

4. SERVICE NAME: MATERNAL HEALTH CARE

Description of the Service: TO PROMOTE AND PROTECT THE HEALTH OF WOMEN DURING PREGNANCY, CHILDBIRTH AND POSTPARTUM PERIOD, AND TO ENSURE BIRTH OF HEALTHY CHILD.

Office Divisions:	or	CITY HALTH OFFICE-II		
Classification:		SIMPLE		
Type of Transactions:		GOVERNMENT TO CITIZEN		
Who may avail:		PREGNANT		
CHEKCLIST OF REQUIRMENTS		WHERE TO SECURE		
HOME BASED MATERNAL RECORD(HBMR)		- BARANGAY HEALTH STATION - MIDWIFE INCHARGED		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.) SIGN IN TO CLIENT LOGBOOK, PROCEED TO PRIORITY LANE AREA.	PATIENTS LOGGED IN	NONE	1 MIN.	JOAN LAGGUI,RN NURSE INCHARGED
2.) PROCEED TO ADMISSION AREA FOR INTERVIEW AND VITAL SIGNS TAKING.	PATIENT ADMITTED	NONE	5MINS.	DIVIE BARCENA,RM MIDWIFE I
3.) PROCEED TO MATERNAL CARE ROOM.	PRENATAL CARE SERVICES RENDERED.	NONE	15 MINS.	EDITHA SANTOS,RM MCHN COORDINATOR
4.) PROCEED TO LABORATORY.	ROUTINE LABORATORY PACKAGE FOR PREGNANT WOMEN PERFORMED.	WITH PHILHEALTH- NONE	30 MINS- 1 HOUR	JACQUELINE CUREG, RMT MEDTECH I
5.) GO TO DOCTORS ROOM		NONE PHILHEALTH P700.00		
	LABORATORY RESULTS	NONE	15MINS.	PELAGIA ABBAGO, MD, MSPH CITY HEALTH OFFICER

<p>6.) GO TO DISPENSING AREA.</p>	<p>INTERPRETED, PATIENT ASSESSED, MEDICINES PRESCRIBED AND IF HIGH RISK PATIENT REFERED.</p> <p>PRESCRIBED MEDICINES DISPENSED WITH PROPER INSTRUCTIONS.</p> <p>REFERRAL FORM ISSUED TO PATIENT NEED FURTHER MANAGEMENT</p>	<p>NONE</p>	<p>3MINS.</p>	<p>DAISY ACOSTA, RM DISPENSING MIDWIFE</p>
<p style="text-align: right;">TOTAL:</p>			<p>1HOUR AND 39MINS.</p>	
<p><i>(please use additional sheet/s if necessary)</i></p>				