Internal/External

7. SERVICENAME: MATERNAL CARE

Description of the Service: One of the objectives of the health program is to provide maternal care services to pregnant, postpartum & lactating mothers for comprehensive maternal care.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	Government Citizens/Client
Who may avail:	PREGNANT, LACTATING AND POSTPARTUM WOMEN

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Mother baby book Laboratory Request	City Health Office Attending Physician

CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Sign in the client logbook at the information desk & get the number to be called.	Give the logbook and number.	None	1 minute	**Wilson Alamo** Admin Aide III **Johnny Peralta** Admin Aide I or **Admin Assistant on Duty**
2. Proceed to the admission & vital signs area	Vitals Signs Recorded & Staff will accomplish HBMR/pink card • Perform abdominal examinations	None	20 minutes	**Janica P. Catipay** Administrative Aide I

	• Injection of Tetanus Toxoid vaccine as scheduled • Refer to laboratory/dental clinic a. CBC b. U/A c. Hepa B Screening d. RPR e. HIV • Conduct health education on proper nutrition & maternal care • Refer complicated pregnancies to the physician Advised patient on when to comeback for follow up and write it on HBMR		20 minutes 3 minutes 1 minute 5 minutes 5 minutes	

3. Proceed to the examination room		None		**Marites c. Aragon** Admin Aide I City Health Office **Nikola Madonna L. Cabrera** Nurse V **Dr. Red G. Cachapero** OIC-CHO
4. Ask schedule for follow up check-up.		None		**Dr. Red G. Cachapero** OIC-CHO
	TOTAL		1 hour	