Guide for Women's Health Team (WHT)

Pangpatnuchan Hay Hana
Pfinapfai an khun munhalimun
hi aphochan chi achor

AYANGAN
October 2006
Acknowledgments

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JICA Maternal & Child Health Project

**Introduction**

*Hay Mahhun Hi Mipa-innila*

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.

Hetay JICA MCH ja un pfumadchang ay tay khupferno ta aton chi hay nahamhamad an halimun an maichat hay hana nunhapfin ja hana inhapfin cha. Mete-a chi halimun hichi pfarju ja unot mi-uy hay uchumna hi hay achaan chi nahamhamad an mangchat hi halimun.

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.

Hetay an apfalinan chi munhalimun ja ma-apja hun gway mapfajang hi WHT ta chichi chi mangat ta gway aton chi nahamhamad an halimun an maichat. Hinuy mapfajang an WHT ja ma-id chi punhalinchugwaan ti mumpfipfinnachang cha an mangchat ay nuy mahapor an serbisyo an mete-a hichi pfarju (BHS).

The WHTs are consisted of:

*Hana ma-ali an WHT ja:*

1) Midwife as the Team Leader
   *Midwife chi mangpupuno’*

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*

*MHO chi khun manikhaw ja mangpapapto’*
Maternal and Child Care Service Functions
Tamun chi Maternal and Child Care Service

1) Pregnancy Tracking Form (Annex1)
Ponlehtaan hi nunhapfin (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.

Amin chi hay munhapfin hichi pfarju ja ma-annilaan chi hay oma’-atana ay tay an lehtaan mete-a hi penghan chi pfulana ja nangamong hi tomokhungana.

- Assign the members of the team to specific cluster(s) or purok(s) within the barangay.
- Make sure that all pregnant women are recognized and their conditions are tracked from the time of pregnancy to 42 days after childbirth.
- Record all the services provided to pregnant women and fill up the copy of the Pregnancy Tracking Form.
- Regulate schedules of team meetings for reporting and updating information to share. This will prevent any double reporting.
- Midwife should keep a consolidated Pregnancy Tracking Report in each barangay within the catchments area.
- Midwife should consolidate the master list of all the information collected by the team members.
2) **Birth Plan (Annex 2: Mother and Child Book and Home-Based Mother’s Record: Pink Card)**

*Panoh Chi Tomo’khungan:*

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.

*Hinuy libju an (MC) ja hinuy (HBMR) ja hijay itula-an chi panoh chi hay tomo’khungan ja panginnilaan chi hay oma’-atan nuy nunhahapfin ja nangamong hi tomu’khungan ja nangamong hi Apat chi Polo ta Chugwa an arkhaw hi nunlahinana.*

Responsibilities of the WHT:

*Hay Tamun chi WHT:*

- Give the MC Book and HBMR (Pink Card) to every pregnant woman. 
  *Ichat na hinuy MC an libju ja hinuy HBMR an amin hay nunhapfin.*
- Inform and record name of the WHT member assigned for consultation and advice. 
  *Ipaannila na ja lenehtana hinuy ngachan nuy WHT ta machoto’hi popot-on ja hay uchumna hi mahapor an aton.*
- Encourage pregnant women for prenatal check up in the facilities. 
  *Tukhunon chay nunhapfin taicha mompatikhaw hichi Health Center.*
- 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. 
  *Itukhun cha ta hay agwachaan chi nangannila an mompatu’khong (Doctor, Nurse, Midwife) chi uycha tomo’khungan*
- Inform the location of BEmOC facility for delivery.
Identify and record 2 possible blood donors in case of emergency. The name and contact details of the donors should submitted to the Regional Blood Center for easy tracking.

Maningit cha hi hay chugwa hi mapfal an umchat hi chala hun khulat ta mahapor. Annilaon ja lenehta hinuy ngachan ni umchat hi chala ja inchat hichi Regional Blood Center ta khagkhaju hi pangannilan.

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. Pfumadchang an mangeephod hi panoh chi khahtuwon hi tomo’khungan

Help to make financing plan for childbirth.
Itukhun ay ni nunhapfin ta khun udnan hinuy MC an libju an amin hi umaliyana an pompatikhan hi Health Center.

Advise the pregnant woman to bring MC Book (Birth Plan) whenever she visits the health center for prenatal check-up. Balakadan da dagiti masikog nga itugot da ti MCB bayat ti panagpapachekup da idiay Health Center.

Check on the Birth Plan whenever a home visit is done. Tikhan hinuy panoh chi tomo’khungan hun egwangar hinuy nunhapfin hi nunhitugwana.

Responsibility of Midwife:
Tamun chi Midwife:

- Examination and recording of each pregnant woman. Tikhan ja lenehta hini nunhapfin an ina.
- 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. Mahapor an tikhan ta an amin chi natikhaw ja nitukhun ay ni nunhapfin ja melehta ay ni libju an MC ja HBMR an paper.
- Inform and record the plan for post-childbirth follow-up. Ipainnila ja enlehta hini nephod an plano an maat hana napfalin an netokhong an unga.
- Ensure good quality of maternal care services provided in all health facilities. Tikhan ta maichat hinuy nahamhamad an halimun an amin chi hay pon-akhahan.
- Prenatal activities such as vital signs taking, counseling and post-natal follow-up are provided at home. Mapfalin an maat hay hato hi nunhitugwan amat hana “vital signs taking, counseling” ja halimun chi nunlahin.

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

*Tula’ an mangpatikhaw hi nehamachan chi nito’khungan ay nuy an pompato’khongan*

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.

Hetay an lehtaan ja ephod hana ne’op ay tay WHT ja epagpong ni Doctor. Hetay an form ja ipatikhaw na khu an mapfalin an michatan hini nunhapfin hi Lema’y khahot. Hini WHT ja ichat cha hetay an lehtaan ay Accountant wenno ay Tuhunelo tapnu gway aton cha an mangchat ay ni Lema’y Khahot, hetay ja gwa ay ni upihhina nu punhahappitanan cha an tumulong.

4) **Counseling and Health Education**

*Tukhon chi hay punhalimun ay tay achor*

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).

*Tukhunon ja intuchugwan hana nunhapfin ay ni tomokhungan ja nangamong hi punlahinana.*

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.

*WHT ja mahapor an ituchugwan cha hana nunhapfin hi hay apaphochan chi achor, hay panoh chi mumpamiriya, ja hini aton an munhalimun ay tay ahcor ta achi ta omala hi uchumna hi chokhoh an amat hato STI, HIV.*
Topics below should be particularly addressed,

- Importance of facility delivery with Skilled Birth Attendant
  *Ituchu hini aphod chi tumukhung hay agwachaan chi nangannila an mumpatukhung.*
- Importance of Exclusive Breast Feeding and care of the breasts before and after breastfeeding
  *Hay aphod ni un ta mumpanunu ja hini aton an munhalimun ay ni nunu mapfalin an mumpanunu ay ni unga.*
- Care of the newborn
  *Aton an munhalimun ay ni pa-itu’khung*
- 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.
  *Hay aphod ni Newborn Screening (hetay ja matikhaw hini lema an kalahen chi chokhoj ja nu achi matikhaw ja maapektalan hini nomnom ni unga, ta nu gwacha ja mapfalin an maakhahan."

5) **Postnatal Care**

*Halimun chi hay nunlahin*

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

*WHT ja chichay manikhaw hana nunlahin nangamong hi apat chi pulo ta han chugwa an arkhaw*

- Inspect excessive lochial discharge during the first 7 days after childbirth.
  *Annilaon nu ngachah nuy khun pfumutay ingkhana peto’ arkhaw hi nunlahinana.*
- Check and provide practical advice on personal hygiene, proper newborn care, maternal and child nutrition, breastfeeding, child’s immunization, etc.
  *Ituchu hini aton an munleneh ay ni achor ja ay ni unga, ituchu khu hini maphod an anun, ja mahapor an mumpatuggwi wenno mumpaimmunize ni unga ja hini kenaaphod ni mumpanunu hi huhu.*
- 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.

*Nu gway nob-on hi le’ naon, amat hi paulagwan, hay choor an chala hi pfumutay, hay monchokho hi poto, mon-er-er hi ulo ja potang, mahapor an i ta monpa-akha.*

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

*Lehtaan chi Natoy an Nunhapfin (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.

*Hetay an lehtaay an chi WHT ja mahapor tapno khagkhaju an maannila nu gway natoy hi Nunhapfin ay nuy an pfarju.*

- Occurrence of death in the community should be reported immediately to the Municipal Health Officer, using the Maternal Death Review: WHT Reporting Form.
  *Nu Gway matoy hi Nunhapfin ja ipaannila gwot ay ni MHO, an mausar hini Lehtaan chi natoy an Nunhapfin.*
- MHO accomplishing the Death Certificate validates the WHT report.
  *Hini MHO ja ephod na ni Death Certificate ta epagpong na hini lehtaay an ni WHT.*
- MHO submits the validated WHT Report to the Provincial Health Office and submits the Death Certificate to the Civil Registrar.
  *Hini MHO jai ichat na hitay an lehtaay hichi PHO ja ichat na khu hini Death Certificate hichi Civil Registrar.*
- Validated WHT report which contains the Death Certificate Number is for easy tracking and review of the Provincial MMR Team.
  *Hetay magpong an lehtaay an chi WHT ja mahapor tapnu nalaklaka an maannila chi Provincial MMR Team*

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

*Hini aton an Mumpamirya, ja aton an munhalimun ay tay achor hi hay chokho, ja aton an mangtuchugwan hana munheon.*

On 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.

Nu khulat, hana WHT ja mahapor an mannig cha hay uchumna hi punipfa cha an I khun omala hi chala, muntuchu hi aton an mumpamiryja, ja muntuchu hana Ungungungnga.

a. Blood Collection

Munamung hi chala

- Mobilizes the community to organize a bloodletting day Punhahappitanan nuy pfarju hay arkhaw hi khun umchatan hi chala.
- Lists prospective donors and inform them about the bloodletting activity Lehtao an mapfalin an umchat hi chala ja impainnila hinuy arkhaw an umchatan cha
- 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. Ajakhan hay khun me’tamu chi ohpetar ta ituchugwana hana umchat hi chala ja intuchu na hini aton an munaywan ay ni achor cha.
- 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. Me’hapit ta hana Barangay Officials ta mahapor an hini paatana ja pfirpfillog, gway hilaw an amat hana ehkor ja barangay hall.
- Maintains proper coordination with BEmOC Team and the Regional Blood Center Team. Gway nahamad hi punhahappitanan hana BEmOC team ja Regional Bolld Center.

b. Family Planning

- Provide assistance in the regular Department of Health activities Tumolong hana khun ipatamon chi DOH
c. Adolescent and Youth Camp
Camp chi Ung ungungnga

- Coordinate with the ADY Team in providing health education
  *Me’hapit ta hichi ADY Team ta tomolong cha an mangtuchu hay apaphochan chi achor hana Ungungungnga*

**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. 
  *BEmOC an Punakhahan ja nehnot hi nunhitugwan an un tolompolo minutos ja neatam.*
- BEmOC facilities are adequately and appropriately constructed and equipped with competent doctors, nurses, medical technologists and WHT members. 
  *BEmOC an Punakhahan ja nehamad an gway nalaeng hi Doctor, Nurses, Med. Tech ja hana WHT an ne’op.*
- 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. 
  *BEmOC an punakhahan ja mapmaphod ja naayajana hi umaliyan chi hay pfumihhita hi aakhi.*
- BEmOC facilities are equipped with radio or telephone for easy contact with a designated higher-level facility should advice or referral be needed, and as planned with the community, an emergency transportation system is put in place. 
  *BEmOC an Punakhahan ja mahapor an gway laju, telepono ta gway aton an me’hapit an khagkhaju khulat ta gway omatana gwacha khu hay nehahagkhana hi mausar hi talak khulat ta mahapor.*

Services provided by a BEmOC facility:
*Hato ni Khun maat chi BEmOC an Punakhahan:*

- Potential administration of antibiotics, anticonvulsants and oxytocic drugs
  *Gwacha chi akha an amat hana Antibiotic, anticonvulsant ja Oxytocic drugs*
- Manual removal of placenta
  Khun cha aanun hinuy pfalayya hun achi pfumutay.
- Removal of retained products of conception
  Khun cha khu aanun hay agkhuy ni’pfutay hi lukhit chi chohar ni matres.
- Assisted vaginal delivery using mid cavity forceps
  Khun cha Mumpatu’khung an mausar hana forceps
- Family planning counseling and contraceptives provision
  Ituchu cha hini aton an mumpamirya, ja ichat cha hay (contraceptives) akha an anun ta achi ta munhapfin.
- IUD insertion
  Khun Cha Mun IUD
- Screening for STI
  Annilaon cha hun gway STI

2) Comprehensive Emergency Obstetric Care (CEmOC) Facilities
   Hato ni mahapor an maat ja un maali an CEmOC hini punakhahan

- CEmOC facilities are for the population of 500,000. Women who develop serious maternal complications are referred to these facilities.
  Hetay an punakhan an CEmOC ja para hana gway 500,000 hi kenachoor chi tatakhu. hana nunhapfin an gway nunlamaog hi chokho na ja ay tay CEmOC peajancha.
- 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.
  Nahamad hetay an punakhahan ja nakha’ila khu hana khun muntamu. Atamon hi achi mapfajag hi ohay upfun.
- CTs and the Itinerant Teams (ITs) are based on these facilities.
  Hato grupo chi CT ja IT ja gwacha cha ay tay an ponakhan
- In addition to the provision of BEmOC services, CEmOC facilities posses the capability to do the Caesarian Section and Blood Transfusion
  Midchum hini khun aton chi BEmOC ja gway apfalinan cha khu an mun-opelar ja mangchat hi chala.
3) Rural Health Units (RHUs)

- Basic WHSM services are provided in all RHUs. *Hana Mahhun an serbisyo ja maichat amin hana RHU.*
- 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. *Hetay an punakhahan ja khun tumulong hana Philhealth, User's fee ja LGU.*

Services provided by RHUs:
*Mangted da ti:*

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<td><em>Appropriate treatment and referral</em></td>
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<td>Hana munheon ja hay halimun chi achor cha</td>
<td><em>Referral</em></td>
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4) Barangay Health Station
*Pun-akhahan hichi pfarju*

- Some of the BHS of each Municipality were assigned to serve as Birthing stations. *Uchumna an punakhahan hichi pfarju ja mumpfalih hi pumpatukhongan.*
WHT Benefits

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.

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.

2) Other Incentives

Non-monetary incentives provided to the WHT members:

- Attendance to workshops and seminars
- Enhancement of knowledge and skills
# Pregnancy Tracking Form

(Annex 1)

## PREGNANCY TRACKING FORM

Month and Year: ________________________________

WHT Name: ________________________________

Sito/Purok/Barangay: ________________________________

Municipality: ________________________________

Leader's name (RHM): ________________________________

Duty station (RHM): ________________________________

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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

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