Internal/External

1. SERVICENAME: MATERNAL CARE SERVICES

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

Office or Division:	City Health Office II
Classification:	Simple
Type of Transaction:	Government Citizens/Client
Who may avail:	Pregnant, Lactating and Postpartum Women

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Home Based Maternal Record	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	**CHO staff** on duty at Admission area
2. Proceed to the admission & vital signs area	Check History and Vital Signs Recorded to HBMR card • Perform abdominal examinations • Injection of Tetanus Toxoid	None	3 minutes	**CHO staff** on duty at Admission area
3. Proceed to the examination room		None	40 minutes	**EDITHA FERRER** Midwife III

4. Ask schedule for follow up check up	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		5 minutes	**EDITHA FERRER** Midwife III
	TOTAL:		49 minutes	