------------------|-----|---------|-----|-----|---------------|---|---|---|---|---|---|---|-------------------|--|
|                        |     |         |     |     | 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |
|                        |     |         |     |     |               |   |   |   |   |   |   |   |                   |  |

Name of Basic Emergency Obstetric Care Facility \_\_\_\_\_

Name of Comprehensive Emergency Obstetric Care Facilities \_\_\_\_\_

## Birth Plan

(Annex 2: Mother and Child Book and Home-Based Mother's Record: PInk Card)



**Certificate of Facility-Based Childbirth**  
(Annex 3)

**CERTIFICATE OF FACILITY-BASED CHILDBIRTH**

Date: \_\_\_\_\_

This certifies that \_\_\_\_\_ (Mother) residents of  
\_\_\_\_\_ (Complete Address) with  
PhilHealth ID number \_\_\_\_\_ (if PhilHealth enrolled)  
delivered a baby \_\_\_\_\_ (Male or Female or as applicable  
for multiple birth) on (Date of Delivery) and was referred to this  
facility by \_\_\_\_\_ (Name of WHT Midwife).

Name: \_\_\_\_\_  
Birth Attendant

# Maternal Death Review Form

## (Annex 4)

### MATERNAL MORTALITY REPORT

#### WHT Reporting Form

Barangay \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 Province \_\_\_\_\_  
 Date \_\_\_\_\_

Name of the Deceased \_\_\_\_\_  
 Age *(at the time of death)* \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Contact Persons: Husband \_\_\_\_\_  
   Nearest Relative \_\_\_\_\_  
 Address \_\_\_\_\_

Place of Death: Home \_\_\_\_\_  
                           BEmOC Facility \_\_\_\_\_  
                           CEmOC Facility \_\_\_\_\_  
                           Private Hospital \_\_\_\_\_  
                           Others *(please specify)* \_\_\_\_\_

Woman died: \_\_\_\_\_ during pregnancy  
                   \_\_\_\_\_ during childbirth  
                   \_\_\_\_\_ after childbirth: how many days? \_\_\_\_\_ (specify number of days)  
   more than one month? \_\_\_\_\_ (please check)

Cause of Death: *(please check as appropriate)* \_\_\_\_\_ bleeding  
   \_\_\_\_\_ infection  
   \_\_\_\_\_ hypertension  
   \_\_\_\_\_ prolonged labor  
   \_\_\_\_\_ others *(please specify)* \_\_\_\_\_

Submitted by:

Name of WHT Midwife \_\_\_\_\_  
 Station \_\_\_\_\_

Submitted to and Validated by:

Name & Signature of RHU Physician \_\_\_\_\_  
 Station \_\_\_\_\_  
 Date of Validation \_\_\_\_\_  
 Death Certificate Number \_\_\_\_\_





**MCH**  
MATERNAL AND CHILD HEALTH PROJECT

**jica**