SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON
MATERNAL AND CHILD HEALTH
IN CALABARZON
IN PARTNERSHIP WITH THE
14TH INTERNATIONAL CONFERENCE
ON MCH HANDBOOK
MAY 9 - 10, 2024 | LIME HOTEL AND RESORT MANILA
BAGONG PILIPINAS
Supported by:
JICA
HANDS
Kaneson
Kowa

Philippine National Anthem

Ms. Danika Estipular

Department of Health - Center for Health Development CaLaBaRZon

Ms. Danika Estipular

Department of Health - Center for Health Development CaLaBaRZon

WELCOME REMARKS

Dr. Leda M. Hernandez

Director III

Assistant Regional Director

Department of Health

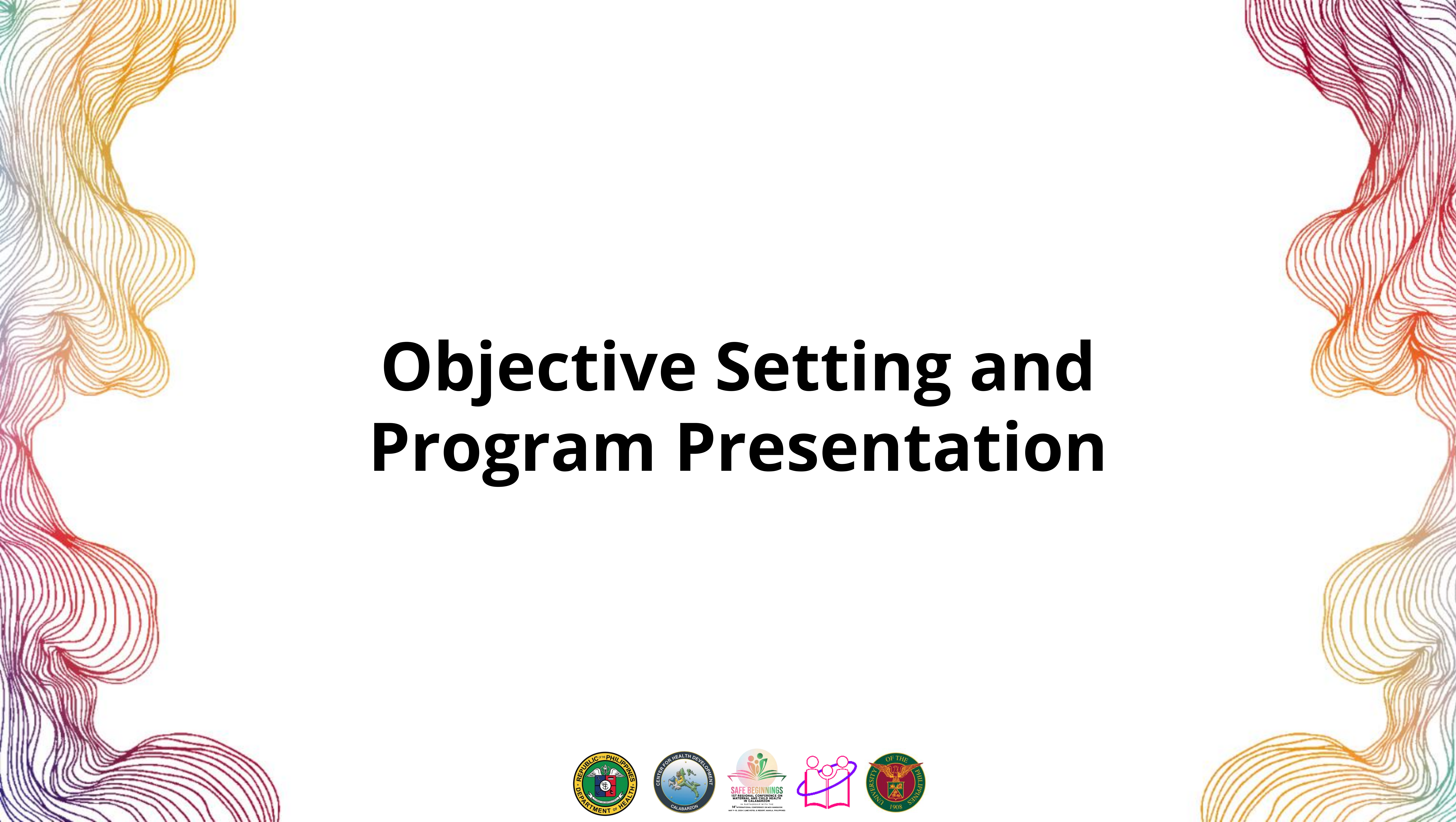
Center for Health Development

CaLaBaRZon

Objective Setting / Program Presentation

Dr. Mark Nicholas O. Santos

Medical Officer IV
Family Health Unit Head
Department of Health
Center for Health Development
CaLaBaRZon


Objective Setting and
Program Presentation
SAFE BEGINNINGS
CALABARZON
1908

DOH Strategic Focus

Guarantee Access to Quality Primary Care Services

8 Priority Outcomes:

1. **Immunization:** Achieve 95% Fully Immunized Children from 72%
2. **Nutrition (First 1,000 Days):** Decrease stunting to 13.5% from 27%
3. **Maternal Health:** Decrease maternal deaths to <111 per 100,000 livebirths from 154 per 100,000 livebirths
4. **Water, Sanitation and Hygiene:** Increase percentage of population with access to safe water from 88% to 100%
5. **Tuberculosis:** Zero TB Case Mortality Rate from 34 per 100,000 population
6. **Road Safety:** Decrease death rate attributed to road injuries to 4 from 8 per 100,000 population
7. **NCD, specifically Hypertension and Diabetes:** Increase hypertension and diabetes control by 50%
8. **NCD, specifically Cancer:** Increase screening, diagnosis, and treatment of cancer by 50%

Cross-cutting: Digitalization of health services

Flagship program:

Bagong Ambulatory and Urgent Care Service Center (BUCAS)

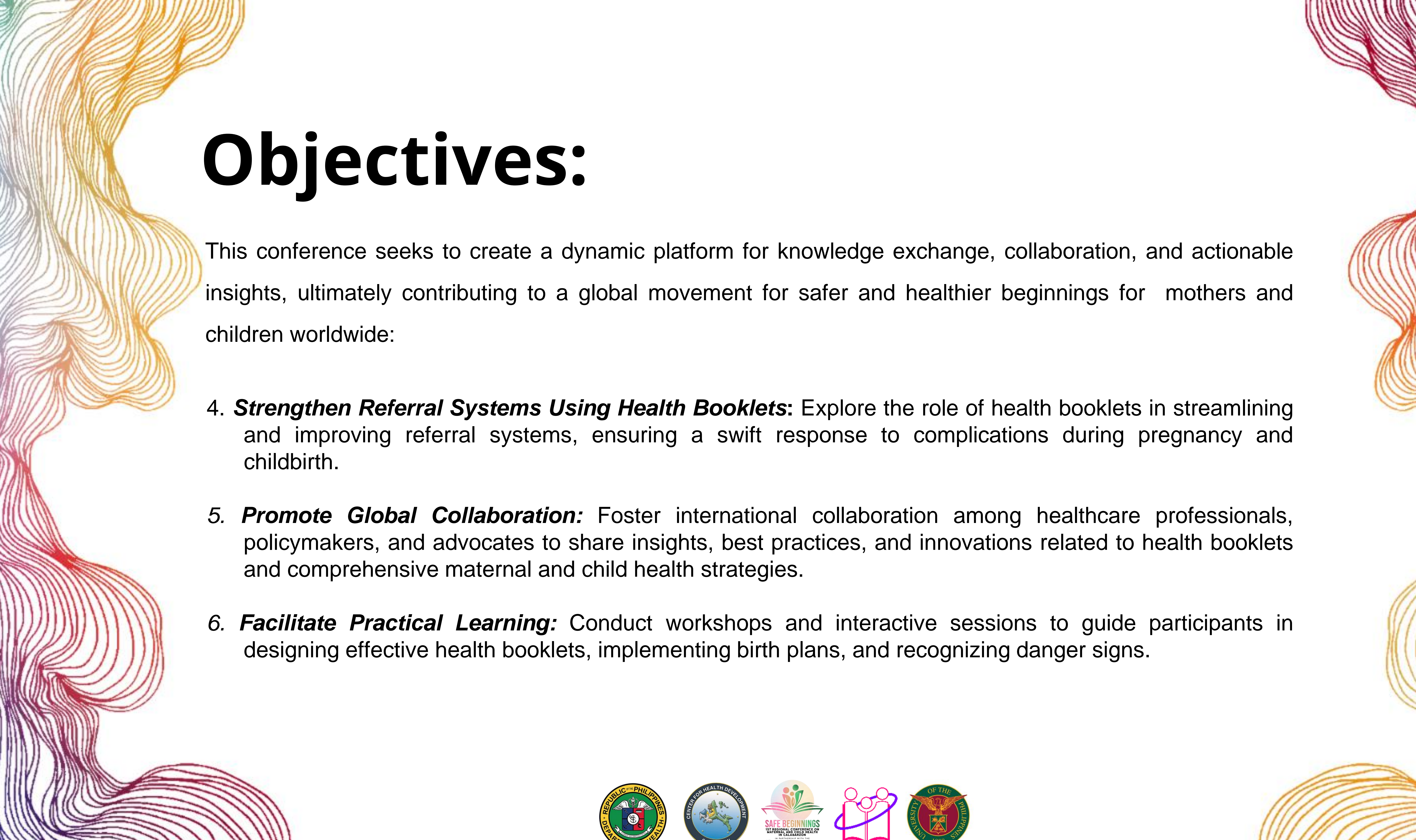
Objectives:

This conference seeks to create a dynamic platform for knowledge exchange, collaboration, and actionable insights, ultimately contributing to a global movement for safer and healthier beginnings for mothers and children worldwide:

1. ***Explore the Transformative Power of Health Booklets:*** Examine how health booklets can serve as catalysts for positive health behaviors and outcomes among mothers and infants.

2. ***Integrate Birth Plans into Health Booklets:*** Discuss strategies for seamlessly incorporating personalized birth plans into health booklets, fostering a proactive and individualized approach to maternal care.

3. ***Enhance Vigilance through Information Dissemination*****:** Investigate methods to disseminate information within health booklets to raise awareness about danger signs during pregnancy, enabling early identification and timely intervention.



Objectives:

This conference seeks to create a dynamic platform for knowledge exchange, collaboration, and actionable insights, ultimately contributing to a global movement for safer and healthier beginnings for mothers and children worldwide:

4. ***Strengthen Referral Systems Using Health Booklets*****:** Explore the role of health booklets in streamlining and improving referral systems, ensuring a swift response to complications during pregnancy and childbirth.

5. ***Promote Global Collaboration:*** Foster international collaboration among healthcare professionals, policymakers, and advocates to share insights, best practices, and innovations related to health booklets and comprehensive maternal and child health strategies.

6. ***Facilitate Practical Learning:*** Conduct workshops and interactive sessions to guide participants in designing effective health booklets, implementing birth plans, and recognizing danger signs.

Objectives:

This conference seeks to create a dynamic platform for knowledge exchange, collaboration, and actionable insights, ultimately contributing to a global movement for safer and healthier beginnings for mothers and children worldwide:

7. **Showcase Successful Implementations:** Highlight and celebrate successful case studies where health booklets have contributed significantly to reducing maternal and neonatal deaths.

8. ***Explore Technological Innovations:*** Examine technological advancements that enhance the accessibility, reach, and effectiveness of health booklets in diverse healthcare settings.

9. ***Empower Communities*:** Discuss approaches to empower communities through the utilization of health booklets, emphasizing the collaborative effort needed to achieve safer pregnancies and childbirth.

May 9, 2024 / DAY 1		
Time	**Activity**	**Resource Person**
8:00 AM - 9:00 AM	On-site Registration	DOH CHD CaLaBaRZon Secretariat
Preliminaries		
9:00 AM - 9:20 AM	Interfaith Prayer/ National Anthem/DOH Hymn	**Ms. Danika Estipular** Health Program Researcher
9:20 AM - 9:30 AM	Welcome Remarks	**Leda M. Hernandez, MD, MPH** Director III Center for Health Development CaLaBaRZon
9:30 AM - 9:45 AM	Objective Setting Program Presentation	**Dr. Mark Nicholas O. Santos** Medical Officer IV Family Health Cluster Head Center for Health Development CaLaBaRZon
9:45 AM - 10:55 AM	Messages of Support	**Dr. Anna Marie Celina Garfin** Director IV Disease Prevention and Control Bureau Department of Health, Philippines **Mrs. Seiko Noda** Former Minister of Internal Affairs House of Representatives, Government of Japan President, Himawari-no-kai **Dr. Sumire Sorano** Maternal Health Specialist Maternal Child Health and Quality Safety World Health Organization , Western Pacific Region **Dr. Anne Detjen** Child Health Specialist UNICEF Headquarters New York

May 9, 2024 / DAY 1		
Time	**Activity**	**Resource Person**
9:45 AM - 10:55 AM	Messages of Support	**Ms. Haruko Kamei** Director General Human Development Departmen Japan International Cooperation Agency **Dr. Michael L. Tee** Chancellor University of the Philippines Manila **Calvin S. de los Reyes, PhD** Board Member (Philippines) International Committee on MCH Handbook
10:55 AM - 11:15 AM	Awarding of Certificates	
5-minute break		
11:20 AM - 11:30 AM	Introduction of Keynote Speaker (Local)	**Maria Elena G. Castillo- Gonzales, MD, DPDS, FPDS** LHSD Chief Center for Health Development CaLaBaRZon
11:30 AM - 11:40 AM	Keynote (1): Universal Health Care and the Eight-Point Action Agenda in Ensuring Quality MCH	**Glenn Mathew G. Baggao, MD, MHA, MSN, FPSMS, FPCHA** Undersecretary Department of Health, Philippines
11:40 AM - 11:50 AM	Introduction of Keynote Speaker (International)	**Calvin S. de los Reyes, PhD** Board Member (Philippines) International Committee on MCH Handbook
11:50 AM - 12:00 NN	Keynote (2): Safe Beginnings and the MCH Handbook	**Prof. Yasuhide Nakamura** Chairman International Committee of MCH Handbook

May 9, 2024 / DAY 1		
Time	**Activity**	**Resource Person**
12:00 NN - 12:05 PM	Awarding of Certificates	
12:05 PM - 1:00 PM	*Photo opportunity* *Lunch* *Intermission number*	Intermission number by: Mr. June D.T. Dela Cruz Ms. Ma. Luisa Dalida
1:00 PM - 2:15 PM	**Global Experiences on MCH and the MCH Handbook** (Part 1)	MCH Handbook in Thailand **Dr. Sarawut Boonsuk** Inspector – General Ministry of Public Health (Thailand) MCH Handbook in Indonesia **Dr. Agustin Kusumayati, MD, MSc., PhD** University Secretary, Universitas Indonesia Professor in the Faculty of Public Health, UI MCH Handbook in Japan **Prof. Yasuhide Nakamura** Chairman, International Committee on MCH Handbook MCH Handbook for High-Risk Mothers in South America **Dr. Lourdes Herrera Cadillo** Associate Professor, Department of Nursing Faculty of Health Sciences, Asahi University Strengthening Implementation of Maternal and Child Health Handbooks Across the Globe **Ms. Keiko Osaki** Senior Advisor on Health Japan International Cooperation Agency (JICA)

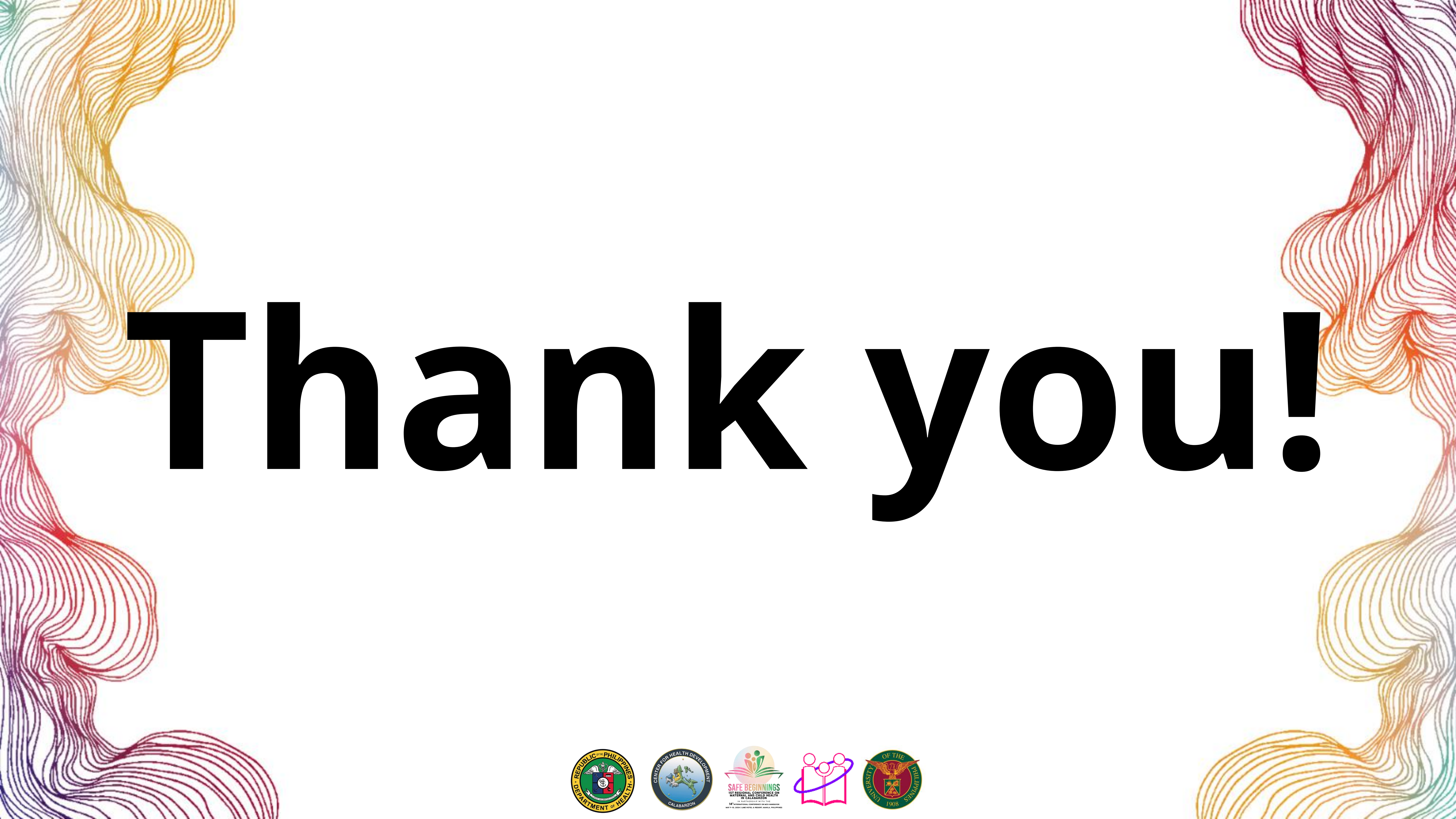
May 9, 2024 / DAY 1		
Time	**Activity**	**Resource Person**
2:15 PM - 2:30 PM	Plenary / Open Forum	
2:30 PM - 2:45 PM	Awarding of Certificates	
2:50 - 4:20 PM	**Global Experiences on MCH and the MCH Handbook** (Part 2)	**Canada/USA** **What We Achieved: Post 13th MCH Handbook Conference Lessons learning and experiences from Canada and the USA** **Dr. Shafi U. Bhuiyan** Associate Professor SBS Program Coordinator, Division of Social & Behavioral Sciences School of Public Health, University of Memphis **Angola** **Progress of the nationwide expansion of the Maternal and Child Health Handbook (MCHH) of the Ministry of Health in Angola (MINSA)** **Ketha Rubuz Francisco** National Directorate of Public Health, Ministry of Health, Luanda, Angola **Burundi** **The use of Maternal and Child Health Handbook (MCHHB) in Burundi. What is the way forward?** **Dr. Oscar NTIHABOSE, MD, MScPH, HSM** General Direction of Care Provision, Traditional and Modern Medicine, Nutrition and Facilities Accreditation, Burundi **Gabon** **Development of MCH Handbook in Gabon** **Aline Sylvie DIKAMBI MAGANGA** Midwife Ministry of Health of Gabon National Department of Mother and Child Health

May 9, 2024 / DAY 1		
Time	**Activity**	**Resource Person**
2:50 - 4:20 PM	**Global Experiences on MCH and the MCH Handbook** (Part 2)	**Junko WATANABE** Expert in Maternal and Child Health of Project for Improving the Continuum of Care for Mothers and Children through Effective Use of the MCH Handbook in Gabon **Nigeria** **MCH Handbook in Nigeria** **Dr. Ogechi Akalonu, PhD, MSc, MBA, MPH** Nutrition Technical Lead National Primary Health Care DeveloPMent Agency Abuja Nigeria **Netherlands** **MCH Handbook in the Netherlands** **Dr. Marloes Wellner** Amsterdam Public Health Service GGD GHOR Netherlands
4:20 PM - 4:40 PM	Plenary / Open Forum	
4:40 PM - 5:00 PM	Awarding of Certificates	

May 10, 2024 / DAY 2		
Time	**Activity**	**Resource Person**
9:00 AM - 9:10 AM	**Recap Day 1**	**Dr. Hatsumi Noda** Regional Safe Motherhood Program Medical Coordinator Department of Health - Center for Health Development 4A
Session 1: Addressing Maternal and Child Mortality		
9:10 AM - 9:25 AM	Safe Motherhood Program Update in Calabarzon (Situationer)	**Ms. Vanessa B. Bebida** Regional Safe Motherhood Program Outcome Manager Department of Health - Center for Health Development 4A
9:25 AM - 9:40 AM	Mommy Rosa's Health Access Diary	**Ms. Liza Andaya** Nurse V - City Health Office Santa Rosa, Laguna
9:40 AM - 9:55 AM	Safe Beginnings: Building a Strong Prenatal Foundation	**Ms. Laarni Luna** Midwife - Rural Health Unit Tayabas, Quezon
9:55 AM - 10:10 AM	Nutritional Considerations for Expectant Mothers	**Dr. Rebecca Llamado** Pediatric Consultant Shalom Christian Bahay Paanakan Inc. - Rizal
5-minute break		
10:15 AM - 10:30 AM	Safe Practices from Pregnancy to Early Childhood: Ensuring Safe Childbirth	**Dr. Marie Scent Benedicto** Medical Specialist II Batangas Medical Center
10:30 AM - 10:45 AM	Postnatal Care and Beyond	**Ms. Heizel V. Creencia** MNCHN Coordinator - Nurse IV Provincial Health Office - Cavite
10:45 AM - 11:00 AM	Curbing Maternal Mortality	**Ms. Ana Liza Abrenica** MNCHN Coordinator - Nurse VI Provincial Health Office - Batangas
11:00 AM - 11:20 AM	Plenary / Open Forum	
11:20 AM - 11:40 AM	Awarding of Certificates	

May 10, 2024 / DAY 2		
Time	**Activity**	**Resource Person**
Session 2: Towards Effective MCH Care		
11:40 AM - 11:55 AM	Registration System for Pregnant Women: Policy Direction	**Dr. Felices Emerita P. Perez** Center for Health DeveloPMent CaLaBaRZon
12:00 NN - 1:00 PM	*Photo opportunity* *Lunch* *Intermission number*	Intermission number by: Mr. June D.T. Dela Cruz Ms. Bridget Ann Caraig
Session 2: Towards Effective MCH Care (cont.)		
1:00 PM - 1:15 PM	Little Baby Handbook	**Ms. Akemi Bando** International Committee on MCH Handbook
1:15 PM -1:30 PM	Digital MCH Handbook	**Dr. Sarawut Boonsuk** Inspector- General Ministry of Public Health (Thailand)
1:30 PM - 1:45 PM	Digitalizing the MCH Handbook Data Using ScanForm	**Dr. Hellen C. Barsosio** Assistant Principal Clinical Research Scientist Kenya Medical Research Institute Centre for Global Health Research
1:45 PM - 2:00 PM	Improve Reproductive Health by Enhancing Antenatal Care Services	**Dr. Mario Philip R. Festin** Director Institute of Reproductive Health (IRH) University of the Philippines Manila National Institutes of Health (UP NIH)
2:00 PM - 2:20 PM	Plenary / Open Forum	
2:20 PM - 2:40 PM	Awarding of Certificates	

May 10, 2024 / DAY 2		
Time	**Activity**	**Resource Person**
2:40 *PM - 2:55 PM*	*Message of Support* *Provincial Governor - Quezon (Video)* *Provincial Governor – Cavite* *Provincial Governor – Laguna* *Provincial Governor – Batangas* *Provincial Governor - Riza*	
2:55 PM - 3:10 PM	Pledge of Commitment (Local)	**Dr. Ramoncito Magnaye** Medical Center Chief Batangas Medical Center
3:10 PM - 3:20 PM	Call to Action Announcement of Next Conference	International Committee on MCH Handbook
3:20 PM - 3:30 PM	Closing Ceremony	**Dr. Mark Nicholas O. Santos** Medical Officer IV Family Health Cluster Head Center for Health Development CaLaBaRZon


Thank you!
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON
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UNIVERSITY OF THE PHILIPPINES
1908

Message of Support

Dr. Anna Marie Celina Garfin

Director IV
Disease Prevention and Control
Bureau - DOH Central
Department of Health
Central Office

Message of Support

- The goal is to reduce the maternal mortality ratio in accordance of SDG 3.1, which is reducing the global maternal mortality ratio to less than 70 per 100 000 live births

- The Department wishes to deliver high quality of care that is characterized by a “Ligtas, dekalidad, at mapagkalingang serbisyo”

“Bawat buntis ay mahalaga”

Message of Support

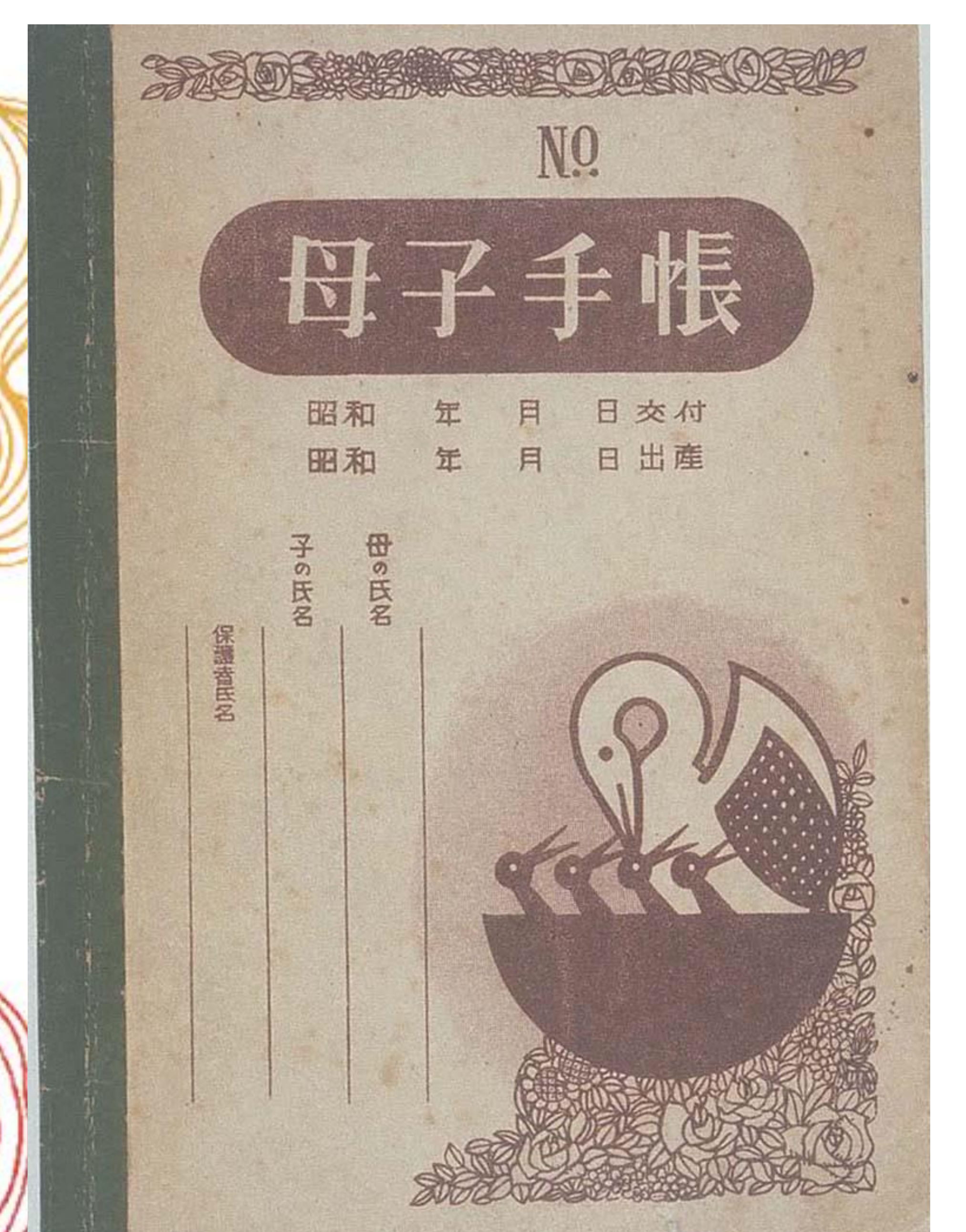
Mrs. Seiko Noda

Former Minister of Internal Affairs
House of Representatives
Government of Japan

Message of Support by Seiko NODA

Hello everyone, My name is Seiko Noda, a member of the House of Representatives of Japan, and I am the chairperson of the NPO Himawari , an organization that supports pregnant or child-rearing mothers.
The NPO Himawari has been supporting pregnant or child-rearing mothers for 23 years.
In recent years, we have been operating a mobile phone app for the MCH Handbook. We are trying to enhance our support for pregnant or child-rearing mothers by utilizing the support of major Japanese companies.

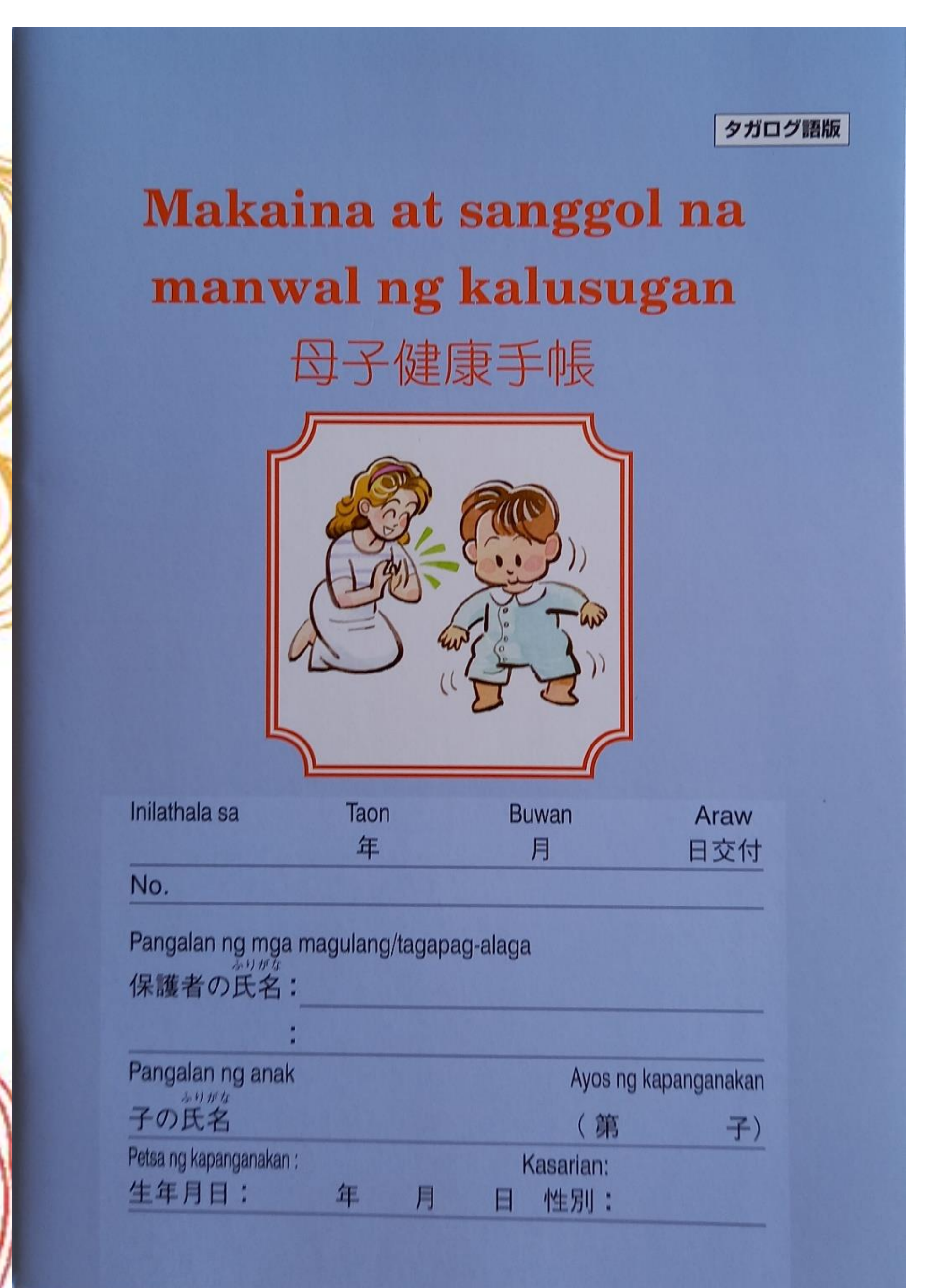
Message of Support (2)



In addition, this year, we have taken on the responsibility of managing the website of the International Conference on MCH Handbook. Together with you, we will continue to support expectant and nursing mothers around the world.
In 1948, the world's first MCH Handbook was created in Japan. Subsequently, the Maternal and Child Health Act was enacted and the environment for protecting the health of mothers and children was improved, resulting in the current infant mortality rate and maternal mortality ratio being among the lowest in the world.

The world's first MCH Handbook in Japan

Message of Support (3)



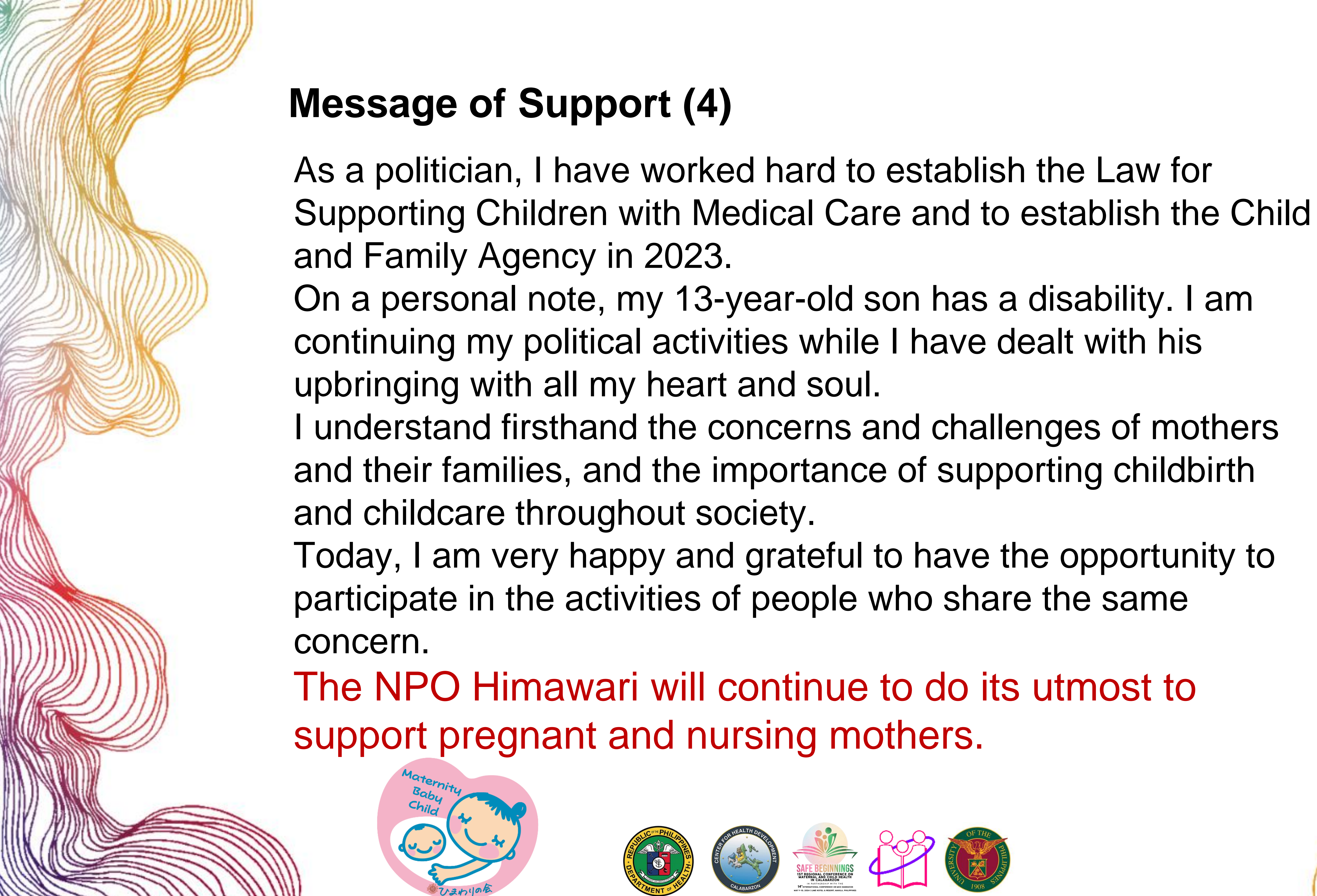
However, we recognize that there are still many challenges. Japan is experiencing one of the world's most serious declines in fertility. We must promote the development of an environment in which mothers and families can have and raise children with peace of mind. In addition, care for social minorities is also inadequate.

For example, there are many children in Japan who have roots in the Philippines. We need to constantly look at whether the environment surrounding these children is better. I will promote policy and support activities so that the environment for childbirth and childcare will be in line with the key phrase "no one is left behind.

Filipino-version MCH Handbook in Japan

Message of Support (4)

As a politician, I have worked hard to establish the Law for Supporting Children with Medical Care and to establish the Child and Family Agency in 2023.
On a personal note, my 13-year-old son has a disability. I am continuing my political activities while I have dealt with his upbringing with all my heart and soul.
I understand firsthand the concerns and challenges of mothers and their families, and the importance of supporting childbirth and childcare throughout society.
Today, I am very happy and grateful to have the opportunity to participate in the activities of people who share the same concern.
The NPO Himawari will continue to do its utmost to support pregnant and nursing mothers.



Message from Mrs. Seiko Noda
Reading by Ms Noriko Komatsu

Thank you!

Message of Support

Hon. Reynaldo San Juan Jr.

Vice Governor
Province of Rizal

Message of Support

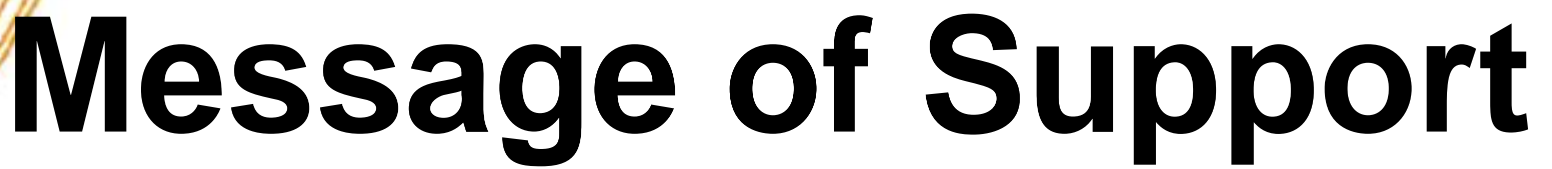
- Highlighted the importance of First 1000 Days where there is a unique period of opportunity most advantageous for health and development of the mother and child

- Wished the conference a success

Message of Support

Dr. Sumire Sorano

Maternal Health Specialist
Maternal Child Health and Quality Safety
WHO Western Pacific Region



Message of Support

Good morning esteemed colleagues, partners, and friends,

I am Dr. Sumire Sorano, a Maternal Health Specialist with the World Health Organization Western Pacific Regional Office. It is with great pleasure that I extend my heartfelt support to the 1st Regional Conference on Maternal and Child Health in Calabarzon, in partnership with the 14th International Conference on the MCH Handbook.

Dr Shogo Kubota, the coordinator of Maternal Child Heath and Quality Safety, Western Pacific Regional Office, conveys regret that he cannot be here today as he is out of the country, and deepest congratulations for convening this important meeting in Calabazon.

Through my career as an obstetrician and gynecologist, I have seen the profound impact that dedicated healthcare professionals and effective policies can have on the lives of mothers and children. It is our priority as WHO to assist those frontline healthcare workers to support women and children for safe motherhood and childhood throughout the continuum of care. Through supporting various countries, we have witnessed how the MCH Handbook has supported women for positive experiences during pregnancy, delivery and postpartum period, how the handbook has supported babies and children in receiving essential care, how the handbook has navigated frontline providers in providing appropriate care.

I would like to share one strong evidence that our colleagues have witnessed in Lao PDR. As many of you know well, WHO published recommendations on antenatal care for a positive pregnancy in 2016. Lao Ministry of Health translated “respectful care” in the recommendations into an antenatal care package. A randomized control study has shown a significant increase in return of women to health facilities for delivery. In this study, one of the key factors in translating “respectful care” into practice was the use of MCH Handbook.

This conference represents a unique opportunity to share knowledge, strategies, and innovations that can transform our approach to healthcare. By coming together, we can build stronger support systems and create sustainable improvements in healthcare quality and health outcomes for the families across the region and beyond.

I would like to convey my sincere appreciation to the organizer and the participants of this meeting for the very powerful support to the frontline providers, women and children. WHO Western Pacific Regional Office would like to continue our close collaborations for the health and the future of the women and children the region.

Thank you.

Sumire Sorano
Maternal Health Specialist
WHO WPRO

Message of Support

Dr. Anne Detjen

Health Specialist of Child Health and Development
United Nations Children's Fund

Message of Support

Ms. Haruko Kamei

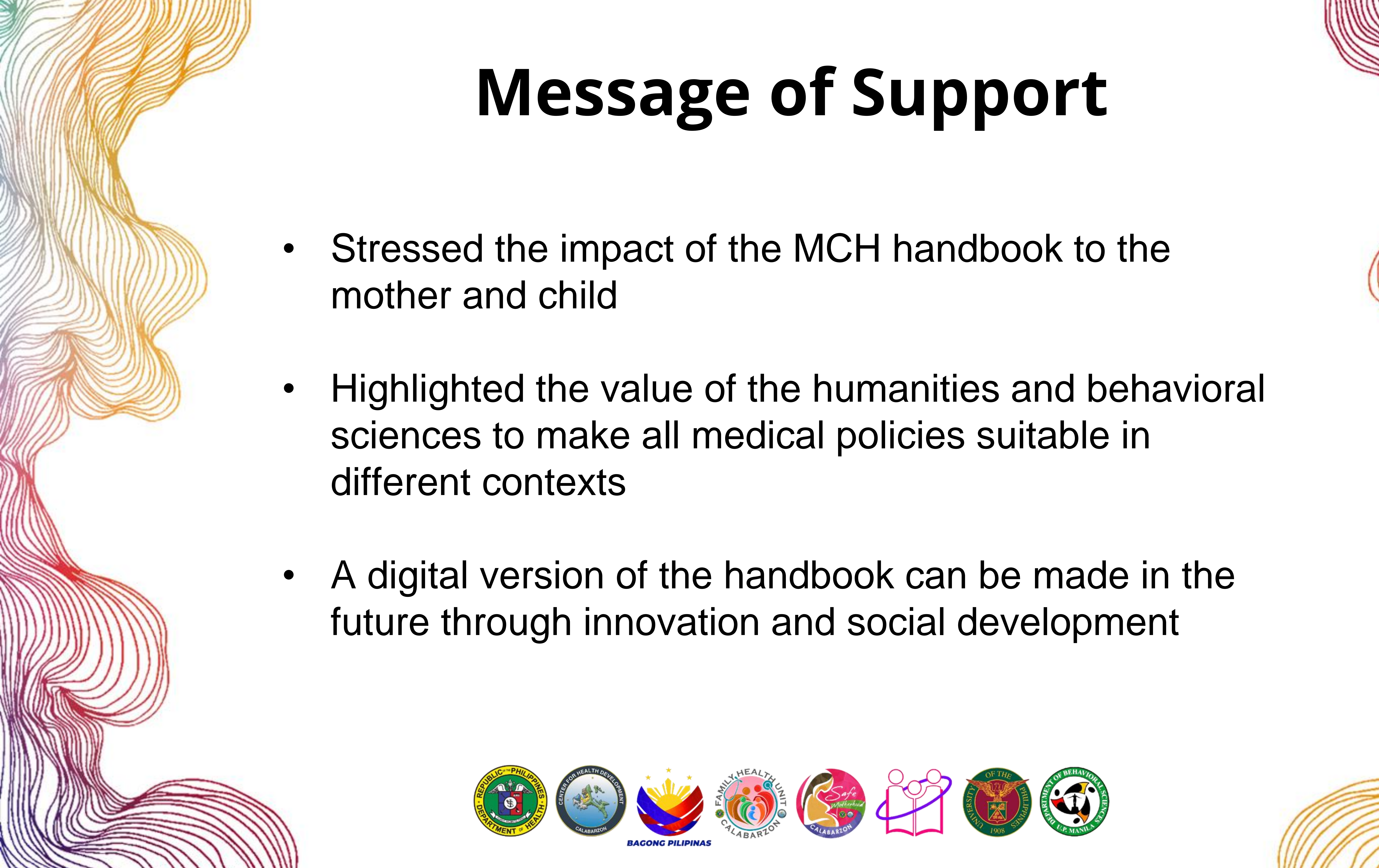
Director General
Human Development Department of
Japan International Cooperation Agency

Message of Support

Michael L. Tee, MD, MHPED, MBA

Chancellor
University of the Philippines - Manila

Message of Support



- Stressed the impact of the MCH handbook to the mother and child
- Highlighted the value of the humanities and behavioral sciences to make all medical policies suitable in different contexts
- A digital version of the handbook can be made in the future through innovation and social development

Message of Support

Mr. Calvin S. de los Reyes

Board Member
International Committee on Maternal and Child Health Handbook (Philippines)

Introduction of Keynote Speakers

Ma. Elena G. Castillo-Gonzales MD, DPDS, FPDS

Chief of Local Health Support Division
Department of Health
Center for Health Development
CaLaBaRZon

Universal Health Care & 8-Point Action Agenda in Ensuring Quality MCH

Glenn Mathew G. Baggao

MD, MHA, MSN, FPSMS, FPCHA

Undersecretary of Health
Department of Health
Philippines

Message of Support

- Bawat buhay ay mahalaga.

- Maternal and child health is a vital component in the realization of Universal Health Care

Introduction of Keynote Speaker (International)

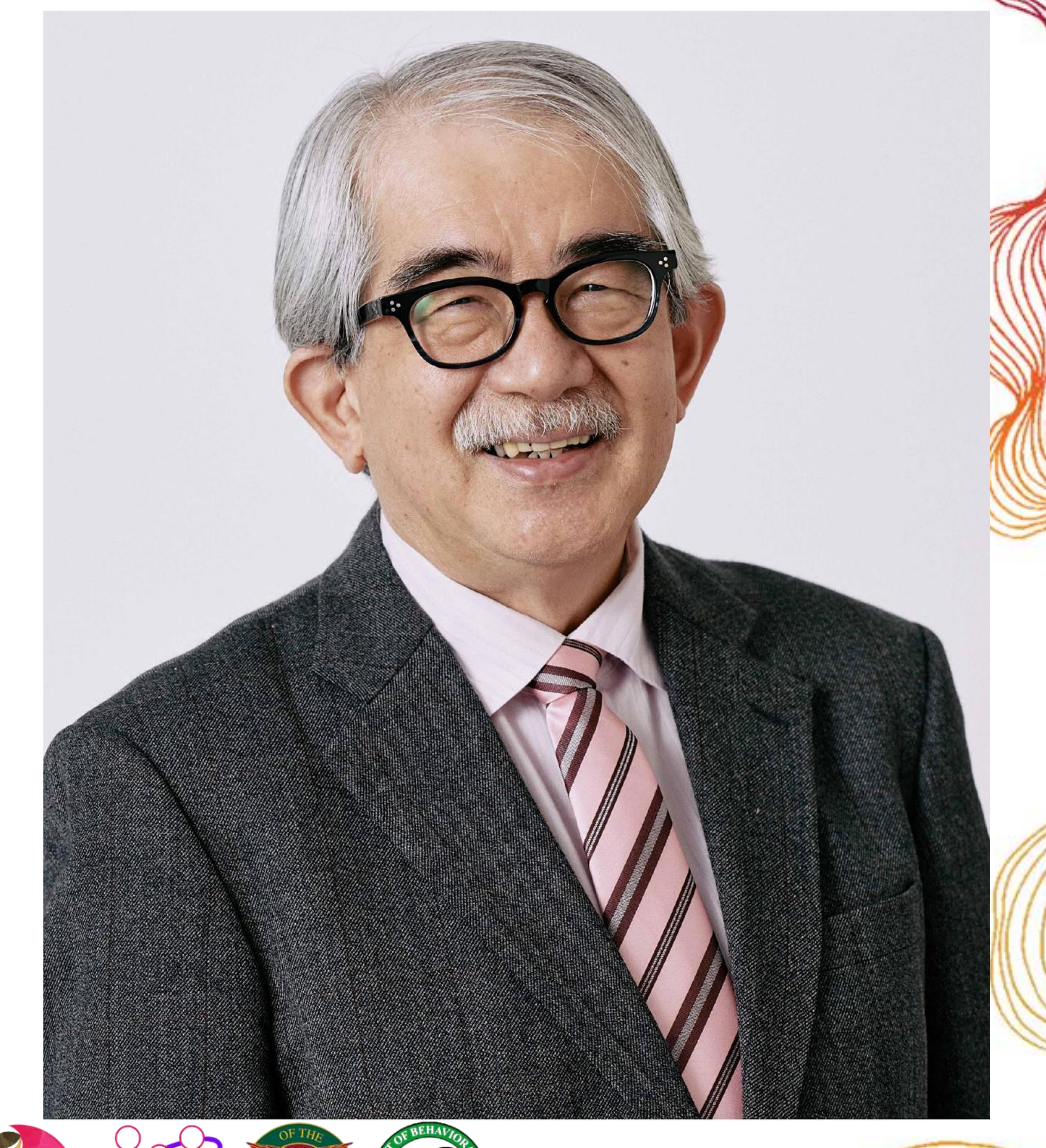
Mr. Calvin S. de los Reyes

Board Member
International Committee on Maternal and Child Health Handbook (Philippines)

Safe Beginnings: Maternal & Child Health Handbook

Prof. Yasuhide Nakamura

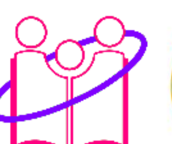
Chairman
International Committee on Maternal and Child Health Handbook

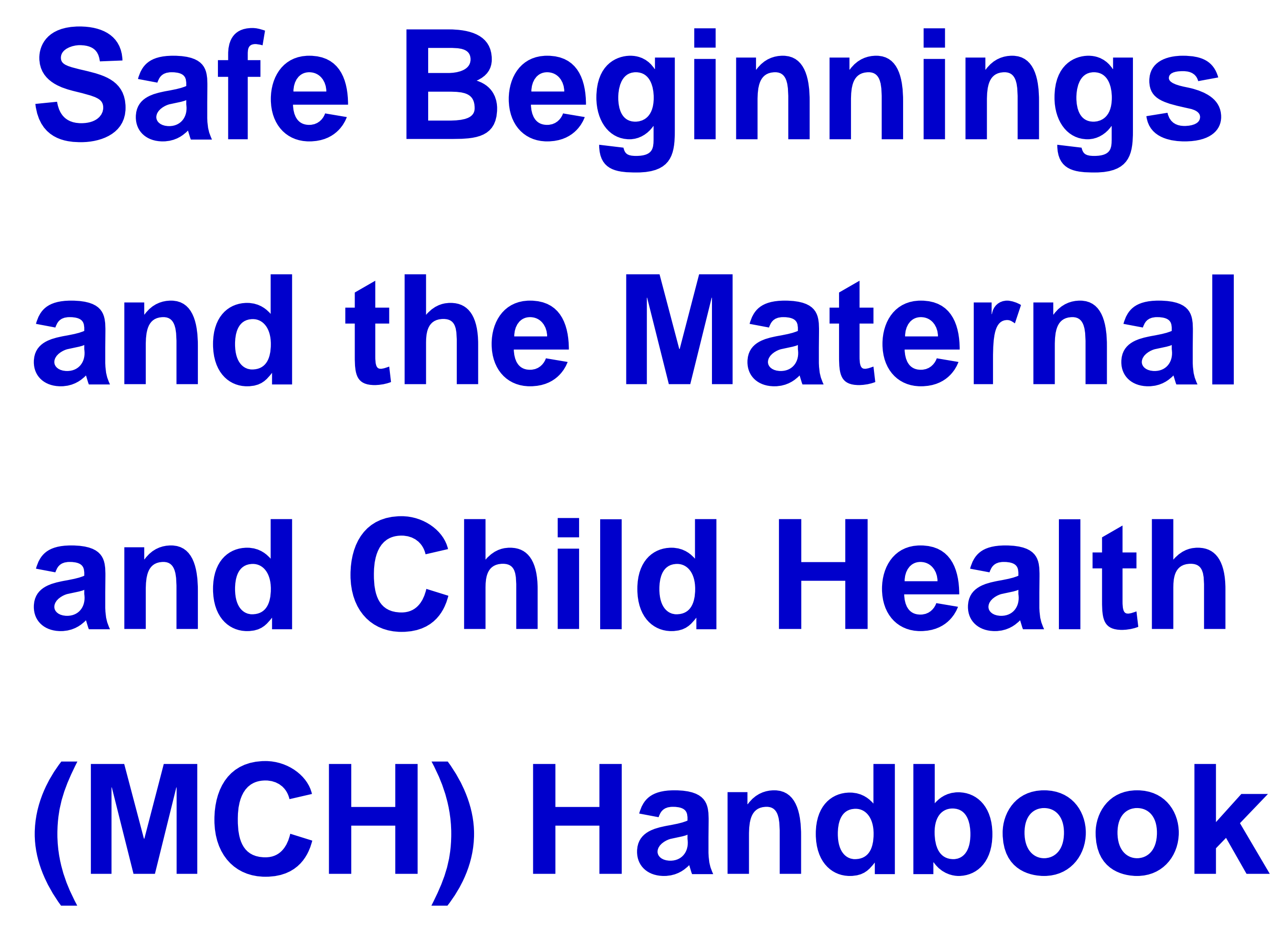


Prof. Yasuhide NAKAMURA, MD., Ph. D.

President, Friends of WHO Japan
Professor Emeritus of Osaka University

University of Philippines School of Health Sciences (SHS) at Leyte after Typhoon Yolanda (2015)





Safe Beginnings and the Maternal and Child Health (MCH) Handbook

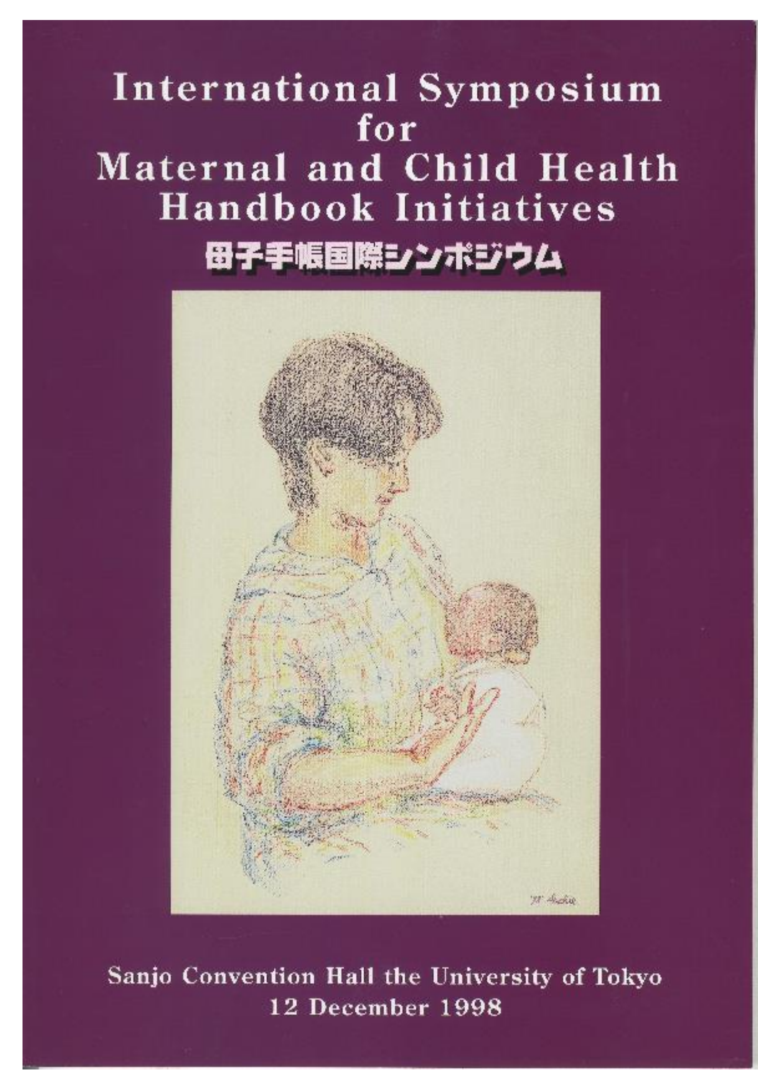
The MCH Handbooks around the World

Outlines of Today's Presentation

1. My experience in Indonesia to reduce maternal, neonatal and infant deaths through Primary Health Care (PHC)
2. Safe beginnings and the first 1,000 days of life
3. The Maternal and Child Health (MCH) Handbook, born in Japan, flourishing around the world
4. Health and well-being of mothers and newborns beyond SDGs

I worked together with Village Health Volunteers in remote areas in North Sumatra, Indonesia (1986-88).

Historical Review of International Conference on MCH Handbook (1998-2024)



The proceeding of the first MCH Handbook conference in Tokyo in 1998.

- 1 International symposium on MCH Handbooks, Tokyo, Dec. 1998
- by the research fund of MOHW
- 2 Manado in Indonesia, Sep. 2001 by Toyota Foundation
- 3 Bogor in Indonesia, Aug. 2003 by JICA
- 4 Mahidol University in Thailand, Dec. 2004, by Mahidol University
- 5 Ben Tre Province in Vietnam, Nov. 2006, by Ben Tre Province
- 6 Tokyo in Japan, Dec. 2008, by Osaka Univ., HANDS
- 7 Dhaka in Bangladesh, Dec. 2010,
- by Dhaka Univ., Osaka Univ. ICMCHH
- 8 Nairobi in Kenya, Dec. 2012,
- by MOPH Kenya, ICMCHH
- 9 Younde in Cameroon, Sep. 2015,
- by MOPH Cameroon, ICMCHH
- 10 Tokyo in Japan, Nov. 2016,
- by Osaka Univ., ICMCHH
- 11 Bangkok in Thailand, Dec. 2018,
- by MOPH Thai, ICMCHH
- 12 Amsterdam in the Netherlands,
- by Amsterdam Univ., ICMCHH
- 13 Toronto in Canada, Aug. 2022,
- by Toronto Univ., ICMCHH
- 14 Manila in the Philippines, Apr. 2024,
- by CaLaBarzon DOH, University of the Philippines, ICMCHH

POSYANDU in Indonesia

Integrated Service Post (Pos Pelayanan Terpadu)

- Primary Health Care (PHC) activities
- by village health volunteers
- and community nurses
- pregnant women and Under-five children
- ・Maternal and Child Health (MCH)
- ・Family Planning
- ・Nutrition
- ・Diarrhea
- ・Immunization

- I learned the reality and spirit of PHC in Indonesia from the North Sumatra Health Promotion Project by JICA (1986-88) .

Nakamura Y, Siregar M.(1996) Qualitative assessment of community participation in health promotion activities. World Health Forum 17(4): 415-417

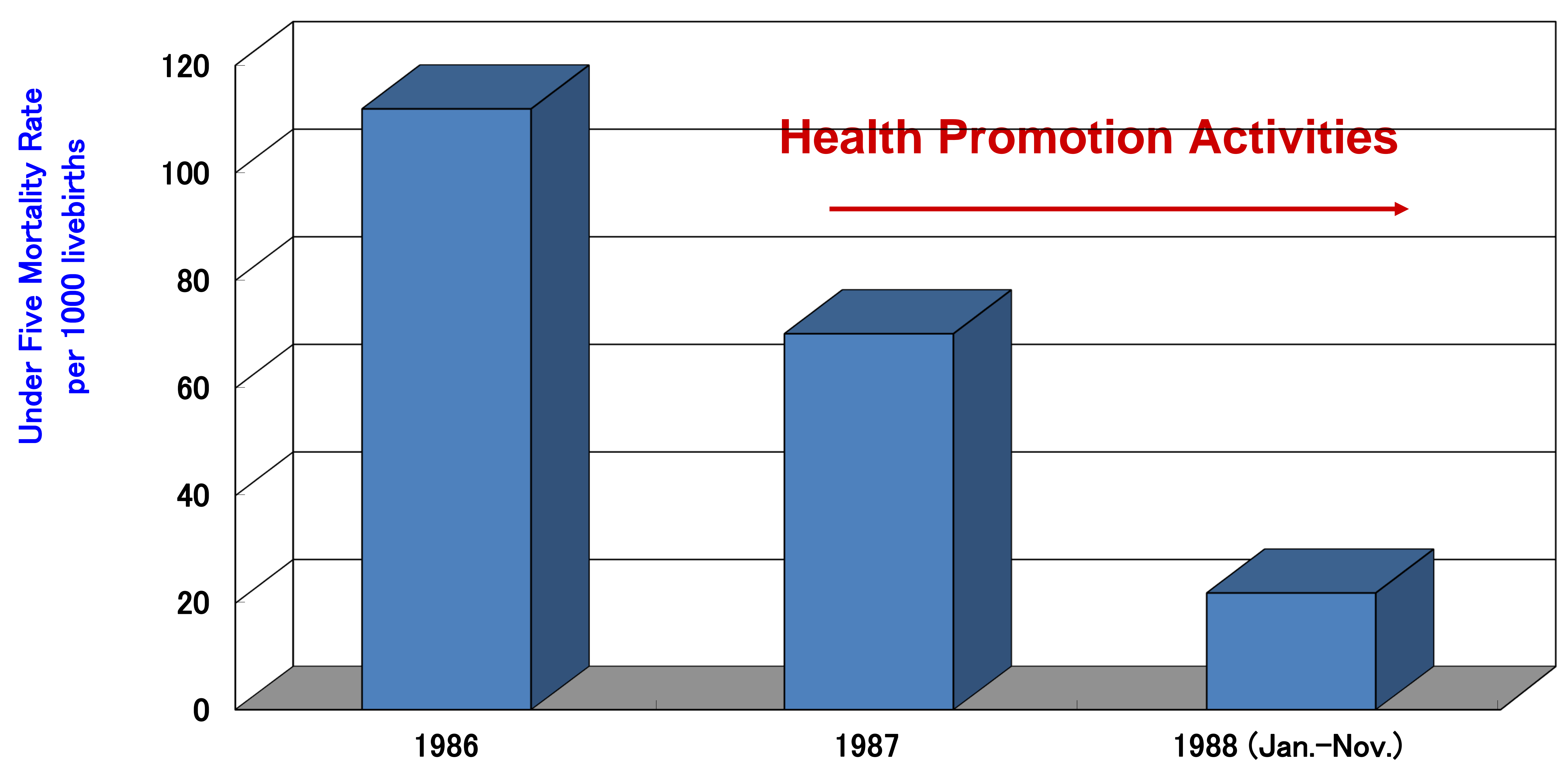
Work together, Learn together

A mother with a malnourished child was advised by the village health volunteer (Tinggi Raja, Indonesia, 1987)

Monthly seminars at the village were conducted by health volunteers to promote the activities (1987)

The trends of Under Five Mortality Rates (U5MR) in Tinggi Raja Village (6,000 population), Indonesia

It might be easy to reduce child deaths in a small village through a good model of community-based implementation (PHC approarch).



Nakamura Y, Siregar M: Qualitative assessment of community participation in health promotion activities. World Health Forum, 1996

Universal Health Coverage (UHC) and Primary Health Care (PHC)

- The COVID-19 pandemic further disrupted essential services in 92% of countries at the height of the pandemic in 2021. In 2022, 84% of countries still reported disruptions.
- To build back better, WHO's recommendation is to reorient health systems using a primary health care (PHC) approach. Most (90%) of essential UHC interventions can be delivered through a PHC approach, potentially saving 60 million lives and increasing average global life expectancy by 3.7 years by 2030.
- WHO: Fact Sheet, UHC: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

The Village Health Volunteers (KADER) gave the nutritional consultation at North Sumatra, Indonesia (1988)

Primary Health Care (PHC)

- Alma-Ata Declaration in September 1978
- The International Conference on Primary Health Care was held at Alma-Ata on September 1978
- (Jointly sponsored by WHO and UNICEF)

- Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

WHO, UNICEF（1978）. Report of the International Conference on Primary Health Care, Alma-Ata, USSR,

Halfdan T. Mahler（1923 –2016）
Danish physician. Director-General of the WHO (1973-88).
He was one of the leading key players in the Alma-Ata Conference.

Safe Beginnings

The Kalusugan at Nutrisyon ng Magnanay Act (**Health and Nutrition of Mother and Child Act**) in 2018 in the Philippines.

Objectives.

1. Improve the nutritional status of infants and young children (0 to 2 years old).
2. Enhance the growth and development of infants and young children.
3. Provide comprehensive, sustainable, multisectoral strategies and approaches to address health and nutrition problems.
4. Create a policy environment and evidence-based nutrition interventions.
5. Institutionalize a first 1000 days program in both national and local development plans

Multisectoral Collaboration

The Department of Health, the National Nutrition Council, Department of Agriculture, in coordination with other national government agencies, local government units, civil society organizations, and other stakeholders

The first 1,000 days of life

- 1,000 days = 270 days (during pregnancy) +
- 730 days (from birth until 2 years old)
- 2 Years Old Girl Boy (Japanese; 2010)
- Body Weight 11.0kg 11.6kg
- Body Height 84.3cm 85.4cm
- Size of Brain about 80% of the adult
- Developmental Origin of Health and Disease (DOHaD)
- undernutrition during gestation is an important early origin to be trigger for adult cardiac and metabolic disorders
- Child Abuse and Neglect
- Poor psychosocial environment influences the development
- Development of 2-year-old children
- Motor Development: walk without support
- Speech Development: understand the words
- The first 1000 days of life is influenced by culture and customs, so we must respect each cultures and customs.

Traditions persist regarding pregnancy, childbirth, and childcare

- Long before the development of modern medicine,
- people became pregnant,
- someone in the community assisted with the birth, and
- family, relatives, and community members provided
- childcare support until the child grew up.

- Japan is also a country with
- a unique view of disease
- from the global viewpoint.
- Emiko Ohnuki-Tierney "Symbolic
- Anthropological Considerations" (1985)

Maternity belt on the day of dog for safe delivery

The custom of visiting shrines to pray for safe childbirth and care (Nakayama temple)

11th International Conference on MCH Handbook at Bangkok

December 2018

447 participants from 29 countries

MCH Handbook Bangkok Declaration

"MCH Handbook as a family-based tool to promote the Miracle of First 1000 Days"

December 2018

- 1. The MCH Handbook is an essential and effective family-based tool that can promote "Continuum of Care" for all mothers and children, especially during the important first 1,000 days of life.
- 2. The MCH Handbook should promote early child development to ensure well-being throughout the course of life.

Maternal and Child Health (MCH) Handbook was published for the first time in the world in 1948

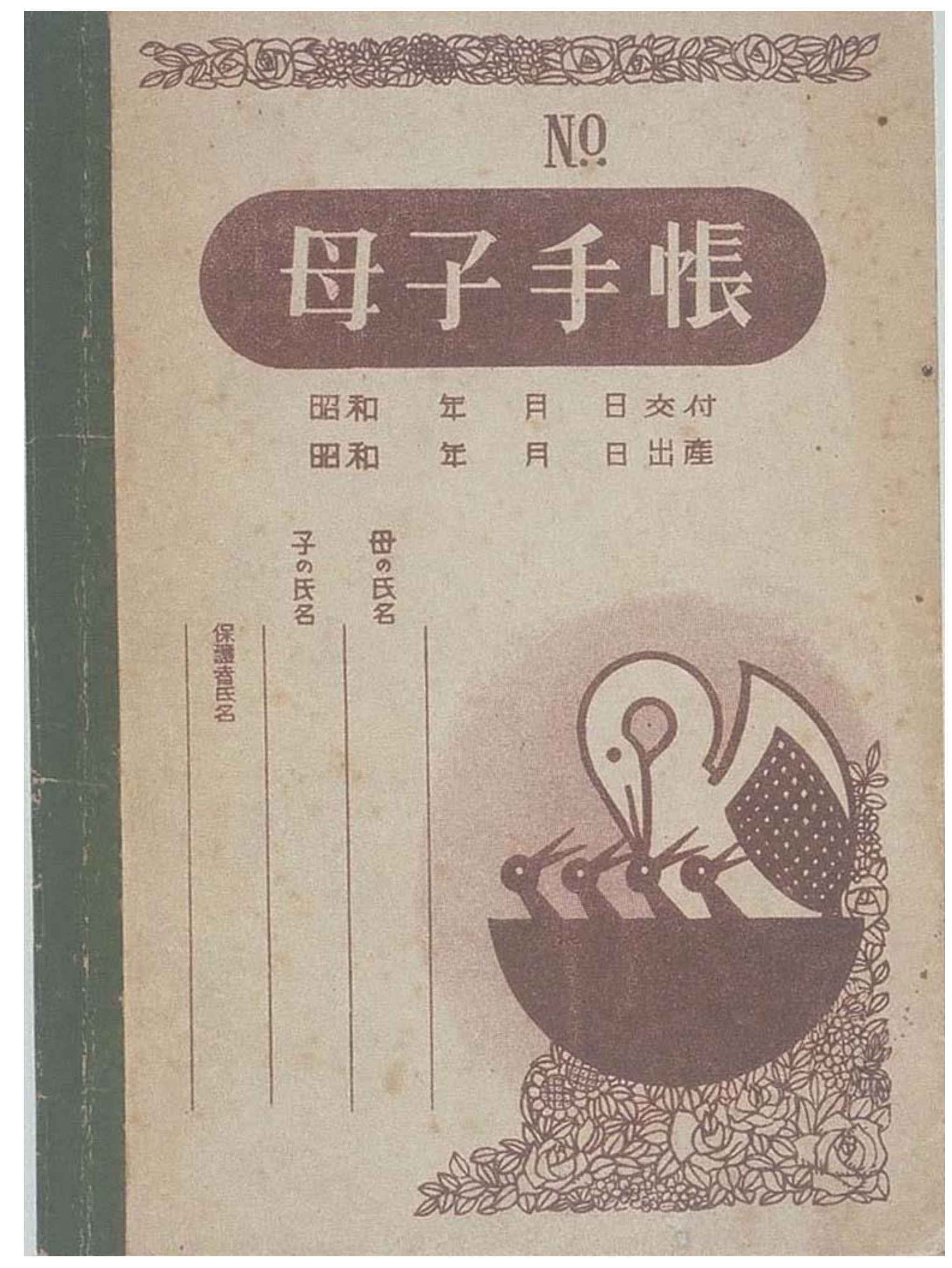
The Characteristics of MCH Handbook

1. Combine health records of both a mother and a child
2. Health information kept at home

The pregnant mother can get the book during pregnancy. The healthcare records of pregnancy, delivery, neonatal care, child growth and immunization are written by nurses and doctors.

The coverage is almost 100%.

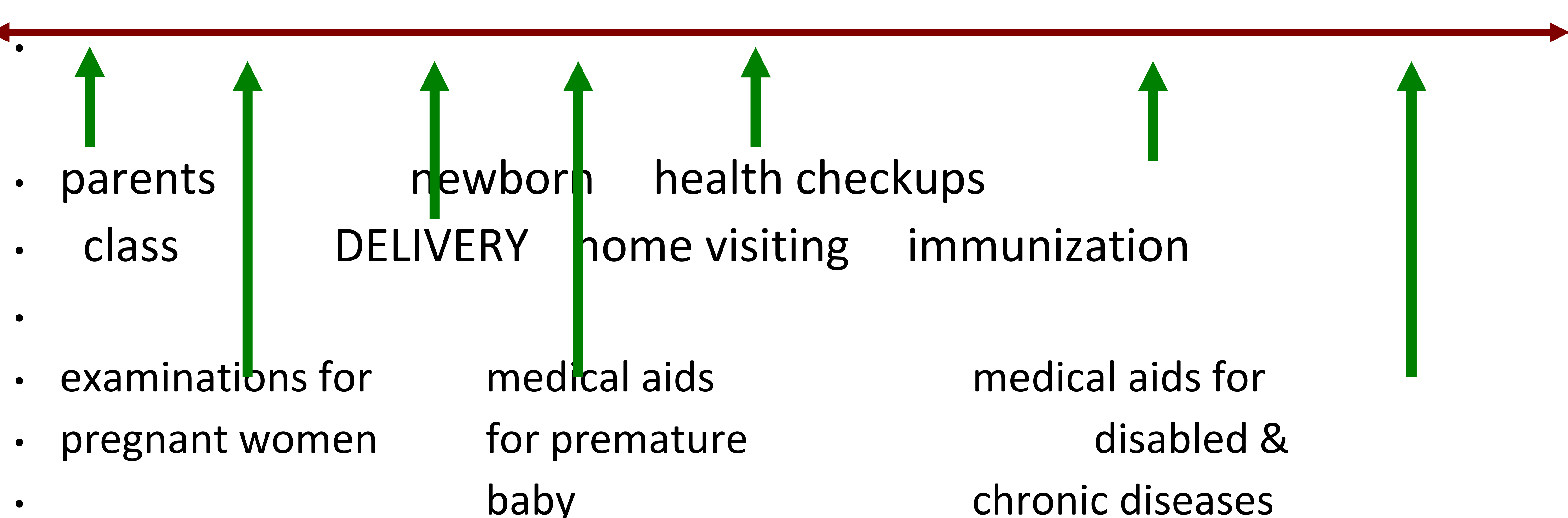
Most parents keep MCH handbooks until their children are married.



Mother and Child Handbook in 1948

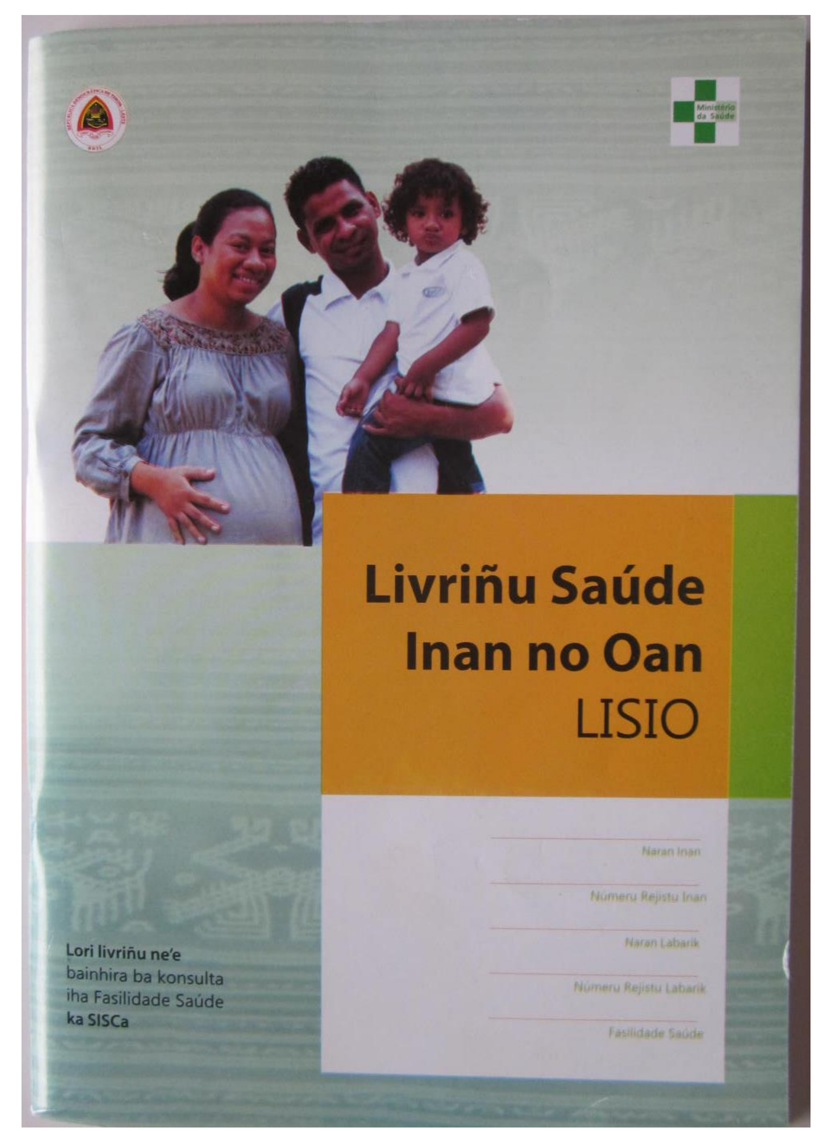
Nakamura Y.(2010) Maternal and Child Health Handbook in Japan. Japan Medical Association Journal (JMAJ);

MCH Handbook for the continuum of care during the first 1000 days in Japan



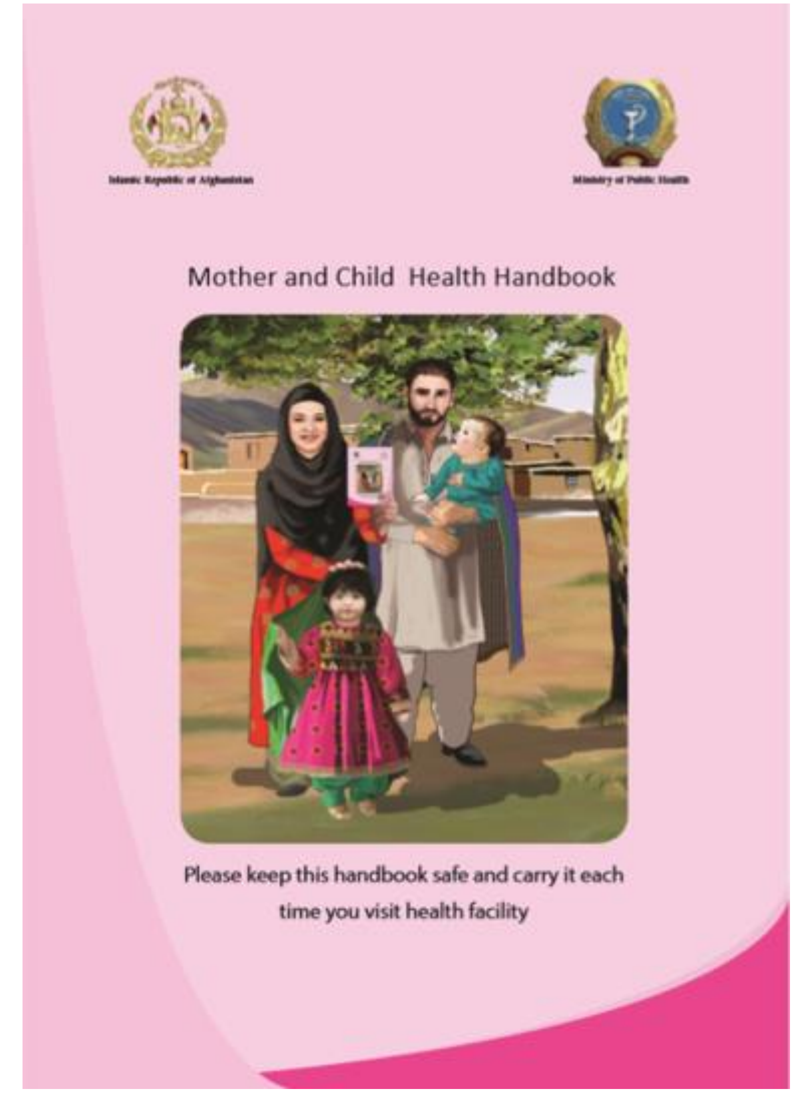
The MCH Handbook program can guarantee the continuum of care by many kinds of health professionals, at different facilities or homes, and at various times within the first 1,000 days.

Beautiful MCH handbook in the world



Vietnam

The first version was published in 1998. The Child-centered MCH handbooks are distributed nationwide.



Timor-Leste

MCH handbook was firstly introduced with the collaboration with UNICEF just after the independence. Now it contains 100 pages.

Afghanistan

The deputy minister visited a health center in Japan. MCH handbook is expected to save the lives of women.

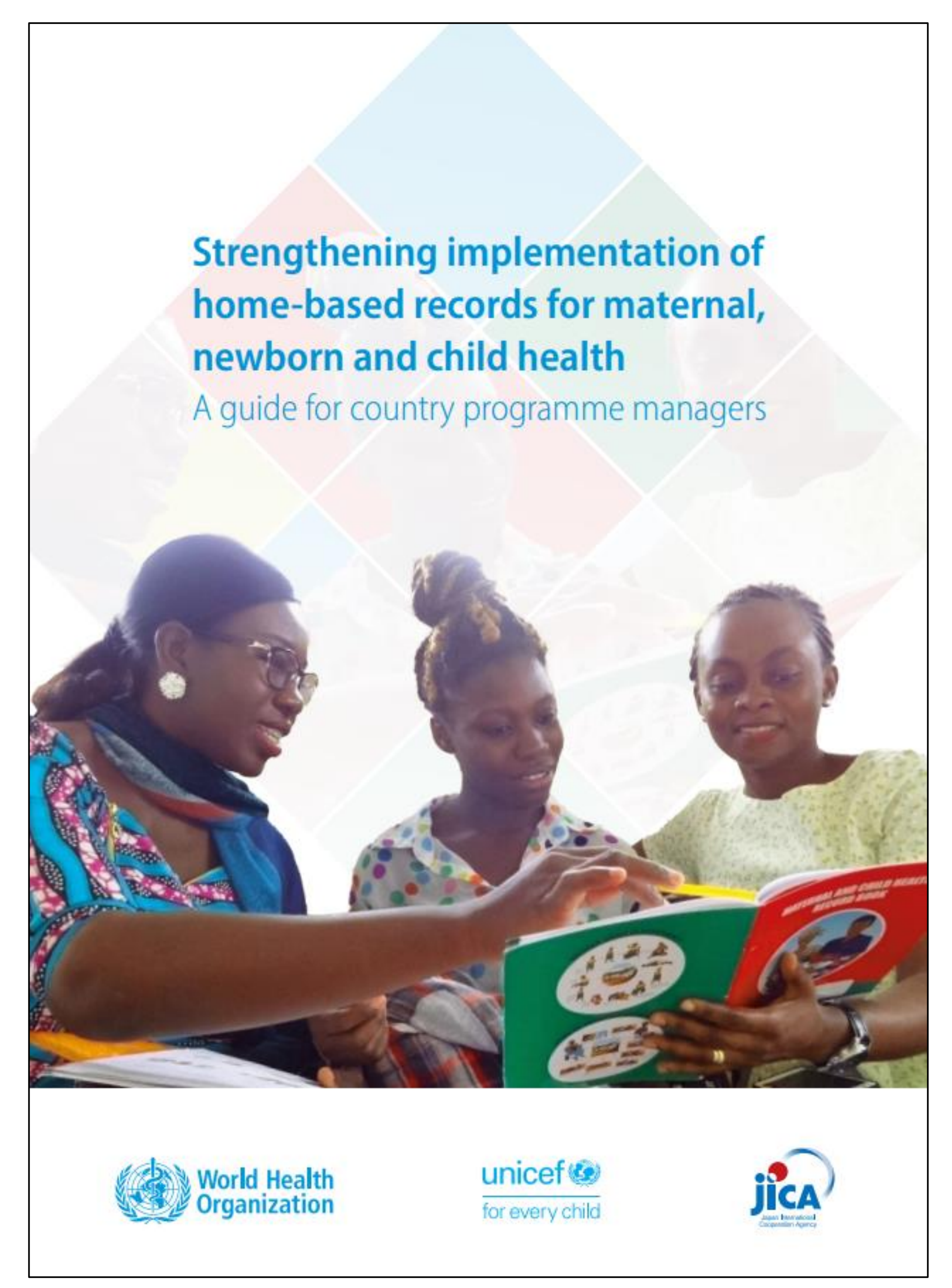
Strengthening implementation of home-based records for maternal, newborn and child health:

A guide for country programme managers (Feb. 2023)

WHO, UNICEF, JICA

- The World Health Organization recommends the use of home-based records as a complement to facility-based records for the care of pregnant women, mothers, newborns and children in order to improve care seeking behaviours, men's involvement and support in the household, maternal and child home care practices, infant and child feeding, and communication between health workers and women, parents and caregivers.

- https://www.who.int/publications/i/item/9789240060586



World Medical Association (WMA) Statement on the Development and Promotion of a MCH Handbook

Adopted by the 69 WMA General Assembly, Reykjavik, Iceland, October 2018

- 1 The MCH handbook, or equivalents, can be an important tool to improve continuity of care and benefit health promotion for mothers, neonates and children.
- 2 The WMA recommends that the constituent member associations and medical professionals promote the adaptation to local setting and the utilization of MCH handbooks, or equivalents, in order to leave no one behind with respect to SDGs, especially for non-literate people, migrant families, refugees, minorities, people in underserved and remote areas.

13th International Conference on MCH Handbook (TORONTO)

- Time: August 24-25, 2022
- Place:
- Online/ Toronto University
- Participants expected:
- 1,049 participants from 61 countries
- of Asia, Africa, Europe and
- America
- Organizers:
- International Committee on
- MCH handbook, Toronto University
- Collaboration:
- WHO, UNICEF, UNFPA、JICA

Conference on MCH Handbook
Toronto University, Aug. 2022

Toronto Declaration (August 2022)

- The MCH Handbook integrates Diversity, Equity, and Inclusion (DEI) principles into healthcare:
  - Diversity- culturally sensitive services tailored to the needs of the population and its subgroups by embracing a bottom-up approach
  - Equity- improve access to quality care for underserved populations
  - Inclusion- special editions for specific needs and
  - conditions (low-birth-weight newborns, children with
  - developmental disorders, etc.)
- The digitalization of the MCH Handbook :
  - Establishing a population database to enhance
    - social accountability towards healthcare education,
    - research, and service activities
  - Tackling health myths and misinformation

Young health professionals at the Conference (Toronto, 2022)

Information and Communication Technology (ICT) to MCH Handbook
（WHY NOT BOTH?）

<table>
<tr><th>Paper MCH handbook</th><th>Digital MCH handbook</th></tr>
<tr><td colspan="2">To get it during pregnancy
To keep it at home
To manage the health record by themselves</td></tr>
<tr><td>Any health workers can read and write anywhere.
Any family members can share the information on the book.
The Handbook can strengthen the bondage between parents and a child.
The handwritten text is heartwarming.</td><td>The data can be saved when the book is broken or lost.
The data can be overwritten by the up-to-date information.
Communicate with mothers and children with special needs by using voice or video.
Younger generations have a high affinity for apps and SNS</td></tr>
</table>

Our Planet, Our Health

(WHO World Health Day 2022)

The novel coronavirus infection (COVID-19) has fundamentally shaken the state of global health. Perhaps we have been too hasty in pursuing only human health. Infectious diseases have no borders.
A new discipline called "Planetary Health" is to coming to begin. Why don't we start a new challenge to consider human health in the context of improving the sustainability of the global environment, including climate change, and taking into account the health of all living things on the planet, including livestock, wildlife, bacteria, viruses, and plants?

Our Planet
Our Health

Clean our air, water & food

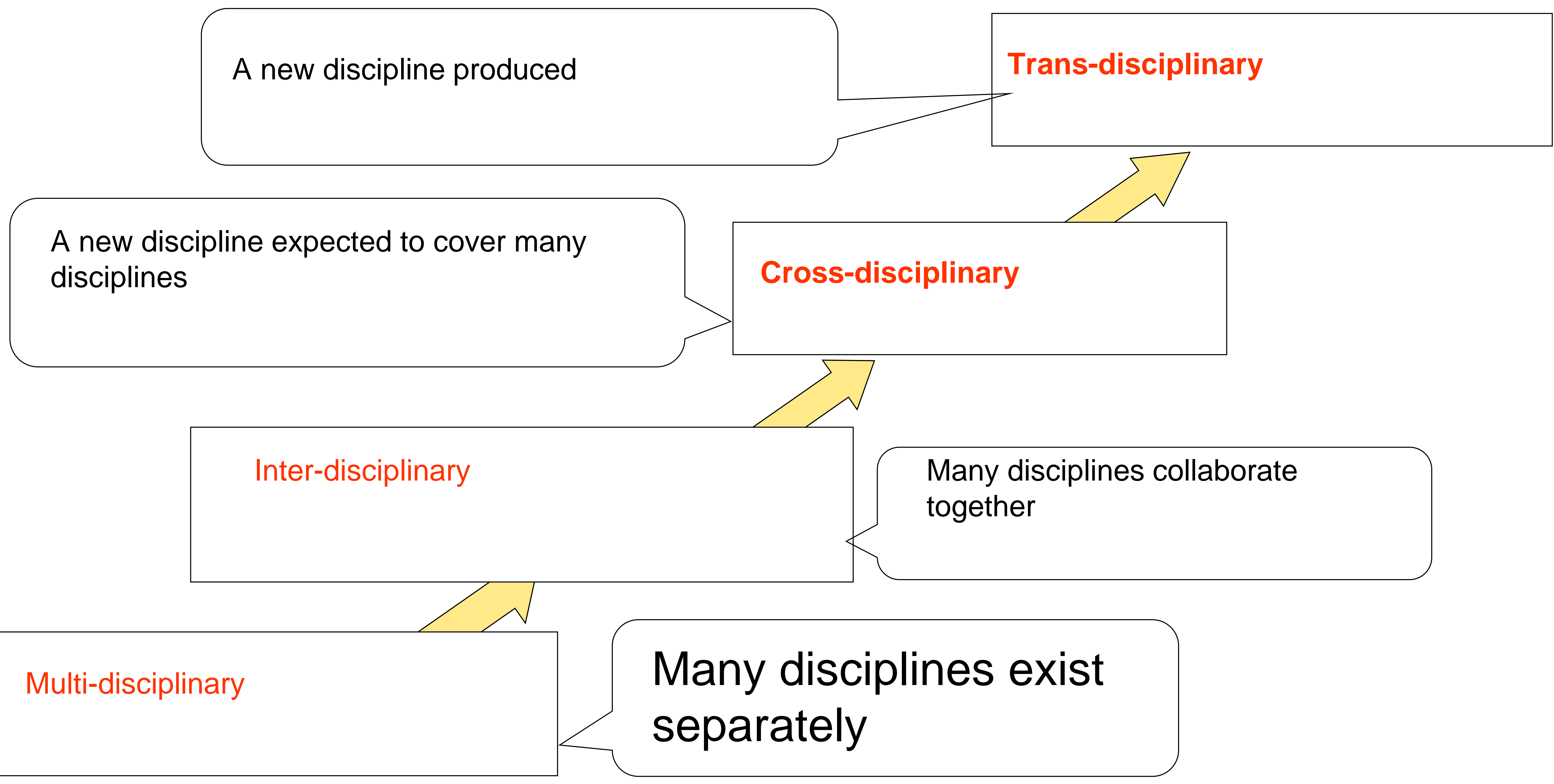
#HealthierTomorrow

Planetary Health:
a new science for exceptional action

Horton R.: Planetary health: a new science for exceptional action. the Lancet 386 :1921–22, 2015

- Wendell Berry (1934-   )
- We have lived our lives by the assumption that what was good for us would be good for the world. We have been wrong. We must change our lives so that it will be possible to live by the contrary assumption, what is good for the world will be good for us. And that requires that we make the effort to know the world and learn what is good for it."
- Wendell Berry: The Long-Legged House (1969)

Planetary Health needs Trans- or Cross-Disciplinary Approach



MCH in the Era of Planetary Health

- 1. Planetary Health is a new trans-disciplinary approach during and beyond SDGs, especially for life course approaches such as the health and well-being of mothers, infants and families.
- 2. Act locally, think globally! Dreaming about the planet, earth and environment, while implementing PHC in the local setting
- 3. Ingenious people in the world as same like older people in Japan have a similar idea "What is good for the world will be good for us"

Mt. MIWA (Nara, Japan)

A small mountain with 467 meters. The mountain is the God itself. The community respect all the trees, plants and animals in the mountain.

The MCH Handbook at Gaza, Palestine

https://www.unrwa.org/japan70th/blog/mchhandbookevent/

It has been 15 years since the introduction of the MCH handbook in Palestine.
In June 2023, Palestinian and Japanese mothers using the MCH handbook had a pleasant online discussion connecting GAZA and Japan.

As a Passport to life (Photo by Dr. Seita UNRWA)
A one-year-old boy has taken refuge in Rafah, a city in the south of Gaza. The building of his home in the north was bombed, but his family managed to keep everyone safe. His mother returned to the rubble, dug out her MCH Handbook and brought it with her.

The Constitution of the World Health Organization (WHO)

entered into force on 7 April 1948

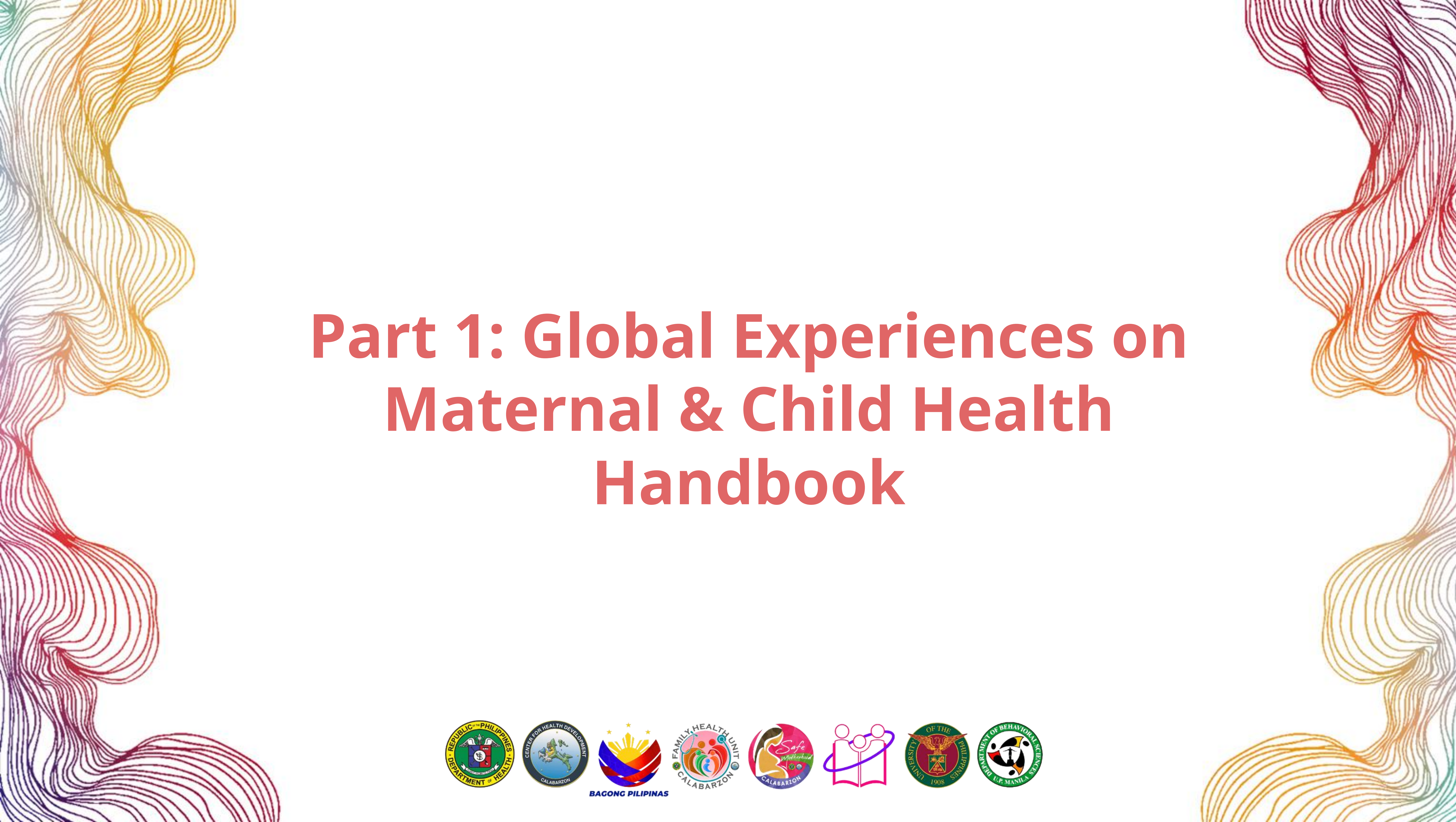
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

Thank you!

Prof. Yasuhide NAKAMURA
president@japan-who.or.jp



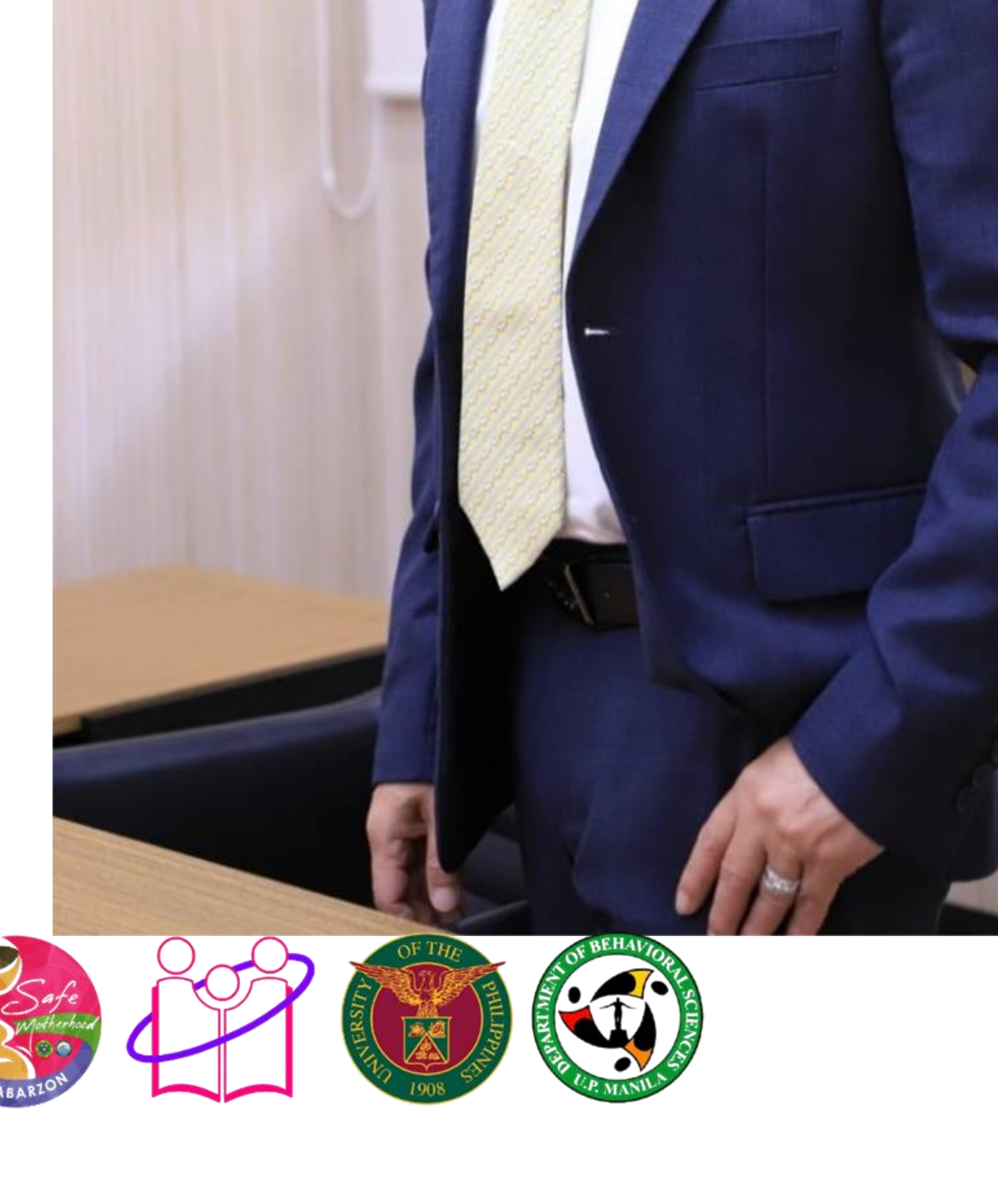
Part 1: Global Experiences on Maternal & Child Health Handbook
BAGONG PILIPINAS
CALABARZON

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
BAGONG PILIPINAS
FAMILY HEALTH UNIT
CALABARZON
Safe Motherhood
CALABARZON
UNIVERSITY OF THE PHILIPPINES
1908
DEPARTMENT OF BEHAVIORAL SCIENCES
U.P. MANILA

Thailand MCH Handbook

Dr. Sarawut Boonsuk

Inspector General Executive
Higher Level of Ministry of
Public Health in Thailand



BAGONG PILIPINAS

Maternal and Child Health Handbook in Thailand

Sarawut Boonsuk MD, MPH, Dr.PH, PhD
Inspector-General, Ministry of Public Health, Thailand

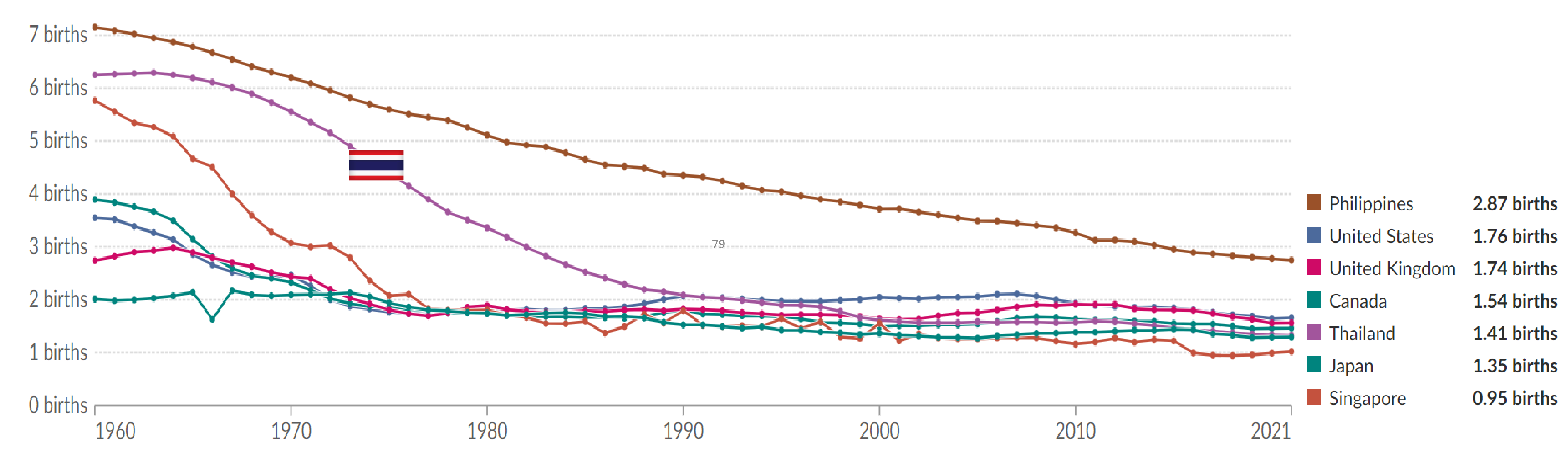
Table of contents

- Situation of mothers and children in Thailand
- The role of the Pink Book in maternal and child care in Thailand
- Pink Book Application
- Challenges and way forward

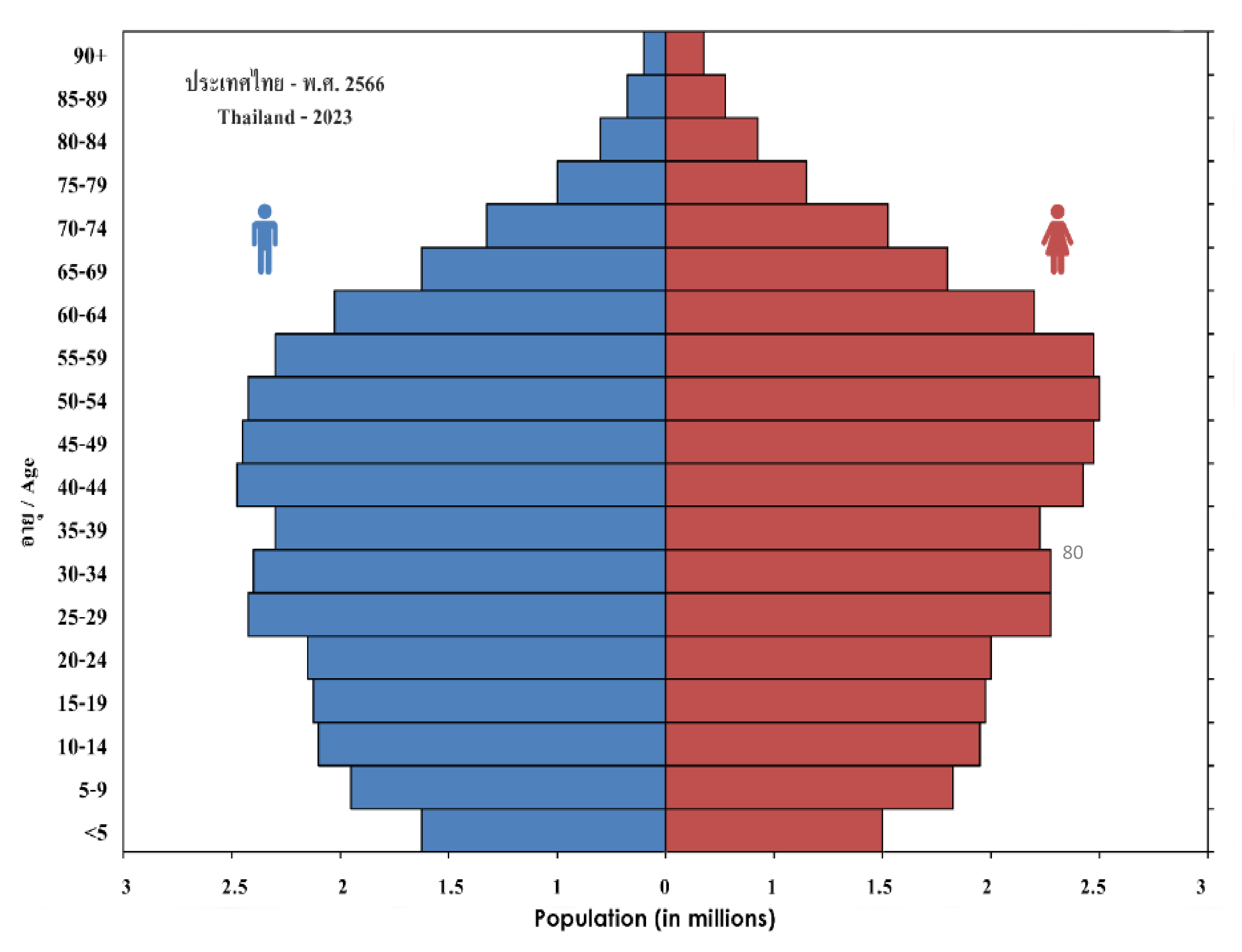
Situation of mothers and children in Thailand

Situation of mothers and children in Thailand

Total Fertility Rate by country



Situation of mothers and children in Thailand

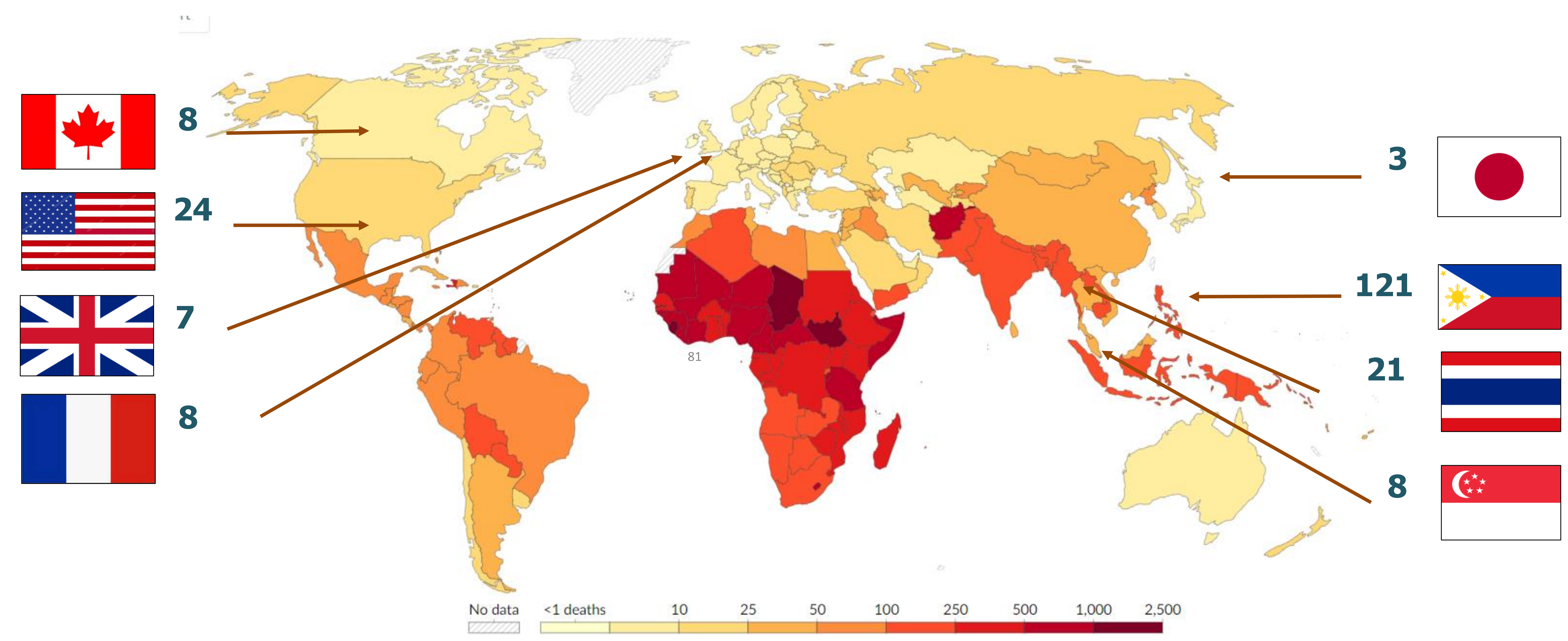


Estimation number of pop year 2023:
Population : 66.05 Million
0-14 years: 15.63%
: male 5,308,488/female 5,015,785
15-24 years: 12.31%
: male 4,165,022/female 3,966,533
25-54 years : 44.64%
: male 14,611,249/female 14,872,822
55-64 years: 13.80%
: male 4,242,383/female 4,874,983
65 years and over : 13.62%
: male 3,896,866/female 5,098,484

Source : website Thailand board of investment This website was last updated on April, 2024

Situation of mothers and children in Thailand

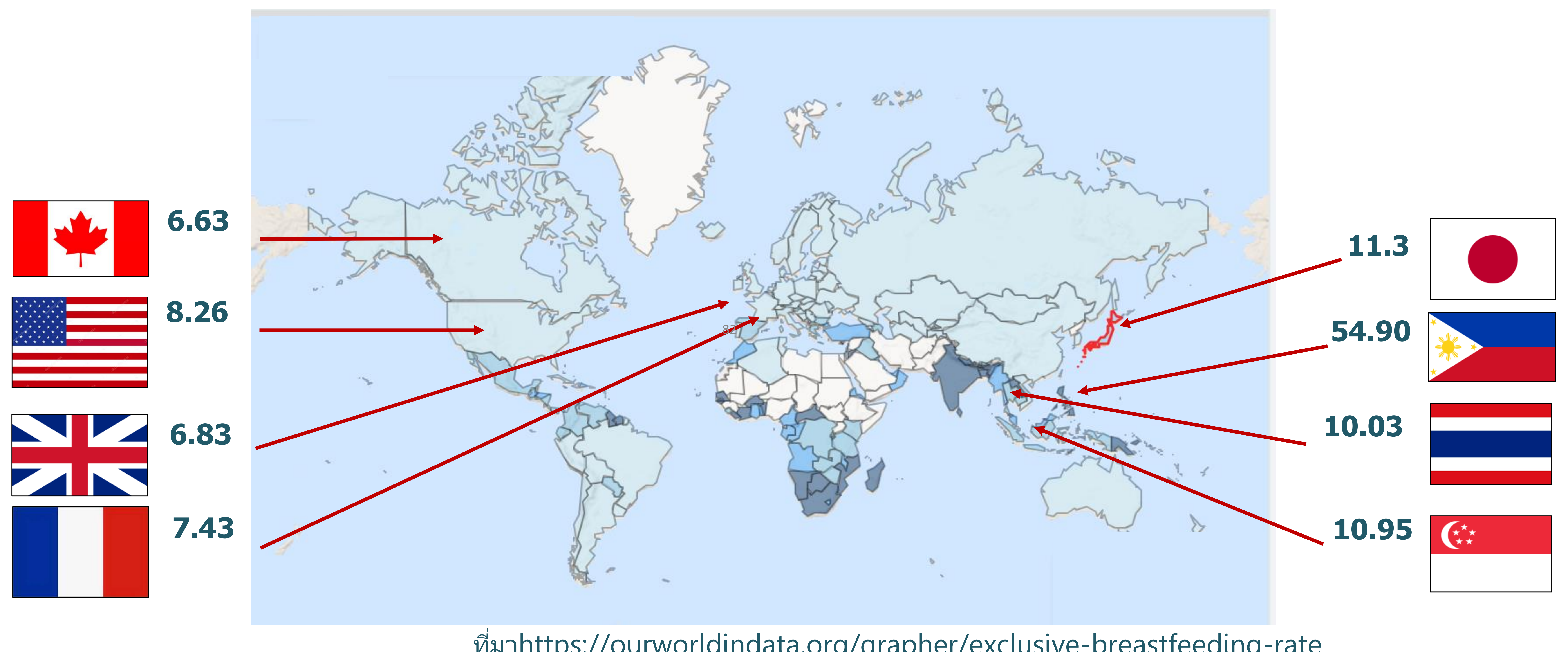
Maternal mortality ratio / 100,000 live births.



Source: https://ourworldindata.org/grapher/maternal-mortality

Situation of mothers and children in Thailand

Low birthweight (%) 2020



ที่มาhttps://ourworldindata.org/grapher/exclusive-breastfeeding-rate

Situation of mothers and children in Thailand

25.8

27.1

5.8

14

9.7

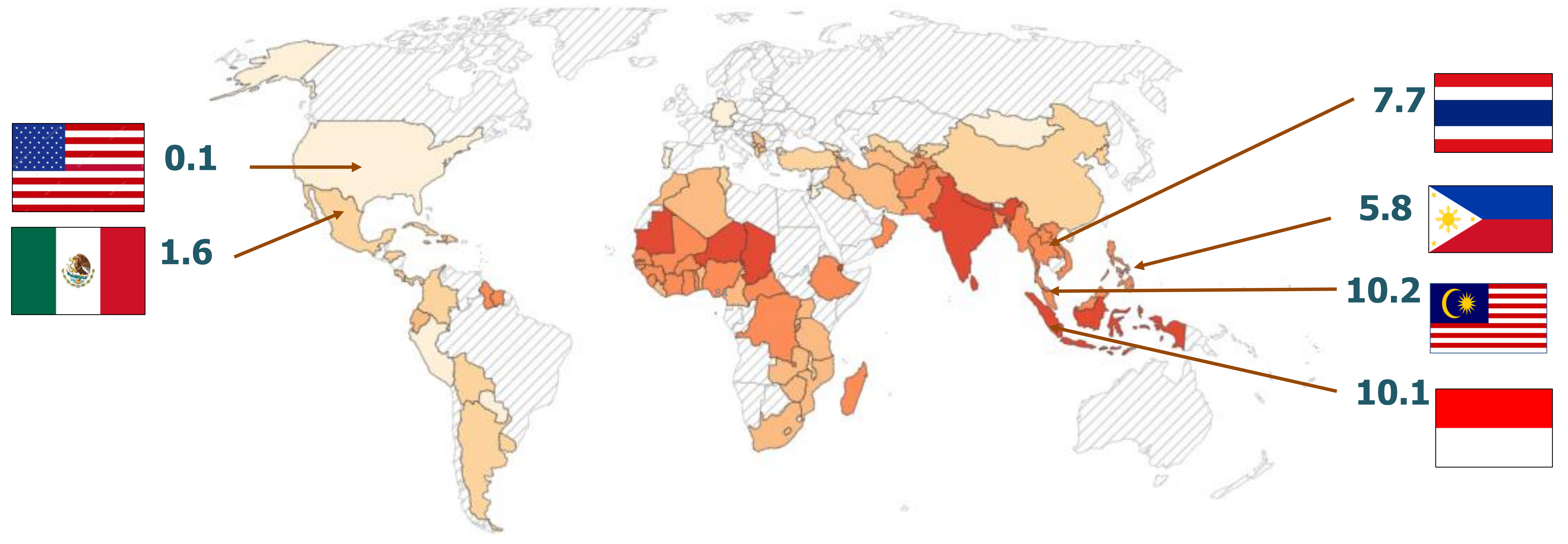
10.1

No data 0% 20% 40% 60% 80% 100%

ที่มา: https://ourworldindata.org/grapher/share-of-children-with-a-weight-too-low-for-their-height-wasting

Situation of mothers and children in Thailand

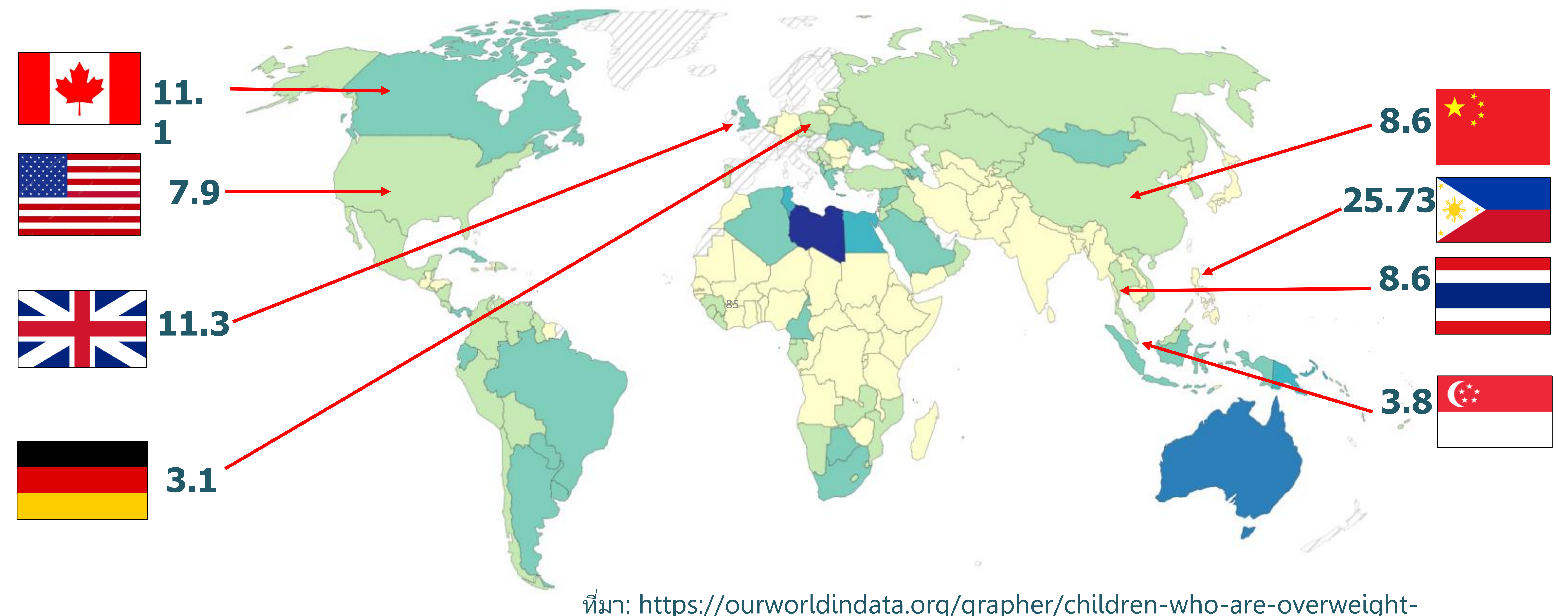
Malnutrition rate (%) 2021



ที่มา: https://ourworldindata.org/search?q=Malnutrition%20

Situation of mothers and children in Thailand

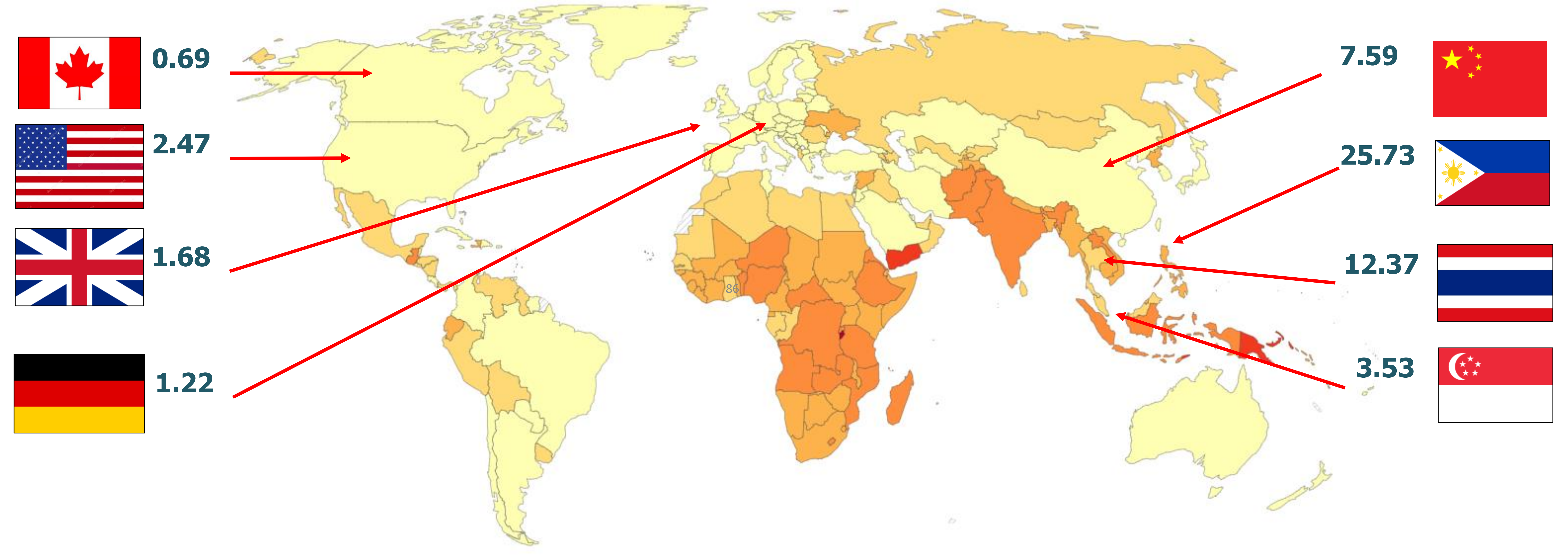
Overweight rate (%) 2023



ที่มา: https://ourworldindata.org/grapher/children-who-are-overweight-

Situation of mothers and children in Thailand

Stunting rate (%) 2023



ที่มา: https://ourworldindata.org/grapher/child-stunting-ihme

The role of the Pink Book in maternal and child care in Thailand

Background : Maternal and Child Health Milestones

88

- MCH Handbook first developed.

- The Baby Friendly Hospital Initiatives.

- Thalassemia screening and diagnostic tests in antenatal clinics.

- All public hospitals have been certified as BFHI hospitals.
- Safe Motherhood Projects.

- MOPH Committed to address Child Development In Well Child Clinic.
- Children receive regular Developmental Screening from health personal at 9,18,30,42 and 60 months

Evolution of MCH handbook in Thailand

1985

1992-1995

1996

1997-2001

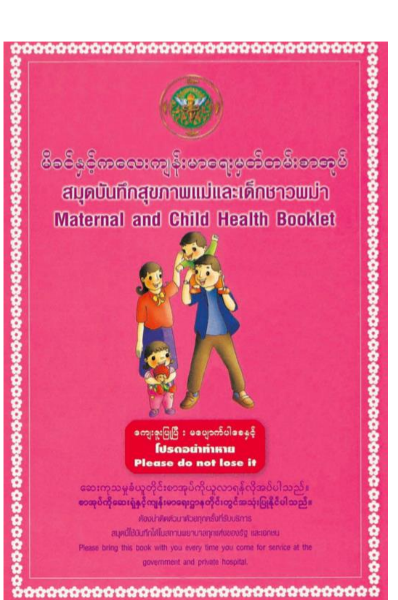
2002

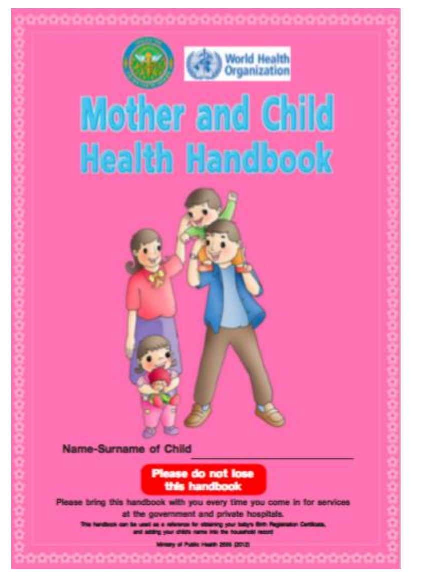
2003-2006

2007-2015

2016-2017

2018-2024





Current MCH handbook in Thailand

Pink Book

- **Health records & screening results**
- **Information for self-care and health promotion**

DSPM (2015)

Developmental Surveillance and Promotion Manual for normal child

DAIM (2015)

Developmental Assessment for Intervention Manual for high-risk child

Infrastructures for MCH Health

Availability

There is 1 hospital for each district
-Almost 1000 hospitals throughout country-

Health Data center

- Routine hospital- based electronic record
- Health information for monitor and improve services

Accessibility

Universal Health Coverage scheme provide benefit package for pregnancy
+ childbirth + Well baby clinic Services

Home-based medical record

MCH Handbook for all pregnant women, mothers and children

Quality of Service delivery

Hospitals provides cares according to the national standard

Infrastructures for MCH Health

Nurses Distribute MCH book in Hill Tribe Communities

The Department of Health Monitors MCH Utilization in the Area

MCH book Known as Pink Book

The role of the Pink Book

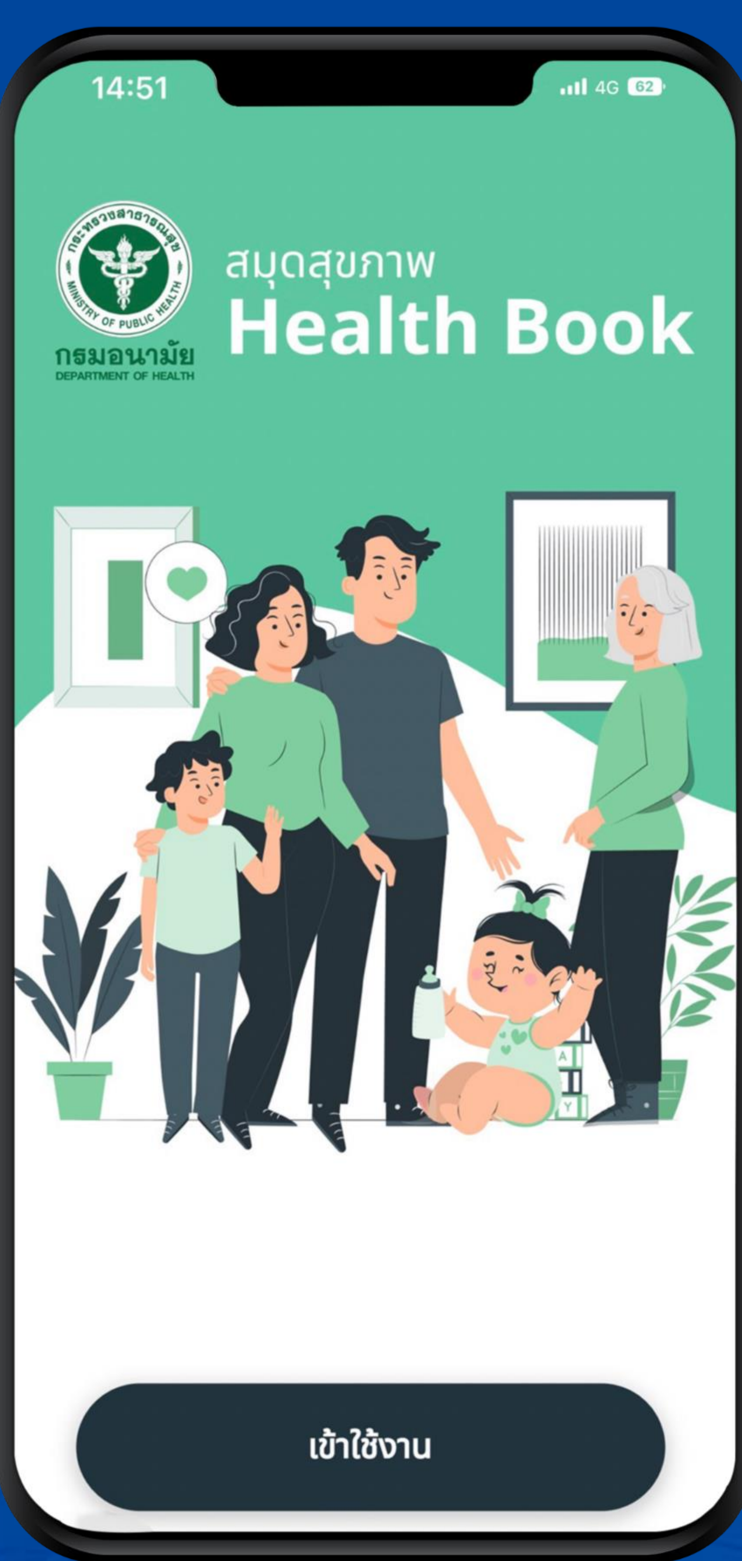
1) Facilitation by health workers through the first one thousand days project

2) Encourage the use of MCH handbook through parental school services

3) Intersectoral collaboration through ministries, local authorities, other government agencies, universities, and civil society

Digital MHC Handbook Thailand

Healthbook Application



- Department of Health has developed Healthbook application based on people's need
- Integrate, open, connect, and share data from all sectors
- Elevate the system to be the public health data center for people

Open & Connect

Executives and partners support, integrate, and exchange information to Increase performance

- People manage their own health information and use benefit package
- Assess risky behavior, preliminary self-assessment
- Analyze results and receive advice from the expert
- Record and analyze behavior and activities in daily life and health factors, and lead to adjustment of health behavior

Collaboration

Innovation

Health Book

ANAMAI 4.0

Citizen Centric

People manage their health information/assess /change their own behavior.

High Performance

An innovative, easy-to-access, accurate, safe, and central platform for health promotion

Digitization

- Health Book Online is an intelligent central platform (Smart Service) that adapts from analogue to digital services to promote individual health to people of all ages.
- All sectors have easy access to the health promotion system.
- Use health information exchange standard, HL7 FHIR, to enhance work and services.

- Check the accuracy of the information by using Blockchain technology
- Use Identity Assurance Level (IAL) level 2.3 and Authentication Assurance Level (AAL) level 2 to increase the level of security

กรมอนามัย
DEPARTMENT OF HEALTH

Healthbook Application

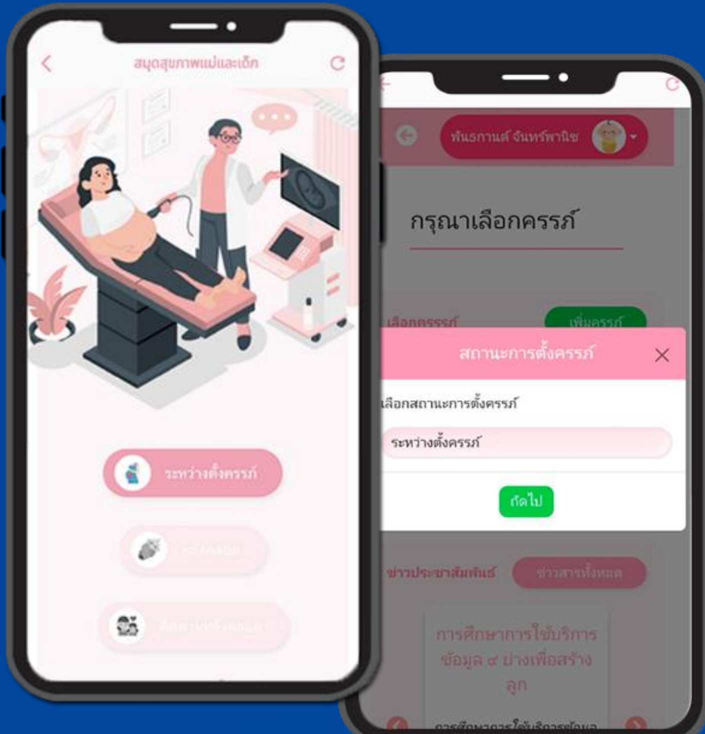
สมุดสุขภาพ
กรมอนามัย

- ❑ Record mother and child health
- ❑ Screen for risks of pregnant women and give advice
- ❑ Automated system that provide knowledge
- ❑ Nurture, evaluate, and monitor your child's growth, development, and health

Health assessment with Radar Chart in 3 areas
- ❑ Sexuality education and life skills
- ❑ School age children's health
- ❑ Risks to school-age children's health

Health assessment with Radar Chart in 5 areas
- ❑ Sleep
- ❑ Physical activity
- ❑ Oral health
- ❑ Stress
- ❑ Food consumption

Health assessment with Radar Chart in 9 areas
- ❑ Thought, memory
- ❑ Body movement
- ❑ Malnutrition
- ❑ Vision
- ❑ Daily routine
- ❑ Continence
- ❑ Depression
- ❑ Hearing
- ❑ Oral health



Mother and Child (Pregnant women/0-5 yrs)	School-age, adolescent (6-19 yrs)	Working-age (20-59 yrs)	Older persons (60 yrs+)

กรมอนามัย
DEPARTMENT OF HEALTH

From physical MCH Handbook (Pink Book), integrated into Healthbook Application

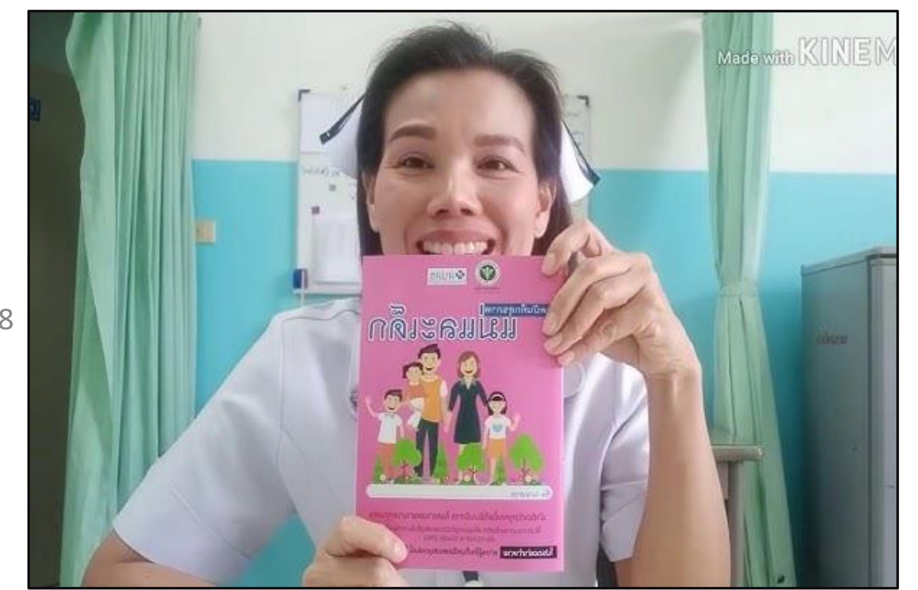
Key success factors

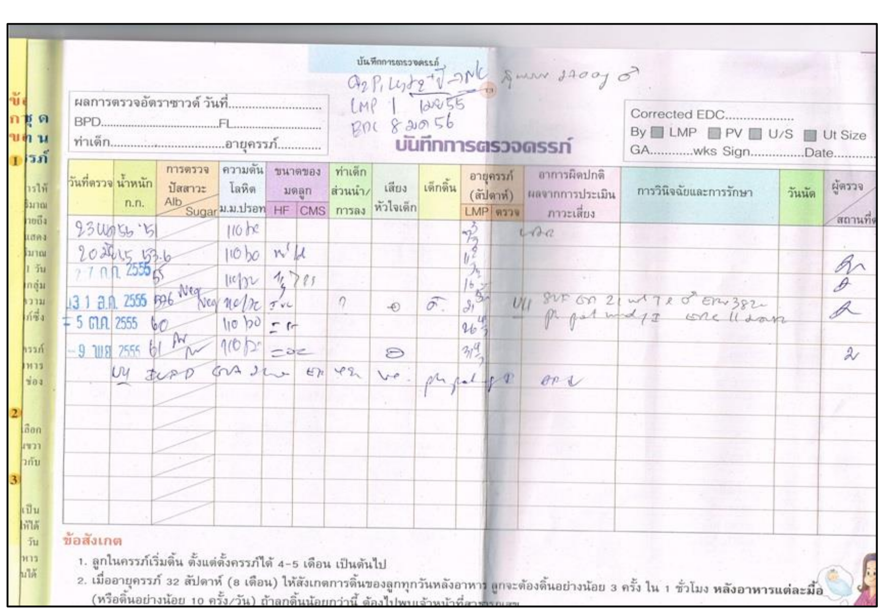
Technical
DOH

Financial
NHSO

Providers
Health facilities

98





Country ownership

Participation from users and partners

Challenges and way forward

Challenges and way forward

1. **Increase the use of the MCH book or MCH application to increase health literacy provided to pregnant women.**

2. **Increase the accessibility of MCH handbooks for vulnerable populations.**

3. **Connection of data and monitoring of the high-risk pregnant women to decrease the ratio of maternal deaths.**

Thank You

Indonesia MCH Handbook

Dr. Agustin Kusumayati

University Secretary & Professor
Faculty of Public Health
Universitas Indonesia

Highlights

- The Buku KIA (Kesehatan Ibu dan Anak) was first introduced in 1994, aimed at improving maternal and child health.
- According to the RISKESDAS survey, while there is high coverage of mothers possessing the handbook, its utilization remains low.
- The current version of the Buku KIA includes sections for maternal recording paths, antenatal care, delivery and postpartum records, breastfeeding, family planning, neonatal care, growth charts, nutrition, and more.
- To enhance its effectiveness, recommendations include better utilization by health personnel and voluntary workers, mass promotion, intensified mother and under-five classes, and further analysis of the 2023 Health Survey data.

Japan
MCH Handbook

Prof. Yasuhide Nakamura

Chairman
International Committee on Maternal and Child Health Handbook

Prof. Yasuhide NAKAMURA, MD., Ph. D.

President, Friends of WHO Japan
Professor Emeritus of Osaka University

The 10th International Conference on MCH handbook at UN University in Tokyo (2016)

The Maternal and Child Health (MCH) Handbook in Japan: born in Japan, flourishing around the world

Outlines of the Presentation

1. Historical Trends of Maternal, Neonatal, and Child Health in Japan
2. Maternal and Child Health (MCH) Handbook, born in Japan, flourishing around the world
3. MCH Handbook as “no one will be left behind”

Japan's experience
as a developing country before economic development

- 1 High prevalence of infectious diseases
- 2 High infant mortality rate
- 3 Strengthening health care delivery system both in rural and urban areas
- 4 People's efforts against infectious diseases and Maternal and Child Health (MCH) through formal and informal collaboration

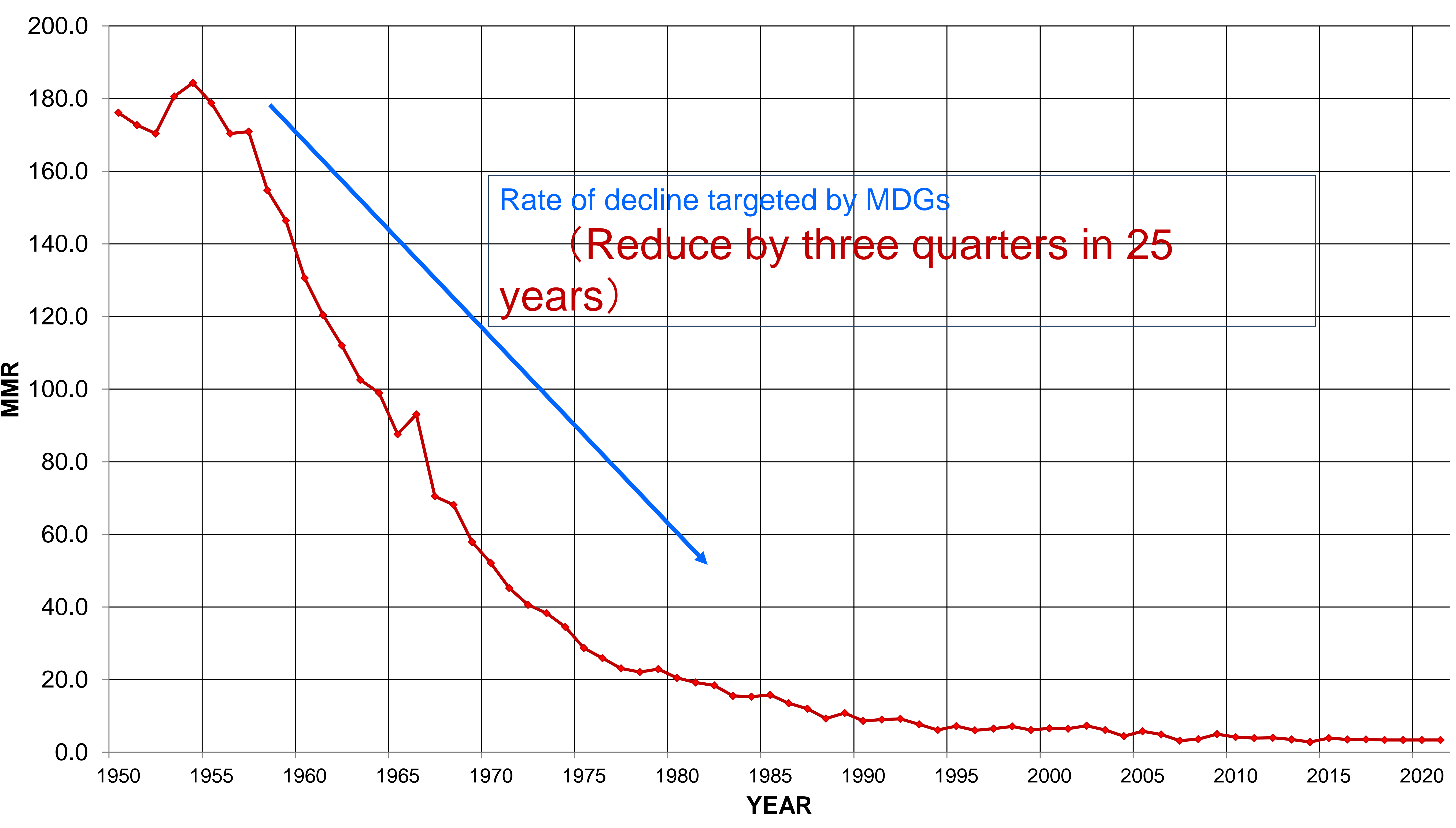
When I was young, many children worked near their houses.

UN Millennium Development Goals (MDGs)

- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equity and empower women
- 4 Reduce child mortality
- (Reduce by two-thirds between 1990 and 2015)
- 5 Improve maternal health
- (Reduce by three quarters between 1990 and 2015)
- 6 Combat HIV/AIDS, malaria and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development
- *By the year 2015, all 191 UN Member States have to meet the above goals (2001)*

Maternal Mortality Ratios (MMR) in Japan

Sources: Ministry of Health, Welfare and Labor, Japan

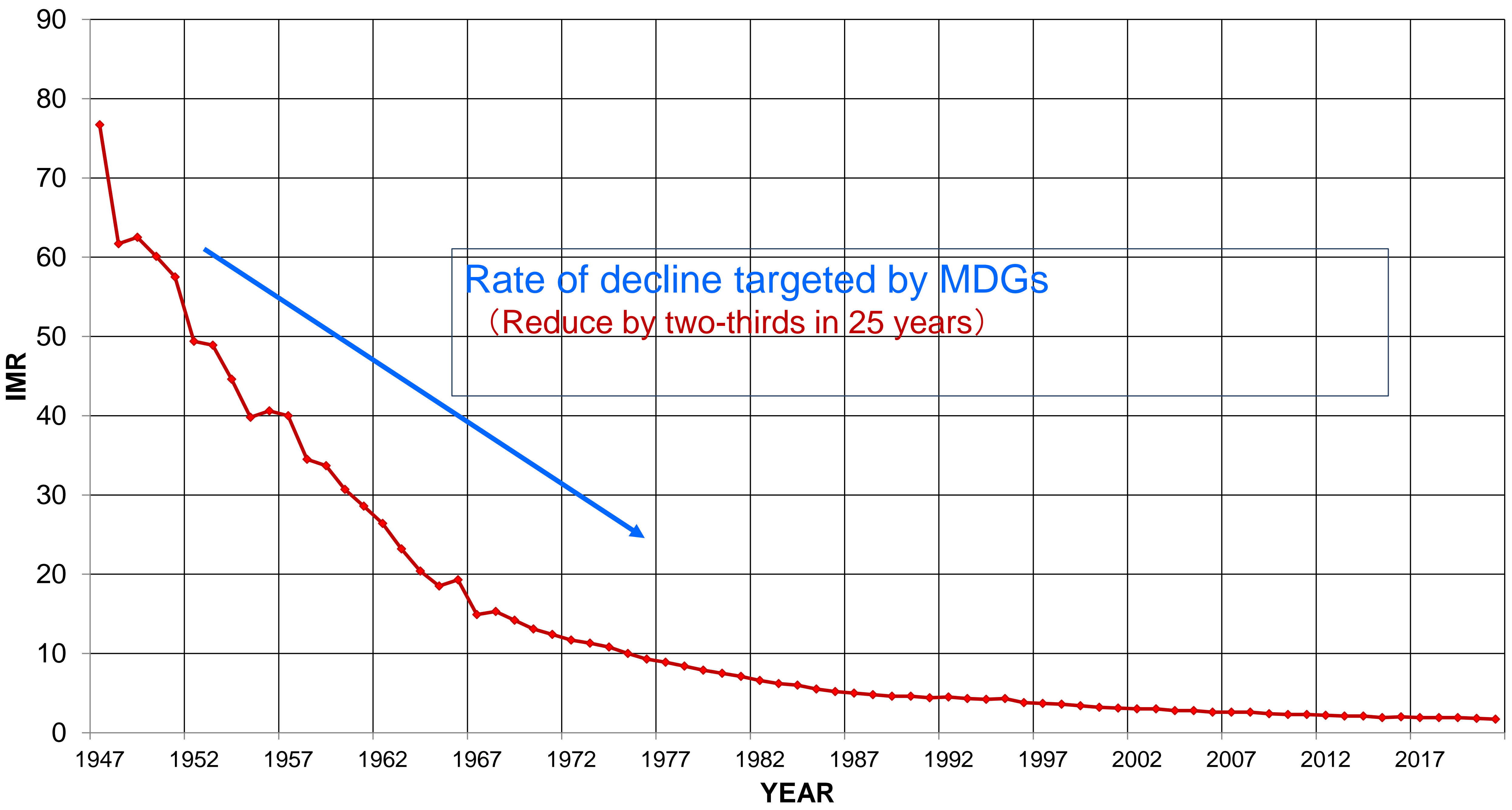


Maternal Mortality Ratio (MMR) in 2021: 3.4 per 100,000 live births

Infant Mortality Rates in Japan

IMR in Japan has constantly decreased to one of the lowest IMRs in the world.

Sources: Ministry of Health, Welfare and Labor, Japan



Infant Mortality Rate (IMR) in 2022: 1.8 per 1,000 live births

Life expectancy at birth (2022):81.05 years (male), 87.09 years (female)

Excellent Good Practice

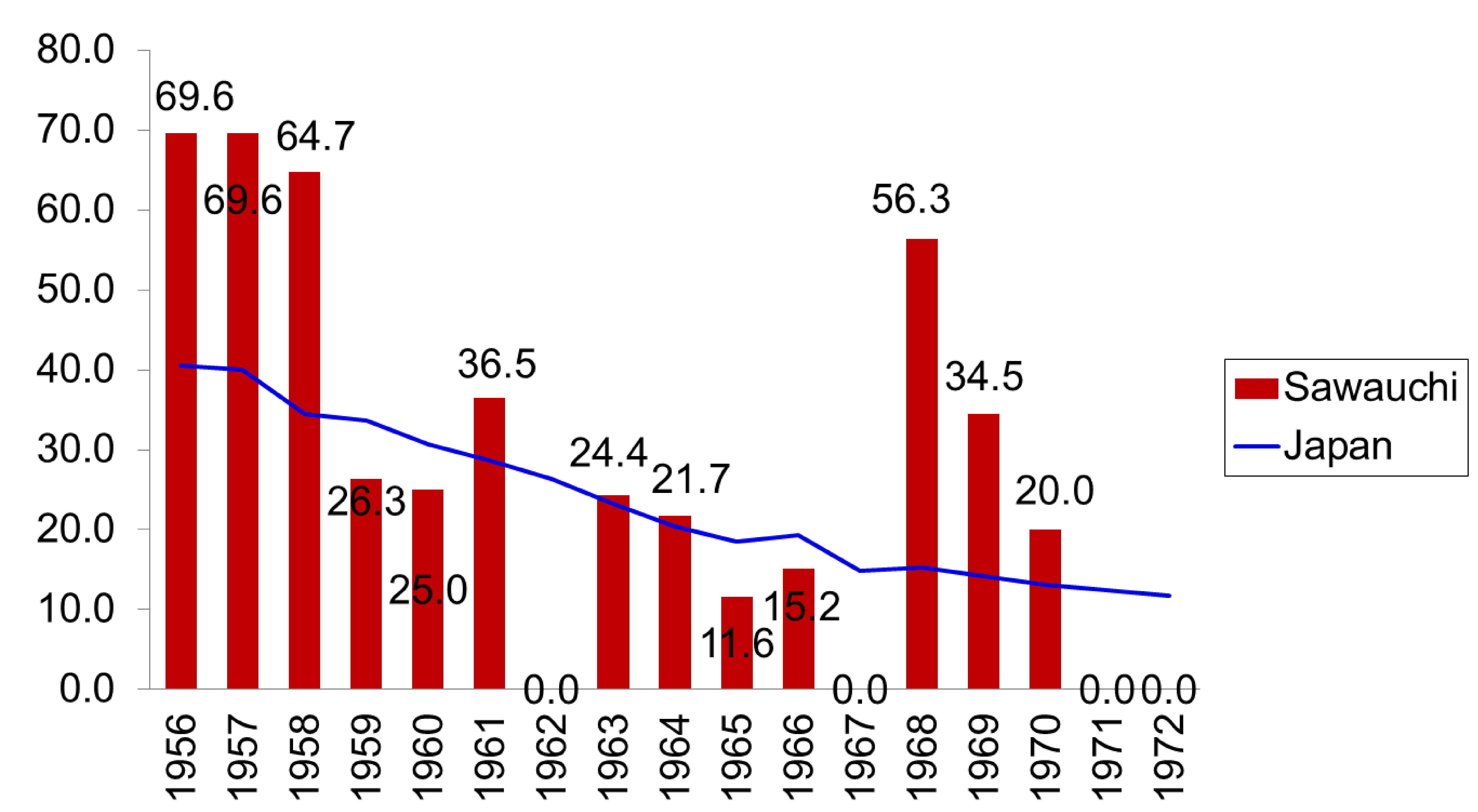
Sawauchi Village in Iwate Prefecture

Miracle of Sawauchi Village
Population: 6,000,
Poor village with many diseases and much snow

1957 Mr. Masao Fukazawa :Head of Village
1958 Three Public Health Nurses in Sawauchi
1960 Free medical care for elderly people over 65 years old
1961 Free medical care for the elderly and infants
1962 Infant Mortality Rate became 0
1963 Health Culture Award
1965 Mr. Masao Fukazawa died
1967 Infant Mortality Rate became 0

Infant Mortality Rate in SAWAUCHI Village
（1956-72）

IMR（per 1000 live births）



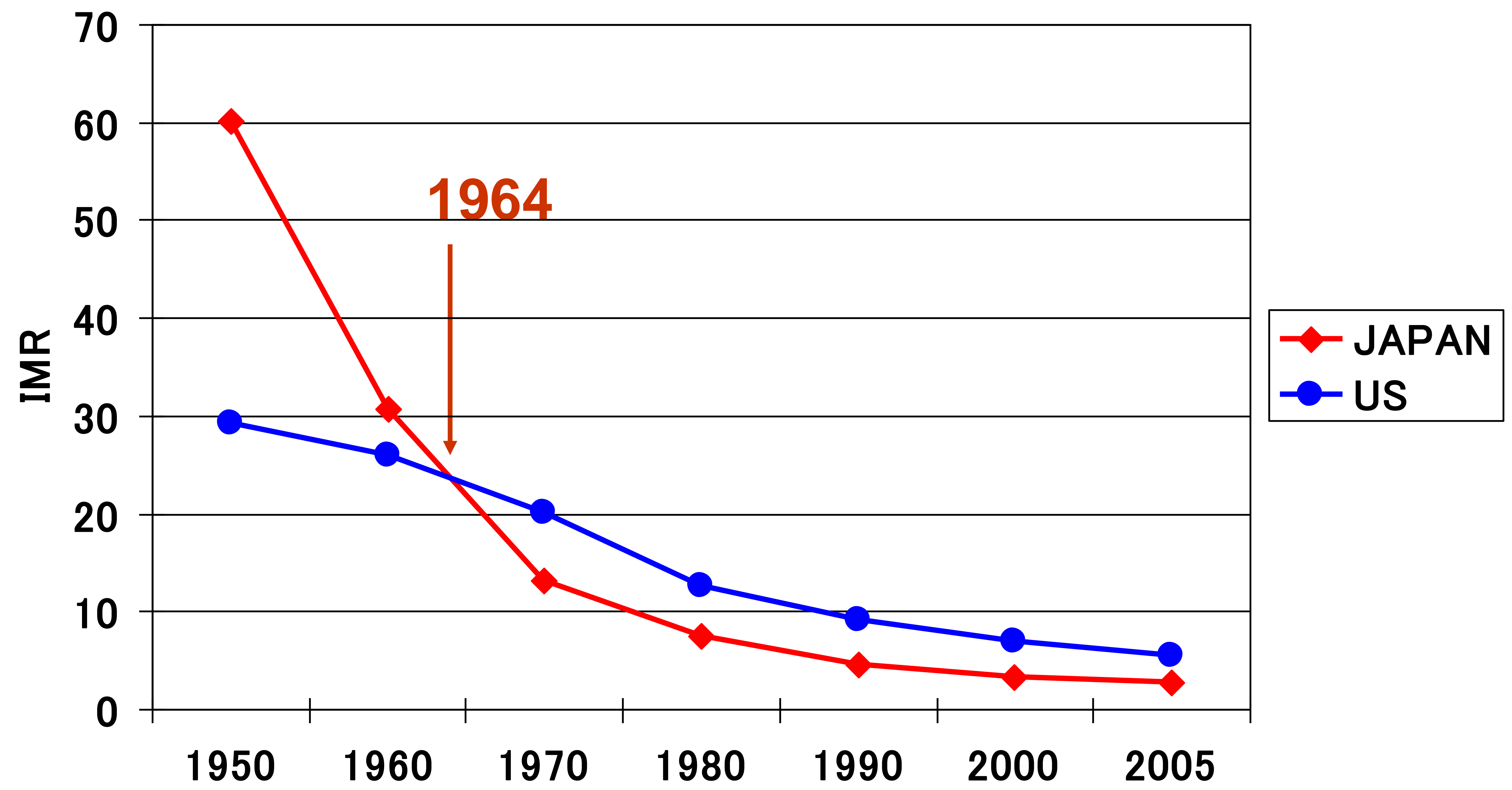
The Miracle of the Small Village

IMR Zero made a big impact on other villages
Four possible factors caused the miracle

- **Strong Political Leadership**
- **Mixture of medical care and preventive care**
  (Both population and high risk approach)
- **Powerful activities of health care nurses**
- **Active community organization**

IMR in Japan and the United States

Sources: U.S. Department of Health and Human Services Ministry of Health, Welfare and Labor, Japan



The IMR of Japan was better than that of US in 1964.
Health condition of Japan was improved before Japan's economic development.

Possible Explanations for Japan’s Low Infant Mortality Rates

- 1 Narrow socio-economic distribution
- 2 National health insurance
- 3 Maternal and Child Health Handbook
- 4 Population-based screening and health check-ups
- 5 High value placed on childbearing

Source: Health and welfare for families in the 21st century, by Kiely M, Wallace HM, Nakamura Y et.al., Jones and Bartlett Pub., 1999

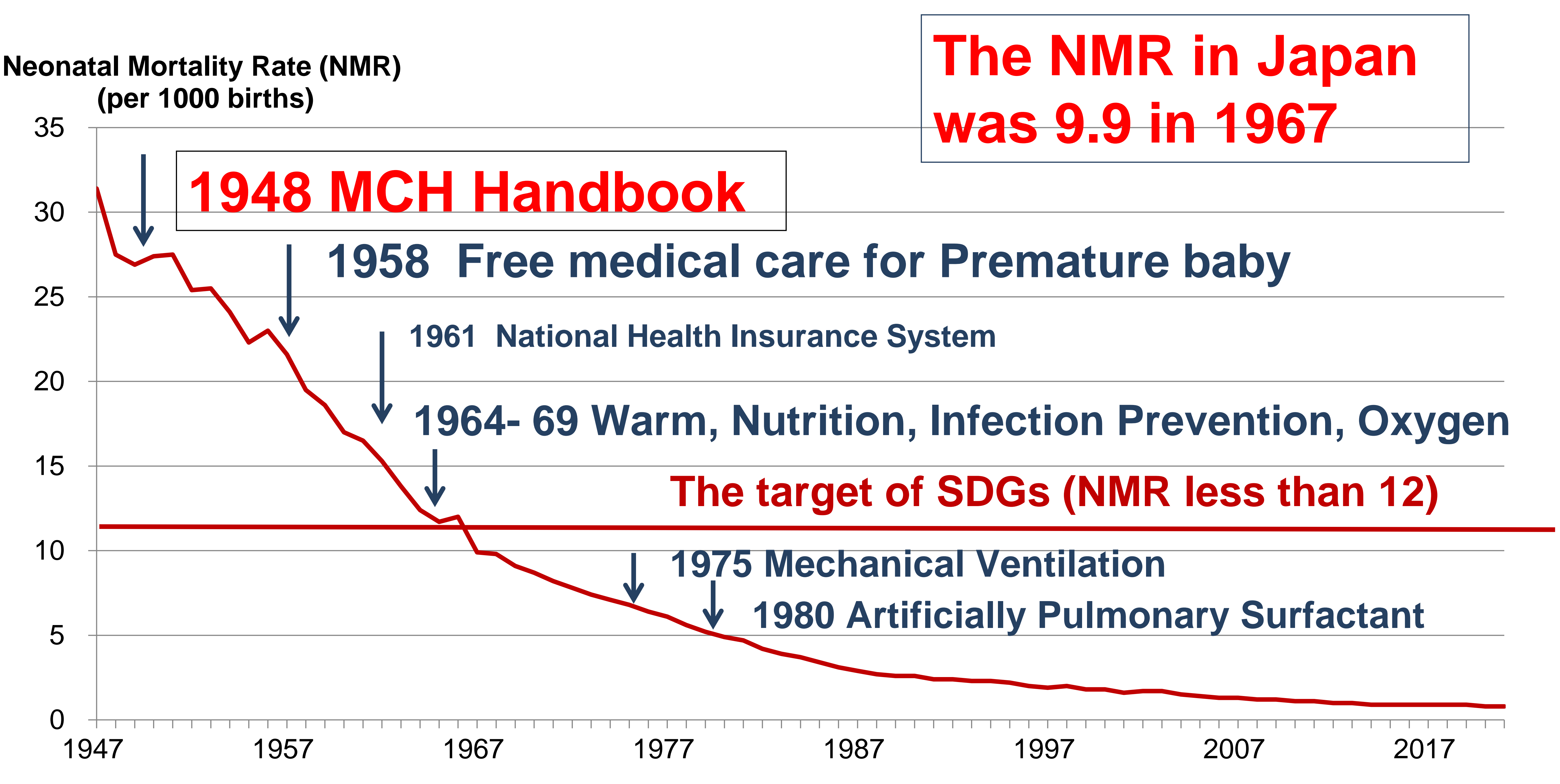
SDGs (Sustainable Development Goals)

Goal 3. Ensure healthy lives and promote well-being for all at all ages

- •1 MMR (maternal mortality ratio) < 70 per 100,000 live births
- •2 NMR (neonatal mortality rate) <12 per 1,000 live births
- under-5 mortality < 25 per 1,000 live births
- •3 AIDS, tuberculosis, malaria and neglected tropical diseases
- •4 NCD (non-communicable diseases)
- •5 Substance abuse, including narcotic drug and alcohol
- •6 global deaths and injuries from road traffic accidents
- •7 Sexual and reproductive health-care services
- •8 Universal health coverage
- •9 Hazardous chemicals and air, water and soil pollution

Neonatal mortality rates (NMR) decreased before medical high-technology development in Japan

Sources: Ministry of Health, Welfare and Labour, Japan



Nakamura Y.（2019） J Glob Health Sci.

Public Health Nurses and Midwives were key persons to reduce NMR and IMR in Japan

- A Life History of a Midwife in a remote village in Nagasaki
- 1929 Born in a remote village in Nagasaki
- 1945 Atomic Bomb at Nagasaki
- 1947 got a midwife registration
- 1965-70 attended about 200 births per year

- A first lady who had a bicycle and motorbike in the village
- The community appreciated and respected her activities.
- The mutual respect and appreciation between healthcare workers and the community.
- *Nakamura Y, Oishi K (2018) The origin of community health, Kyorin Shoin.*

The Roles of Midwife Practitioners in Japan

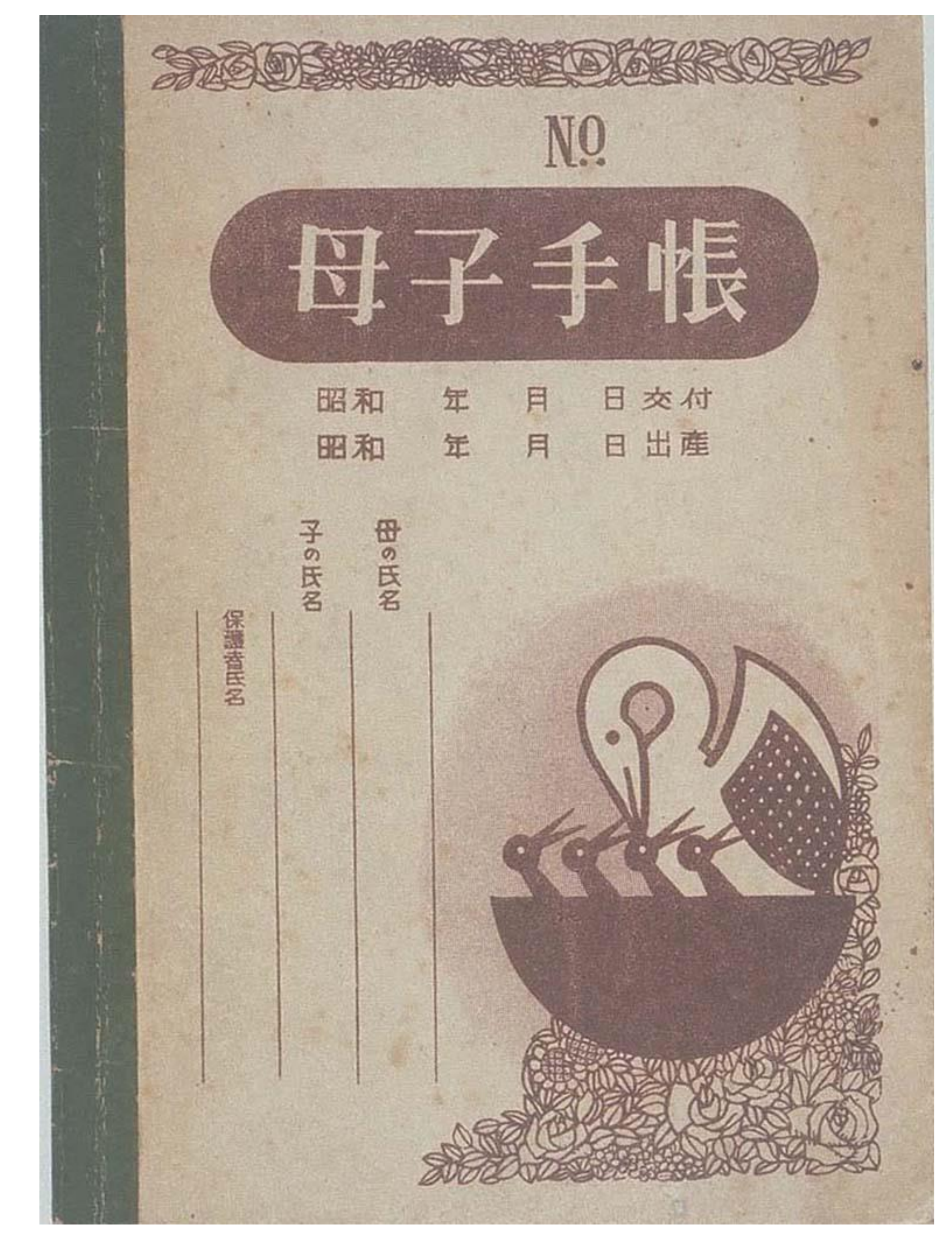
- 1 Midwives in the villages without doctors
- 2 The roles of midwife: health education, prevention, emergency care and delivery, covering all the cares concerned to maternal and child health
- 3 Intersectoral collaboration among the front-line workers: agriculture improvement, school teacher, livelihood extension workers (*Sei-kai*) etc.
- 4 Ensuring the quality of life of women: to educate grandmothers and fathers, to build bridges between traditional customs and modern technology
- *Ohishi K. Nakamura Y. The application of Japan's experience in health development to developing countries (2003: the Research on International Cooperation for Caring Society, Ministry of Health, Labour and Welfare, Japan)*

Maternal and Child Health (MCH) Handbook was published for the first time in the world in 1948

The Characteristics of MCH Handbook

1. Combine health records of both a mother and a child
2. Health information kept at home

1942	Handbook of pregnant mothers
1948	Boshi Techo (Handbook of mothers and children)
1966	Boshi Kenko Techo (Maternal and child health handbook)
1991	Decentralization of Maternal and Child Health
2022	Upgrading of MCH Handbook



Handbook of mothers and children in 1948

Nakamura Y.(2010) Maternal and Child Health Handbook in Japan. Japan Medical Association Journal (JMAJ);

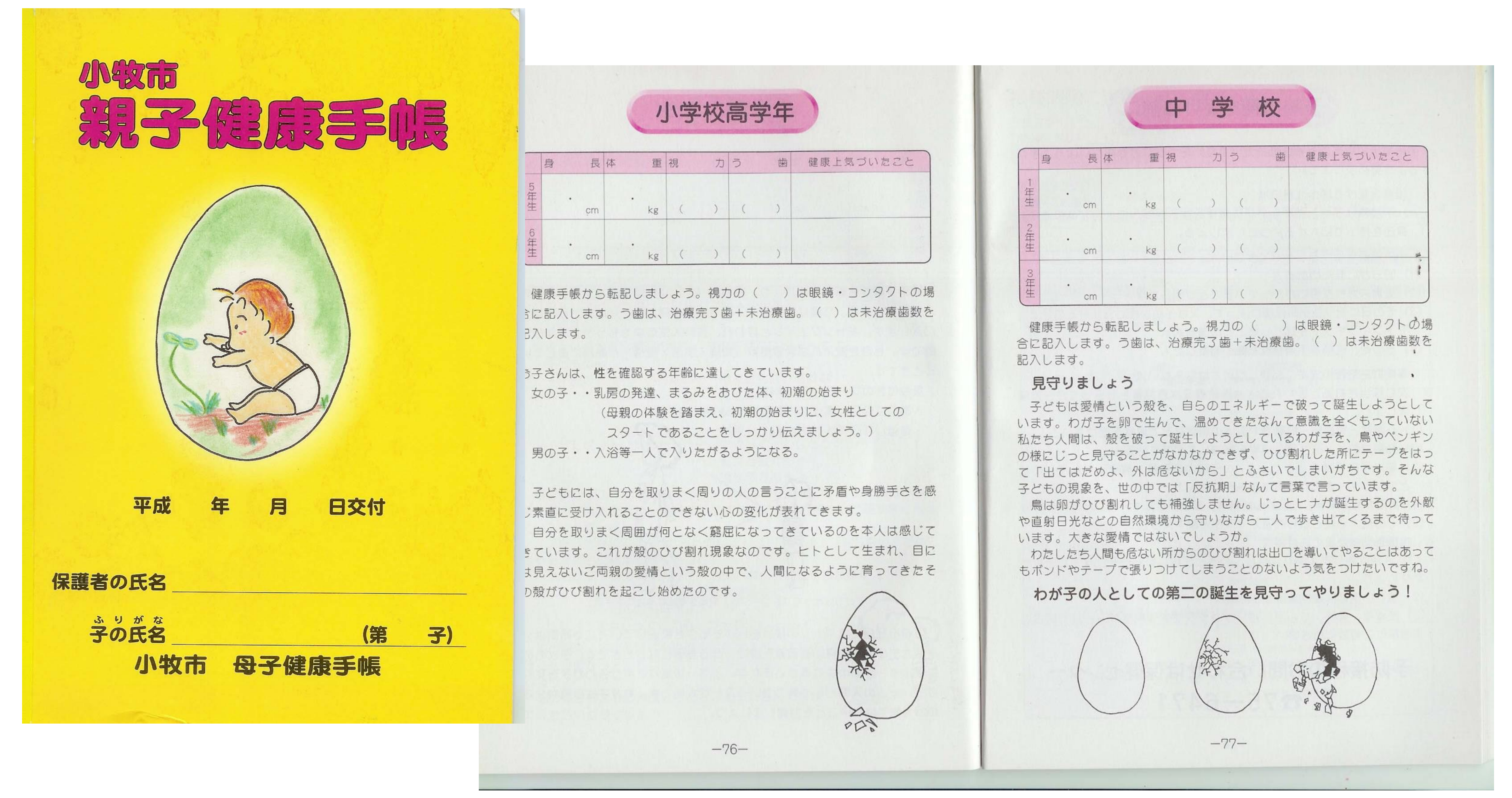
The contents of MCH Handbook in Japan

- The MCH Handbook in Japan consists
- of the following contents.
- - Information on a pregnant mother
- - Birth certificate
- - Pregnancy Records: body weight, blood test, urine test etc.
- - Delivery: course, mother's condition, APGAR score, birth weight,
- - Child Health: growth curve, health examinations, dental care
- - Immunization records and records of childhood illness
- - Health education:
  - healthy pregnancy and birth, the neonate and child care
- The basic concept is common through Japan.
- However, each municipality can add specific information of their own information and change the size or coverpage.

Health Examinations and Detection for Developmental Problems

- Newborn
- mass screening for metabolic diseases
- Phenylketonuria, Galactosemia, Maple syrup urine disease, Homocystinuria, Cretinism
- 3-4 months old
- motor development, congenital anomalies, child abuse and neglect
- 18 months old
- motor and intellectual development, psychological issues, dental health
- Does your child walk well without support?
- Does your child utter meaningful words “mama” or “bye-bye”?
- 3 years old
- intellectual development, psychological issues, dental health
- (School)
- many kinds of health examinations based on school health program

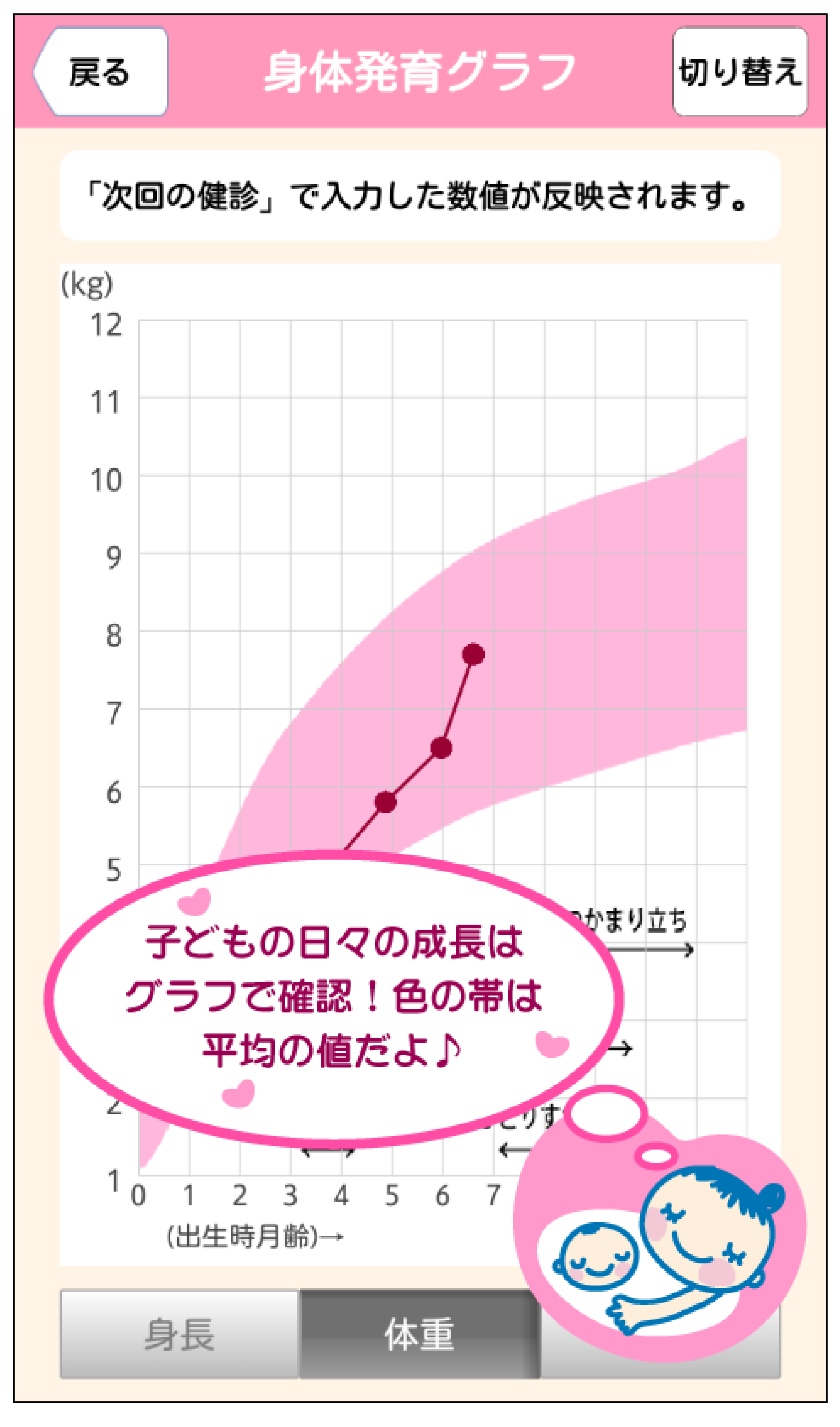
Extension to school age
(Komaki City)



School children can write down the results of their weight and height by themselves.

APP MCH HANDBOOK

(Himawari no kai)

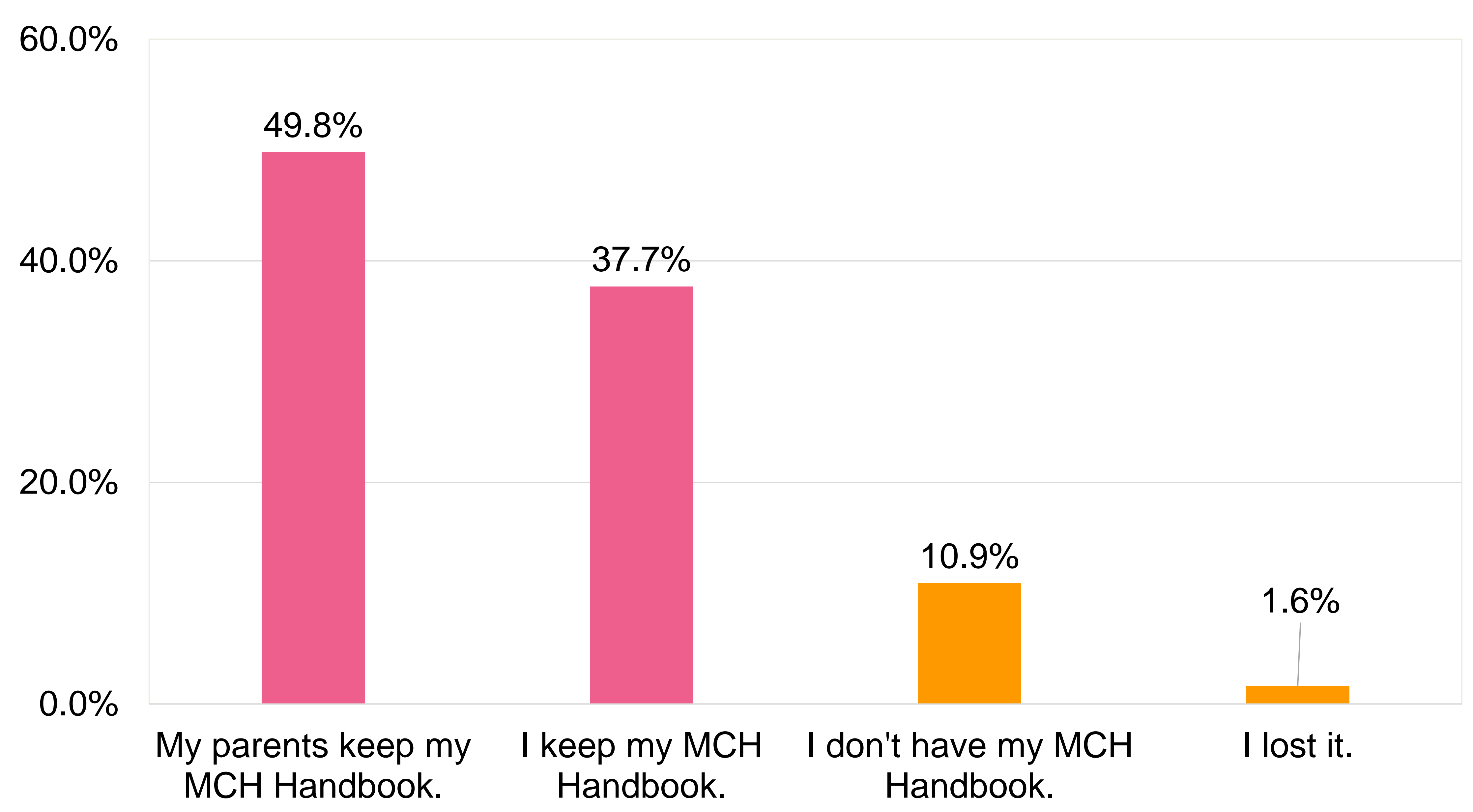


Yuko, 9 month old girl, has records of health examinations, immunizations and growth chart. She is informed the announcement of local government and the schedule of the next health examination.

Research on Maternal and Child Health (MCH) Handbook by Ministry of Health, Labour and Welfare, Japan (20DA1005)

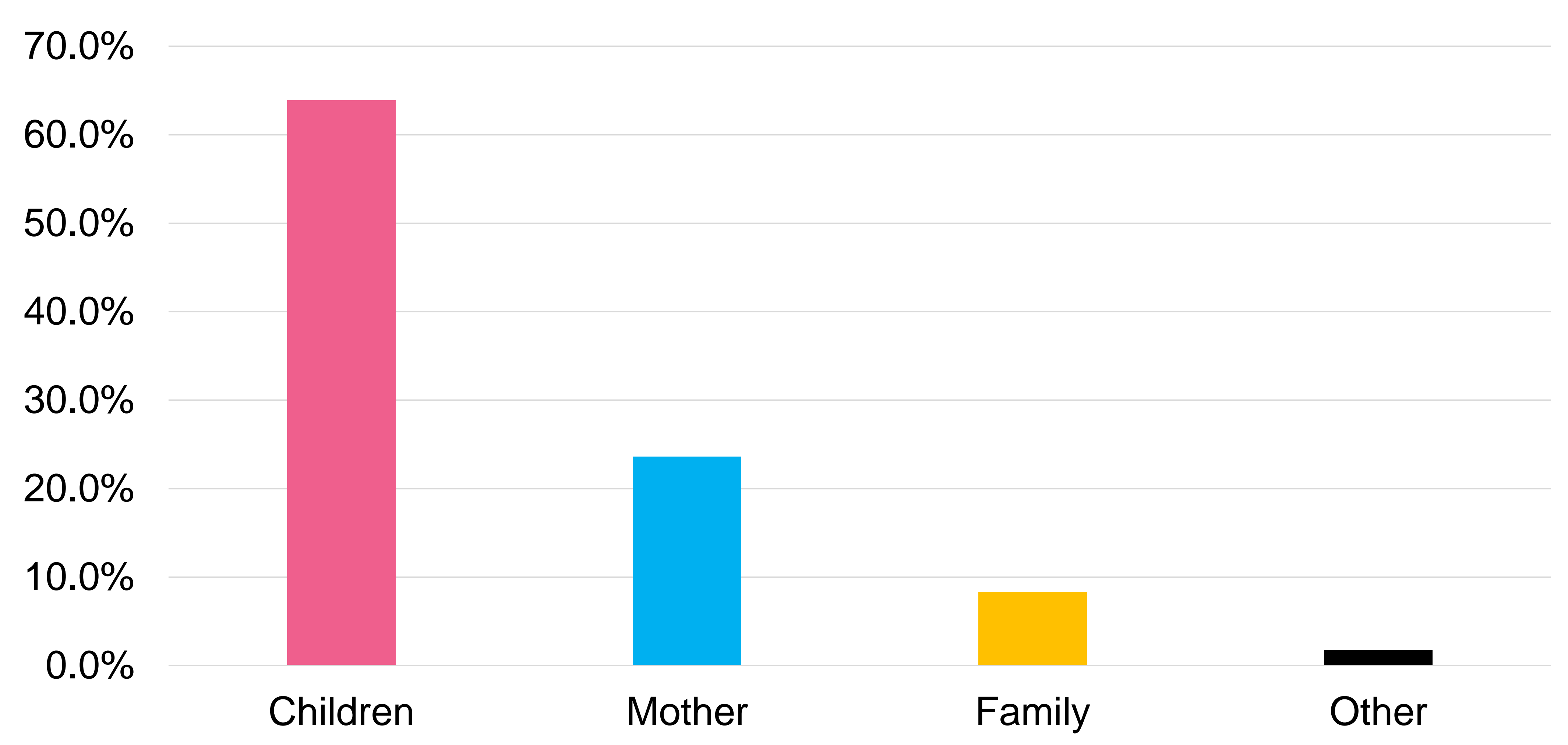
Do you keep your own MCH handbook?

(n=313, average age: 34.2 years)



Noriko Komatsu, Ryunosuke Goto, Yoko Watanabe, Noriko Toyama, Yasuhide Nakamura (2022) International Conference on MCH Handbook

Who do you think the MCH handbook belongs to? (n=313, average age: 34.2 years)

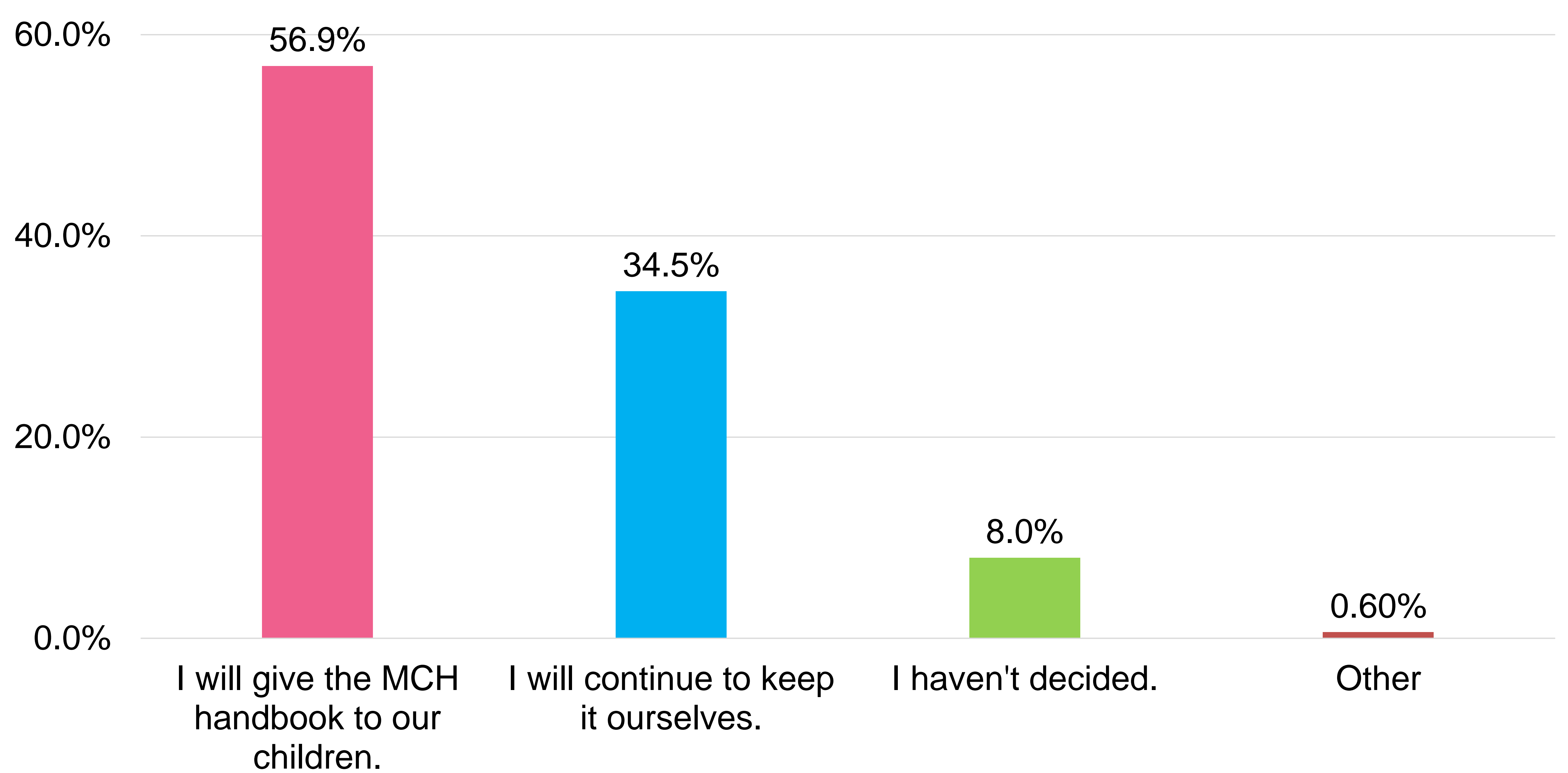


Noriko Komatsu, Ryunosuke Goto, Yoko Watanabe, Noriko Toyama, Yasuhide Nakamura (2022) International Conference on MCH Handbook

Research on Maternal and Child Health (MCH) Handbook by Ministry of Health, Labour and Welfare, Japan (20DA1005)

What will you do with the MCH Handbook when your child is old enough to keep it?

(n=313, average age: 34.2 years)



Noriko Komatsu, Ryunosuke Goto, Yoko Watanabe, Noriko Toyama, Yasuhide Nakamura (2022) International Conference on MCH Handbook Research on Maternal and Child Health (MCH) Handbook by Ministry of Health, Labour and Welfare, Japan (20DA1005)

Transforming our world: the 2030 Agenda for Sustainable Development

September 2015

- As we embark on this great collective journey, we pledge that no one will be left behind.
- And we will endeavour to reach the furthest behind first.

UN Report（2015）

Little Baby Handbook (LBH) as a Sub-MCH Handbooks

•Why LBH is needed

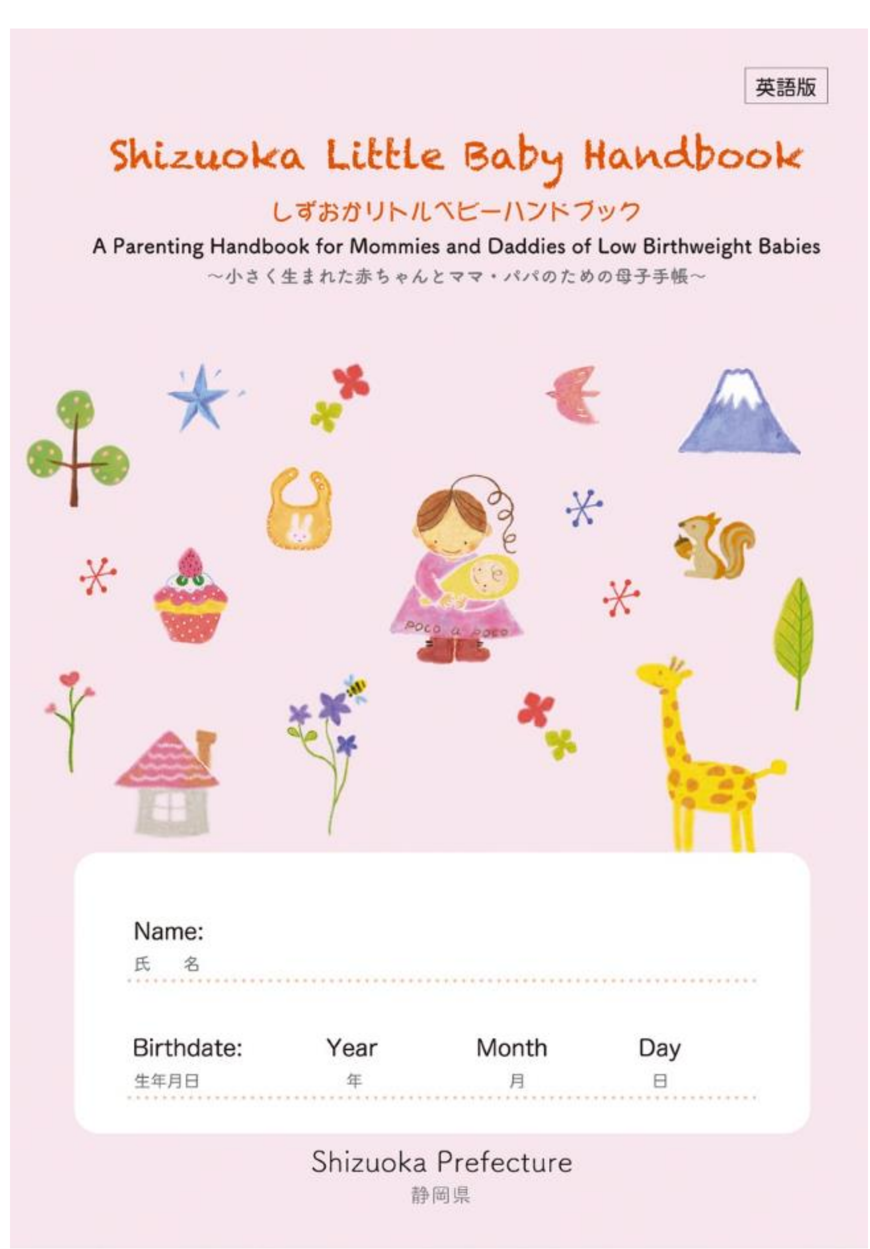
- The LBH is for the family who delivered babies under 1500g.
- The family especially mother is stung with strong remorse.
- The LBH is distributed at Neonatal Intensive Care Unit (NICU).
- The written health records in LBH are shared

•Who makes LBH?

- The Prefecture office has the responsibility for LBH.
- NICU Doctors, NICU Nurses, midwife, public health nurse,
- and the families with little babies.

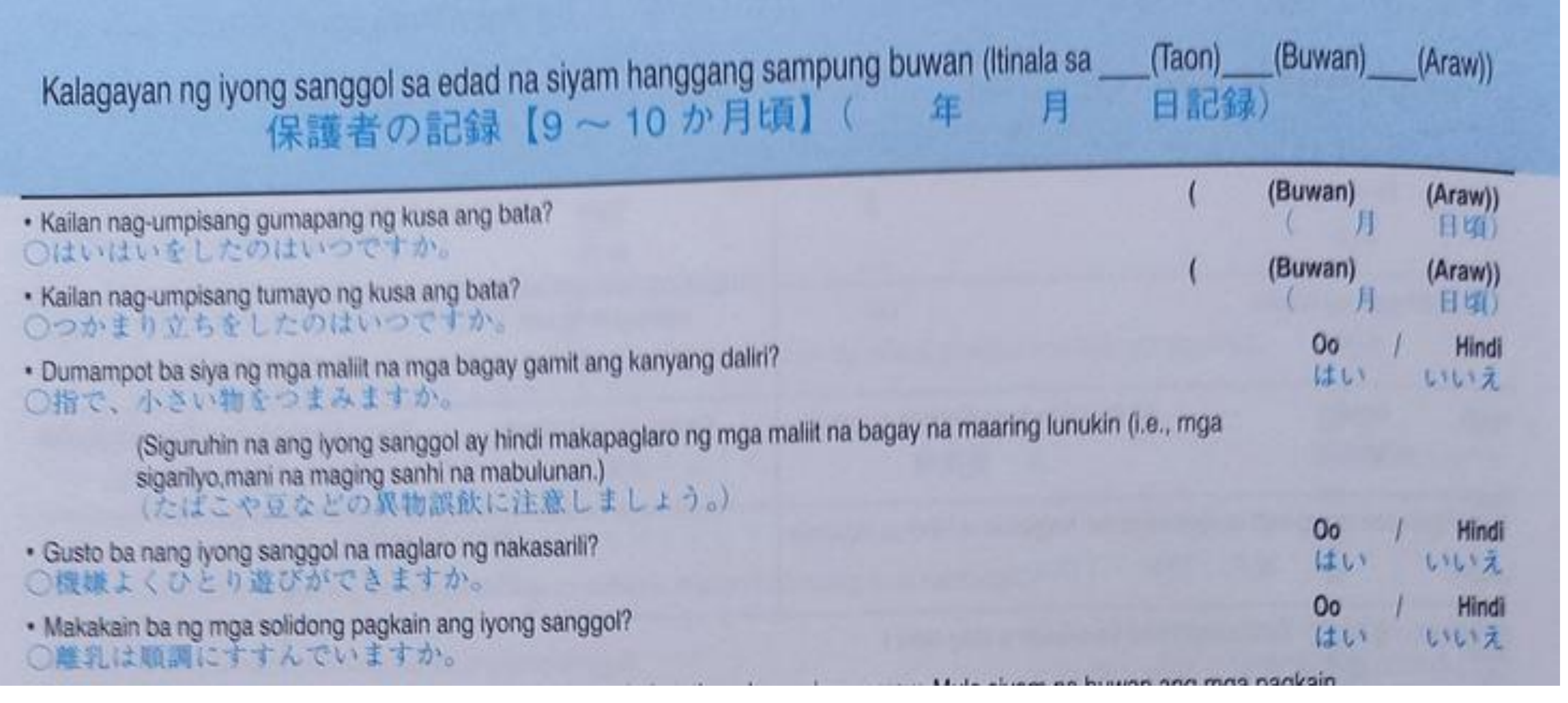
•Important concepts and contents of LBH

- Do not compare other children's development
- Write their own physical and mental development
- Message from families, who take care the little baby



LBH in Shizuoka Prefecture
68-page English version
https://static.shizuoka-ebooks.jp/actibook_data/se2004037/HTML5/pc.html#/page/1

Maternal and Child Health Handbooks for international families living in Japan

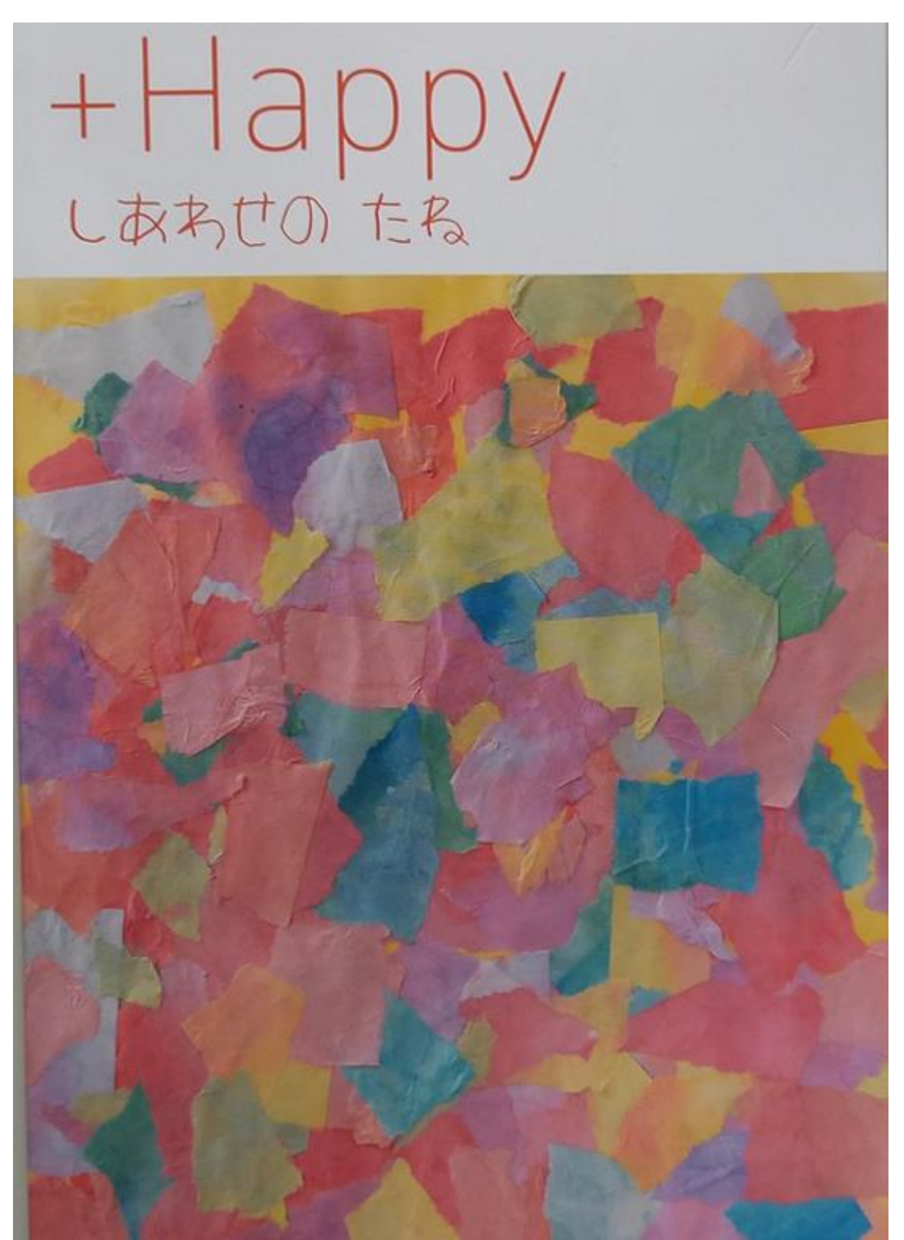


Kalagayan ng iyong sanggol sa edad na siyam hanggang sampung buwan (Itinala sa ___(Taon)___(Buwan)___(Araw))
保護者の記録【9〜10か月頃】（　　年　　月　　日記録）

- Kailan nag-umpisang gumapang ng kusa ang bata? ((Buwan) (Araw))
○はいはいをしたのはいつですか。（　月　日頃）
- Kailan nag-umpisang tumayo ng kusa ang bata? ((Buwan) (Araw))
○つかまり立ちをしたのはいつですか。（　月　日頃）
- Dumampot ba siya ng mga maliit na mga bagay gamit ang kanyang daliri? Oo / Hindi
○指で、小さい物をつまみますか。 はい　いいえ
(Siguruhin na ang iyong sanggol ay hindi makapaglaro ng mga maliit na bagay na maaring lunukin (i.e., mga siganlyo,mani na maging sanhi na mabulunan.)
(たばこや豆などの異物誤飲に注意しましょう。)
- Gusto ba nang iyong sanggol na maglaro ng nakasarili? Oo / Hindi
○機嫌よくひとり遊びができますか。 はい　いいえ
- Makakain ba ng mga solidong pagkain ang iyong sanggol? Oo / Hindi
○離乳は順調にすすんでいますか。 はい　いいえ

- Maternal and Child Health Handbooks are translated into 10 languages with parallel Japanese writing.
- (10 languages: Chinese English, Filipino, Indonesian, Korean, Nepali, Portuguese, Spanish, Vietnamese, Thai)
- By writing in both Japanese and another language, the handbook can be used by both non-Japanese patients and Japanese medical personnel.

"Twin Book" and "+ Happy"



- "Twin Book" containing information on multiple pregnancies, childbirth, and childcare. Prepared and distributed by municipalities.

- "+ Happy" gently helps families of children with Down syndrome and other chromosomal-induced disabilities to raise their children in a positive manner. Officially distributed by the Japan Down Syndrome Society in 2017.

Braille version of the MCH Handbook

- Braille version of the MCH Handbook for visually impaired parents
- (published by Japan Family Planning Association).

- Special ring-bound book, printed in Braille,
- 8 cm thick and very heavy.
- Cost: Distributed free of charge by each municipality

Japan Family Planning Association
https://www.jfpa.or.jp/topics/2021/001033.html

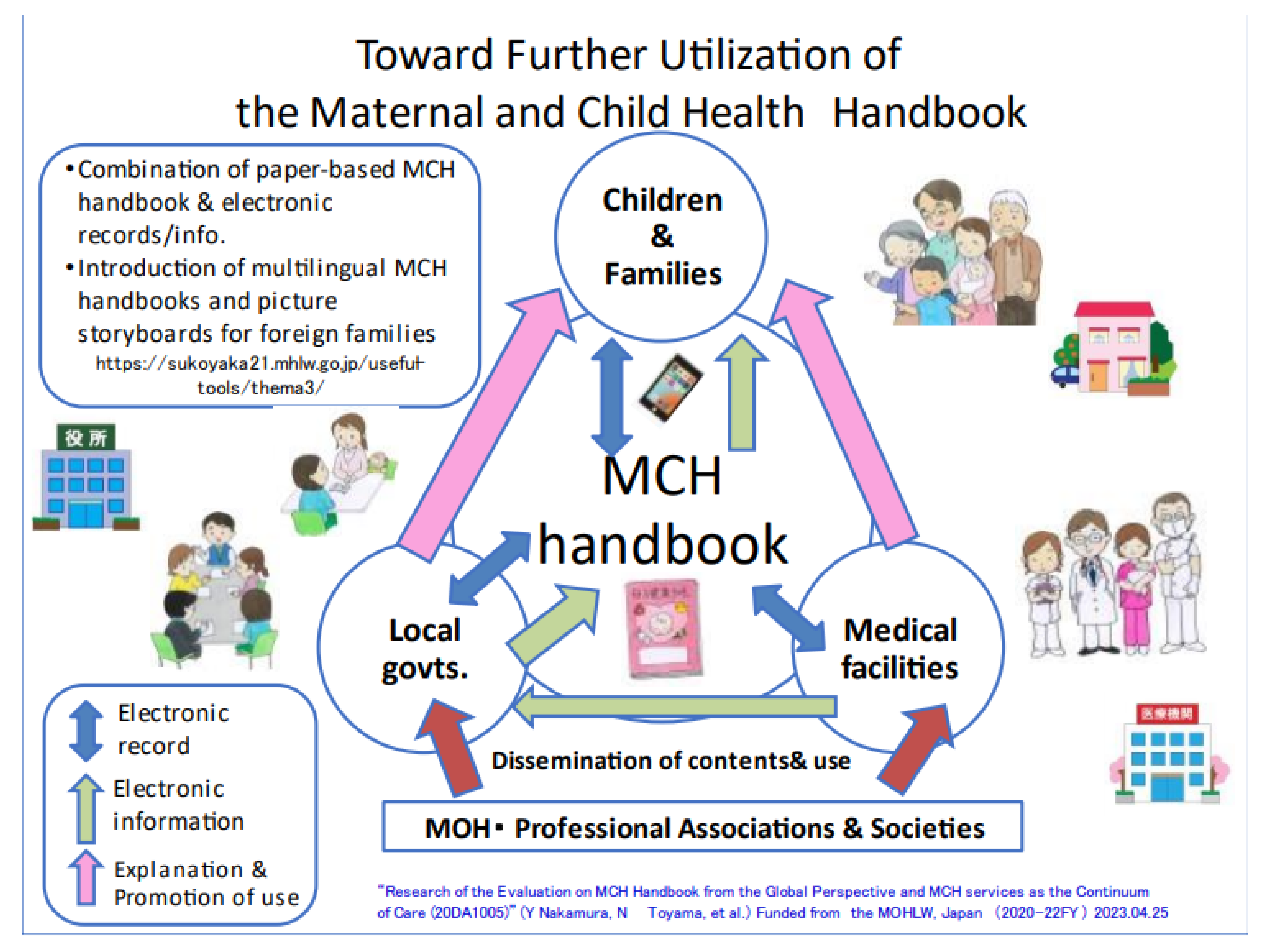
Pregnant and Child-rearing Mothers with Intellectual Disabilities

- "Handbook for Pregnant and Child-rearing Mothers with Intellectual Disabilities" (2020)
- by Kinuko Sugiura and Kazuko Fujisawa

- Many technical vocabularies of maternal and child health and medical terms are difficult for mothers with intellectual disabilities to understand.
- Specific examples of expressions that are easy to understand for pregnant and child-rearing mothers with intellectual disabilities

- http://zen-iku.jp/wp-content/uploads/2020/12/201228handbook.pdf

MCH Handbook to reach the furthest behind first



Thank you very much!
Arigato!!

Prof. Yasuhide NAKAMURA
president@japan-who.or.jp

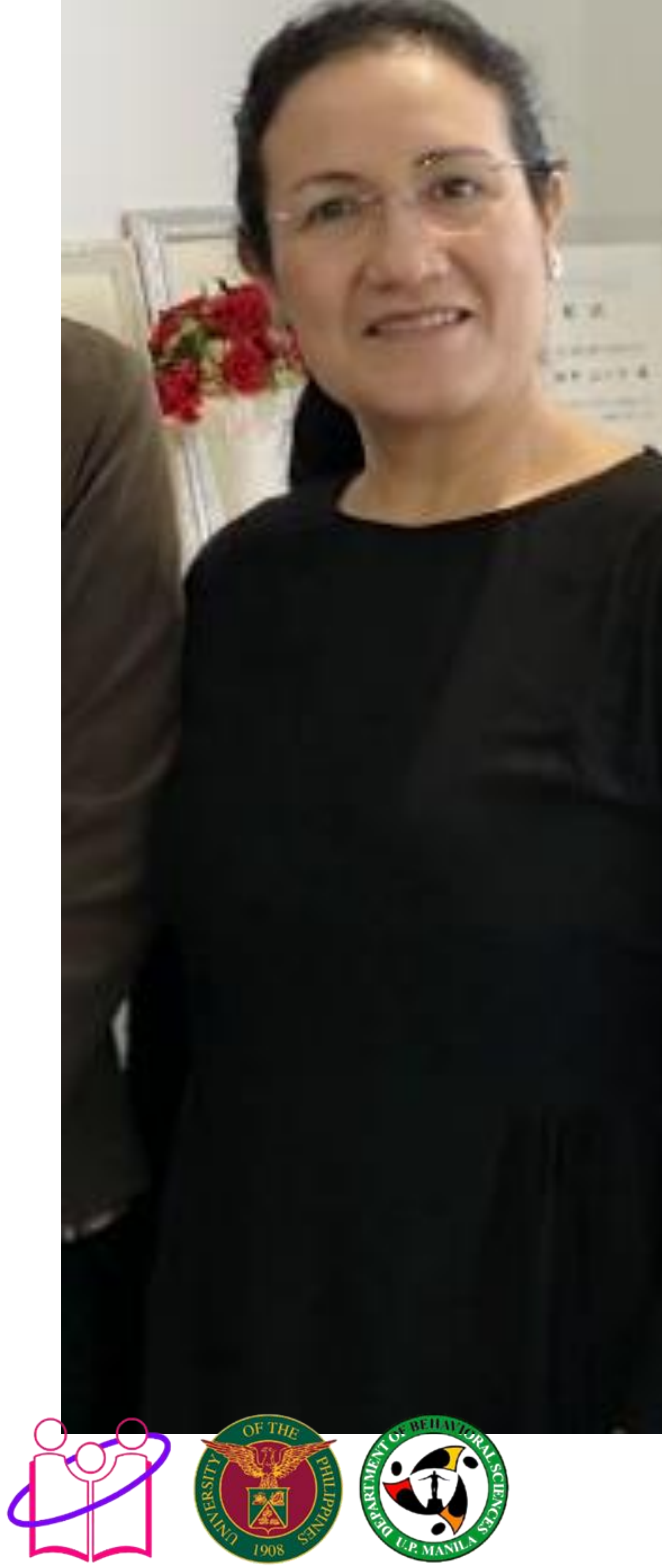
British Museum
JAPAN from prehistory to the present
Japan has successfully developed a thriving, modern, high-tech society, while celebrating many elements of its traditional culture.
(British Museum 2008)

Each country will promote health and wellbeing for mothers, newborns, children and families, while cerebrating many elements of its traditional culture!

South America MCH Handbook

Dr. Lourdes Herrera Cadillo

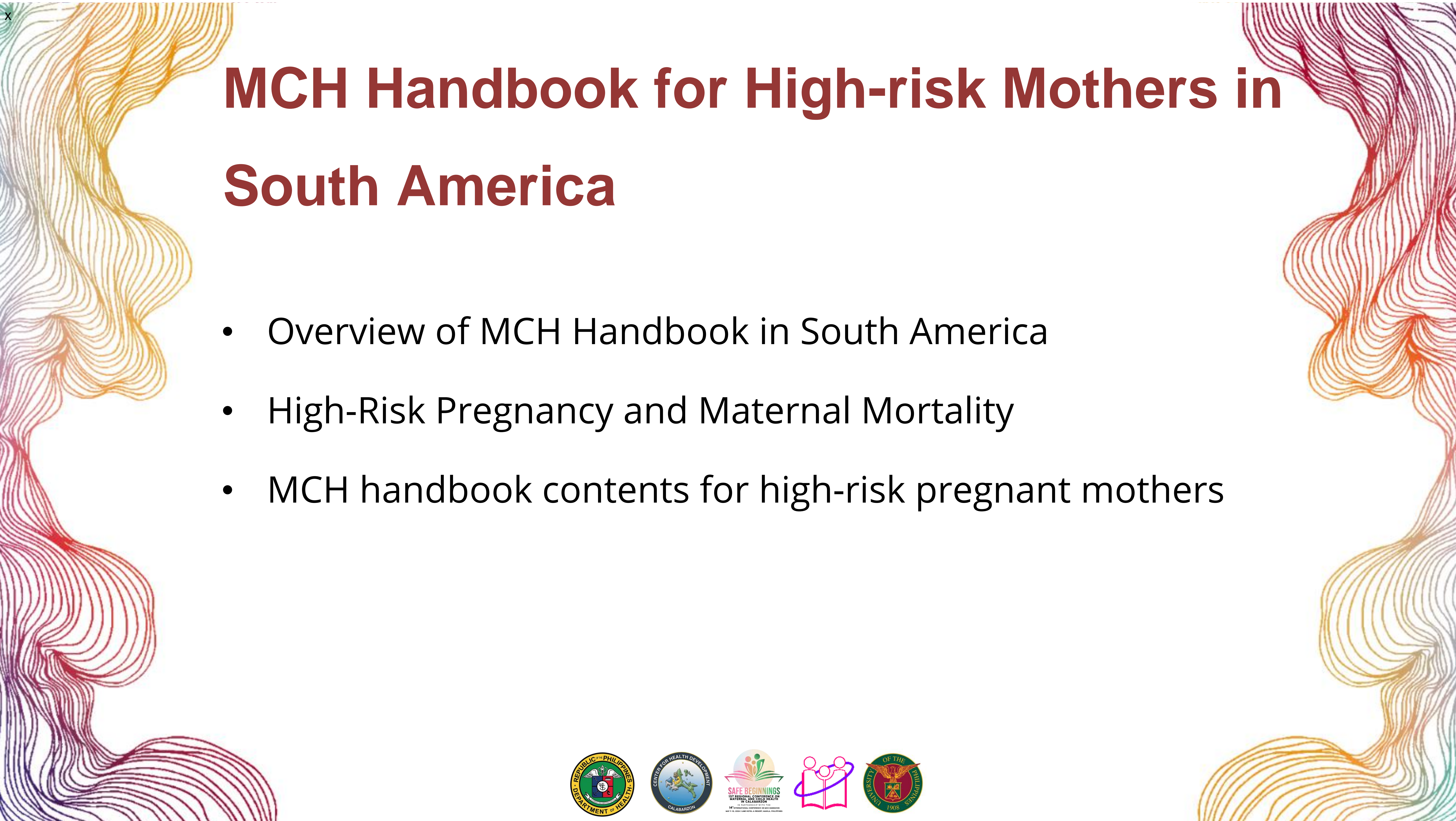
Associate Professor
Department of Nursing - Faculty of Health Sciences in Asahi University & Strengthening Implementation of Maternal and Child Health Handbooks Across the Globe



MCH Handbook for High-risk Mothers in South America

Lourdes R. Herrera Cadillo
Associate Professor
Asahi University Faculty of Health Sciences
Department of Nursing

Elena Campomanes Pelaez
Senior Lecturer
Universidad de San Martin de Porres
Nursing and Midwifery Faculty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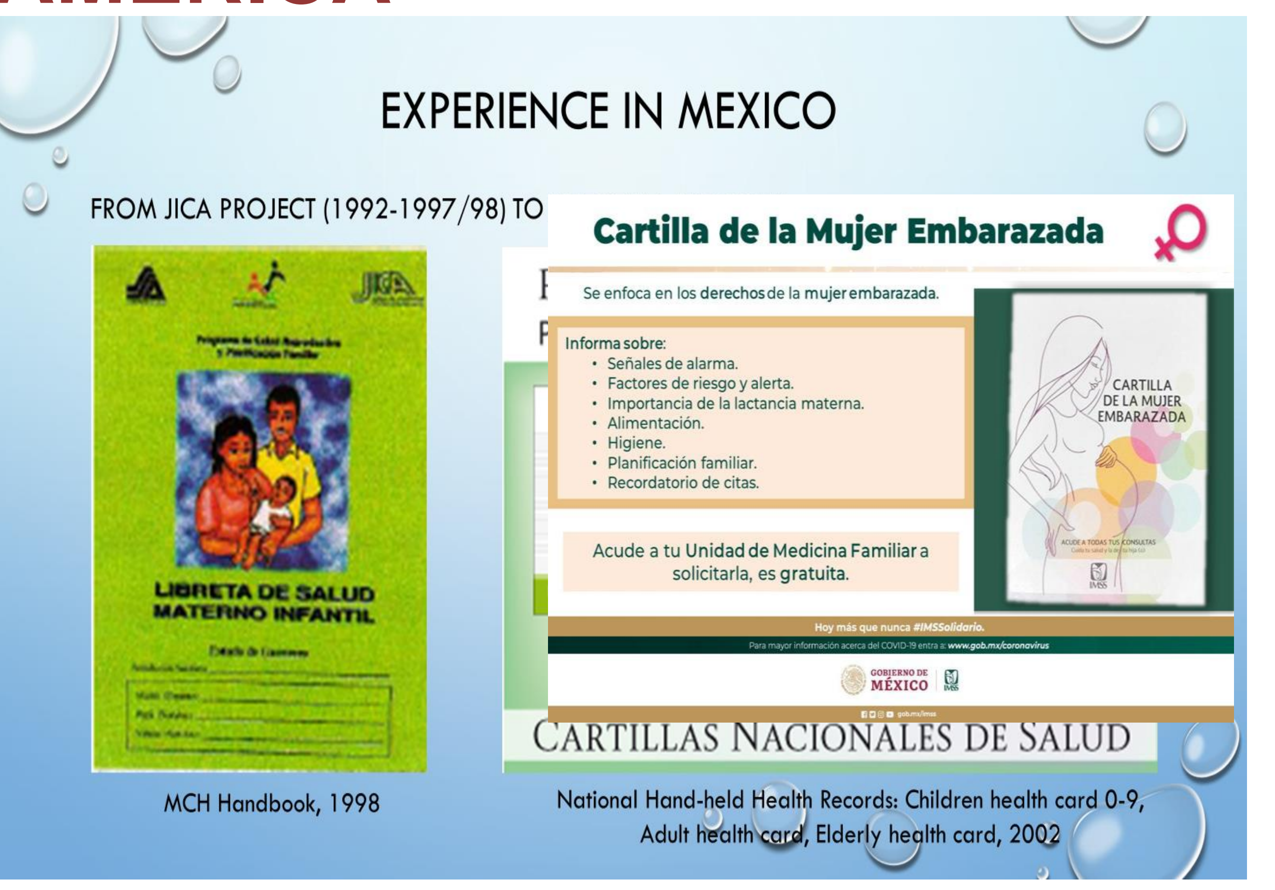
MCH Handbook for High-risk Mothers in South America
• Overview of MCH Handbook in South America
• High-Risk Pregnancy and Maternal Mortality
• MCH handbook contents for high-risk pregnant mothers
CALABARZON
SAFE BEGINNINGS
1908

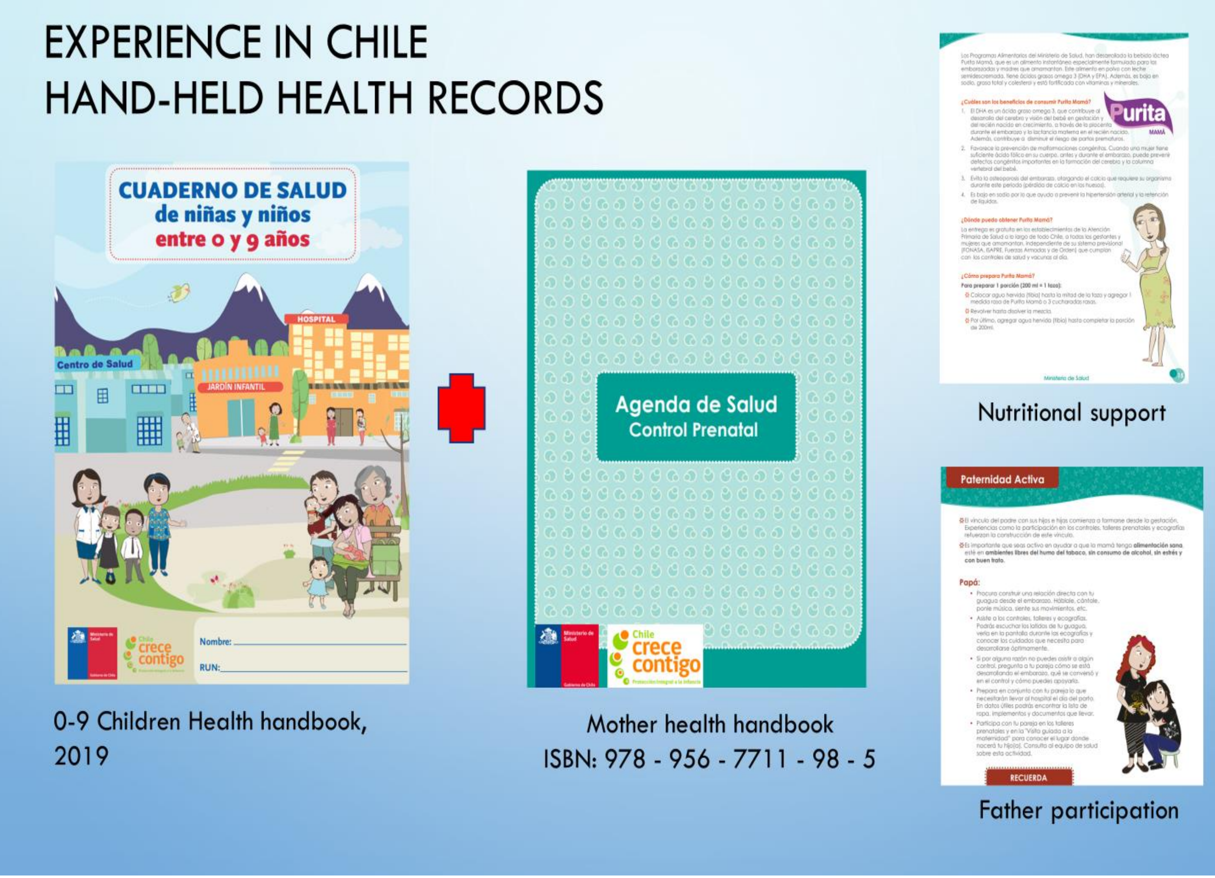
x

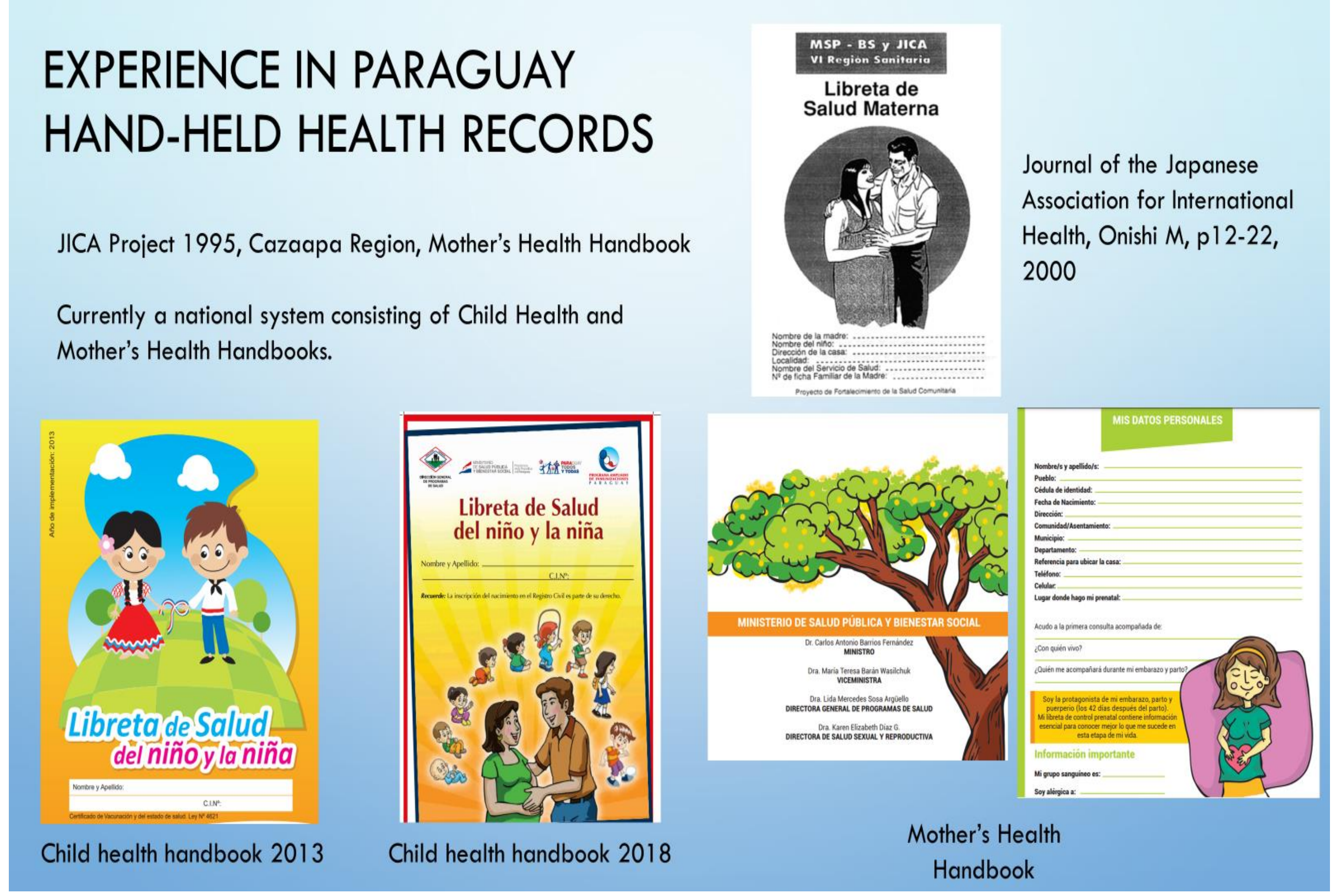
MCH Handbook in South America

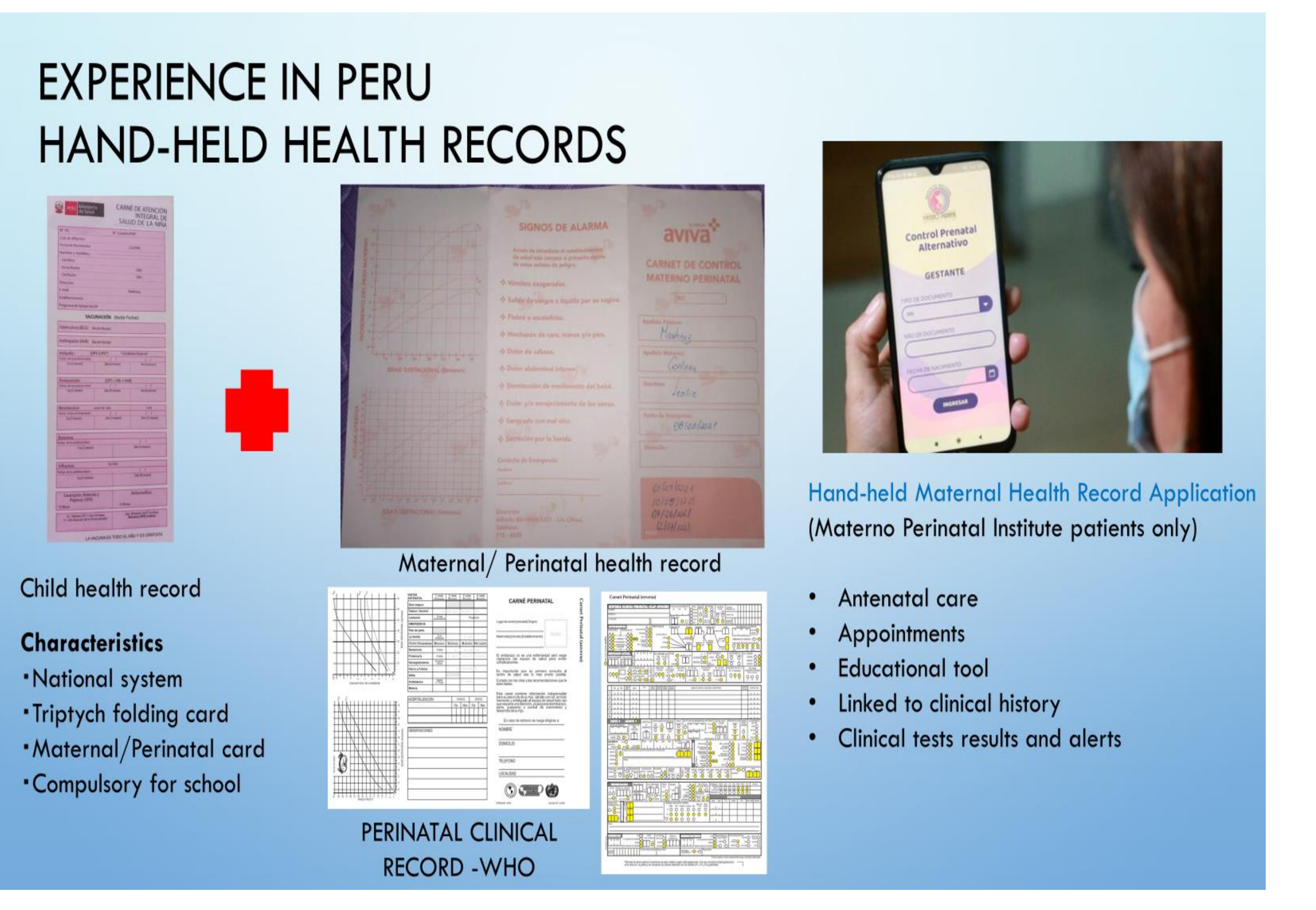
- MCH hand-held records implemented using top-down approach by central governments
- Projects introduced by JICA and UNICEF
- Two countries using MCH handbook:
  Argentina (1983) and Ecuador (2016)
- Contents quality appropriately updated and adapted by regions
- Challenges: Reluctance to use an MCH, cultural issues, stakeholder involvement

MCH HAND-HELD RECORDS IN SOUTH AMERICA









EXPERIENCE IN ARGENTINA
MATERNAL AND CHILD HEALTH HANDBOOK

2013 Misiones Province MCHH

1. National and provincial system, free of charge
2. Mother and child health records
3. 0-19 years old
4. Legal background
5. Mothers are trained to use the MCHH

Santa Cruz Province MCHH

Metabolic disease screening

Infant obesity prevention

Obesidad Infantil

El consumo frecuente de estos productos aumenta el riesgo de tener caries, sobrepeso y obesidad.

Derecho a la salud de Niñas, Niños y Adolescentes

Father's serological tests

Chagas disease

Serología Paterna

Diagnóstico para detección de Chagas congénito

El Chagas se puede

EXPERIENCE IN ECUADOR (2016)
MATERNAL AND CHILD HEALTH HANDBOOK

Downloaded from :
https://www.unicef.org/ecuador/media/13461/file/LIBRETA_INTEGRAL_DE_SALUD_FINAL_17_08_22.pdf.pdf

HIGH-RISK PREGNANCY AND MATERNAL MORTALITY, PERU

Maternal Mortality Ratio

190 deaths per 100,000 live births (2000-2006)

69 per 100,000 live births (Peru MOH, 2023)

HIGH-RISK PREGNANCY (PNMI-Peru, 1976-1990)

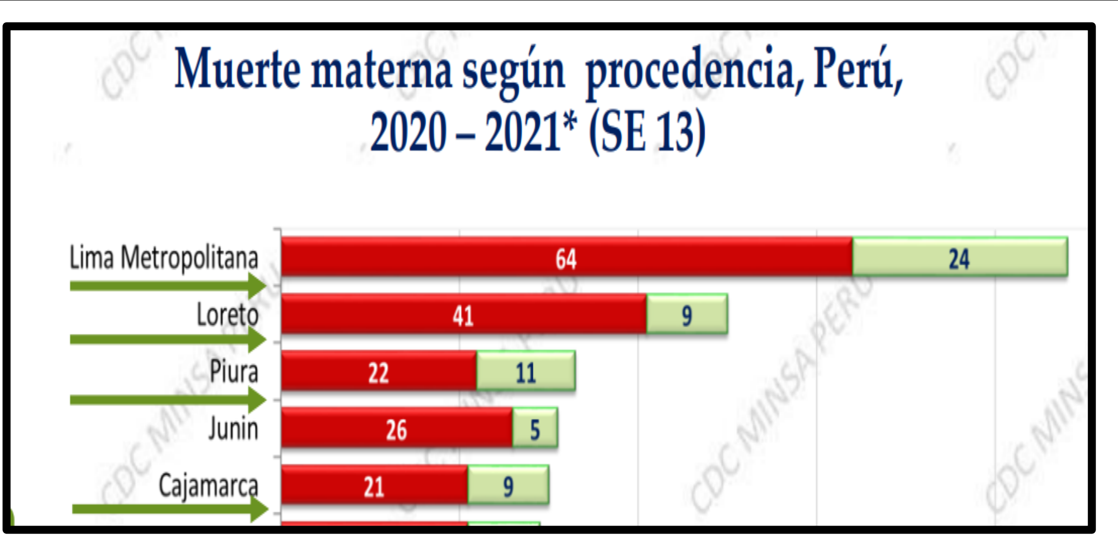
Risk factors change

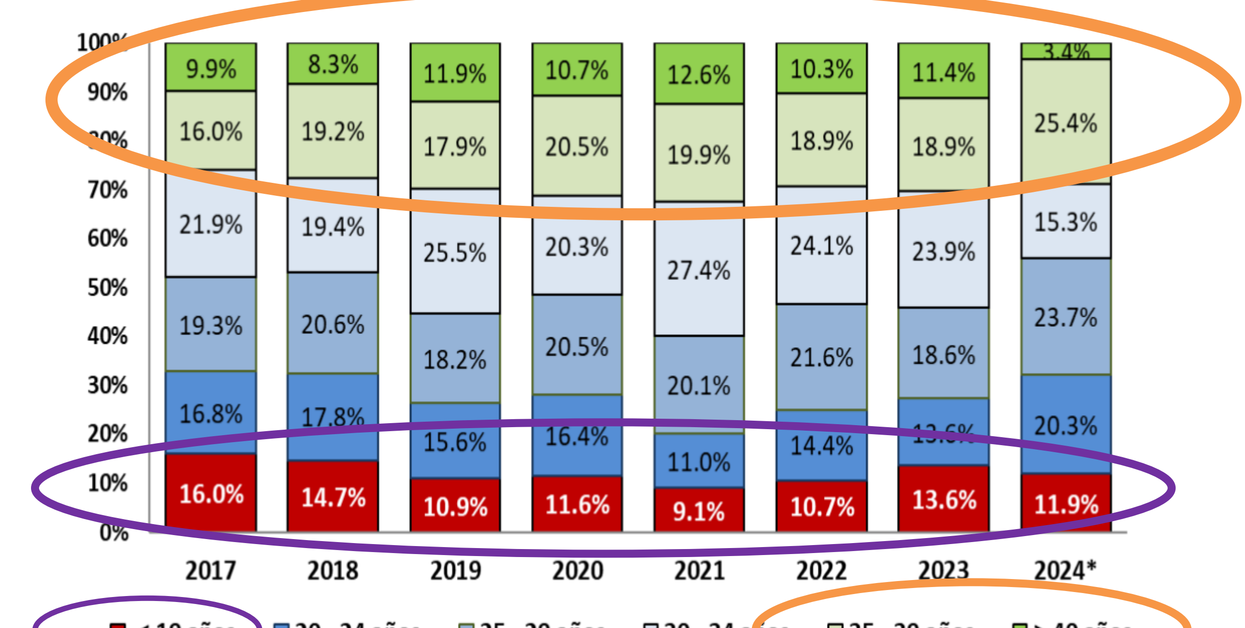
1976	1990
Pre-eclampsia	C-section
C-section	PROM
PROM	Older than 35
Obstetric history	Preeclampsia
Fetal distress	Multiparity

Direct Maternal Mortality Causes (1998- 2021)

1st Hemorrhage	1st Hemorrhage
2nd Abortion	2nd Hypertension
3rd Hypertension	3rd Obstetric causes
4th Sepsis	4th Abortion

Characteristics of the deaths	2022	2023	2024*
Timing of death	%	%	%
Puerperium	60,7	62,0	55,9
Pregnancy	33,1	28,1	33,9
Delivery	6,2	8,4	8,5
	_	1,5	_
Place of death			
Institutional/Health Facility	**65,9**	**70,7**	**71,2**
Extra institucional	**34,1**	**29,3**	**28,8**
Home	17,9	15,6	16,9
On the way to the hospital	14,1	12,2	11,9
Other	2,1	1,5	_





https://www.gob.pe/institucion/inei/informes-publicaciones/2982736-peru-encuesta-demografica-y-de-salud-familiar-endes-2021

Necessity of hand-held records for high-risk mothers

70% of deaths occurred in high-risk pregnancies (Marmol et al)
35% of pregnancies are high-risk pregnancies in Peru
The incidence of preterm labor in Peru is 21.3% (world: 8%)
Prevalence of high-risk pregnancies in referral hospitals : 80-90%

SOCIAL FACTORS
Poverty
Illiteracy (female, 8%)
Water service (66.7%)
Electricity (64%)
Substance abuse
Age
Unemployment

Peru, National Demographic and Family Health Survey, PERU-ENDES 2022

DELAYS IN ACCESS TO CARE (2023)

Warning signs recognition: Yes 57.6% No 33.3%
Care seeking behavior: Yes 73.3% No 13.3%
Difficulty to access health services: Yes 40%
Distance 3.3%
20%
fs 6.7%

25% of deceased mothers had no prenatal care
33% of them did not know how to recognize alarm/danger signs
40% of them had difficulty to access health services

https://www.gob.pe/institucion/inei/informes-publicaciones/4233597-peru-encuesta-demografica-y-de-salud-familiar-endes-2022

Development of an MCH Handbook for High-risk Mothers
Target characteristics – 2023

Level III National Hospital located in suburban Lima, referral institution for 40 health centers.

Obstetrics Service number of beds	70
Number of vaginal deliveries/year :	1726
Number of c-sections/year:	1763
High-risk admissions per year:	2200
High-risk department number of beds:	22
Average bed occupancy:	3 days

Reasons for admission to High-risk Unit

- Hyperemesis gravidarum
- Urinary Infection
- Fever (Dengue fever)
- Hypertension
- Hemorrhage
- Diabetes
- Preterm labor
- Choles

Objectives

Inform, educate

FIRST PHASE (during hospital admission)
Offer easy to understand information about high-risk pregnancy for pregnant mothers admitted to the High-risk Unit.

1. Improve knowledge on high-risk pregnancy
2. Improve antenatal care attendance
3. Improve recognition of possible warning signs during pregnancy and postpartum
4. Create a health seeking plan
5. Promote self-care and healthy lifestyles and decrease maternal stress
6. Involve partner and family in care.

Continuity of care

SECOND PHASE (hospital discharge guidance)
Provide guidelines to involve high-risk pregnant mothers in their follow-up care up to a minimum of 42 days postpartum.

1. Ensure continuity of antenatal care (at the hospital or designated health center)
2. Work with the health provider to create a checklist for self-care by specific condition
3. High-risk unit midwife follow-up call to ensure continuity of care
4. Recognize warning signs during puerperium
5. Create a health seeking plan

THIRD PHASE: RECOVERING AND CHILD REARING, NEWBORN COMPLICATIONS

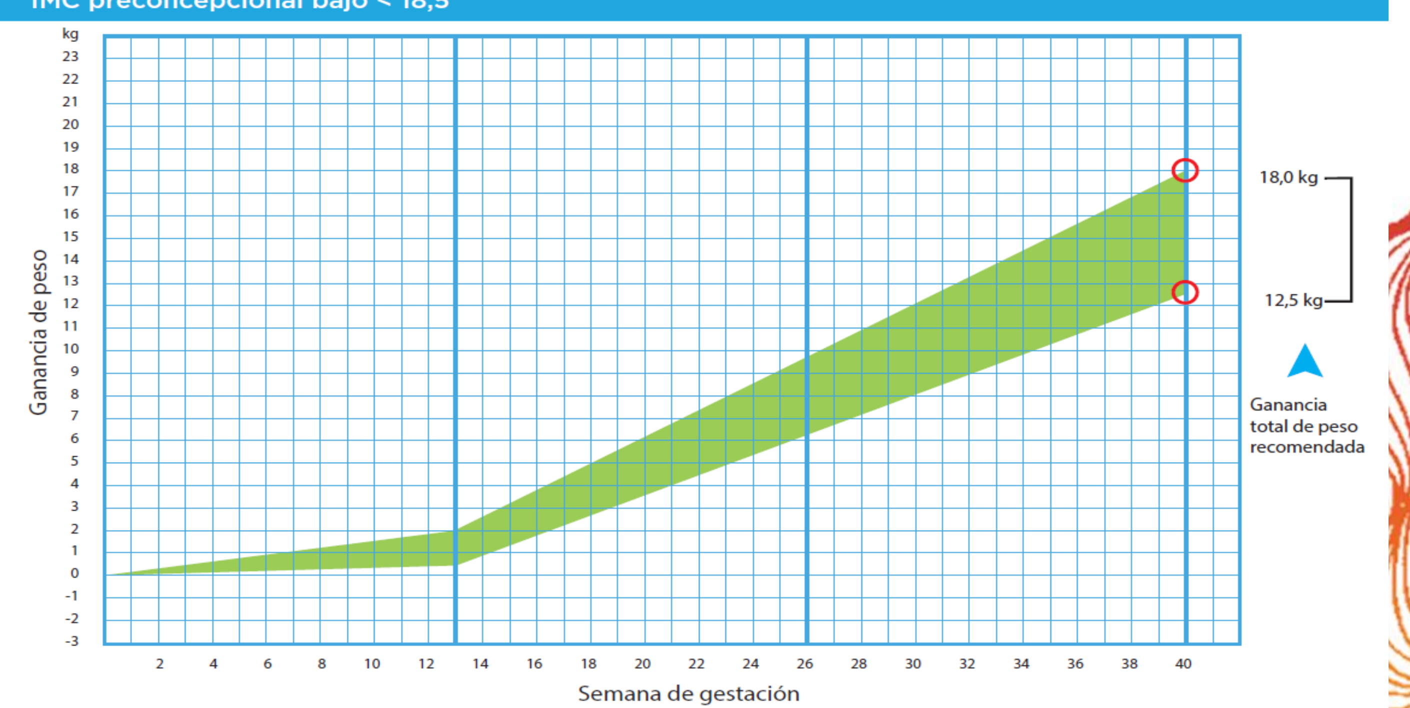
MCH HANDBOOK FOR HIGH-RISK MOTHERS: CONTENTS

FIRST PHASE:

1. About high-risk pregnancy
2. Factors associated with high-risk pregnancy
3. Maternal conditions and high-risk pregnancy
4. High-risk pregnancy symptoms and signs in the mother and baby
5. Warning signs during pregnancy and postpartum
6. How to act in case of warning signs during pregnancy and postpartum
7. High-risk pregnancy self-care and management by condition (Age before 19 and after 35 years old, hypertension, preeclampsia, anemia, infections, weight gain, mental care)
8. Mother's page: Experiences, feelings, doubts.

SECOND PHASE:

1. Discharge from hospital
2. Daily life and high-risk pregnancy after discharge
3. Warning signs during the postpartum
6. How to act in case of warning signs in the postpartum
7. Self-care and management by condition
8. Checking self-care points with the health



Weight gain chart adjusted to mother's BMI

WARNING SIGNS DURING PREGNANCY

Is this is your situation? Come to the health center or hospital and you will receive the necessary care.

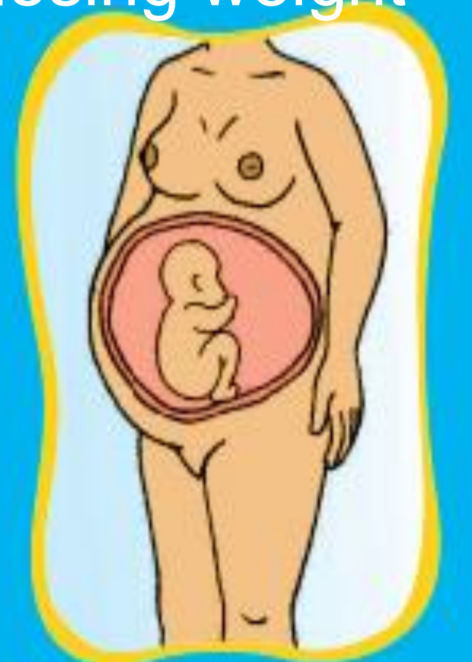
Your life and your baby's life are in risk

Younger than 18 years old

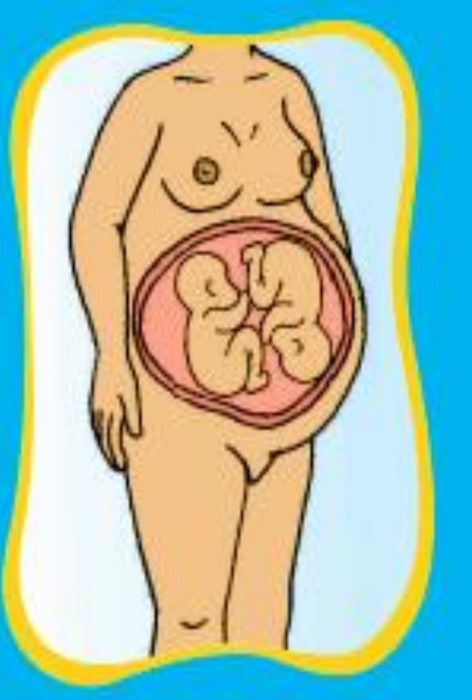
You are pregnant and losing weight

You have delivered by c-section before

Transverse baby position



Breech position (baby is sitting or standing)



Twins, multiple babies

WARNING SIGNS DURING PREGNANCY

COME TO THE HOSPITAL IMMEDIATELY

UNBEARABL
E
HEADACHE

SWELLING IN HANDS
AND FEET

BLEEDIN
G

WATER BREAKING

FEVE
R

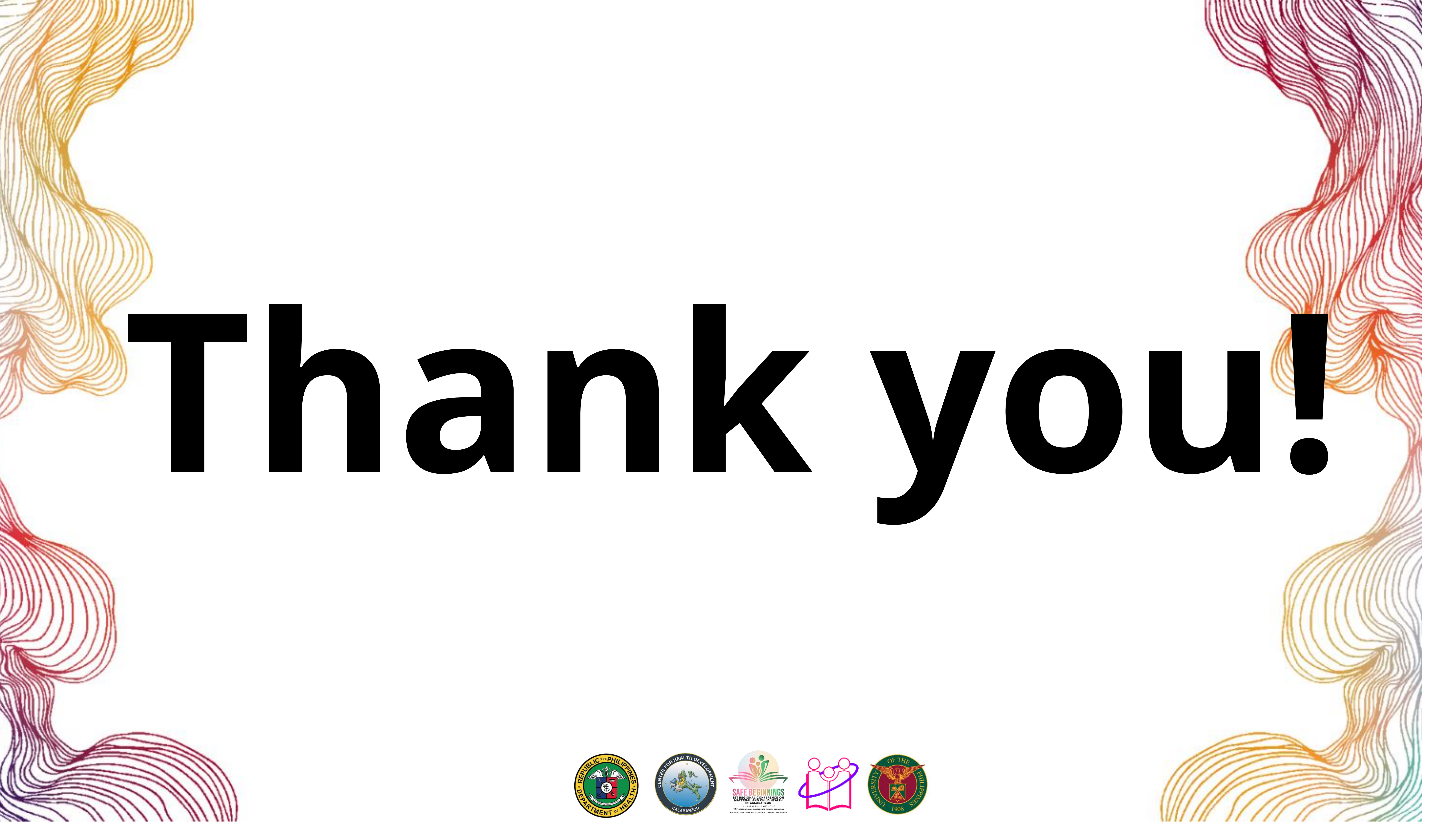
WARNING SIGNS AFTER DELIVERING THE BABY

ASK YOUR FAMILY TO TAKE YOU TO THE HOSPITAL!!!

FEVER

BLEEDING

SEIZURES CONVULSIONS


Thank you!
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
UNIVERSITY OF THE PHILIPPINES
1908

Across the Globe MCH Handbook

Ms. Keiko Osaki

Senior Advisor on Health
Japan International Cooperation Agency

The 1st Regional Conference on Maternal and Child Health in CALBARZON

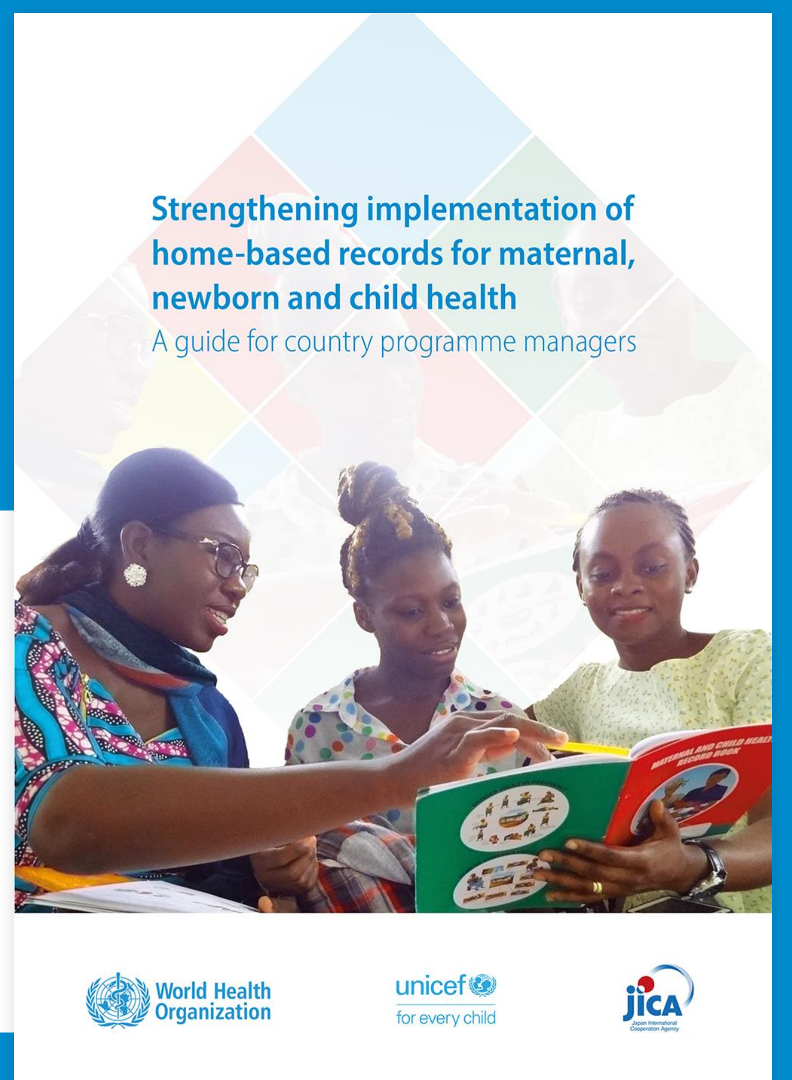
The 14th International MCH Handbook Conference

Strengthening implementation of Maternal and Child Health Handbooks for maternal, newborn, and child health across the globe

https://www.who.int/publications/i/item/9789240060586

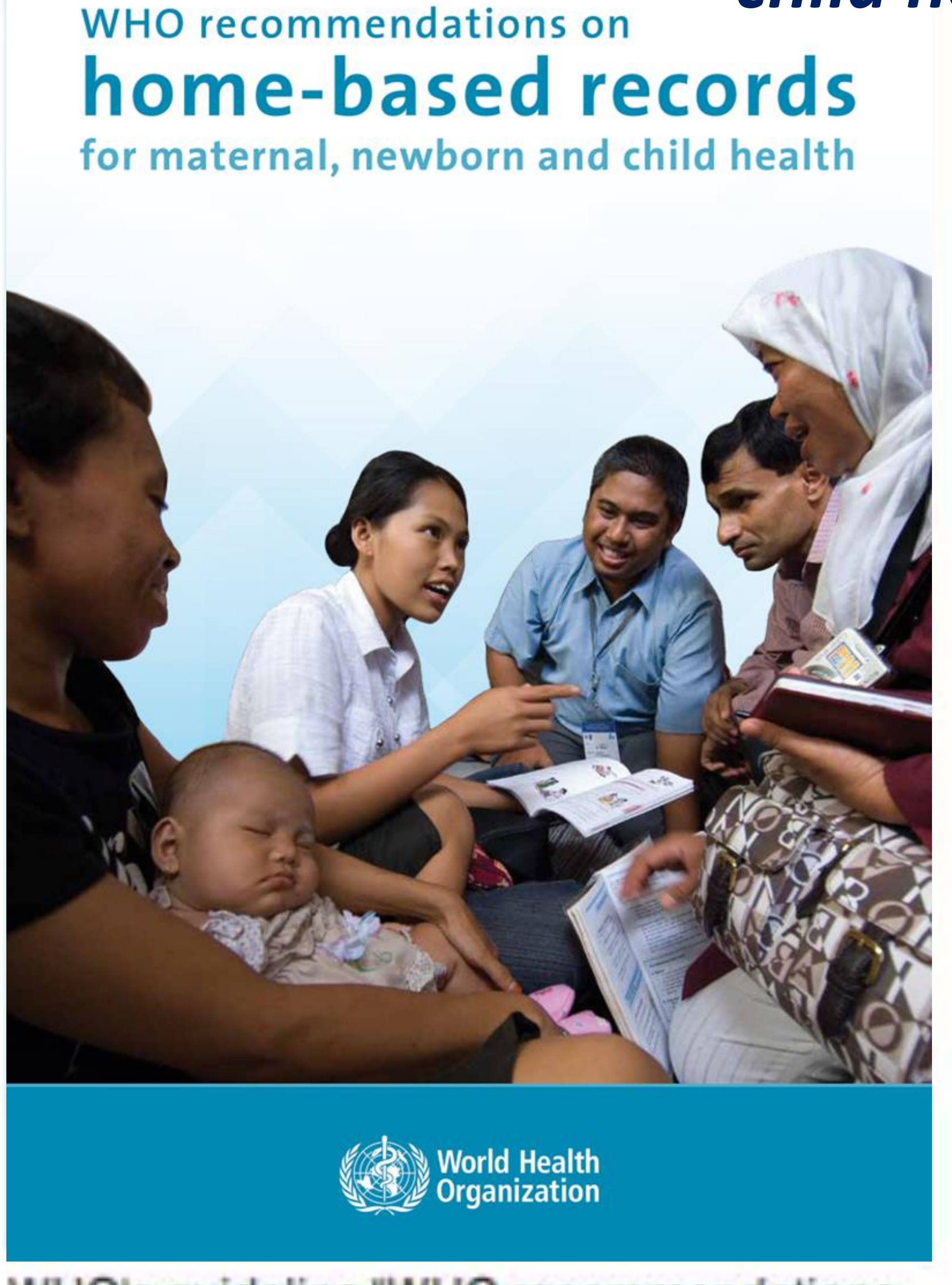
Keiko Osaki
Senior Advisor on Health,
Japan International Cooperation Agency

May 9th 2024, @ Lime Resort Manila



WHO Guidelines on home-based records for maternal, newborn and child health

"Effective implementation of home-based records to improve maternal, newborn and child health towards achievement of UHC: leaving no one behind"



WHO's guideline "WHO recommendations on home-based records for maternal, newborn and child health", Geneva 2018

Afghanistan

Laos

Myanmar

Philippines

India

Indonesia

Kenya

Japan (JICA)

UNICEF

Launched at the official side event on home-based record for universal health coverage, WHA 2019

A home-based record is…

- a record of an individual's health status and their history of health services received (primarily maternal, newborn and child health (MNCH)), including:
  - health, growth and development status
  - visits to a health worker
  - vaccinations received.
- kept by an individual/family (e.g., a woman holds a maternal health record) or by the caregiver (e.g., the parent/guardian holds the infant's health record).
- There are many different types of home-based records
  - Antenatal care notes
  - Vaccination-only cards/booklets
  - Vaccination-plus cards/booklets
  - Child health books
  - Integrated maternal and child (MCH) health books

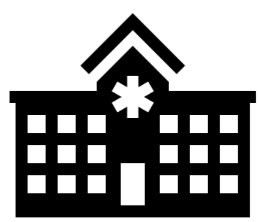
MNCH Home-based records (HBRs) has been used in 163 countries at least.

Home-based records take many forms, and the mother and child (MCH) Handbook is one of them.

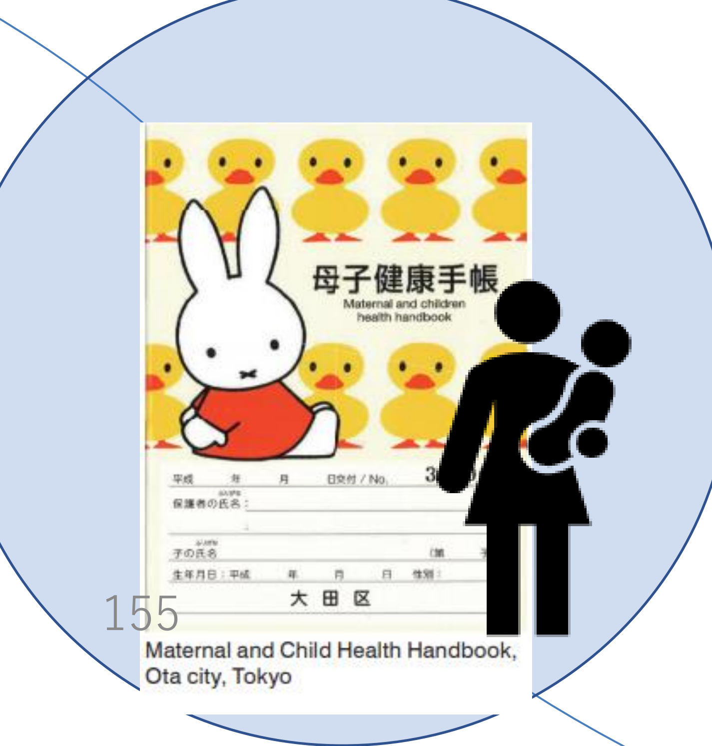
Source: https://www.technet-21.org/en/topics/home-base-records

Where and When MCH Handbook is used

Japan: MCH handbook used for Continuum of Care across settings where care are provided



Places:
Across settings where care provides



Maternal and Child Health Handbook, Ota city, Tokyo

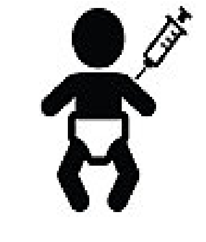
People-centered tool:
A tool to make every mother and child owns their health records

Time: Across life courses

Pregnancy

Delivery

Birth



immunization

Growth monitoring

Health check

WHO Departments of:

Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)

Immunization, Vaccines and Biologicals (IVB)

Reproductive Health and Research (RHR)

The guideline document is available at:

https://www.who.int/publications/i/item/9789241550352

Guidelines jointly developed by three WHO departments.

Recommendations on home-based records for MNCH

Recommendation 1

The use of home-based records, as a complement to facility-based records, is recommended for the care of pregnant women, mothers, newborns and children, to improve:

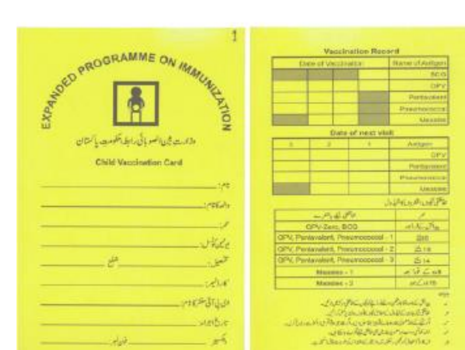
- care-seeking behaviours,
- men's involvement and support in the household,
- maternal and child home care practices,
- infant and child feeding, and
- communication between health workers and women, parents and caregivers.

(Low-certainty evidence)

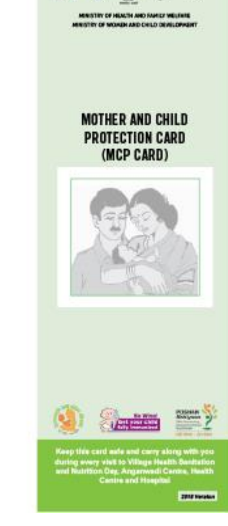
Recommendation 2

There was insufficient evidence available to determine if any specific type, format or design of home-based records is more effective.

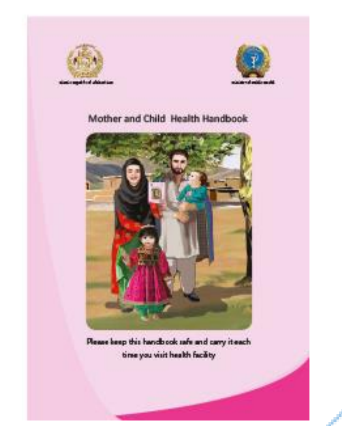
Policy-makers should involve stakeholders to discuss the important considerations with respect to type, content and implementation of home-based records.



Pakistan child vaccination card



India mother and child protection card



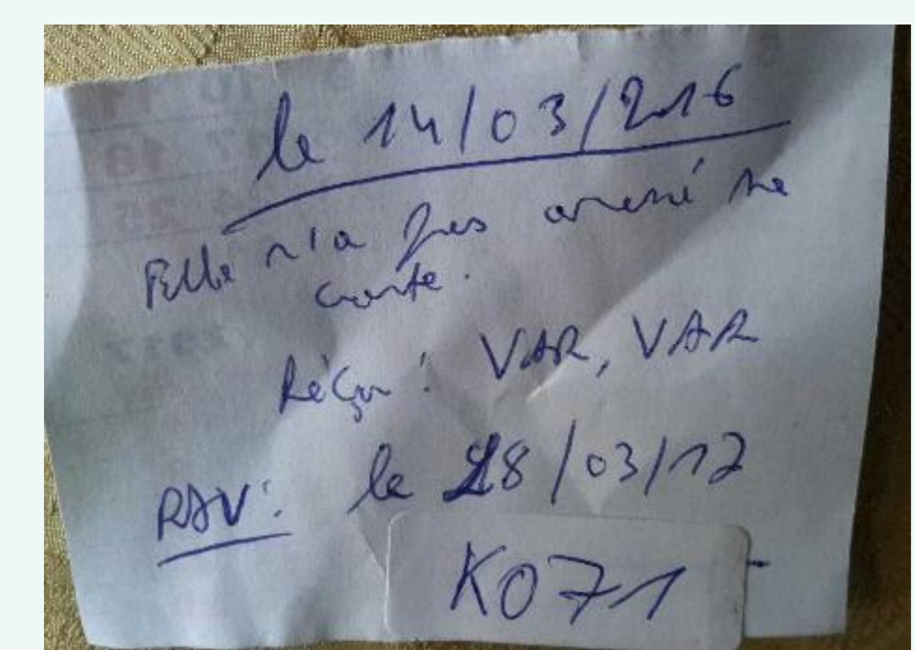
Afghanistan MCH handbook

Two recommendations are written.

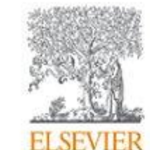
Common challenges persist that impede successful implementation of home-based records

These challenges include:

- Frequent stock-outs
- Poor quality home-based records
- Inadequate use by health workers
- Poor retention by women, parents and caregivers
- The content and design may not meet the needs of the home-based record users
- People don't remember to bring them to their health visits
- Inequity:
  - Some health workers expect payment for new or replacement home-based records.
  - Forgetting to bring home-based records to health facility or loss of records can result in being denied services.
  - Denied entry to school.



Lost or forgotten home-based record requires health worker to improvise



Vaccine
Volume 36, Issue 6, 1 February 2018, Pages 773-778

Short communication

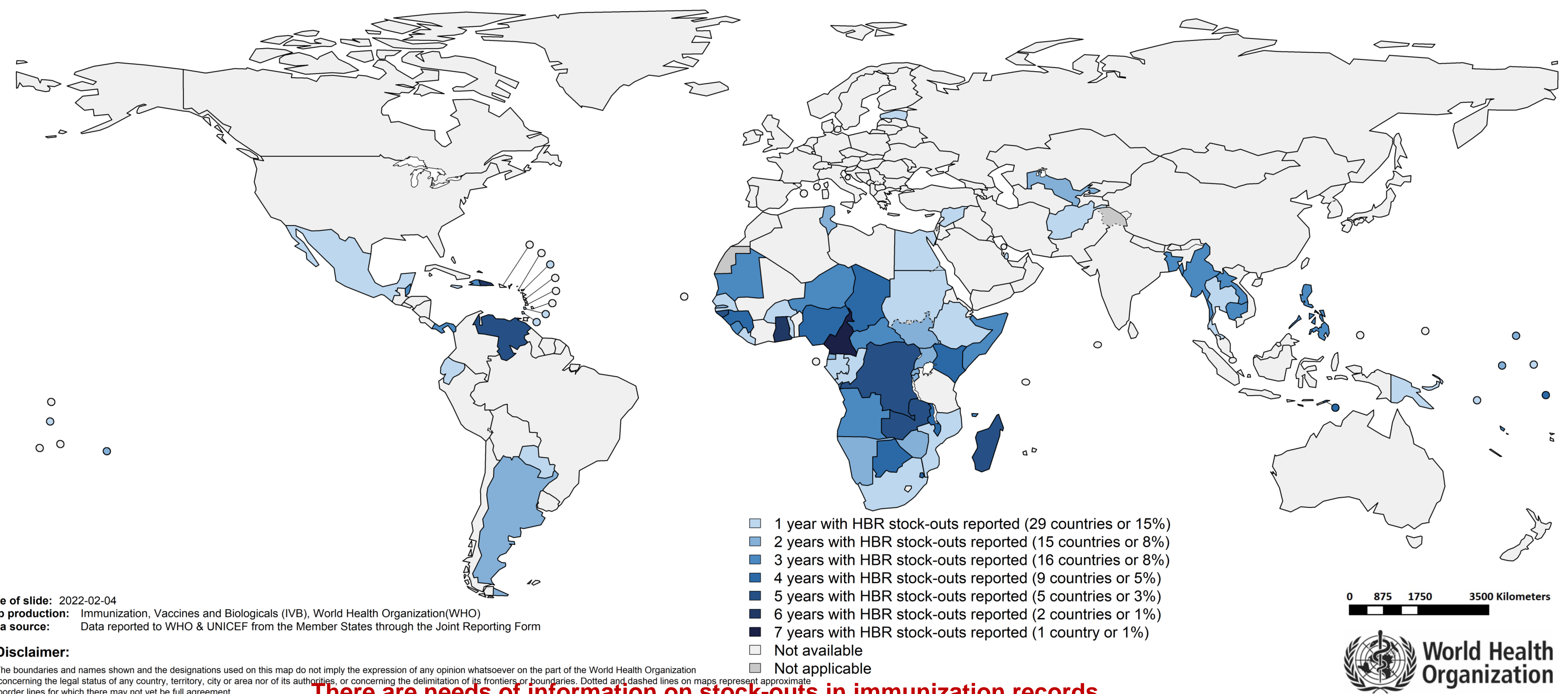
Occurrence of home-based record stock-outs—A quiet problem for national immunization programmes continues

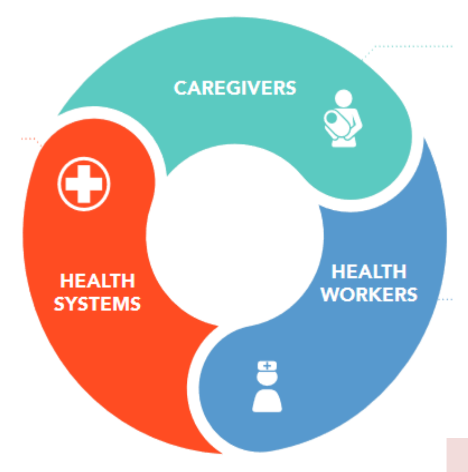
David W. Brown, Marta Gacic-Dobo

Quality of home-based record may not match real world needs

Countries often face common implementation problems related to home-based records that hinder successful implementation.

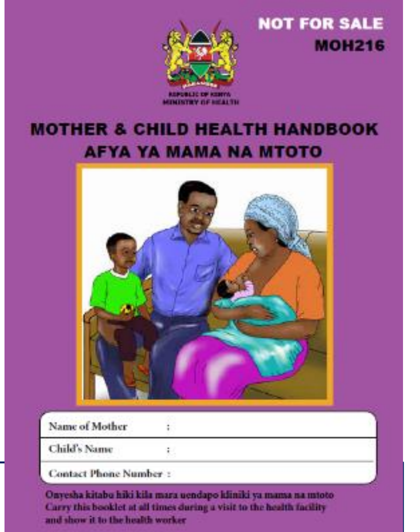
Common challenges persist that impede successful implementation of home-based records





HBR use for reduction of MOV: Kenya

Kenya: Missed Opportunities for Vaccination (MOV) assessment



Assessment

ele

Why MOV exists?

- **70% HWs** said that vaccination status should be assessed at every health encounter (e.g. child well/routine visits, consultation for any illness, and when accompanying a caregiver to the health facility)
- However, when HWs were asked "who should evaluate children's vaccination status"?, **33% HWs** said the "nurse" should evaluate vaccination status.

Needs of Actions

- Critical to the reduction of MOV:
- **the HBR's importance must be emphasized**
- **the HBR must be requested by health workers at every health encounter.**
- HWs must ensure that **all children receive a HBR and counsel caregivers** of its importance,
- HWs must also ensure that **all sections of the record are legibly completed** to ensure continuity of care.
- Programmes are encouraged to **periodically review and critically assess the HBR** to determine whether the document's design and content areas are optimal to end user needs.

Dr. Colin Tahu al 6th GHSR 2020 Nov.

https

https://www.who.int/publications/i/item/9789240060586

WHO, UNICEF and JICA worked together to develop a practical guide for country programme managers to strengthen implementation of home-based records for maternal, newborn and child health.

A guide for strengthening implementation was jointly developed by WHO, UNICEF and JICA. The aim is to support countries in strengthening implementation. Intended audience are programme managers and stakeholders in each country or region.

Methods

- Prior to the development of this implementation guide, a mapping exercise was conducted to identify and collect existing tools from partners that support the use, implementation and monitoring of home-based records.
- Building on existing evidence reviews and discussions with experts, a first draft of this implementation guide was developed in 2021.
- During the development phase, key informants were identified through networks and discussions were held with WHO, UNICEF, global partners implementing home-based records, and representatives from ministries of health to learn about implementation challenges and to help inform the development of the guide.
- A draft was reviewed by WHO, UNICEF and JICA staff from headquarters, regional and country offices.

- Two consultations were held:
  - With external partners, including representatives of ministries of health and nongovernmental organizations implementing home-based records.
  - With WHO and UNICEF staff from country and regional offices and headquarters.

- After feedback was integrated, selected chapters were reviewed with representatives from the Ghana Health Service of the Ministry of Health of Ghana, the Family Health and Welfare Division of the Ministry of Health and Population of Nepal and the Ministry of Health of Indonesia in June 2022.
- Meanwhile, the draft guide was shared with WHO, UNICEF and JICA staff and technical advisors for final inputs.
- The guide was finalized in August 2022.

The structure of the home-based record implementation guide

Table of Content

Ch. 1 Introduction to the guide

Ch. 2 Planning for successful implementation of the home-based record

Ch. 3 Conducting a situation analysis

Ch. 4 Selecting content for the home-based record based on technical priorities and user requirements

Ch. 5 Revising and testing the design of the home-based record

Ch. 6 Implementing the home-based record

Ch. 7 Monitoring implementation of the home-based record

Figure 2: Programme management cycle

Each chapter presents key themes through country examples, links to external resources, templates and other working tools, and chapter summaries.

User-centred approach

1

To ensure that the home-based record meets its objectives, it should respond to the needs of the three main user groups:

1. WOMEN, PARENTS AND CAREGIVERS
2. HEALTH WORKERS
3. PROGRAMME MANAGERS

This guide highlights ways in which you can find out more about, and effectively engage with, the three user groups and use the information in each step of the programme management cycle so that your decisions address the users' needs.

Need to meet the needs of the main users (tripartite).

WOMEN, PARENTS AND CAREGIVERS

Who are they?
Women in pregnancy and after birth; parents, families or caregivers of newborns and children

HEALTH WORKERS

Who are they?
Midwives; nurses; doctors; community health workers; vaccinators; or other individuals directly involved with delivering MNCH services

PROGRAMME MANAGERS

Who are they?
Programme managers at facility, subnational or national level; national and international organizations supporting home-based records

Eight success factors to achieve optimal use and performance of the home-based record

There are eight key operational elements to achieving the expected benefits from home-based records.

How this guide can be used?

- This guide is designed to act as a reference that can be picked up to help at any moment throughout the home-based record programme management cycle.
- It does not need to be read chapter by chapter (though that may be valuable to some readers).
- The guide has a toolkit approach – with many activities, templates, lists of questions – to support actions and decision-making. All these tools can be adapted to local contexts.
- The guide includes country examples and links to existing tools and resources.

BOX 2 – INTERNAL COORDINATION WITHIN THE MINISTRY OF HEALTH IN KENYA AND COORDINATION WITH THE HMIS UNIT IN NEPAL

In **Kenya**, the Ministry of Health internally shares tasks related to the MCH handbook. For example, the Head of the Department of Family Health coordinates printing of the most up-to-date version. The distribution of the MCH handbook is delegated to the Division of Vaccines and Immunization, while the Division of Child and Adolescent Health oversees technical reviews *(3)*.

In **Nepal**, the HMIS unit has an annual plan to print and revise home-based records, along with other instruments that are distributed to health centres across the country. If the Family Welfare Division wishes to propose adjustments to either the design or the content of the home-based record, it needs to inform the HMIS prior to an established deadline to ensure that enough records are printed for the next year. If the Family Welfare Division cannot reach agreement before this deadline, the HMIS unit issues a warning that it may not be able to print the most up-to-date version of the home-based record *(4)*.

ACTIVITY – CONSIDERATIONS FOR ANALYSING DATA ABOUT USERS OF THE HOME-BASED RECORD

This Activity will enable you to organize the data that you have collected to define what is most important about how each user group currently uses the home-based record. Identifying key enablers (elements that support appropriate use of the home-based record by each user group) and barriers (elements that hinder appropriate use) across different contexts may help the core team to identify best practices and the most relevant areas to strengthen. It is recommended to review these instructions with the core team and to assign someone to take notes on decisions and follow-up actions.

This Activity contains a simple tool to list existing enablers of, and barriers to, successful use of the home-based record by each user group. Instructions are provided, as is a blank template to complete and an example of a completed template.

INSTRUCTIONS

1. In column 1, list all three user groups of the home-based record (women, parents, caregivers; health workers; programme managers) in separate rows. Within each group, include any subgroups that have unique contexts of use, constraints or special situations that need to be considered in order to depict accurately the current use of the home-based record.
2. Identify the enablers that facilitate the appropriate use of the home-based record for each of the three user groups. Record these in column 2. If it is helpful, make a note about the specific context in which this enabler is relevant. You may wish to create a separate row for each unique context, issue or set of enablers and barriers (see the sample completed template for examples).
3. Identify the barriers that may impede the appropriate use of the home-based record for each of the three user groups. Record these in column 3. If helpful, make a note about the specific context in which each barrier is relevant.
4. Analyse and discuss the information captured to determine insights that can lead to improvement in content, design or operational support processes for the home-based record. Record these as potential actions to be taken in column 4.

TEMPLATE: ANALYSING USE OF THE HOME-BASED RECORD BY USER GROUPS

1. User group	*2. Enablers (+)*	*3. Barriers (–)*	*4. Potential actions to be taken*
Women, parents, caregivers			
Health workers			
Facility managers			
Subnational programme managers			
National programme managers			

Template to assess performance of operational support processes

DESIGN SPECIFICATIONS FOR OPERATIONAL SUPPORT PROCESSES (p76)

Operational support processes	Level (national/ subnational / facility)	Assessment (H, M, L)*	Enabler (+)	Barrier (-)	Responsible core team member or stakeholder	Observations/ insights (optional)
Budget and financing	National	L	External funders provide funding to help sustain the home-based record.	The ministry of health perceives other projects as more important and prefers to allocate funding to those, compared to home-based records.	Ministry of health, in collaboration with external donor	MoH needs to allocate a fixed budget line annually
Printing						
Distribution and Stock management						
Building awareness and promoting use						
Capacity building and supportive supervision						

Country A

Strengthening implementation of home-based records for maternal, newborn and child health: a guide for country programme managers

World Health Organization

JICA

unicef for every child

** H: high performance; M: medium performance; L: low performance*

Example 1. Review operational processes by multi stakeholders within country (Burundi)

On June 9, 2023, the Burundian Ministry of Public Health and Fight Against HIV departments, programs and their partners (WHO, UNFPA, and NGOs) with a technical assistance by the JICA project (Capacity Building of Provincial Health Staff for Maternal and Child Health) held a session to analyze the implementation of the Maternal and Child Health Handbook. The template for **DESIGN SPECIFICATIONS FOR OPERATIONAL SUPPORT PROCESSES** (p76) was used; the two groups separated, they discussed key operational aspects including budget and **financing**, **printing**, **distribution and stock management**, **capacity building and supportive supervision**, and **coordination across health programs**. For each aspect, they found the template helpful in identifying enablers, barriers, and potential actions to take, and decided to further the discussion.

"We are excited because this template allows us to discuss essential implementation elements from different departments and programs." said Dr. Vélonique (Burundi MOH).

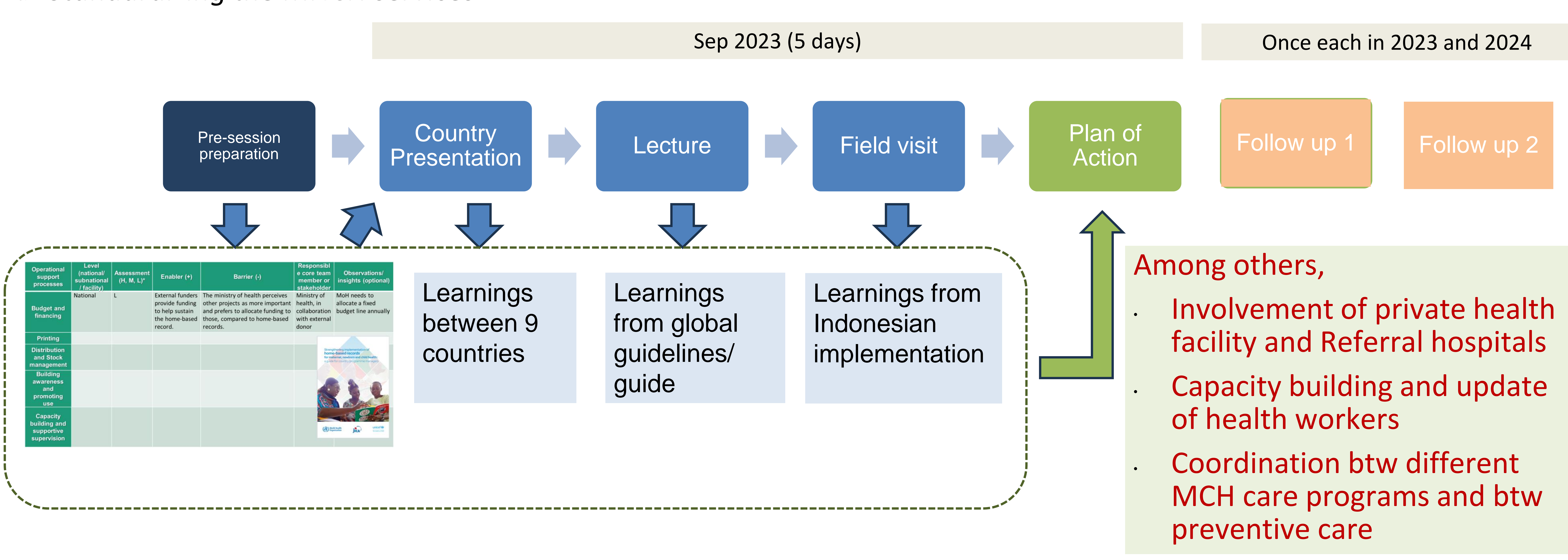
Template to review on content on the basis of health programme priorities (p46)

(1) Content	(2) Action to be taken: Keep/ Modify/ Remove/ Add	(3) Reason for action	(4) Information to support the action	(5) Cost implications of the action	(6) How to monitor the use of the content	(7) Prioritization of the action: High/ Medium/ Low
Counseling messages on exclusive breastfeeding of newborns aged 0-6 months	*Modified content- reduce and focus message*	*To promote the message that all newborns should be exclusively breastfed until 6 months of age; primary user is the mother/parents*	*Recent DHS data show that 60% of mothers do not breastfeed their newborns until 6 months of age. However, there are other educational materials that provide in-depth messages and support on breastfeeding; low literacy in some population is a concern.*	*Reduces space needed from half a page to quarter of a page; black and white; text format*	*As part of the annual review of home-based records, the monitoring team conducts field visits. The team talks to mothers, parents and health workers to assess whether this and other counseling messages are used and understood.*	*High*
Growth monitoring chart for girls aged 0-5 years	*Existing content- agreed to keep this despite low usage*	*The draft is not currently being used correctly/consistently. This might be due to insufficient training; need to increase training of health workers in certain regions of the country*	*Data from monitoring visits show that only 30% of health workers fill in the growth charts correctly, which correlates to similar levels of training in those regions.*	*Maintain 6 pages; in full colour; chart format*	*Few questions on the use of growth monitoring charts will be incorporated into the nutrition programme monitoring activities; information on nutrition status is obtained by other surveys or activities*	*Low*
Vaccination recording fields	*Existing content, to be kept*	*To document a child's vaccination history for school entry, travel etc*	*Supervisory visits found that 95% of vaccination recording fields are filled in correctly.*	*1 page, black and white, table format*	*DHS includes questions about the use of the vaccination recording fields; additional supervisory visits will verify correct use by health workers.*	*High*
Oral health check-ups for children	*Existing content, to be removed*	*To document a child's oral health visits*	*Recent exit-survey data indicate that only 10% of oral health check-ups are filled in; 60% of women, parents and caregivers do not*	*Half a page, in black and white, table format*	*Data on correct use by health workers are currently not collected through routine monitoring activities.*	*High*

Example 2. Understand each others for a Multi-country learnings (5 South-East Asia, 2 Africa, 1 Central Asia)

Knowledge Sharing Program hosted by Indonesian Government and JICA

1. *Family Empowerment*
2. *Strengthening implementation of the MCH handbook*
3. *Standardizing the MNCH services*



Operational support processes	Level (national/ subnational / facility)	Assessment (H, M, L)*	Enabler (+)	Barrier (-)	Responsible core team member or stakeholder	Observations/ insights (optional)
Budget and financing	National	L	External funders provide funding to help sustain the home-based record.	The ministry of health perceives other projects as more important and prefers to allocate funding to those, compared to home-based records.	Ministry of health, in collaboration with external donor	MoH needs to allocate a fixed budget line annually
Printing						
Distribution and Stock management						
Building awareness and promoting use						
Capacity building and supportive supervision						

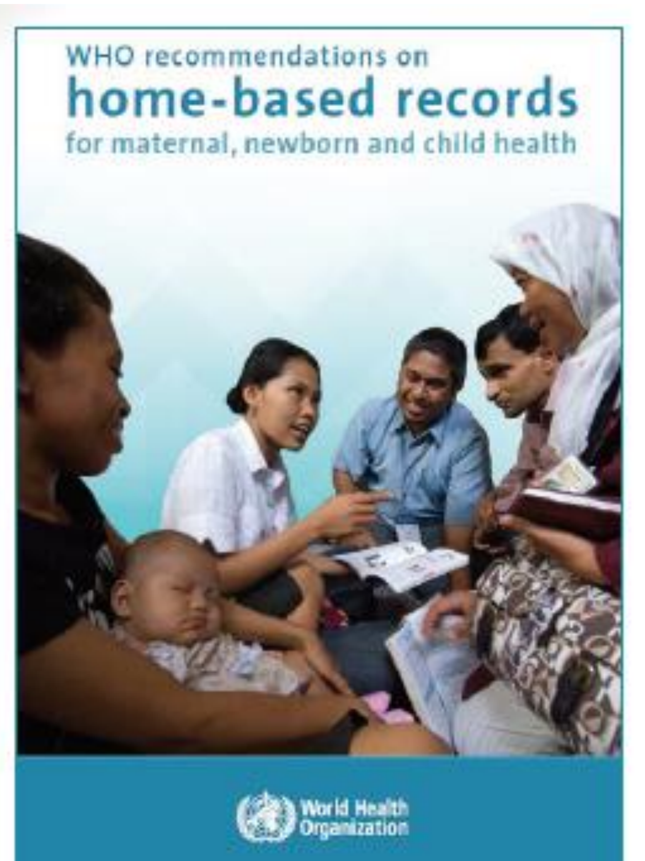
Way forward

Home based records are

- an integral part of tools and interventions to support the health and wellbeing of all women, children and adolescents
- supportive of a lifecourse approach for programming
- Records of valuable information for different users

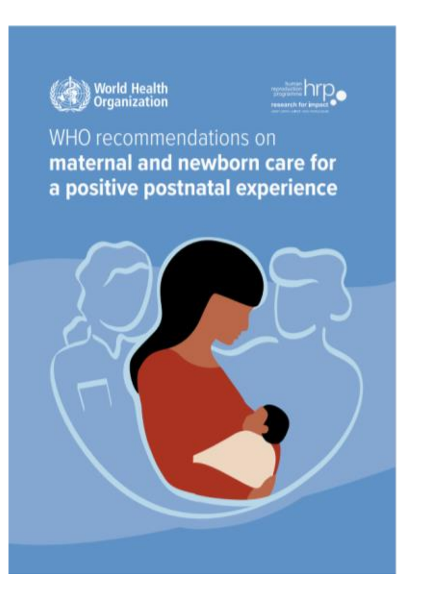
Expectation for

- Researchers
- Health Professionals



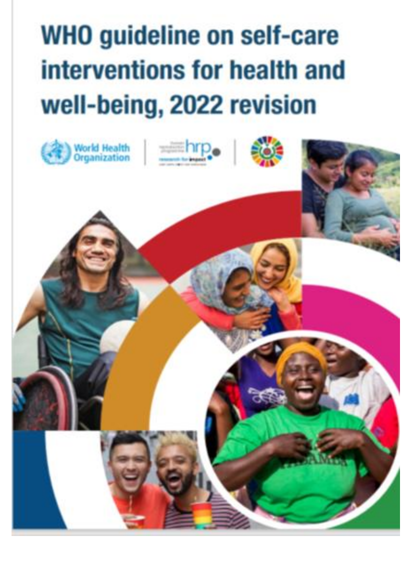
Home based records for positive experiences

Antenatal care

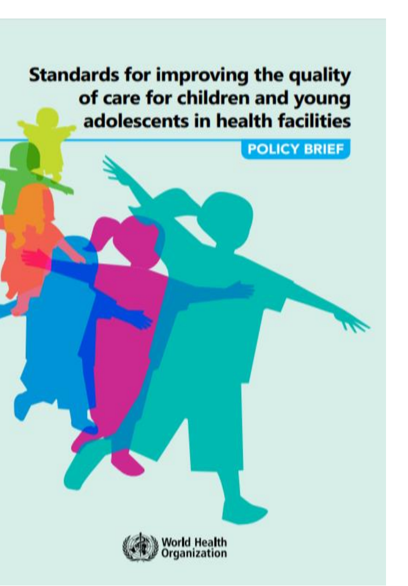


Postnatal care

Preterm or low birth weight infant care



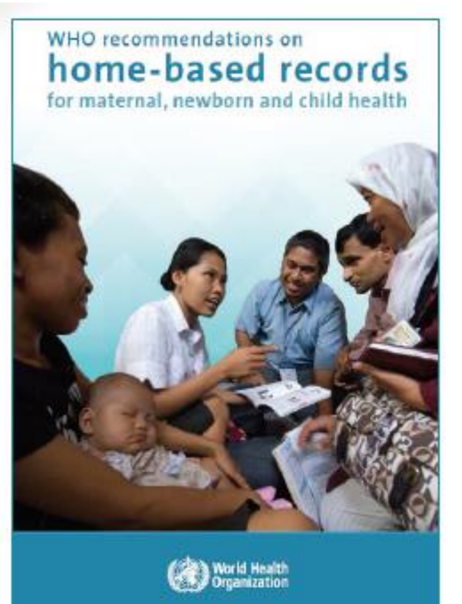
Self care



Care standards

Well child care

Progress of discussion on home-based records



2015 SEARO on newborns (Delhi)

2016 PMAC (Bangkok)

2016 Women Deliver (Copenhagen)

4th GHSR in Vancouver (2016)

2016 10th Int'l MCHHB symposium

2016 Scoping meeting (Geneva)

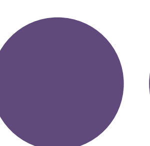
017-18 GDG meeting

2018 WHO Recommendations on HBRs for MNCH

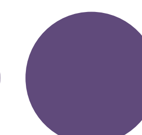
2019 WHA side event on HBRs

20- Meetings Rs by multi partners

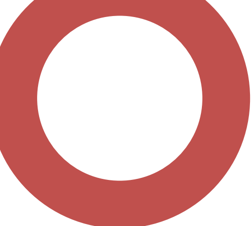
6th GHSR in Dubai (2020)



7th GHSR in Bogota (2022)



2023 WHO-UNICEF-JICA Implementation guide for HBRs



14th Intl Sympo (2024)

Needs of guidelines

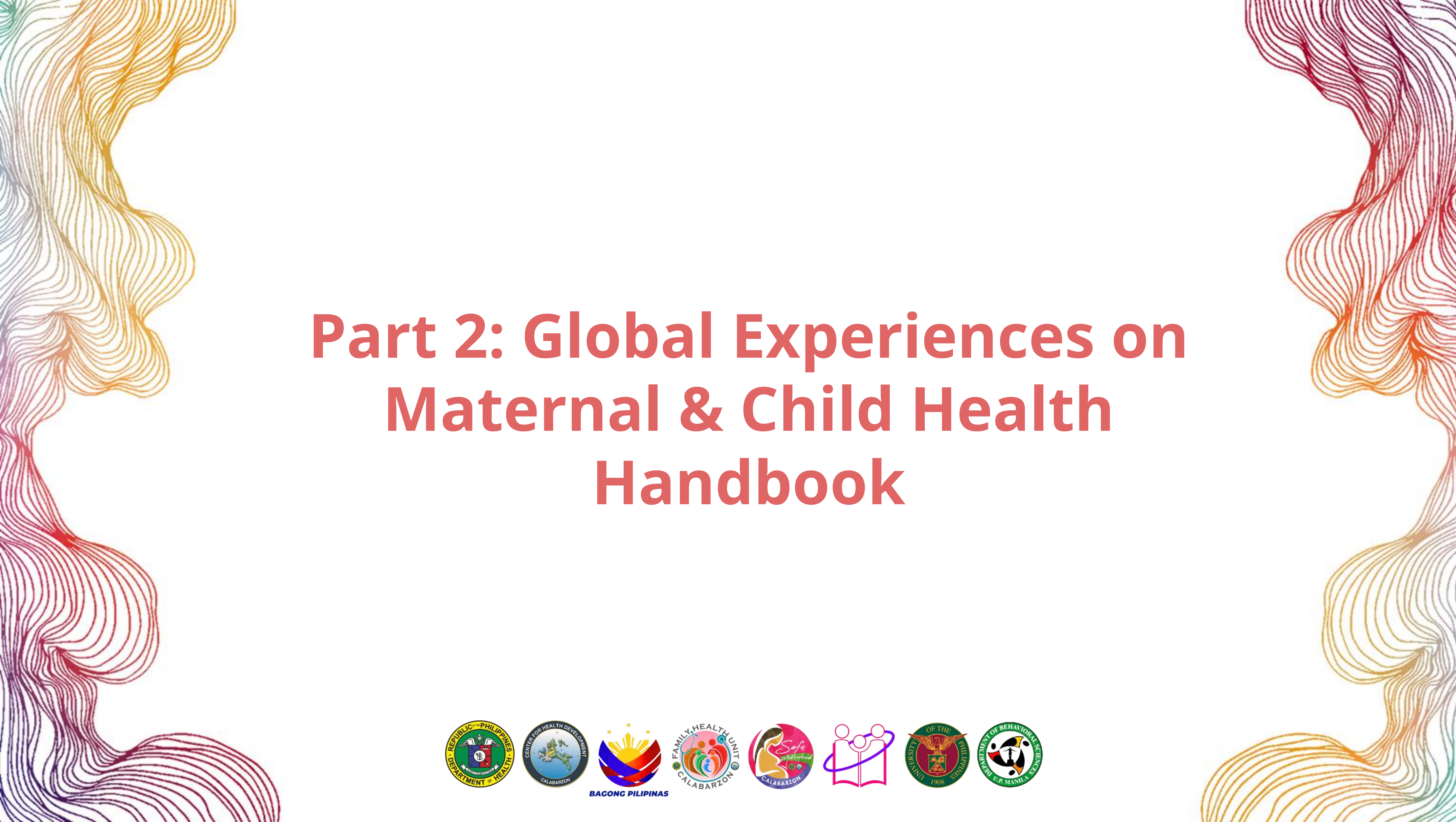
Needs of effective use

Promotion of effective use

Keiko Osaki

Thank you!

Osaki.Keiko@jica.go.jp


Part 2: Global Experiences on Maternal & Child Health Handbook
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
BAGONG PILIPINAS
FAMILY HEALTH UNIT
CALABARZON
Safe Motherhood
CALABARZON
UNIVERSITY OF THE PHILIPPINES
1908
DEPARTMENT OF BEHAVIORAL SCIENCES
U.P. MANILA

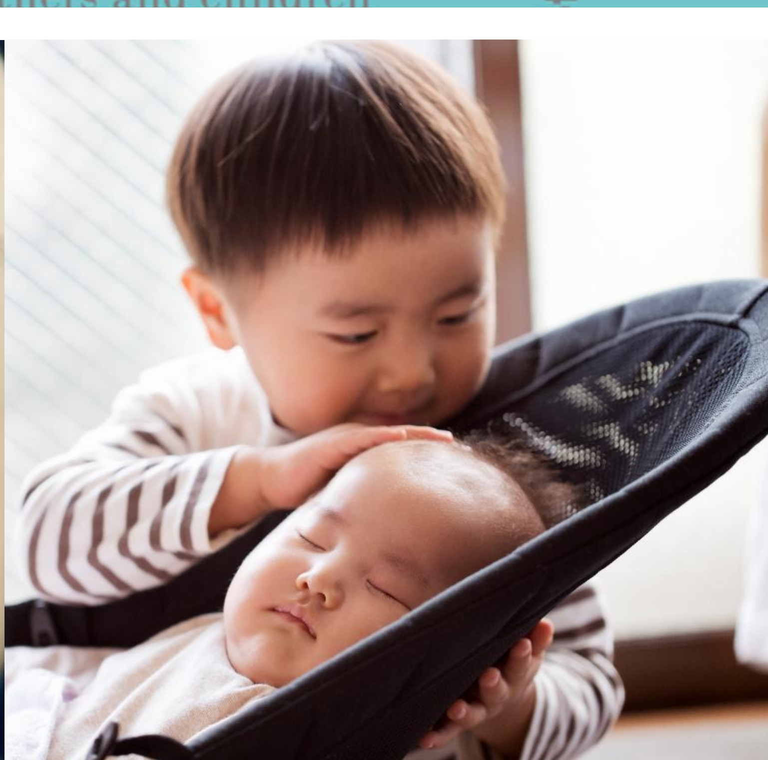
Canada / USA MCH Handbook

Dr. Shafi U. Bhuiyan

Associate Professor
SBS Program Coordinator
Division of Social & Behavioral Services
School of Public Health
University of Memphis

digitalization
holistic maternal and c
global standard tool
health information & knowledge source
improve quality of life
health promotion
social inclusion
tailored approach
access to healthcare
strengthen commu
maternal & child health ha
diversity, and inclusion
women empowerment
harmonized care for mothers and children

WHAT WE ACHIEVE



Dr. Shafi Bhuiyan PhD, MBBS, MPH, MBA
Associate Professor and SBS Program Coordinator
School of Public Health, University of Memphis, TN USA and
Co-founder of MScCH & CPH Certificate Program for IEHPs at U of T

705 participants from > 61 countries and territories

Toronto Declaration

August 25, 2022

"embrace the MCH Handbook as a global standard self-care tool to provide holistic maternal and child healthcare based on Equity, Diversity, and Inclusion (EDI) principles to assure the quality of services and life."

HIGHLIGHTS:

1. The MCH handbook integrates EDI principles into healthcare
2. The MCH Handbook assures a holistic approach to healthcare services
3. The digitalization of the MCH Handbook supports adherence to health management and prevention measures
4. The sustainability of the MCH Handbook program through multisectoral, multilevel, and social mobilization, with country ownership and political commitment along with global partners' involvement (WHO, UNICEF, UNFPA, JICA)
5. The MCH Handbook is a global standard self-care tool

Toronto Declaration

"Making Me Visible"

The 13th International Conference on the Maternal and Child Health (MCH) Handbook conference has brought together more than 700 global health leaders, policymakers, healthcare professionals, academics, and other stakeholders from 61 countries and territories, along with global organization representatives from the World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), and Japan International Cooperation Agency (JICA), to embrace the MCH Handbook as a global standard self-care tool to provide holistic maternal and child healthcare based on Equity, Diversity, and Inclusion (EDI) principles to assure the quality of services and life.

The MCH Handbook is a home-based health record and a comprehensive information tool that supports women and their families throughout the pregnancy, delivery, and postnatal period, along with the first few years of their children's lives. It was developed in Japan in 1948, and currently, the MCH handbook community accounts for more than 50 countries and areas around the globe. Some countries, such as The Netherlands, Bangladesh, and Thailand, introduced the digital MCH handbook to improve compliance and accessibility of healthcare as a pilot project. Special editions of the MCH handbook were developed tailored to specific needs and conditions (e.g., low birth weight, children with developmental disorders, etc.) to assure that the main agenda of Sustainable Development Goals (SDGs) "Leave No One Behind (LNOB)" is well-addressed and that everyone is "visible," and their voices are heard.

The 13th International Conference participants of the MCH Handbook hereby conclude and recommend that:

1. **The MCH handbook integrates EDI principles into healthcare:**
   a) *Equity*- improved access to quality care for underserved populations
   b) *Diversity*- culturally sensitive services tailored to the needs of the population and its subgroups by embracing a bottom-up approach
   c) *Inclusion*- special editions for specific needs and conditions (low birth weight newborns, children with developmental disorders)
2. **The MCH Handbook assures a holistic approach to healthcare services:**
   a) *Physical*- health promotion and disease prevention, screening, and early diagnosis
   b) *Mental*- increasing awareness about mental health and ending discrimination and stigma
   c) *Social well-being* – advocacy, support, and inclusion

13th International Conference on the Maternal Child Health Handbook
Toronto, August 24-25, 2022

3. **The digitalization of the MCH Handbook supports:**
   a) *Establishing a population database* to enhance social accountability towards healthcare education, research, and service activities and facilitate knowledge translation
   b) *Tackling health myths and misinformation*
   c) *Improving adherence to health management and prevention measures* (e.g., screening reminders)
   d) *Preparedness for public health emergencies and disasters*
4. **The sustainability of the MCH Handbook program** demands multisectoral, multilevel, and diversified approaches as well as social mobilization and empowerment with country ownership and political commitment along with global partners' involvement (WHO, UNICEF, UNFPA, JICA, etc.)
5. **The MCH Handbook is a global standard self-care tool** that is aligned with the five core goals to achieve Universal Health Coverage (UHC), i.e., quality care, end stigma and discrimination, affordability of health services and products, access to a holistic range of health and related services, and lastly, sustainable investment in health:
   a) *People-centered approach*- the decision-making autonomy by empowering women and their families
   b) *Quality care* – assure that every woman and child gets standardized healthcare services with a continuum of care to achieve the best possible outcome and enhance the quality of life

The Toronto Declaration emphasizes the innovative, equitable, and sustainable development of reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) by integrating the MCH handbook as a standard self-care tool.

We are committed to the MCH Handbook concept to ensure that in the future, "Every woman and child is visible."

On behalf of the MCH Handbook International Committee and the 13th International Conference team, in consultation with stakeholders, experts, and participants, we adopt the above-mentioned declaration as our guiding principle to move forward.

Best regards,

Professor Dr. Yasuhihe Nakamura MD, PhD
Chair, International Committee on the MCH Handbook
&
Professor Dr. Shafi Bhuiyan, PhD, MBBS, MPH, MBA
Chair, International Conference on the MCH Handbook

25th August, Toronto, Canada

International Journal of Epidemiology and Public Health Research

Open Access

Letter To Editor

Maternal and Child Health Handbook (MCH HB) International Conference 2022 at University of Toronto, Canada: MCH HB World Report Overview

Shafi Bhuiyan [1, 2] , Bayley Levy[1] , Sadiya Baiyat[1] , Minahil Raja[1] , Kristina Meriel[1] , Rifat Farzan Nipun[1] , Nahid Sultana[1] , Subrana Rahman[1] , Jawairia Mohammed[1] , Linke Yu[1] ,Soruba Easwarakumar[1] , Agafya Kriviova [2] , Sundas Saboor [3]

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[2]Toronto Metropolitan University

[3]Harvard T. H Chan School of Public Health, USA.

Article Info

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***Corresponding author:** Shafi Bhuiyan, Dalla Lana School of Public Health, University of Toronto, Canada.

Abstract:

The Maternal and Child Health Handbook (MCH HB) is an informational resource and home-based health record tool that supports women and their families during pregnancy, childbirth, and infancy. The MCH HB was created in post-WWII Japan in 1948, to tackle the high rates of mother and infant mortality, the handbook has since evolved to include educational informational, psychological support resources, and a home-based record keeping tool.

Keywords: maternal; child health; pregnancy; childbirth; infancy

International Health Trends and Perspectives

A global perspective of the role of the maternal and child health handbook in health promotion: Narrative synthesis

Research Paper

Saida Azam[1], Mahima Mehrotra[1], Nao Yoshida[2], Anuradha Dhawan[3], Yasmine Shalaby[4], Eman Radwan[2], Mithila Orin[3], Walaa Al-Chetachi[3], Agafya Krivova[3], Tasmia Tazrin[3], Hanaa Badran[3], Nida Fathima[5], Shafi Bhuiyan [3,6,7]

[1]Faculty of Health, University of Waterloo, Waterloo, Canada; [2]School of Medicine, Queen's University, Kingston, Canada; [3]Faculty of Community Services, Toronto Metropolitan University, Toronto, Canada; [4]Faculty of Health Sciences, McMaster University, Hamilton, Canada; [5]Faculty, Western University, London, Canada; [6]Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; [7]Faculty, Bangladesh University of Health Sciences, India

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ABSTRACT

Little is known about the impact of "home-based records" on the health promotion of mothers and children. Considering this, we compiled and analysed existing evidence on the effectiveness of a specific home-based record, the Maternal and Child Health Handbook (MCHHB), in enhancing the health of mothers and their children. A systematic search of PubMed, Google Scholar, Maternity, and Infant Care, CINHAL, and Ovid was conducted. All types of original research articles published in English were considered. A narrative synthesis was used due to the heterogeneity of findings among the included studies. Out of a total of 1351 papers, 45 studies were included. Breastfeeding, immunisation, family planning, antenatal care, maternal nutrition, maternal Tetanus Toxoid (TT) immunisation, vitamin A and iron supplements, smoking and alcohol consumption during pregnancy, healthy and safe delivery, awareness of pregnancy complications, and healthy child development are all areas where MCHHB has been implemented and evaluated. Although one study found no effect, our findings indicate a positive impact. The results emphasised the effectiveness and value of MCHHB in enhancing maternal and infant health. However, given that only a small number of studies were available for each outcome group, we suggest more research be conducted on the MCHHB's positive effects on mothers' and children's health.

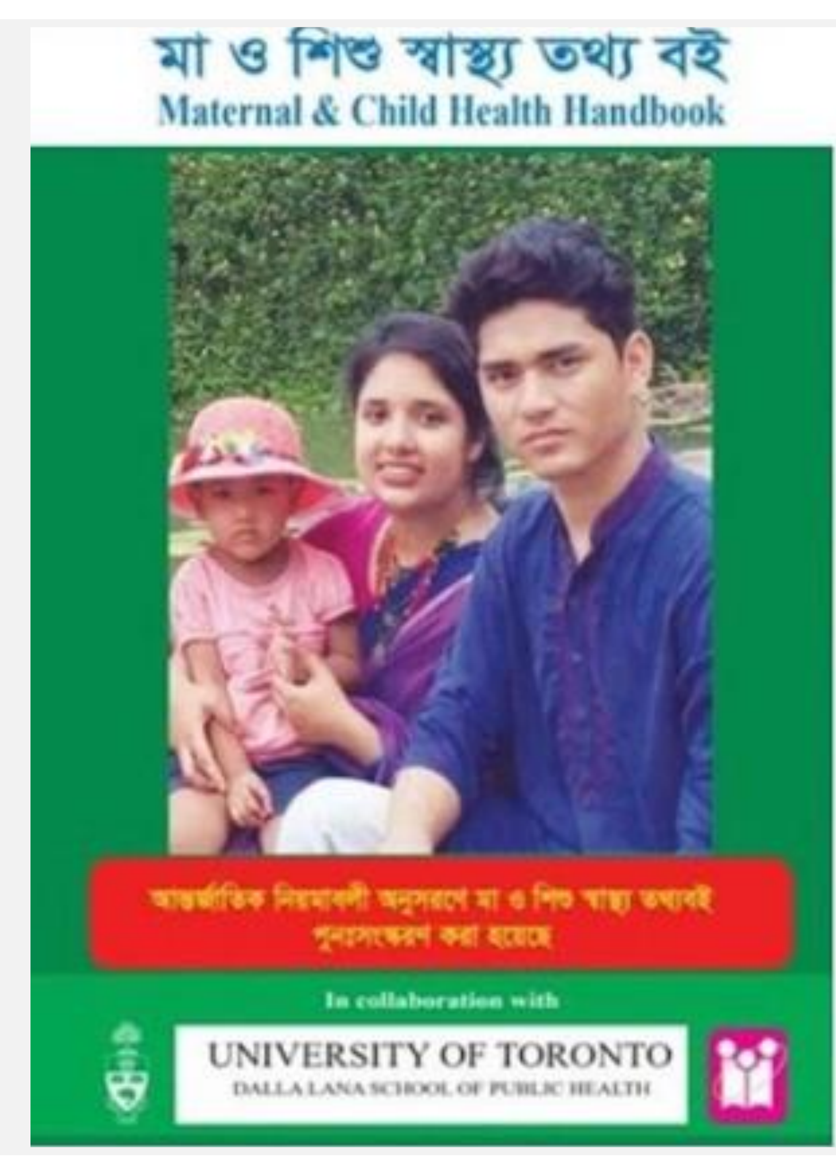
HEALTH PROMOTIO

BREASTFEEDING PRACTICES

IMMUNIZATION

SAFE DELIVERY

KNOWLEDGE ON COMPLICATIONS



"Empowerment of Indigenous Women from Chittagong Hill Tracts in Bangladesh; Use of Maternal and Child Health (MCH) Handbook"

বাংলাদেশের পার্বত্য চট্টগ্রামের আদিবাসী নারীদের ক্ষমতায়ন: মা ও শিশু স্বাস্থ্য সহায়ক বইয়ের ব্যবহার

মায়ের নাম:	মোবাইল নং:
শিশুর নাম:	মৌজা:
জেলা:	সার্কেল: মং/চাকমা /বোমাং

মা ও শিশু স্বাস্থ্য তথ্য বই

Maternal & Child Health Handbook

আন্তর্জাতিক নিয়মাবলী অনুসরণে মা ও শিশু স্বাস্থ্য তথ্যবই পুনঃসংস্করণ করা হয়েছে

In collaboration with

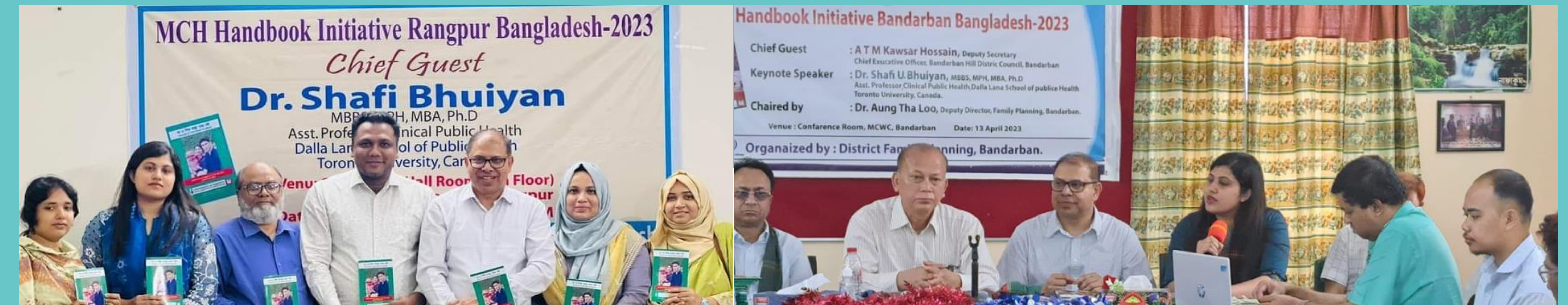
STRATEGIC OBJECTIVES:

Phase I, Policy Level: Declaration of "0" Home Delivery Concept

Phase II, SDP Level: 24/7 Sensitization on safe delivery under MCRAH OP

Phase III: Community Engagement

Phase IV: Establishment of Web-based servic

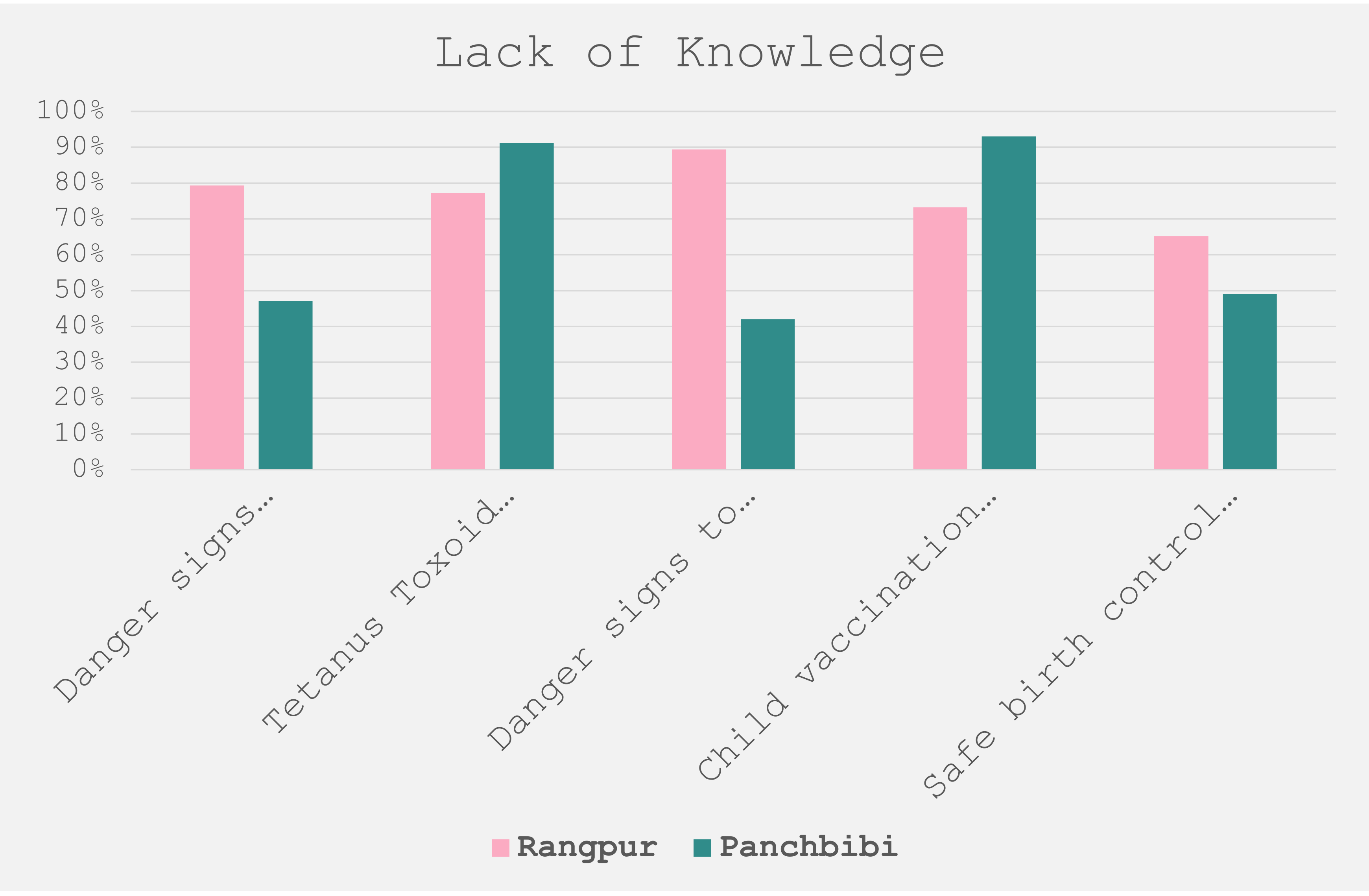


CHALLENGES

- Ethnic Diversity
- Traditions and Religious beliefs
- Language and Cultural differences
- Never to reach area 20%
- Literacy and Decision Making

Ethnic Diversity in Bandarban we serve

চাক
মারমা
বম
খুমী
তঞ্চঙ্গ্যা
বাঙ্গালী
লুসাই
পাংখোয়া
ত্রিপুরা
খেয়াং
ম্রো
চাকমা



Number of participants:

Rangpur	198
Panchbibi	100
Bandarban	200

Level of education:	Bandarban	Rangpur
Primary (1-5 Class):	37.31%	100%
Secondary (6-10 Class):	44.28%	

MCH matters:

Empowering Mothers and Families in Memphis

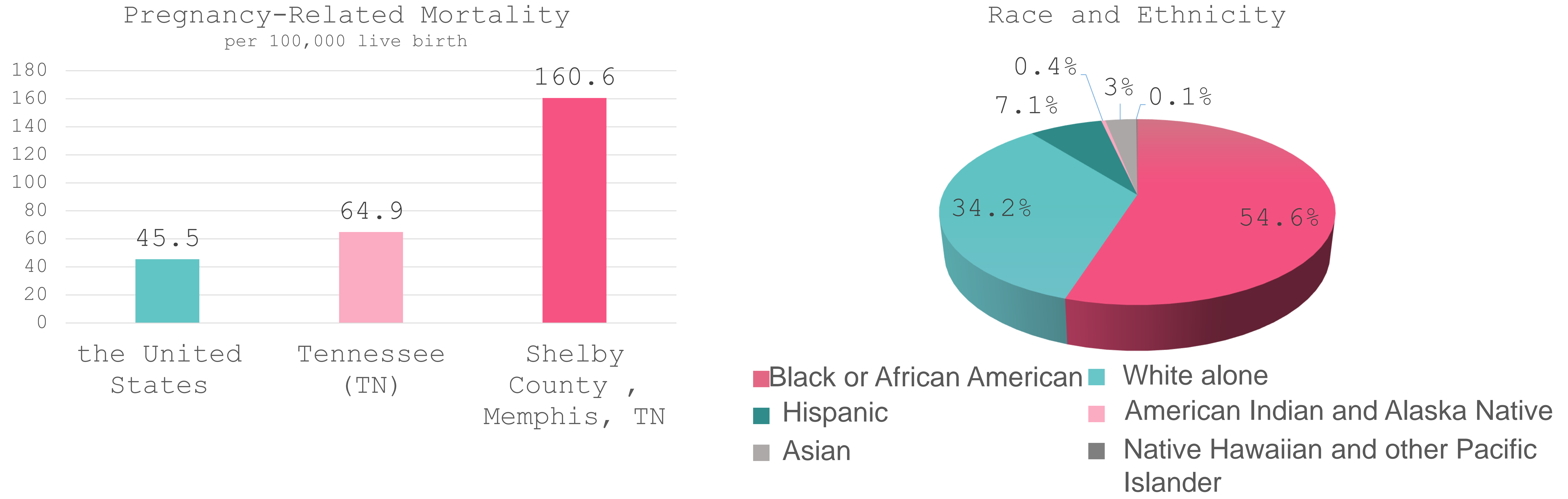
DR. SHAFI BHUIYAN

WITH UNIVERSITY OF MEMPHIS PUBLIC HEALTH GRADUATE STUDENTS

BACKGROUND

In 2020, Shelby County had a population of 930,020:

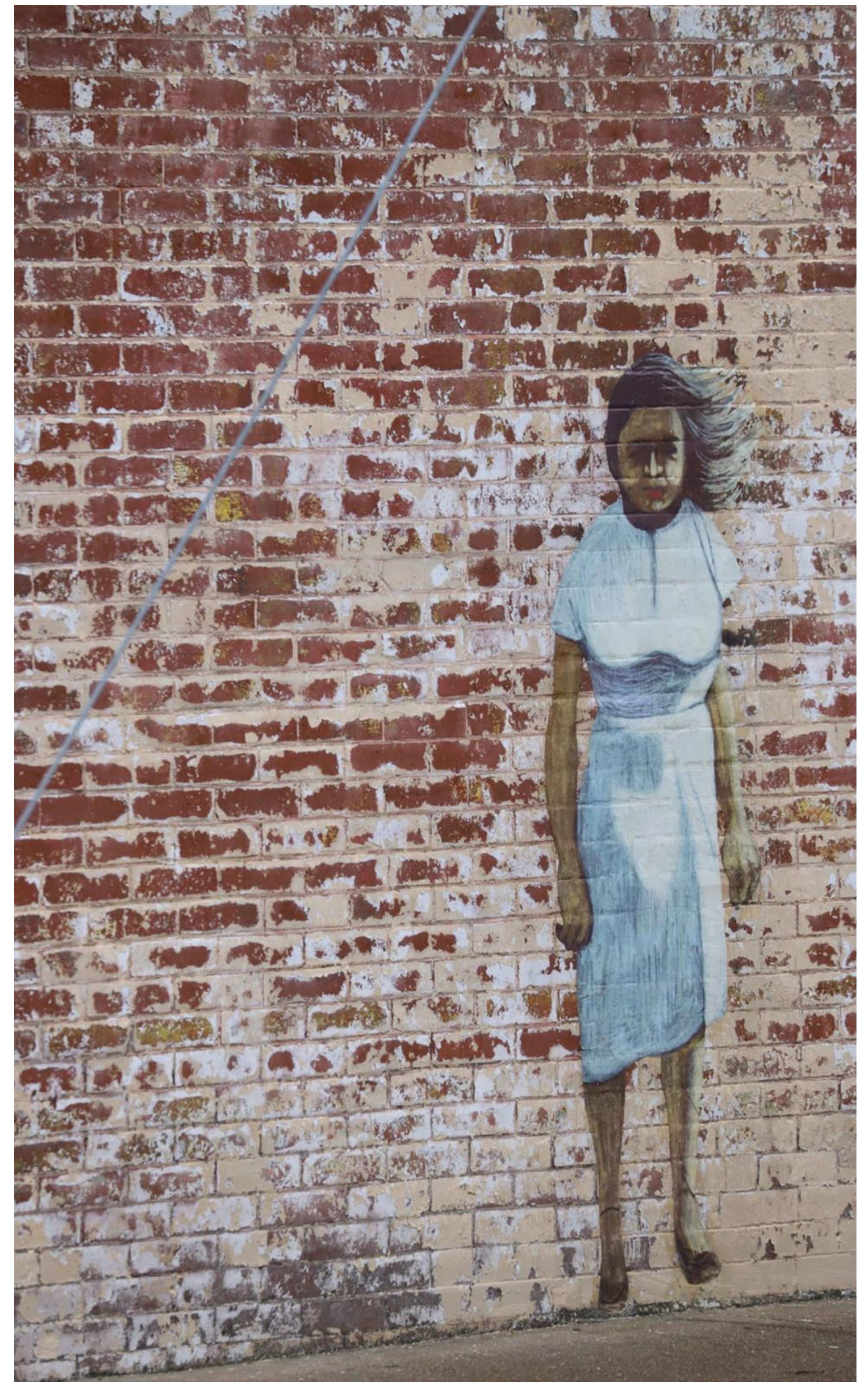
Female	52.5%	*Do not have health insurance*	12.9%
Reproductive age	30.7%	*Adults read at or below a 6th-grade level*	10.6%
Live below the poverty line	16.5%	*High school cohorts drop out*	12.6%



3 out of 4 pregnancy-associated deaths were found to be **preventable**

MCH HANDBOOK GOALS IN MEMPHIS:

1. *Address socio-economic and racial disparities*
2. *Ensure culturally responsive services*
3. *Empower women*
4. *Provide a home-based tool*
5. *Improve access to healthcare*
6. *Employ innovation technologies*
7. *Advocate practice to policy translation*



INITIATIVE

Women who have had at least one child, those who are pregnant or looking to become pregnant. Pediatric care practitioners, family doctors, and OB/GYNs

Flyers will be placed at local OB/GYN offices, churches, and bus stops. Invitations will also be mailed from participating OB/GYNs to women who are pregnant or have given birth previously

Benjamin L. Hooks Library

The library is free and accessible through public transportation. One morning session and one evening session to accommodate different schedules. Childcare provided for participants

Amazon or Kroger gift card

COLLABORATIONS WITH ORGANIZATIONS

Medical Institutions	Non-Profit Organizations
Shelby County Healthcare Department	Church Health Center
Mid-south Maternal-fetal Medicine, P.C.	Latino Memphis
Baptist Medical Group	OutMemphis
Regional One, High-risk Obstetrics	My Sistah's House

STUDENTS PROJECTS PRESENTATIONS

MCH HANDBOOK DEVELOPMENT IN MEMPHIS

EVALUATION

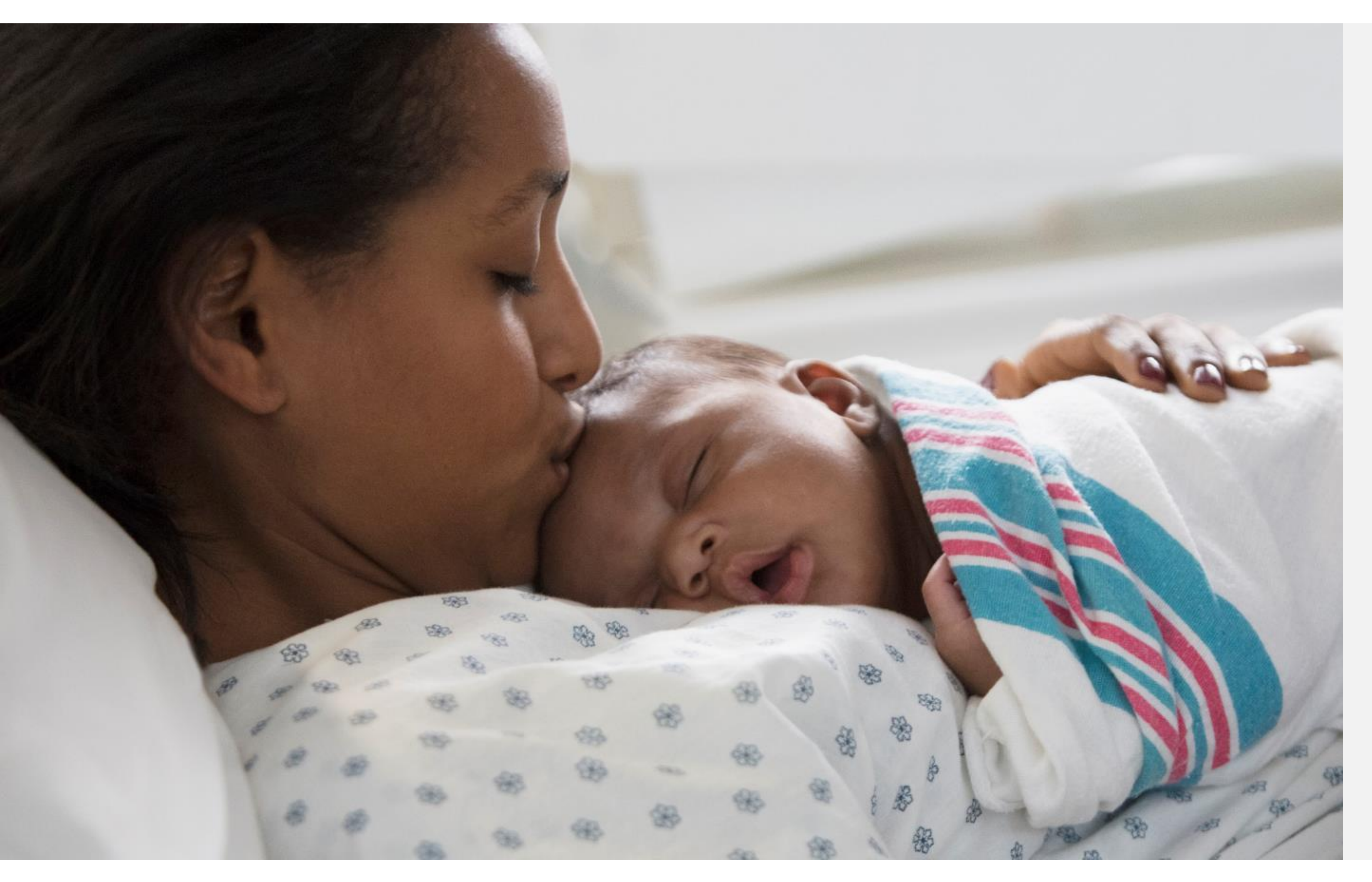
1. **The Women's Knowledge, Attitudes, and Behaviors about Maternal Risk Factors in Pregnancy**
   - Evidence-based pre- and post- questionnaire
2. **Quantitative Measures**
   - Use the Likert scale to determine how useful participants found the handbook
   - Space to write suggestions and comments
3. **Qualitative Measures**
   - Average number of antenatal visits per participant compared to the previous year's data
   - Number of visits each participant brought their handbook

Effects of MCH Handbook Utilization on Breastfeeding: A Systematic Review

Farah Faizah, MBBS, MPH

Advisor: Dr. Shafi U. Bhuiyan, PhD, MBBS, MPH, MBA

Committee: Dr. Satish Kedia, PhD, MPH, MS, Dr. Marian Levy, DrPH, RD, FAND



Explore the combined effect of existing MCH Handbooks on women's knowledge, attitudes, and practices related to breastfeeding

Identify key findings and trends in the literature regarding the impact of the MCH Handbook on breastfeeding initiation, duration, and exclusivity

Provide evidence-based insights to inform policies and programs aimed at promoting breastfeeding practices worldwide

Effective Prenatal Health Education Intervention to Improve Maternal and Child Health Care Utilization in Urban Slums of Bangladesh

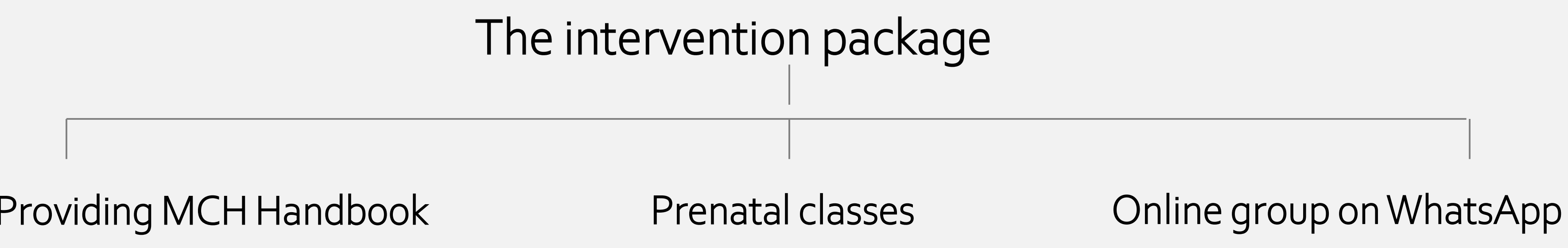
Tamjida Hanfi, MBBS, MPH

Advisor: Prof. Dr. Supa Pengpid, M. Sc., Dr.PH., MBA
Department of Health Education and Behavioral Sciences
Faculty of Public Health, Mahidol University, Thailand

Develop a prenatal health education intervention package to engage pregnant women in the urban slums of Bangladesh

Determine the change in perceived knowledge to improve health-seeking behaviour

Evaluate the effect of prenatal health education intervention package on change in behaviour to utilize MCH care services for optimizing Institutional delivery and 3+PNC in urban slums of Bangladesh



digitalization

holistic maternal and

global standard tool

inclusion

health information & knowledge source

improve quality of life

social inclusion

FUTURE DIRECTIONS!

1. *Advocacy for health promotion and policy change*
2. *Develop training & management strategy to ensure culturally responsive services*
3. *Strengthen the capacity of health professionals*
4. *Introduce digital version to supplements and compliments of the printed handbook*
5. *Share scholarly work & best practices*

digitalization

holistic maternal and child healthcare

global standard tool

promote equity

health information & knowledge source

culturally sensitive care

improve quality of life

social inclusion

tailored approach

quality of care

access to healthcare

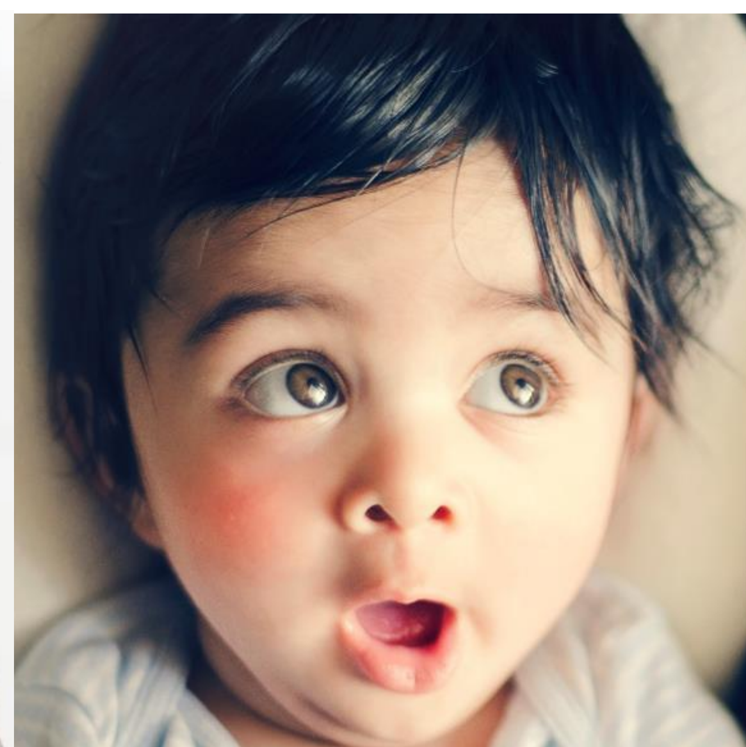
health promotion

strengthen communication with families

rsity, and inclusion

maternal & child health handbook

Thank you!



self-care tool

promote self-care

home-based health record

health literacy

low-cost solution to address maternal mortality

Support the needs of underprivileged families

Angola MCH Handbook

Toru Sadamori

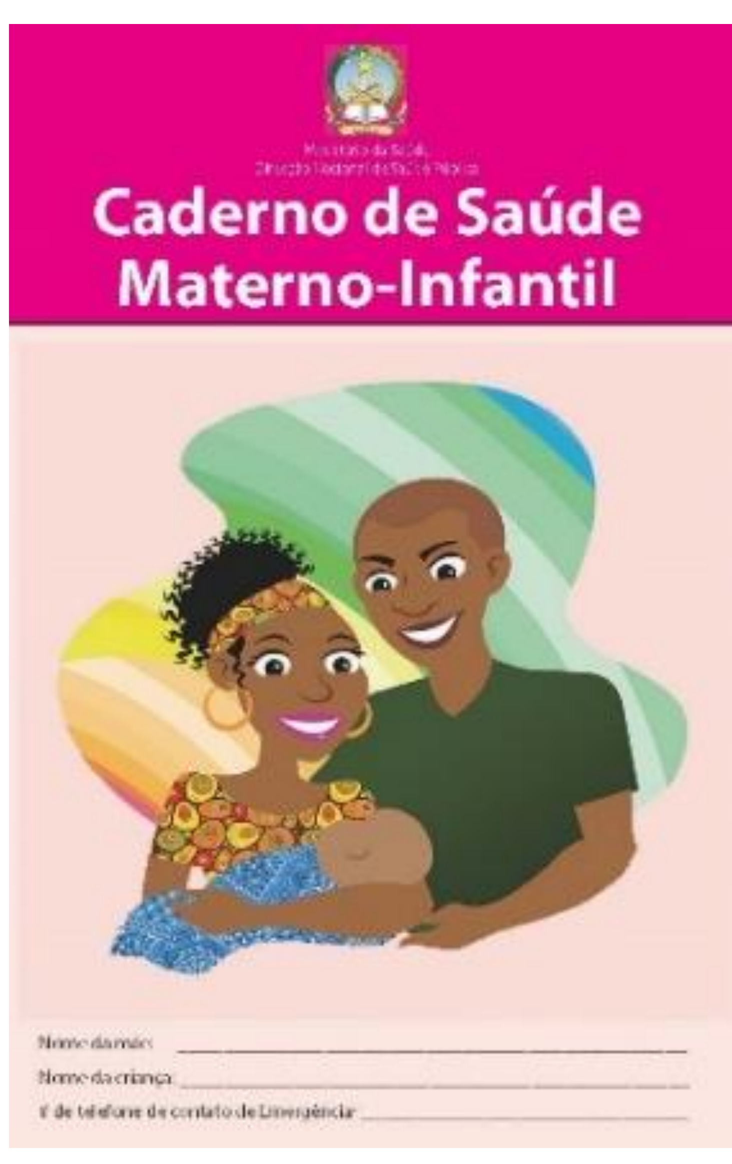
JICA's MCH Project Specialist / Technical Adviser of TA Networking corp.
Angola & Mozambique

REPUBLIC OF ANGOLA
MINISTRY OF HEALTH
NATIONAL DIRECTORATE OF PUBLIC HEALTH

Progress of the nationwide expansion of the Maternal and Child Health Handbook (MCHH) of the Ministry of Health in Angola

Maternal and Child Health Handbook Project (PROMESSA) and
Project to improve the quality of childbirth (PROSMATE)

INTRODUCTION



MINSA (Angola's Ministry of Health) is implementing projects in the area of maternal and child health with support from JICA (Japan International Cooperation Agency). One of the tool for these projects is the Maternal and Child Health Handbook;

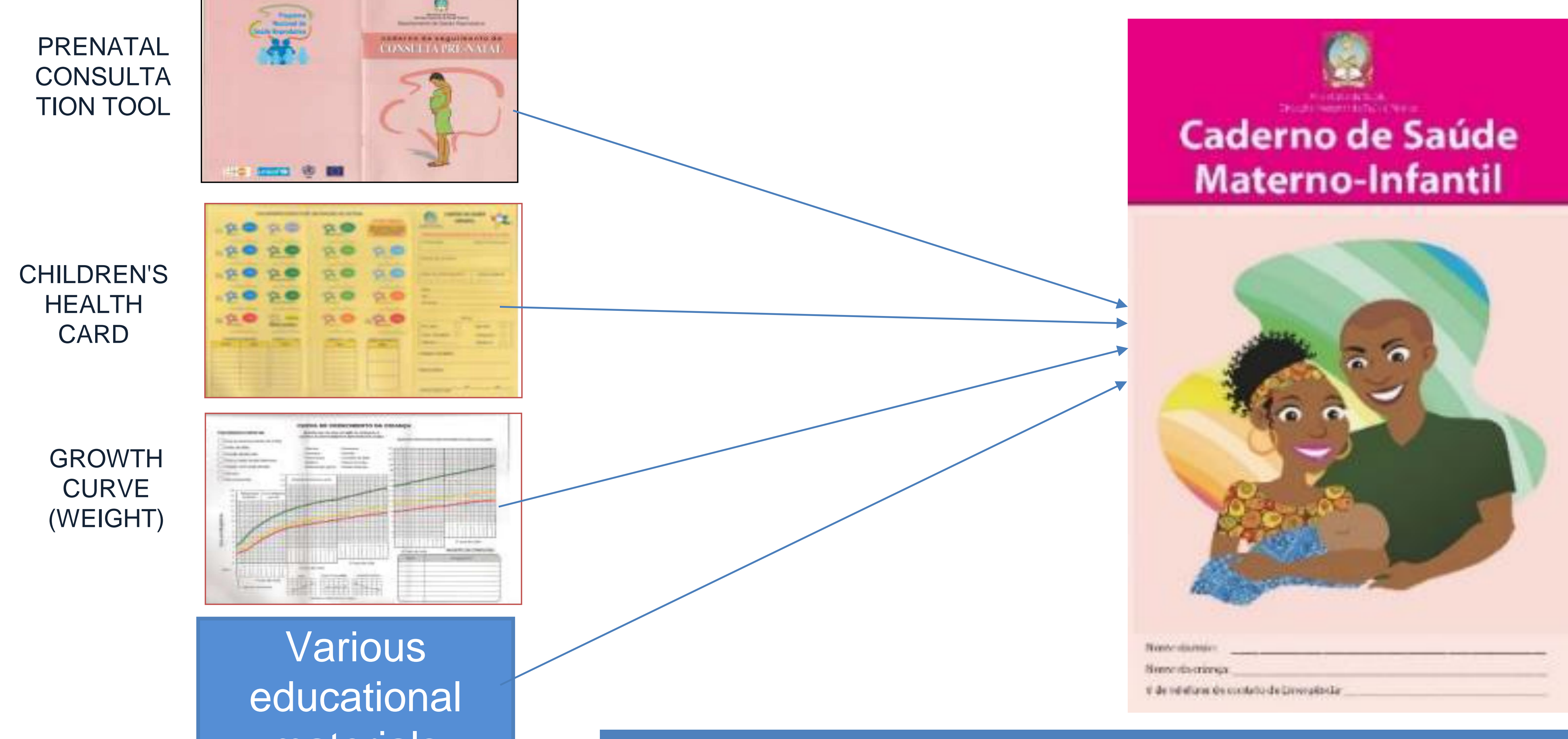
The MCHHb is a fundamental tool for monitoring and evaluating pregnancy, childbirth, growth and child development from conception to school age;

MCHHb was piloted in 2014 as part of the health improvement project of MINSA and JICA;

Between 2017 and 2022, MINSA with support from JICA implemented the **"PROMESSA"** project (Project to Improve Mother and Child Health through the Implementation of the Maternal and Child Health Handbook) in **three** model provinces to achieve integrated maternal and childcare.

INTRODUCTION

COMPONENTS OF THE MATERNAL AND CHILD HEALTH HANDBOOK



To produce the MCHHb, the MINSA combined three tools into one: a tool for pregnant women, a tool for children, and health education materials.

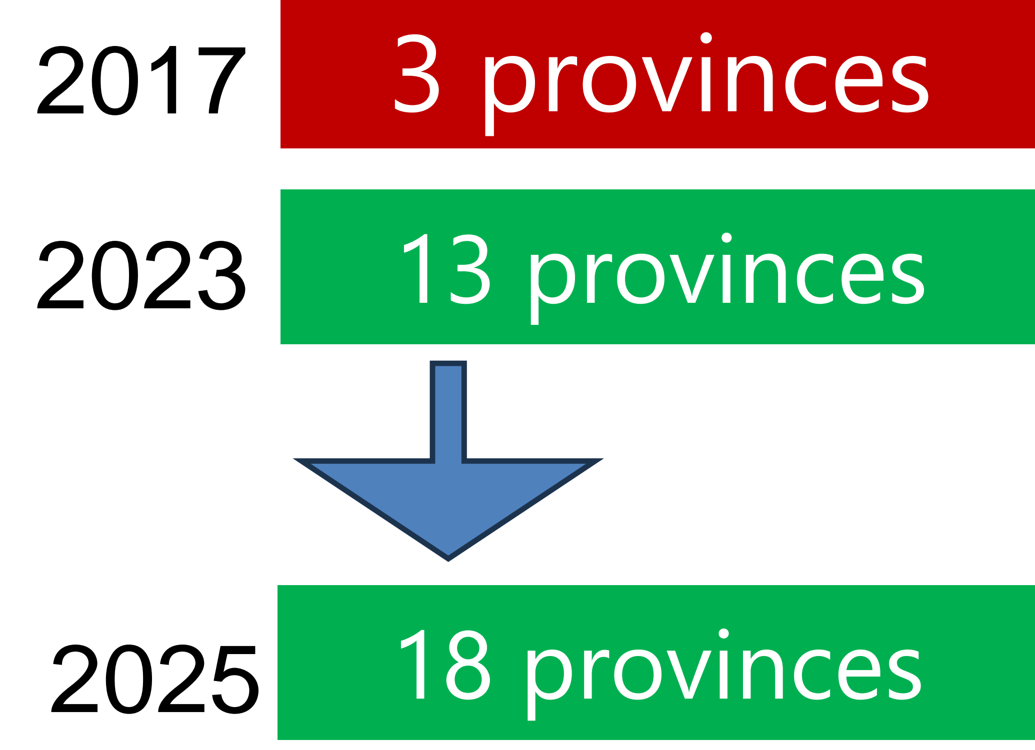
PROGRESS TOWARDS NATIONAL EXPANSION

1. MINSA and JICA developed a national expansion strategy based on the experience in the three model provinces and the results of the impact evaluation.

2. The expansion strategy was endorsed by the MCHHb committee and approved by the MINSA, and disseminated to the 18 Provincial Health Department at the advocacy meeting (28/March/2022).

3. The MINSA is leading the expansion of the MCHHb throughout the country.

PROGRESS TOWARDS NATIONAL EXPANSION



Provinces implemented
Provinces not implemented

COOPERATION WITH PARTNERS AND PRIVATE ENTITIES UNDER THE COORDINATION OF MINSA

MCHHb Prints from 2018 to 2024

Programa / Parceiro	CSMI impressos
Toyota Tsusho / CFAO	810.000
JICA	230.000
PSI (USAID)	501.000
PASS II (União Europeia)	300.000
Fundo Global	250.000
MINSA	2.210.000
Total	4.301.000

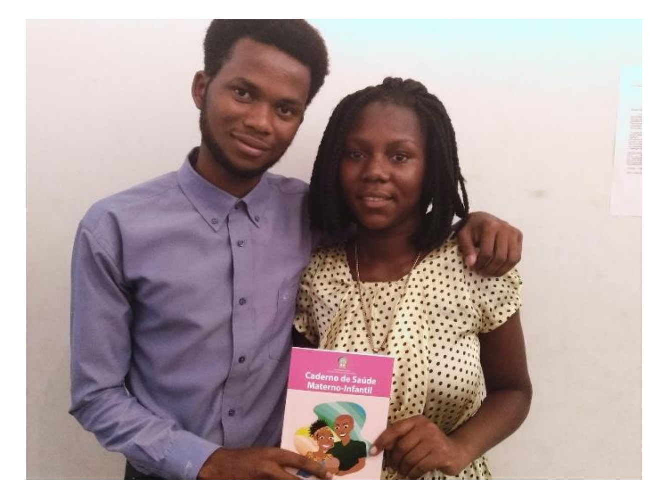
Comments and observed changes from users and service providers

Service provider

·The MCHHb have changed the mindset of health workers and the community.

·Health centers also became more proactive in caring for mothers and children with special needs.

Users



·"The Maternal and Child Health Handbook is beautiful," which has led to pregnant women who previously didn't attend Antenatal care (ANC) coming to the health centers.

·Pregnant women's partners also began to accompany them to ANC.

MCHHb EFFECT

Use of maternal and child health services increased in health facilities in the project's pilot provinces, as shown in the table.

INDICATORS
Increase in the proportion of pregnant women who attend their first prenatal appointment (2015-2021)* 1st prenatal visit: 78.4% → 92.1%
Increased coverage of institutional births (2015-2021) * Institutional births: 47.1% → 58.9%

* This indicator was assessed in Benguela province through the impact evaluation study.

CHALLENGES AND THE NEW "PROSMATE" PROJECT

Project to Improve Maternal and Child Health through the Implementation of the MCHHb
(2017-2022) was successfully carried out

The low institutional delivery rate
has been the obstacle to
continuous care

New project (Project to improve the quality of maternal health services in primary health care units) aims to,

- Improving the quality of care for women and
- Community awareness (especially institutional delivery)

Increasing user satisfaction and
utilization rates of health services

SUMMARY DESCRIPTION OF PROSMATE

TARGET AREAS:
6 municipalities in 2 provinces:

Huíla Province
(municipalities: Lubango, Matala, and Cacula)
Huambo Province
(municipalities: Huambo, Caála, and Bailundo)

PERIOD OF COOPERATION:
September 2023-September 2027
(total 48 months)

THE MATERNAL AND CHILD HEALTH HANDBOOK IN PROSMATE

- Reinforce health education using MCHHb when conducting antenatal care;
- Use the MCHHb as a monitoring tool to improve childbirth services and increase user satisfaction with childbirth services.
- Use MCHHb and related materials in pre-discharge health education.

By investing in primary health care, the Angolan government is investing in the future of its population. This dedication reflects the vision for a healthy nation where all people can reach their full potential!

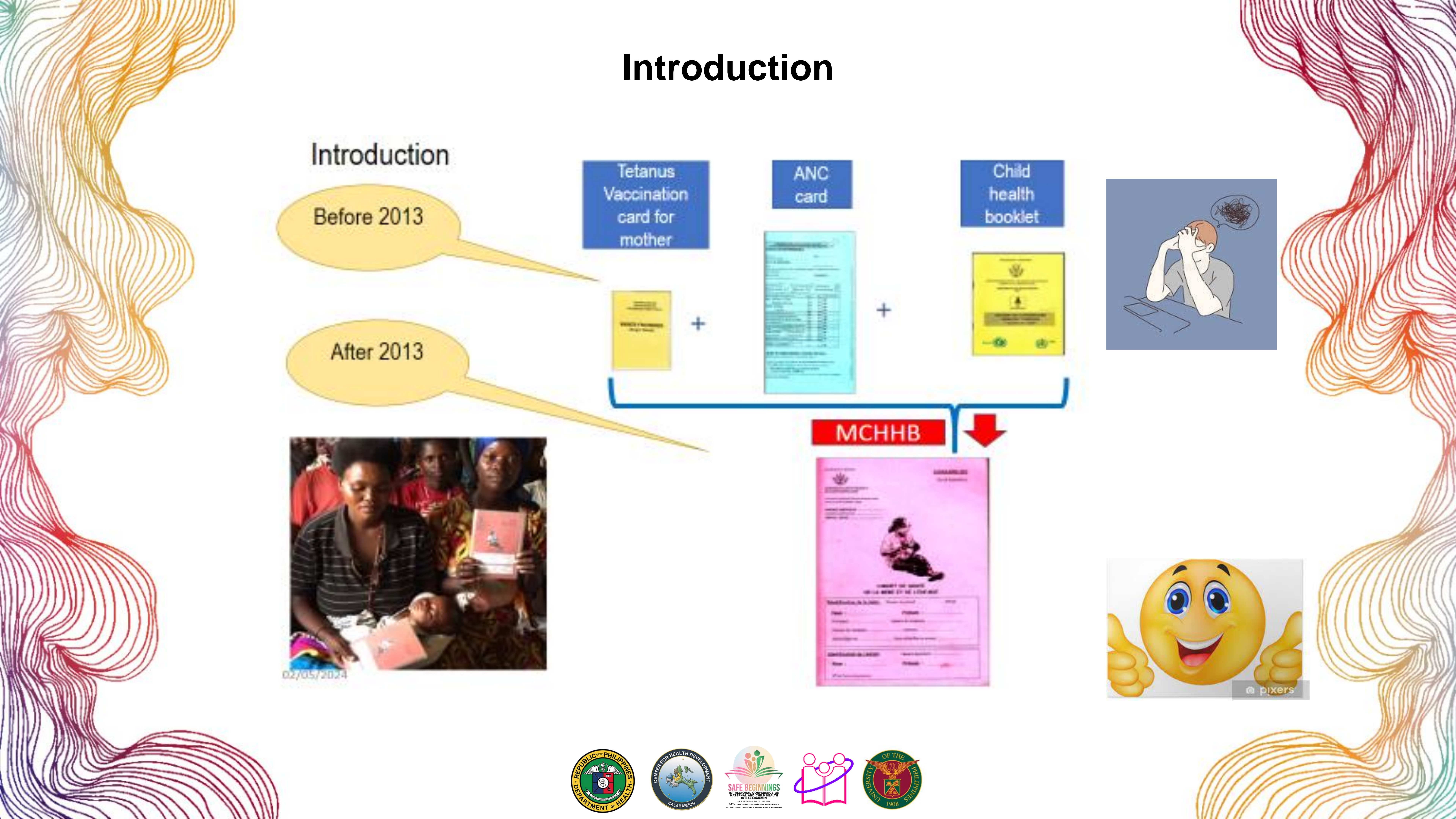
Muito obrigado!
THANK YOU VERY MUCH!

Burundi MCH Handbook

Dr. Oscar Ntihabose

General Direction of Care Provision Traditional and Modern Medicine, Nutrition, and Facilities Accreditation
Burundi

The use of Maternal and Child Health Handbook (MCHHB) in Burundi. What is the way forward?


Introduction
Introduction
Before 2013
After 2013
Tetanus Vaccination card for mother
ANC card
Child health booklet
+
+
MCHHB
02/05/2024
pixers
SAFE BEGINNINGS

History of the MCHHB

History of the MCHHB

Elaboration: MoH, Ministry of Home Affairs, JICA.

Availability: Govermnt(fund yellow fever notebook); GAVI/UNICEF, JICA, NGO(WVI, USAID,…)

Widely used because it is required for all services of pregnant women and whose child is under 5 years old

2021

2013

Pilot implementation in two Provinces Gitega and Mwaro

2015

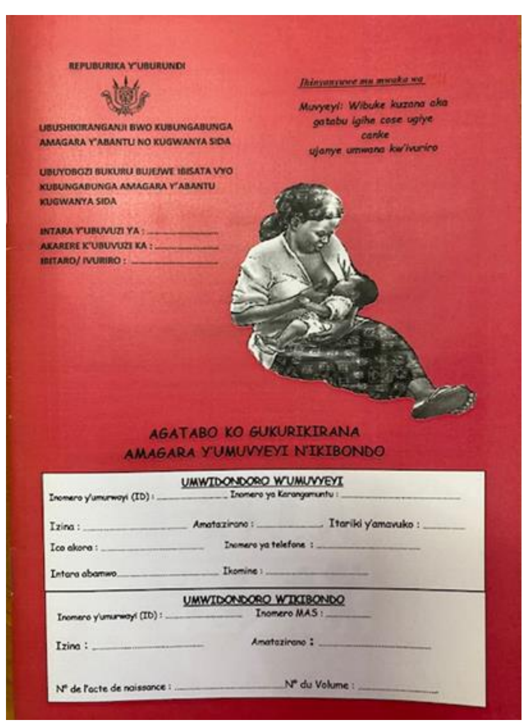
National launch

2019

Bilingual adaptation of MCHHB and insertion of the user guide

Introduction: Services package

Introduction: Services package



The MCHHB(2021 version) has Kirundi content, and begins with a user guide

Order: from the start of pregnancy until the child is 5 years old	
Educational messages on health promotion, use of health services,…..	
Mother	Child
ANC, Tetanus Vaccination	
Birth certificate	
Delivery, PNC	PNC, birth certificate page which will be completed and signed then presented to the civil registry
Family planning	Immunization
	Growth monitoring, Nutrition
	IMCI, Danger signs,
	Psychomotor development,

Involved national programs

→ PNSR&EPI

→ MoPHFA & Min Home affairs
  → EPI

→ EPI

→ Nut Program
→ PNSR
→ Nut Program

Strategies taken to make sure that every pregnant women receive the "MCH handbook"

Policies decisions(afforda bility)	Decentralization of services: geographic access	Community involvement	Purchase of quality indicators within the framework of the PBF (incentive)
Presidential decree on free care for pregnant women, children under 5, Joint Ministerial Order: free access to health care, and MCHHB	Health services are close to the population	Community health workers, administration: sensitization to pregnant and breastfeeding women: health promotion, primary prevention, use of services	Insertion of indicators on the MCHHB in the evaluation grid of the health center to constrain it to its availability and its use
National, district level	Hospital, Health Centers	Community, Administration, Householders	Health Centers

ORDONNANCE MINISTERIELLE CONJOINTE N°630/530/1058/DU 04/. 08.....2015 INSTITUANT LE CARNET DE SANTE DE LA MERE ET DE L'ENFANT AU BURUNDI

La Ministre de la Santé Publique et de la Lutte contre le SIDA,

Le Ministre de l'Intérieur,

ORDONNENT :

Article 1 :

Il est institué au Burundi un Carnet de Santé de la Mère et de l'Enfant. Ledit Carnet est pris en couple pour un bon suivi du continuum de soins entre la mère dès le premier trimestre de grossesse, et un bon futur de l'enfant issu de la même grossesse jusqu'à ce que cet enfant ait 5ans.

Article 5 :

Le Carnet de Santé de la Mère et de l'Enfant doit être présenté devant l'Officier de l'Etat Civil dans les délais requis par la loi où ce dernier mentionne après avoir inscrit l'enfant à l'Etat Civil, le numéro de l'acte de naissance et le numéro du Volume avant de délivrer l'extrait d'acte de naissance. Il fait office de témoin.

La présente ordonnance entre en vigueur dès le jour de sa signature.

Fait à Bujumbura, le 4/08/ 2015.

LA MINISTRE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA

Hon. Dr. Sabine NTAKARUTIMANA.

LE MINISTRE DE L'INTERIEUR

Hon. Edouard NDUWIMANA.

MCH Handbook in Burundi

Verification of health system performance (PBF)

Facility Health

N°	Expected prod...	...rmance criteria indicators	Source of verification	Measure of indicators
15	ANC contributes to improve the quality, integration and continuity of care in the health center. At least 4 cases of ANC3 per month assessed are drawn randomly from the ANC registry, and checked their consistency with records in MCH Handbook.	1. At least 10 of the 12 clients or patients: (i) received ANC1 before the 14th week of amenorrhea, and returned for ANC2 and ANC3; (ii) the results of the following additional tests are available for each ANC: HIV test, syphilis, hemoglobin, albuminuria, glycosuria; (iii) received TT 2 or higher and at least 3 doses of Intermittent Preventive Treatment of Malaria during Pregnancy. 2. All women were tested at the time of ANC and those who have been diagnosed as HIV+ received ARVs at the time of ANC **3. Stock of MCH Handbook is available at the health center (at least 20 notebooks)** 4. For at least 5 women who came for consultation on the day of the evaluation and who have a MCH Handbook, all the items are correctly completed: results of the ANC, the birth certificate, the follow-	1. ANC card 2. ANC register 3. HIV test register 4. Laboratoire register **5. MCH Handbook** **6. Stock of MCH Handbook**	Max: 50 Pts If two criteria not met =0 Pts If one criteria not met =20 Pts 50 If all criteria met =50 Pts

Strategies taken to ensure the effectiveness/ continuous use (by the women and health staff)

Regular integrated supervision

During client care: observe provider use;
In the civil status: observe the use of the MCHHB and the volume, issue of the birth certificate

Health Centers, Administration

Information available at any time

Individual notes on the general state of health of the mother and the fetus (state of pregnancy);
key newborn information (birth weight, date of birth)

Mothers

Regular PBF assessment

Indicator purchase: Verification of the filling of the notebook for mothers who came to visit the health center

Health Centers

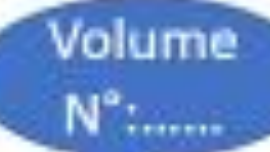
Medical visit

Obligation to take with, the notebook when there is a need of care (mother and child): free care by presentation of the Mother ID and birth certificate issued by the civil status

Health Centers, Mothers

Services utilization

Health Center: CS Kibimba/Gitega



Administration: marital status Giheta Commune/Gitega

Operational Challenges

1. Recurrent national stockout of MCHHB
2. Improper filling of the MCHHB by the Healthcare provider;
3. Most of health care providers and CHW are not aware of the importance of the educational messages contained in the MCHHB;
4. Insufficient information of the population on the importance of the MCHHB
5. Non-use of MCHHB in private health facilities;
6. Part of the population and civil registration personnel do not know the importance of MCHHB to register birth

Operational Response

To support addressing the operational challenges:

1. DGOSA staff member was assigned to participate in a training workshop organized by JICA Tokyo for the improvement of maternal heath through the effective use of MCHHB
2. DGSOA has set up a national task force for the MCHHB implementation, as a part of the action plan from the training workshop
3. With the support from a Japanese expert, the task force organised a workshop for the situation analysis, applying the recent MCHHB implementation guide, developped by WHO-UNICEF-JICA

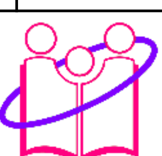
Operational Response

To support addressing the operational challenges:

Operational Response

To support addressing the operational challenges:

1) Processus de soutien opérationnel	2) Niveau (national/infranational/établissement)	3) Évaluation (B, M, F)*	4) Catalyseurs (+)	5) Obstacles (-)	6) Membre de l'équipe de base ou partie prenante responsable	7)Description des changements à apporter et des implications	8) Mesures à envisager
Budget and financing	*National*	*M (organisational aspect),*	*a) Availability of external donors* *b) Availability of PBF funding*	*40% not covered by government funds (60% GAVI)*	*PEV, Malaria prgrm, Nutrition pgrm, PNSR,HIV program, DAS*	a) Involvement of private sector b) Government ownership	*a) Advocacy to allocate a budget line for MCHHB* *b) Raise domestic funds (Private sector and community…)* *c) Integrate within programs'annual budget planning*
Printings	*National*	M (no update version)	*Easiness to have the same product design from one service provider*	*a)* no update version b) Duplication of pages	*PEV*	a) Check the proofs of printings b) Standardization of images	a) Confirm proof sample of printings b) Print the notebooks in color c) Collaboration between the EPI and the DAS
Distribution and stock management	National/iDistrict/ health facility)	*M (stockout)*	Follows the routin distribution of drugs and commodities	*Non involvement of the private sector*	*PEV, PNSR*	Work with experts in supply chain management for better performance	*Needs estimation from health facilities*
Capacity building and supportive supervision	National, District, health facilities and Civil Registrars	*B*	Availability of external donors, availability of MCHHB, most providers are trained and supervised on the use of MCHHB	Staff mobility (newly assigned staff do not correctly complete MCHHB Low involvement in the use of MCHHB because they are not trained and supervised	*Central level and District level*	Training of new providers Feedback session to all care providers Integration into training curricula of the use of the MCHHB. Conduct integrated supervision on the filling of the MCHHB	Organize training and supervision on the MCHHB,Integrate the MCHHB into the training curriculum Organize integrated supervision (EPI, etc.)
Coordination between health programs	*National*		Existence of programs involved in the use of the MCHHB	Non-effective involvement of all programs	*Central level*	Organization of intersectoral meetings in the context of the implementation of the effective use of the MCHHB	Organize intersectoral meetings; advocate at the highest level to discuss this issue in relation to the MCHHB; Discuss this issue in the CPSD(Partners for Health and Development Framework) meeting



The way forward (from the task force workshop)

Support operational process	Actions to undertake	Level of achievement
Budget and financing	a) Advocacy to allocate a budget line for MCHHB b) Raise domestic funds (Private sector and community…) c) Integrate within programs'annual budget planning	• Involvment of PNSR in addition t EPI for funds raising to make MCHHB available
Printings	a) Confirm proof sample of printings b) Print the notebooks in color c) Collaboration between the EPI and the DAS	Planning stage (all printings to be approved by DGOSA/DAS)
Distribution and stock management	Needs estimation from health facilities	Planning stage (integrate MCHHB ir the national vaccines management software)
Capacity building and supportive supervision	a) Organize training and supervision on the MCHHB, b) Integrate the MCHHB into the training curriculum c) Organize integrated supervision (EPI, etc.)	Planning stage (In-service training fo reproductive health integrated MCHI capacity building)
Coordination between health programs	a) Organize intersectoral meetings b) Advocate at the highest level to discuss this issue in relation to the MCHHB b) Discuss this issue in the CPSD(Partners for Health and Development Framework) meeting	Planning stage (MCHHB task force t be institutionalized under the Ministr authority)

UNITE - TRAVAIL - PROGRES
Dr Oscar NTIHABOSE, MD, MScPH, HSM
jica
unicef
Gavi
L'Alliance du Vaccin
USAID
UNITED STATES AGENCY INTERNATIONAL DEVELOPMENT
World Vision
ACTE DE NAISSANCE
URUPAPURO RW'ABAVUKA
Thank you for your kind attention
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REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT CALABARZON
SAFE BEGINNINGS
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Gabon
MCH Handbook

Aline Sylvie Dikambi Maganga

Ministry of Health of Gabon
National Department of Mother and Child Health of Gabon

Gabon
MCH Handbook

Junko Watanabe

Japan International Cooperation Agency
Gabon

[Development of MCH Handbook in Gabon]

[Aline Sylvie DIKAMBI MAGANGA, Midewife/ Ministry of Health of Gabon, National Department of Mother and Child Health]

[Junko WATANABE,Expert in Maternal and Child Health of Project for Improving the Continuum of Care for Mothers and Children through Effective Use of the MCH Handbook in Gabon]

Context

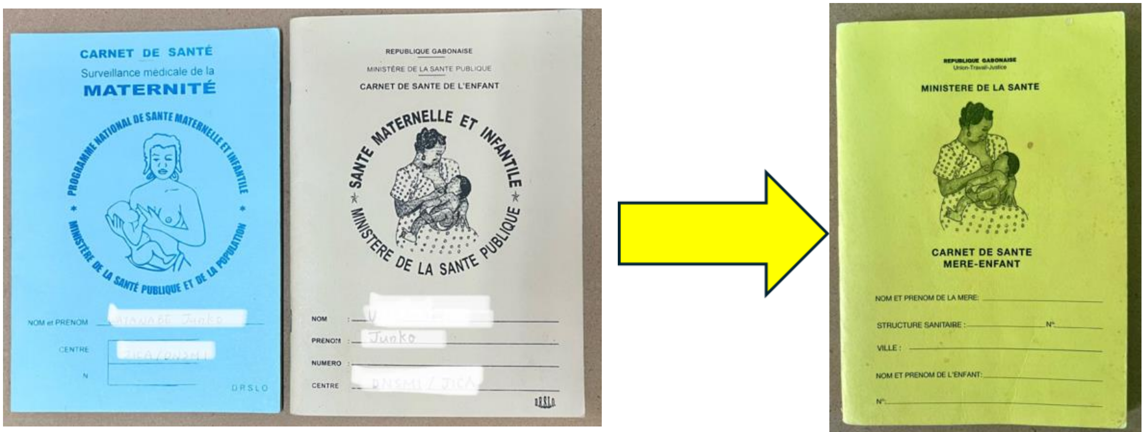
Improving maternal and child health in Gabon is a major concern for the country's authorities, and the fight against maternal, neonatal and infant mortality is a major challenge.

EDSG III 2019-2021

- Maternal Mortality Rate : 399（316 (EDSG II 2012)）
- Neonatal Mortality Rate ：18（26 (EDSG II 2012）)
- Infant mortality Rate ：39（65 (EDSG II 2012)）

- The country has developed a number of approaches and adopted a number of strategies to improve healthcare provision and reduce maternal, neonatal and infant mortality. It is in this context that the MCH Handbook provides support.

2012 History of the MCH Handbook



- The implementation of the Recommendations from the eighth International Conference on the MCH Handbook held in Kenya in October 2012 has enabled the development of the said record in Gabon.
- Gabon's MCH Handbook was developed by the Ministry of Health in 2012, with technical and financial support from JICA and FDA.
- The official launch in 2013 at the SENATE palace in Libreville;
- 66,000 copies have been reproduced and made available free of charge to public health facilities throughout the country.

Development of the MCH Handbook

2021 November-December , survey on the use of MCH Handbook

2022 March , update of the MCH Handbook

2022 October, Consensus workshop on the management of the MCH Handbook

2023 January : development of the MCH Handbook user guide

2023 from March, training for care providers

2023 April, availability of the MCH Handbook in health facilities

Survey of MCH Handbook

2021
November and December

-Targets: 22 public, private and military health facilities

-Conducted by the Maternal and Child Health Department and divided into five teams in collaboration with JICA.

Four types of questionnaires were administered

Target

① administrative （22）
② health workers (92)
③ parents interviewed (330）
④ examination of the handbook (330）

Results of the survey

ADMINISTRATIVE STAFF

- MCH Handbook was available for sale to pregnant women at 64% of health facilities.
- Providers were supplied by printers, 59%.
- The average selling price was 2000 FCFA.

HEALTH CARE PROVIDERS

- Insufficient space: 43%,
- MCH Handbook too small: 37%.
- Lack of training on the use of the MCH Handbook,
- Growth curve: 54%,
- Need expressed: to make the entire MCH Handbook in color: 75%.

Results of the survey

MOTHERS AND PARENTS

- price: affordable: 54%, expensive: 38%.
- Information of interest to mothers: vaccines: 41%,
- health advice: 36%,
- outpatient schedule: 26%,
- child growth chart: 13%.

FILLING OF MCH Handbook

- Coverage : 77 %
- Past events : 43 %
- Echography: early pregnancy 14%, mid-pregnancy 10%, late pregnancy 5%.
- Prenatal check-up, depending on the examination requested (syphilis, hepatitis, HIV, etc.): approx 40%
- Delivery summary: 23%
- Growth charts: 12%
- Vaccination according to the vaccine administered

2022
march

Update of the MCH Handbook

Updating process of the MCH Handbook

- Ministry of Health
- Gabon Society of Obstetricians and Gynecologists
- Pediatric Society of Gabon
- Neonatology Society of Gabon
- Midwife Association of Gabon
- Technical and financial partners : JICA,WHO,UNICEF,FDA

Participatory approach of 35 people

MCH Handbook : What's new?

- Adoption of medium format
- Increased prescription space
- Updating of pictures
- Adaptation of growth curves
- Integration of new sections
  - Table of contents
  - Fetal growth curve
  - Tetanus vaccination schedule

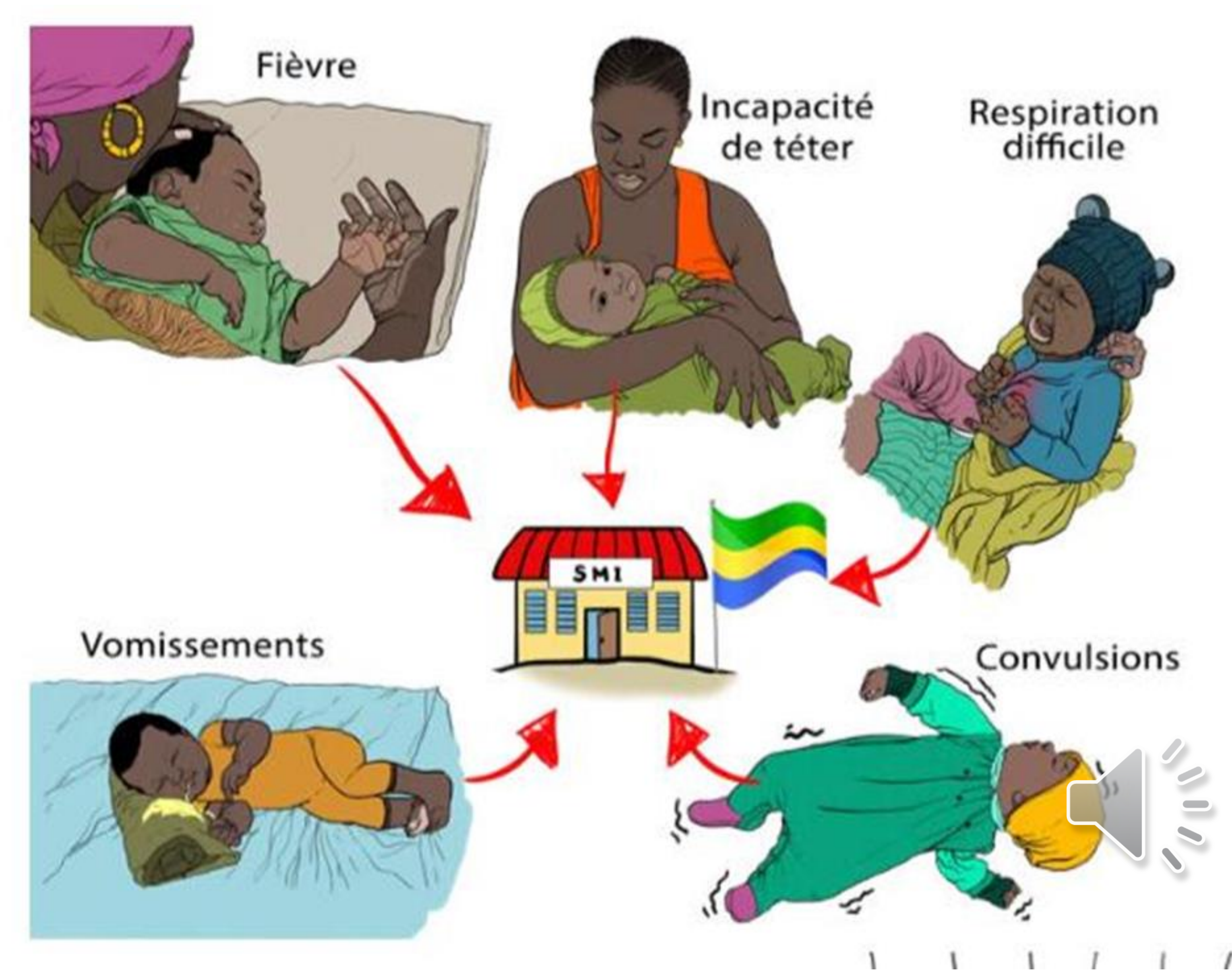
MCH Handbook : What's new?

POSTPARTUM CARE

DATE EXAMEN PÉRIODE EXAMINATEUR (Nom-Qualité-Lieu)	PARAMETRES	Évolution depuis l'accouchement	Examen général, gynécologique	Remarques et prescriptions résumées
Examen le : CPON : Par : Cachet :	Poids T.A* / Pouls T°			
EXAMEN DU NOUVEAU-NÉ				
Examen le :	PARAMETRES	Évolution depuis la naissance :	Examen général :	Remarques et prescriptions résumées
	Poids T°			

*T.A : Tension artérielle - *T° : Température

DANGER SIGNS FOR CHILDREN



MCH Handbook : What's new?

weight per age/ boys

Au-dessus de la courbe 3, Je suis obèse !

Au-dessus de la courbe 2, Je suis en surpoids !

Au-dessous de la courbe-2 et-3, Je suis dénutri !!

Poids (kg)

Mois Naissance

Age (Semaines)

Age (mois et années révolus)

La courbe appelée « 0 » est la moyenne.

Un point ou une courbe qui est loin de la moyenne, (proche de la courbe 3 ou-3), dénote un problème de croissance.

2022
October

Consensus workshop on the MCH Handbook management

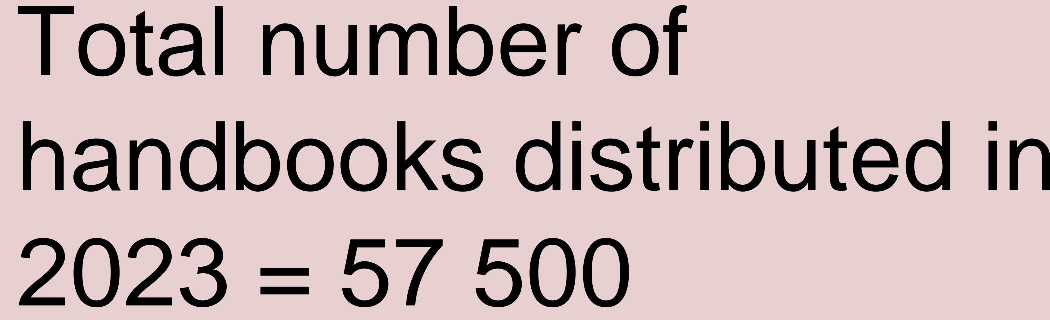
GOAL:

- Conduct a literature review on the MCH Handbook
- Study national funding mechanisms to support MCH Handbook,
- Draw up a DECREE to establish the MCH Handbook
- (legal framework) in the Republic of Gabon (taking into account confidentiality, intellectual responsibility and penalties for offenders).

2023

Printing the MCH Handbook by annual number of births

Partners	Number of printed MCH Handbooks
JICA	25.200
FDA	10.800
WHO	21 500
2023 Total	**57.500**

Estimated requirements for 2024 = 90 000 handbooks
 Total number of handbooks distributed in 2023 = 57 500
24 600 handbooks under distribution(2024)
Gap = 65.400 handbooks

2023
april

Official presentation of the updated MCH Handbook

- Managers of health facilities,
- Health care providers (Midwives, nurses)
- Pregnant and breast-feeding women
- In the presence of:
- Academic societies (Society of Obstetricians and Gynecologists, Society of Pediatric ,Midwife Association,Nursing Association…);
- Technical and Financial Partners:JICA,WHO,UNICEF,FDA
- About 400 participants

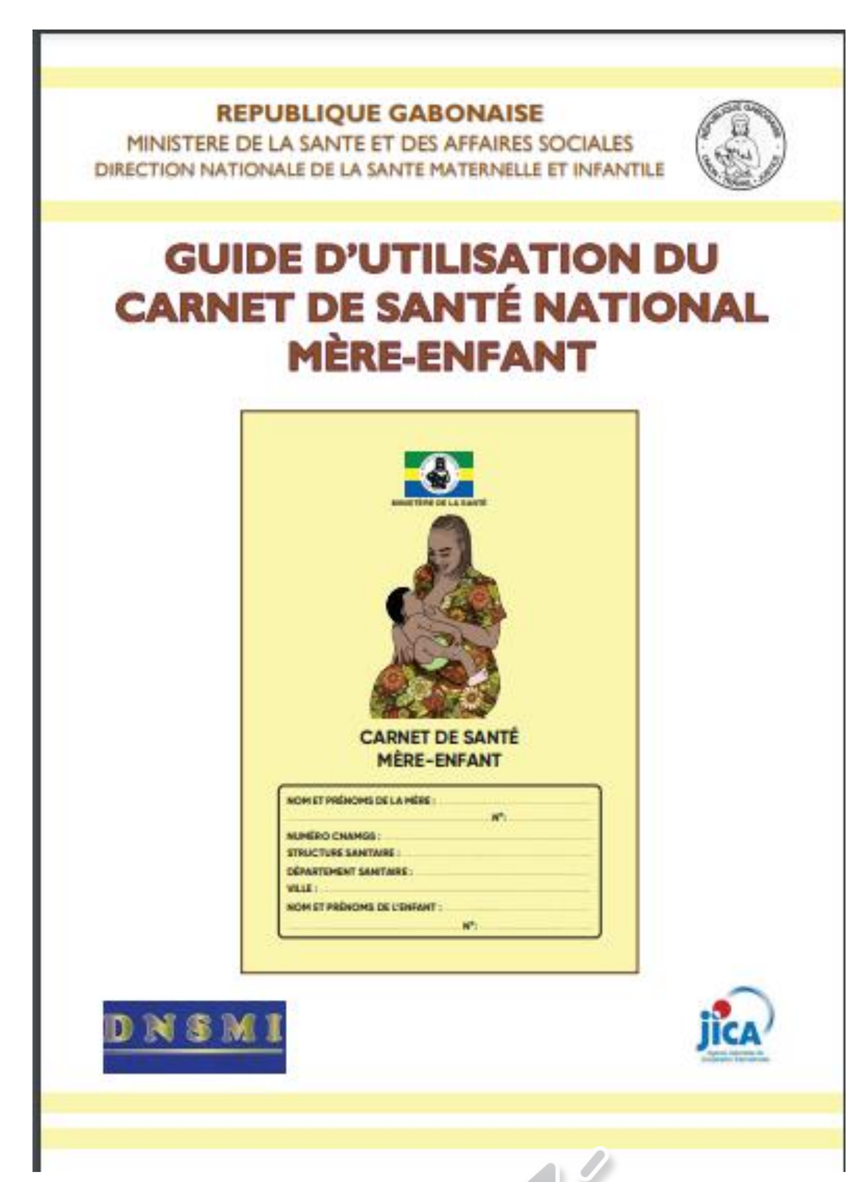
2023

Drawing up of the MCH Handbook user guide

The Ministry, in collaboration with JICA, has drawn up the MCH Handbook user guide, which is a :

- training tool to enable providers to fill in the booklet correctly and better understand its content after revision
- includes examples and guidelines on how to fill in the booklet.

500 copies have been printed.



2023

Training for MCH Handbook health care providers

Six training sessions completed :

- 3 sessions for Libreville-Owendo : 109
- West Health Region (Ntoum, Kango): 15
- Centre Health Region (Lambaréné) : 16
- Seven other Health Regions: 14

- Total : 154 health care providers trained

2023 MCH Handbook advertising poster

We used cartoons to get the message across

MINISTÈRE DE LA SANTÉ ET DES AFFAIRES SOCIALES

CARNET DE SANTÉ NATIONAL MÈRE-ENFANT

“ Toujours avec Vous ! ”

1. CONSULTATION PRÉNATALE

2. CONSULTATION POSTNATALE ET SUIVI DES NOURISSONS

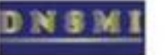
3. SURVEILLANCE DE LA CROISSANCE ET VACCINATION

4. EN VOYAGE

5. CONSULTATION MÉDICALE

6. ADOLESCENTE À LA FORMATION SANITAIRE

L'affiche a été élaborée par le Ministère de la Santé, la JICA en collaboration avec Monsieur IKAPI



Project for Improving the Continuum of Care for Mothers and Children through Effective Use of the MCH Handbook in Gabon

2024-2028

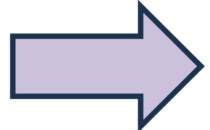
Objective

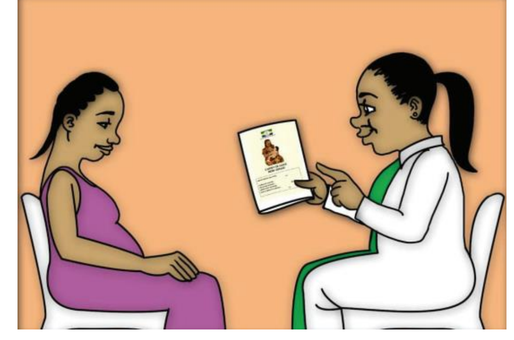
Improve health services and home-based practices for women's and children's health through effective use of the MCH Handbook by health workers, mothers and families, in pilot sites first.

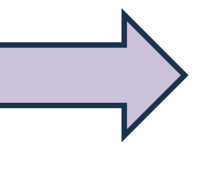
Pilot sites

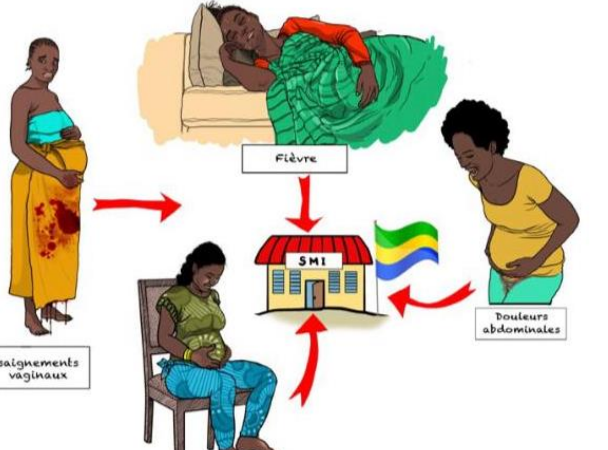
West and Center Health Regions (Estuaire and Moyen-Ogooué)

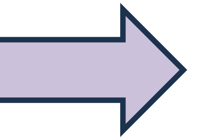
Activities	Training	Follow-up and assessment	Extension to other regions
Expected outcomes	The capacity to use the MCH Handbook effectively is strengthened by training health workers in the pilot sites.	The capacity for effective use of the MCH Handbook is strengthened by follow-up and assessment of continuing care services in the pilot sites.	A national deployment plan for the MCH Handbook is drawn up.











Aline Sylvie avec Junko

THANK YOU
FOR YOUR ATTENTION

ARIGATO GOZAIMAS

Aline Sylvie DIKAMBI: alinesylvie06@gmail.com
Junko WATANABE <watanabe.junko@estrella-inc.com>

Nigeria MCH Handbook

Dr. Ogechi Akalonu

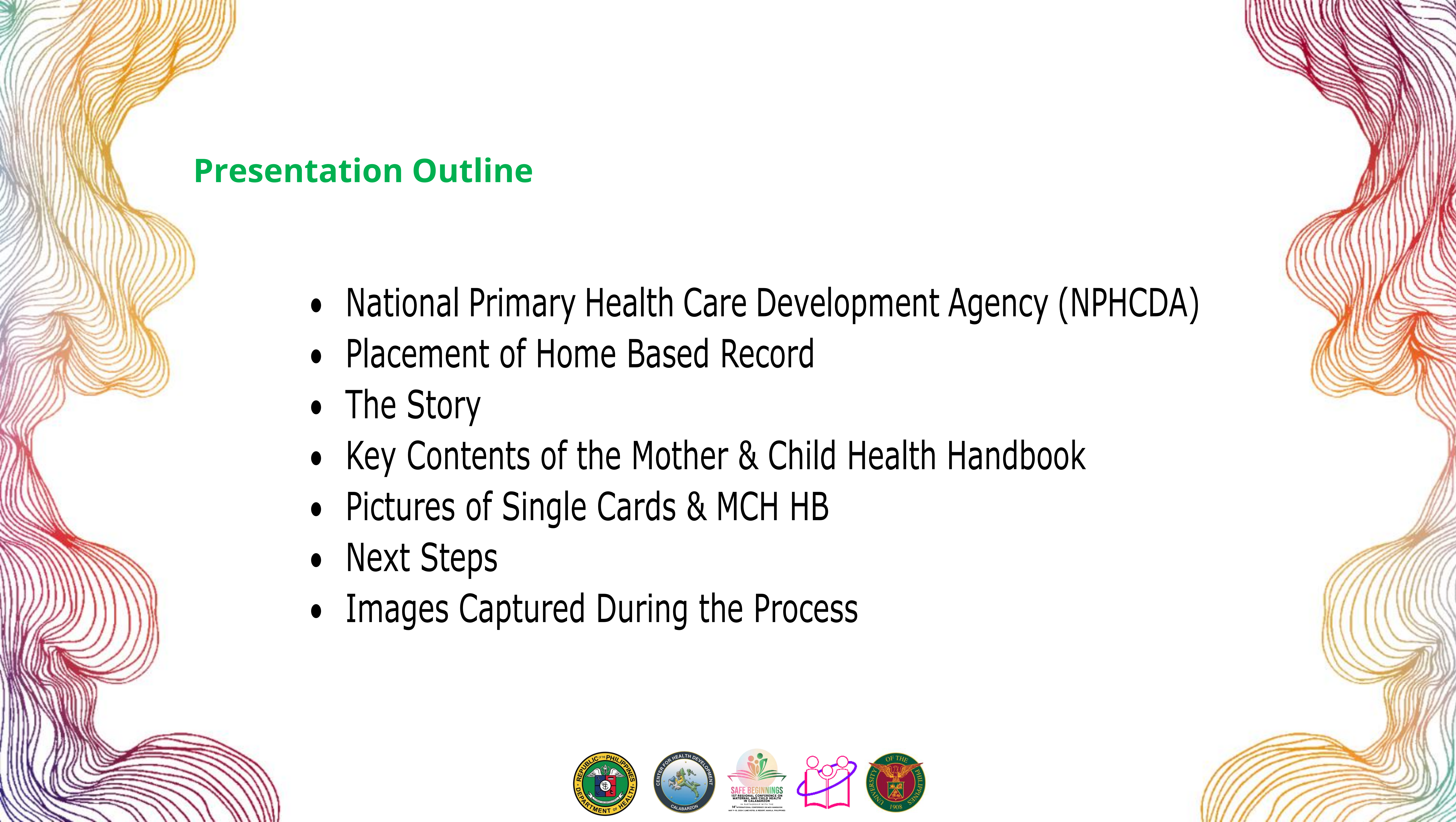
Head of Nutrition
Public Health Nutritionist
Deputy Director
National Primary Health Care Development Agency of Nigeria

DEPARTMENT OF BEHAVIORAL SCIENCES U.P. MANILA

MCH Handbook in Nigeria

Dr. Ogechi Akalonu
Nutrition Technical Lead
National Primary Health Care Development Agency Abuja Nigeria

- Dr Ogechi Akalonu is a Public Health Nutritionist and the Nutrition Technical Lead at the National Primary Health Care Development Agency Abuja Nigeria. Some of her responsibilities are to facilitate implementation of Nutrition interventions at State/LGA/Communities. Support FMoH to formulate policies and guidelines on Nutrition at PHC levels. Support MDAs and Development Partners to provide technical and programmatic support to State/LGA/Communities. Advocate to stakeholders to solicit support and sensitize communities for programme ownership.
- A member of NSN, Pioneer National Secretary Association of Women Nutritionist Nigeria an affiliate of National Council for Women Societies Nigeria. A member of NIFST, FANUS, American Society for Nutrition and The Nutrition Society UK. Alumna of Harvard Professional Development Programs, Division of Continuing Education. Member Harvard T. H Chan School of Public Health Department of Nutrition Monday Nutrition and Global Health Seminar Series. Member Harvard T. H Chan School of Public Health Department of Nutrition Obesity Working Group.
- Dr Ogechi Akalonu is the Focal Person for the National Integrated Mother and Child Health Handbook (MCH HB).
- The 2023 World Breastfeeding Week National Model and Champion.
- Dr Ogechi Akalonu likes travelling, reading and meeting people.


Presentation Outline
• National Primary Health Care Development Agency (NPHCDA)
• Placement of Home Based Record
• The Story
• Key Contents of the Mother & Child Health Handbook
• Pictures of Single Cards & MCH HB
• Next Steps
• Images Captured During the Process
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
UNIVERSITY OF THE PHILIPPINES
1908

National Primary Health Care Development Agency (NPHCDA)

The NPHCDA is a parastatal under the Federal Ministry of Health that provides technical and programmatic support to States, LGAs, and other stakeholders in the functioning, planning, implementation, supervision and monitoring of primary health care services in Nigeria.

In living up to our goal of "Making Nigerians Healthy", we adhere to these 9 mandates without compromise:

1. Provide support to the National Health Policy for the development of PHC
2. Provide technical support for planning, management and implementation of PHC
3. Mobilize resources nationally and internationally for the development of PHC
4. Promote health manpower development needed for PHC through orientation and continuing education
5. Provide support to the village Health System by training Village Health Workers
6. Provide support for monitoring and evaluation of the National Health Policy
7. Promote Health System research by promoting and supporting problem-oriented health system and research
8. Provide annual reports on the status of PHC implementation nationwide
9. Promote technical collaboration by stimulating Universities, NGOs and International Agencies

Placement of Home Based Record

A passport to Primary Health Care System and its services

An important activity that facilitates referral and follow up of patients/clients

Findings from desk review revealed that:

- MCH HB promotes family, community and health workers' participation
- Ensures continuum of care
- Has illustrations, handy, attractive and durable
- Convenience (easy to read/keep/carry, combined mother and child records)

This informed the need to update the current single Cards to MCH HB

The Story

Action	Timeline
Inhouse review	October 2019
Review with Departments/UNICEF	November 2019
Presentation to ED/CEO NPHCDA	December 2019
Presentation to Core Group	February 2020
Approval by ED/CEO & Core Group	March 2020
Buy in by State PHC Boards	September 2020
ED/CEO approval for National Stakeholder Workshop	August 2020
A 1 day Preparatory Meeting for a 3 day National Stakeholders' workshop	January 2020
A 3 day Stakeholder's review, harmonization and finalization	February 2021
Inception meeting with Think Place Senegal	August 2022

The Story

Action	Timeline
Toronto 13th International Conference (Zoom)	August 2022
Approval of Ethical Clearance	November 2022
Design & Field Test in Selected States	November 2022
Core Group Inputs/Print Ready Copy	March 2023
National Validation Meeting	May 2023
Roll out Planning Meeting	August 2023
Further Inputs & Final Copy	November 2023
Presentation to the New ED/CEO	November 2023
UNICEF Meeting with New ED/CEO	February 2024

Key Contents of the Mother & Child Health Handbook

Health

- Immunization
- Pneumonia
- Diarrhoea
- Malaria
- Newborn care
- Birth registration
- PMTCT
- Child spacing
- ITNs

Community based interventions by CHIPS Agents/Community Health Volunteers and community platform data

WASH

- Hand washing
- Sanitation & hygiene

ECD

- Developmental milestones
- Stimulations for psychosocial development
- Early learning opportunity

Nutrition

- Maternal Nutrition
- Breastfeeding
- Complementary feeding and dietary diversity
- Vitamin A Supplementation/Other Nutrition commodities
- MUAC screening for Acute Malnutrition
- Growth Monitoring and Promotion

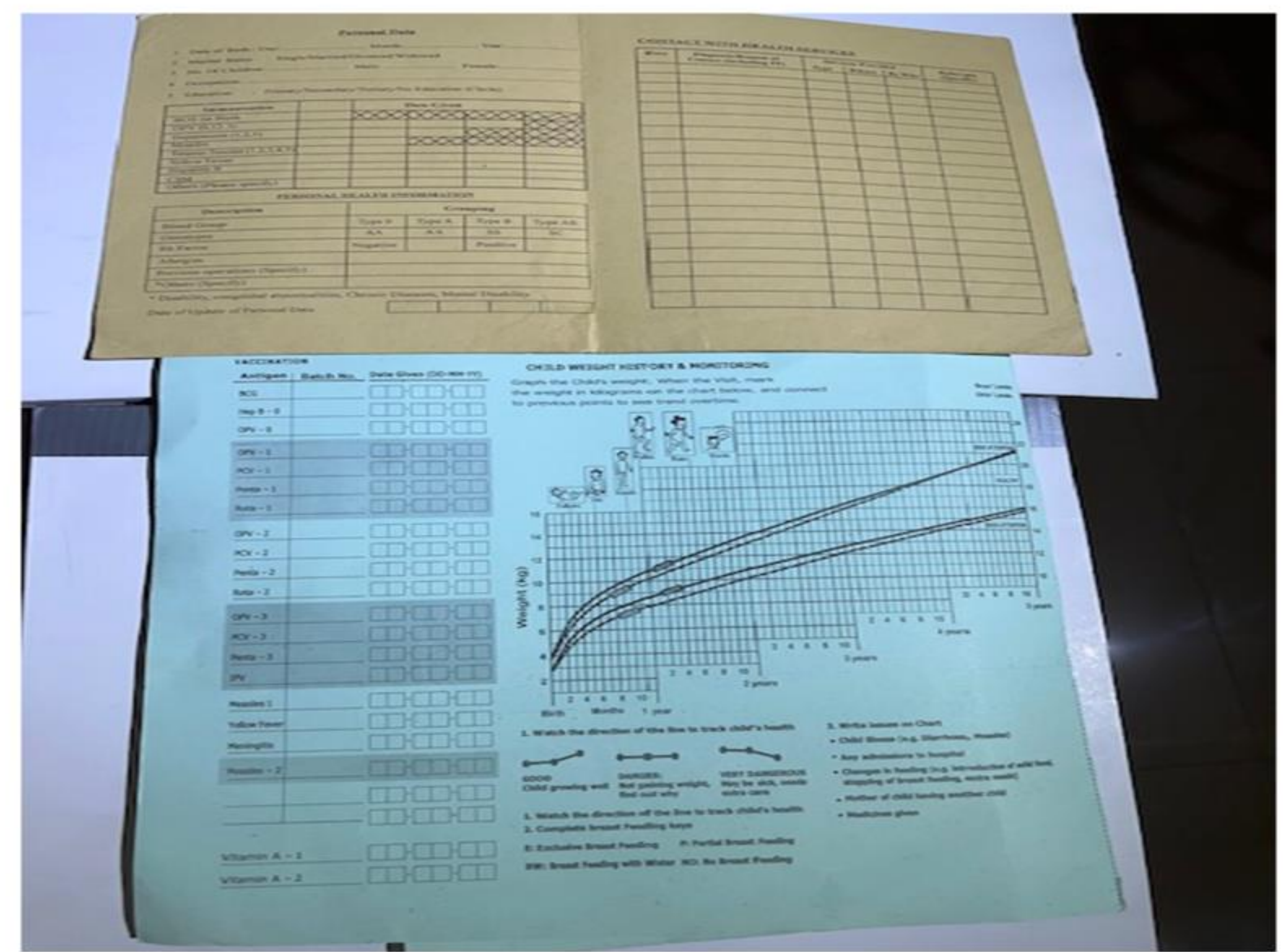
ANC/PNC

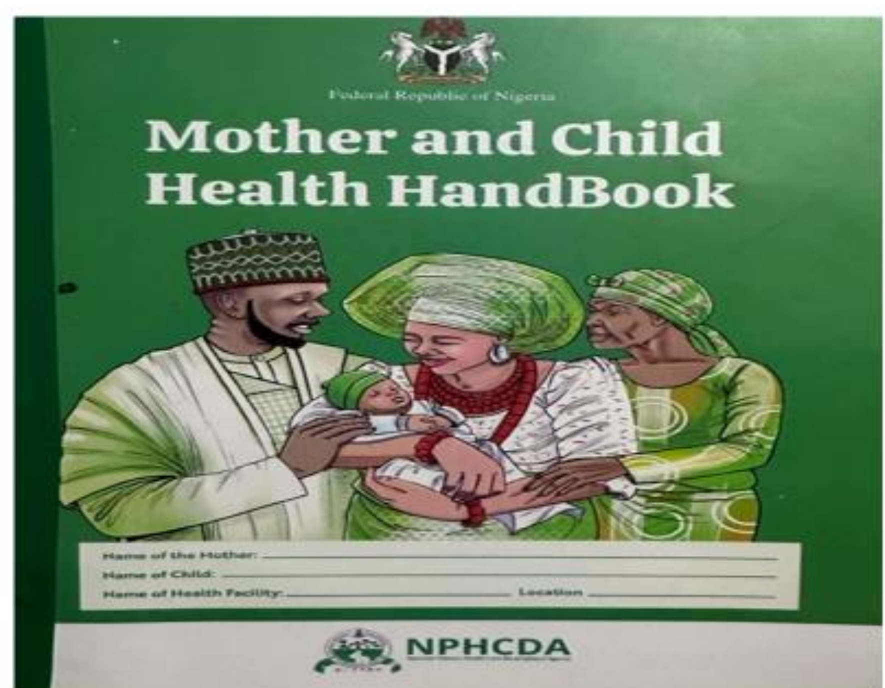
- Physical examination
- Pregnancy summary
- Obstetrics History
- Labour Admission/Monitoring
- Summary of Labour & Delivery
- Mental Health

Health Promotion/Key Messages

Male Involvement

Pictures of Single Cards & MCH HB

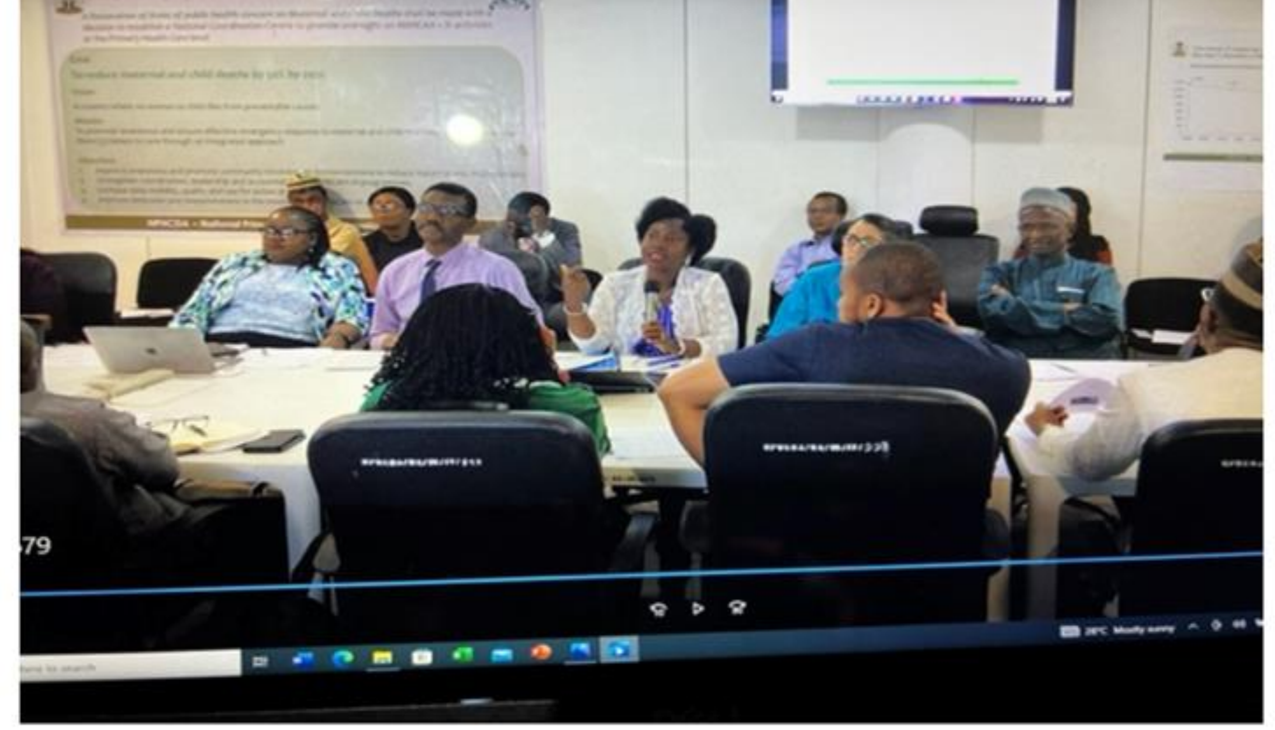




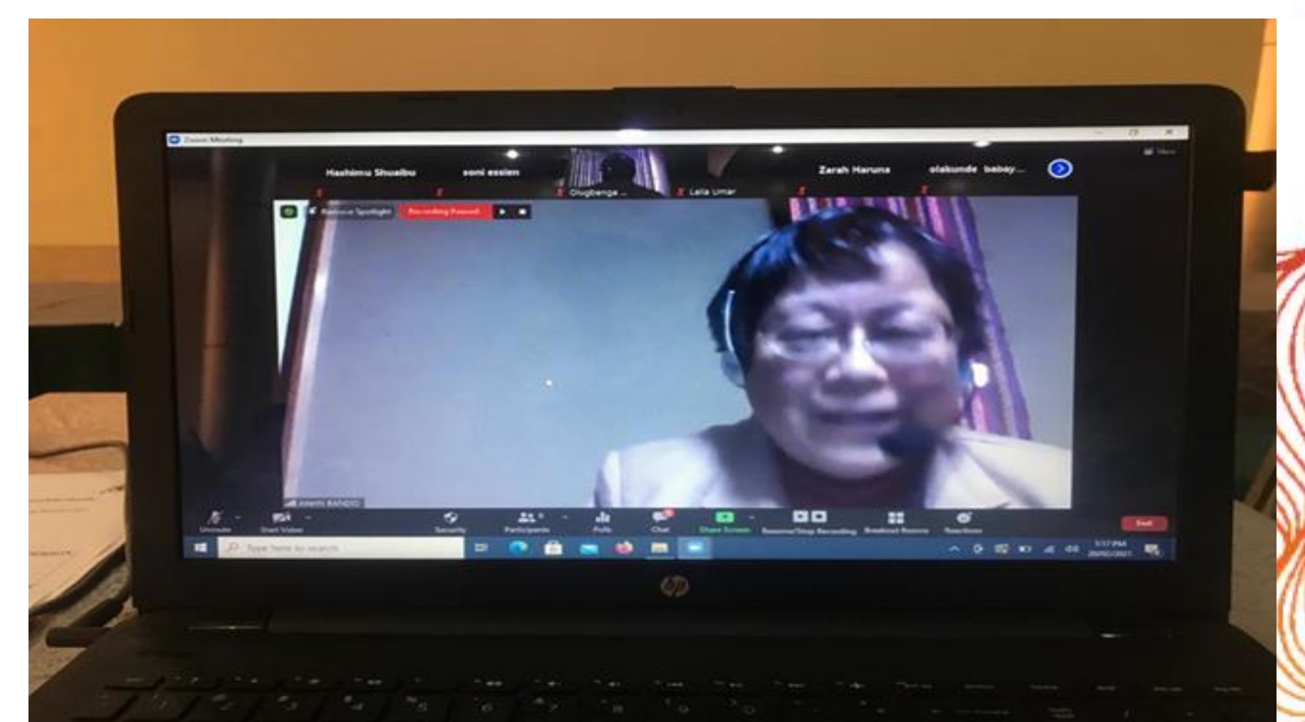
Next Steps

ED/CEO Meeting with Roll Out Committee	May 2024
Development of Training Guide	May 2024
Training	June 2024
Launch and Distribution of Seed Stocks	June 2024
Sensitization & Advocacy	June 2024
Tracking of Utilization of Handbook	July 2024

Images Captured During the Process



Images Captured During the Process



Images Captured During the Process

Images Captured During the Process

The 13th International Conference on the MCH Handbook
Dalla Lana School of Public Health, U of T
MCH Handbook Symposium: Expansion, Evaluation and Sustainability

Dr. Chandavone Phoxay, MD, MSc, PhD
Former Deputy Director General, Hygiene Health Promotion Department, Ministry of Health, Lao PDR
MODERATOR

Mohammad Salim Bahadury MD,MPH

Dr. Rami Mahmoud Habash

Lourdes Herrera Cadillo MW HScPhD

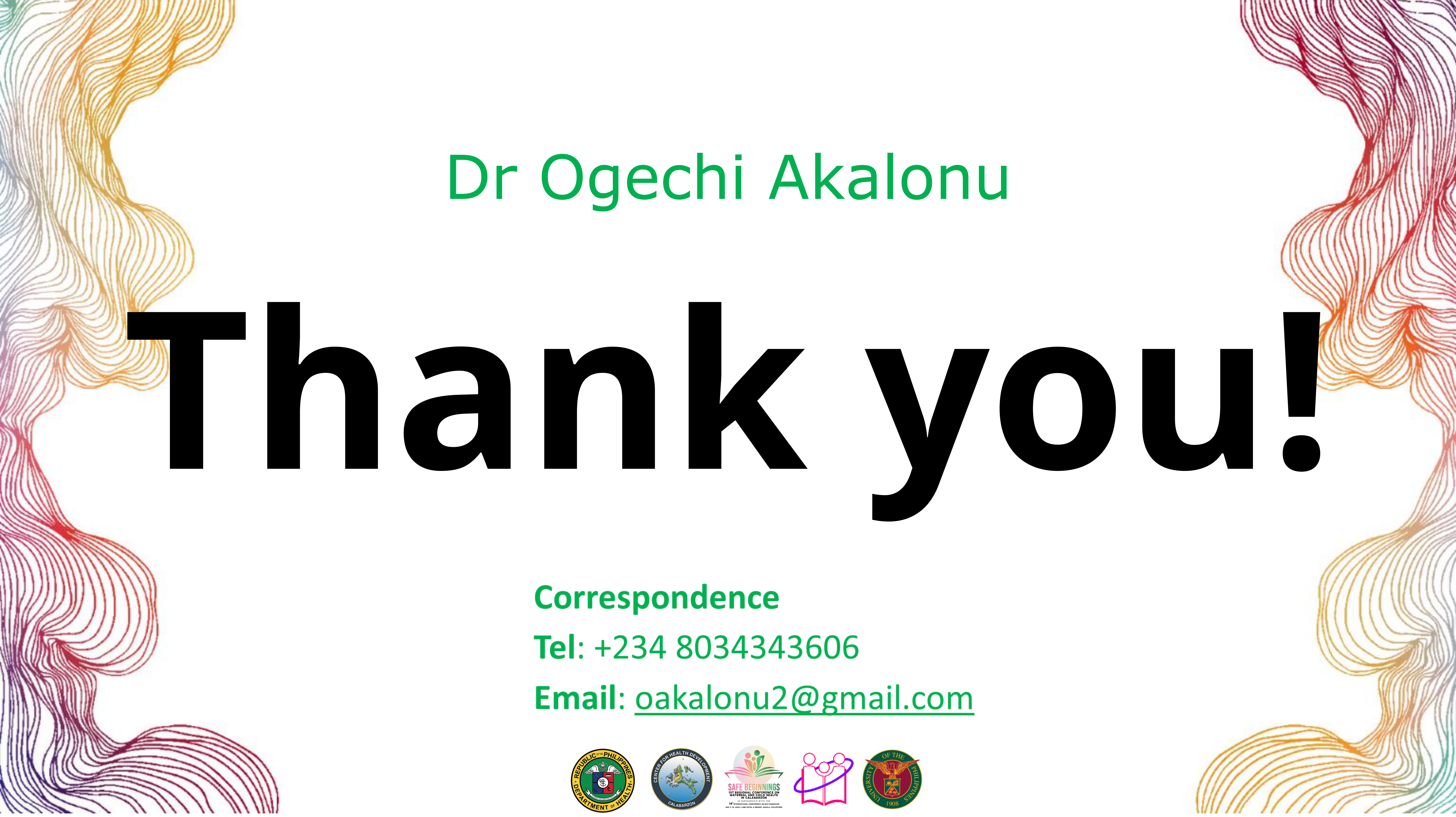
Dr. Syed Emdad Ul Haq

Dr. Ogechi Akalonu

Dr. Calvin de los Reyes, PhD
Founding Board Member of the International Committee on the MCH Handbook
DISCUSSANT

The 13th International Conference on the Maternal & Child Health Handbook
Toronto, August 24-25, 2022
"Making Me Visible"

Images Captured During the Process


Dr Ogechi Akalonu
Thank you!
Correspondence
Tel: +234 8034343606
Email: oakalonu2@gmail.com
SAFE BEGINNINGS

Netherlands MCH Handbook

Marloes Wellner

Amsterdam Public Health Service
GGD GHOR Netherlands

General information about the Netherlands

- 17 696940 inhabitants

- 165000 newborn babies in 2023

Infant mortality 1840-2020

- 3.45 per 1000 live birth
- First time mothers in NI
  the oldest in the world

Infant mortality rate (under one year old) in the Netherlands from 1840 to 2020*

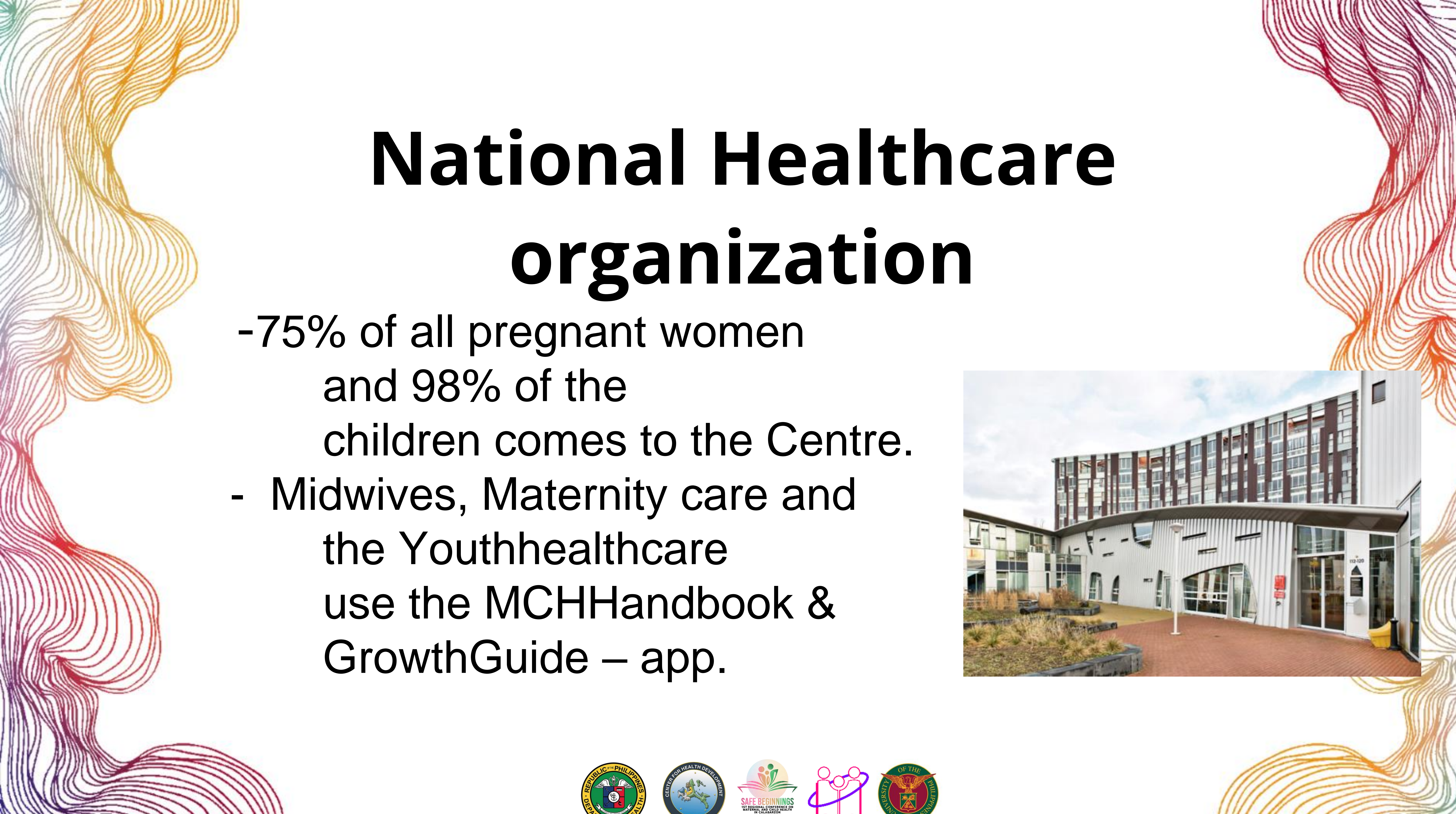
Deaths per 1,000 live births

250
200
150
100
50
0

1840 1850 1860 1870 1880 1890 1900 1910 1920 1930 1940 1950 1960 1970 1980 1990 2000 2010 2020

Sources
UN DESA; Gapminder
© Statista 2022

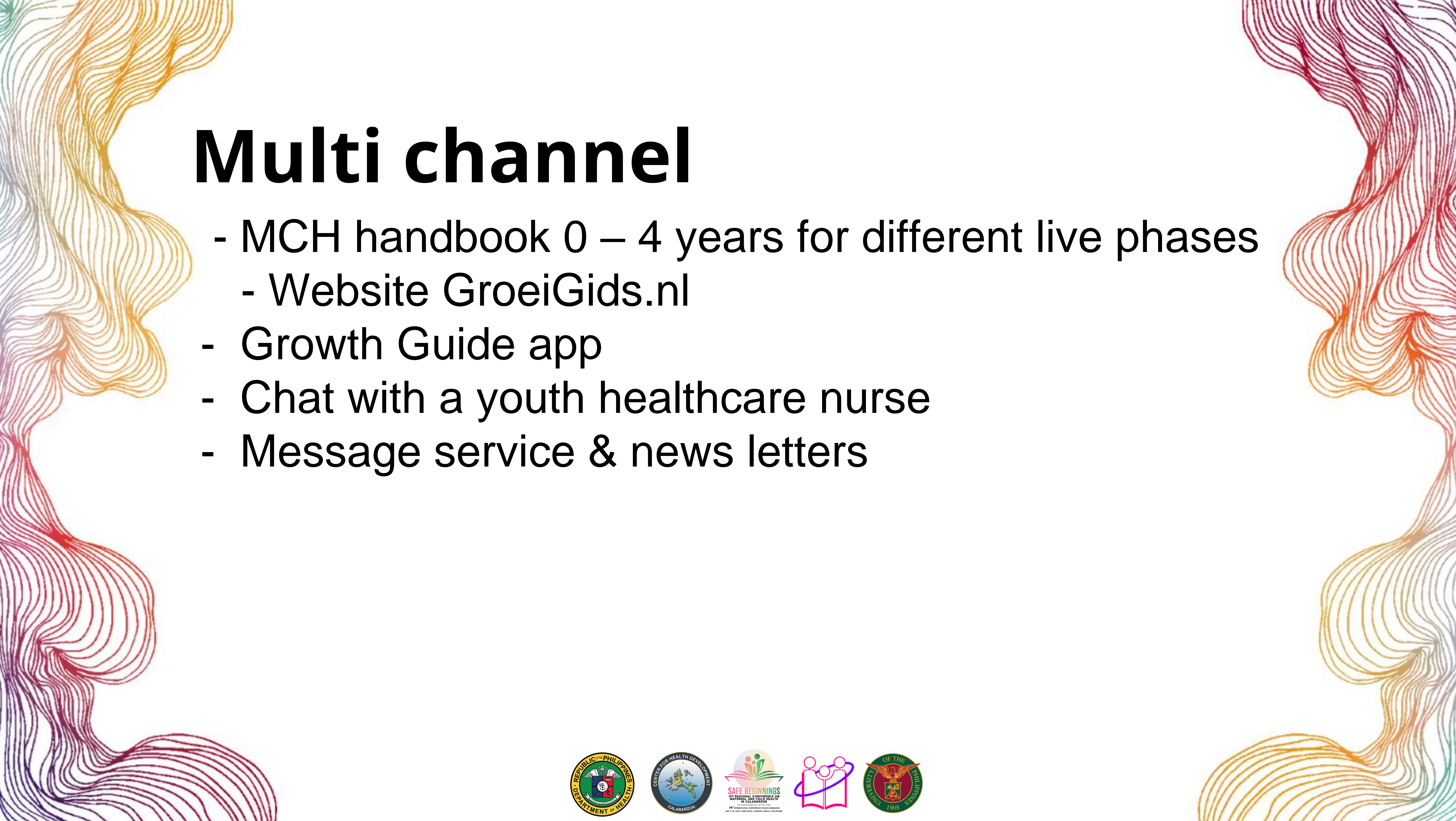
Additional Information:
Netherlands

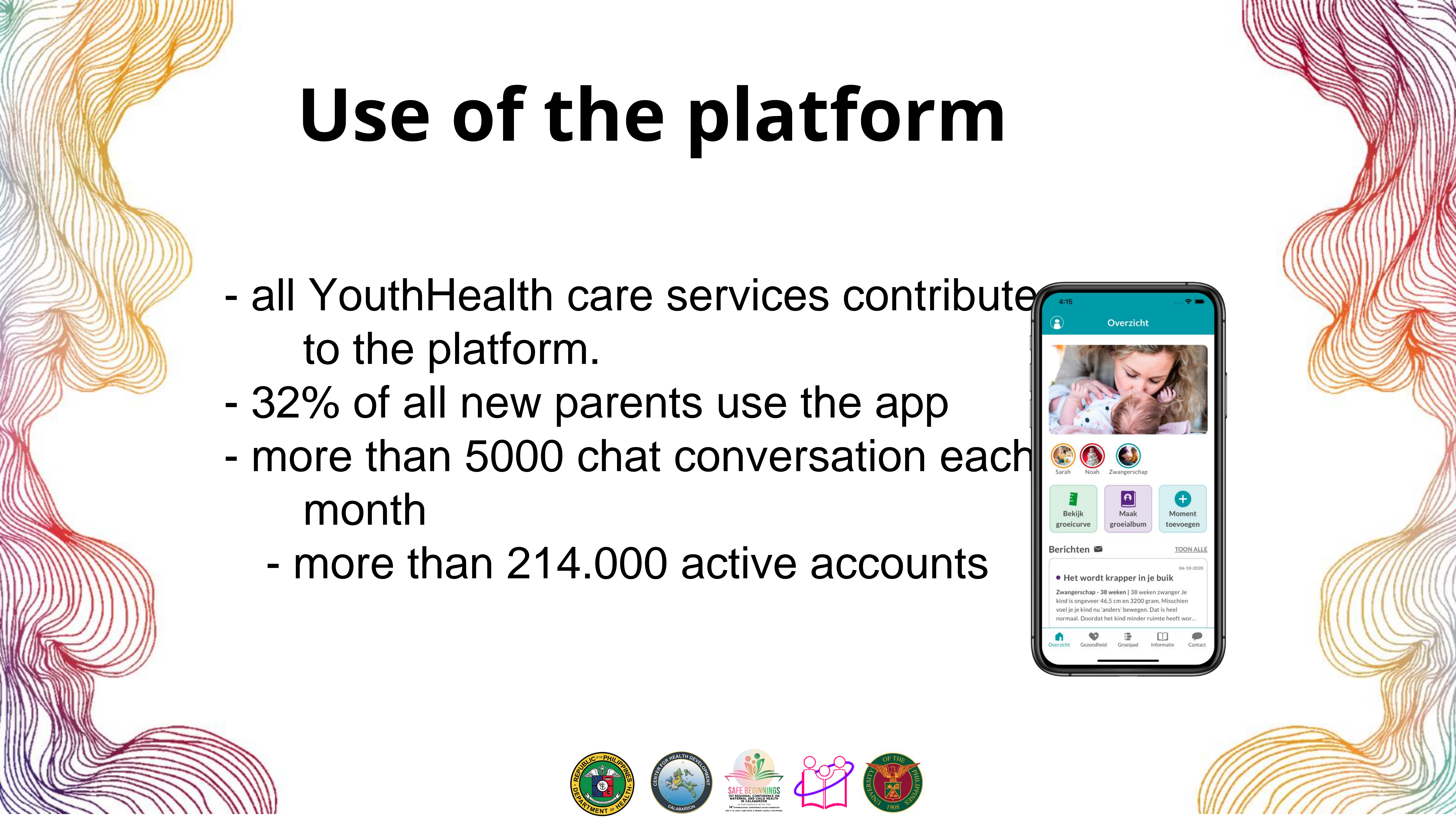

National Healthcare organization
-75% of all pregnant women
and 98% of the
children comes to the Centre.
- Midwives, Maternity care and
the Youthhealthcare
use the MCHHandbook &
GrowthGuide – app.

The Growth Guide platform

- To inform and involve parents on health of their child (ren) and parenting issues.
- To empower parents
- Easily accessible free of charge throug smartphone or website.

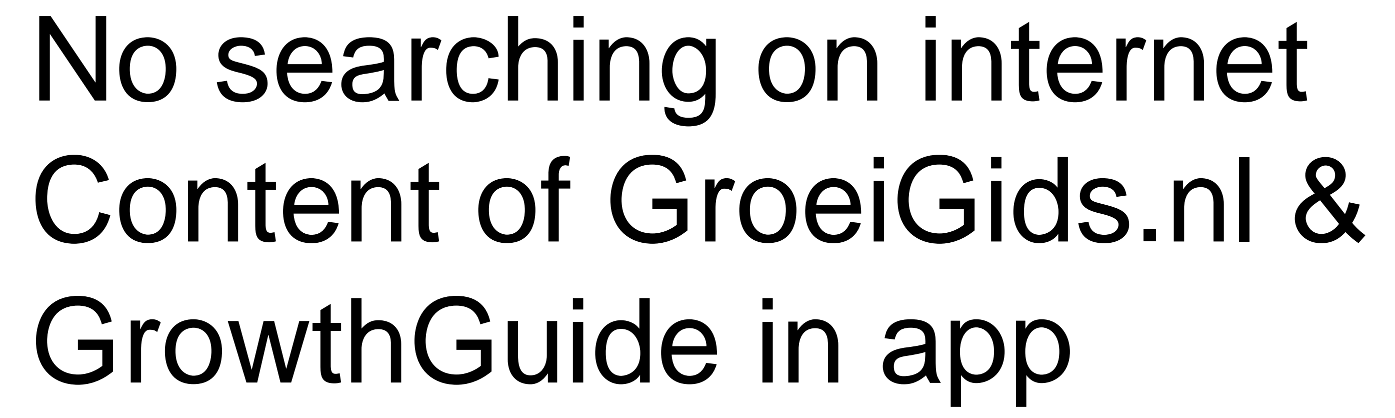
Fun!

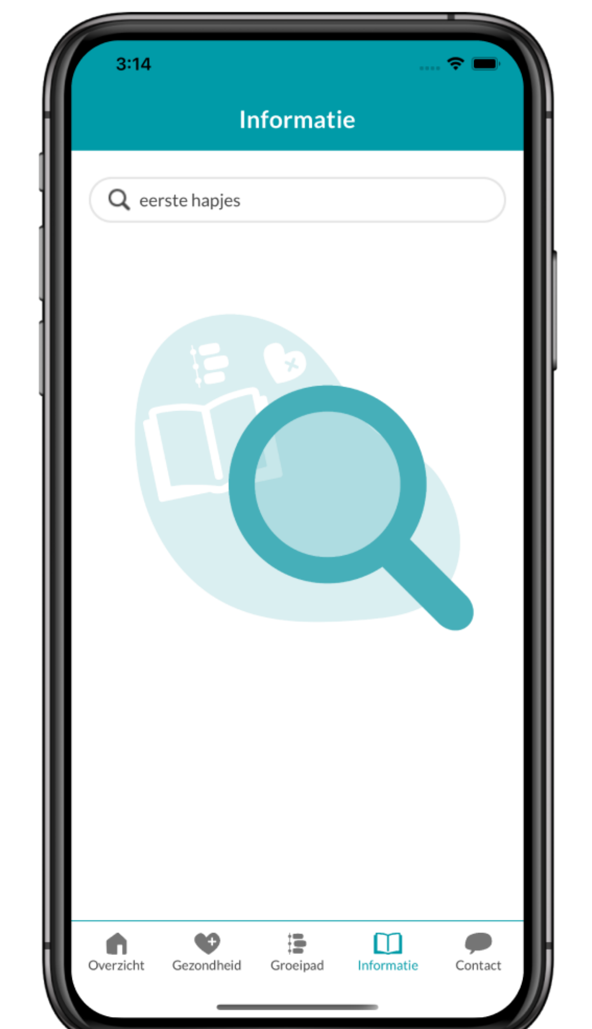

Multi channel
- MCH handbook 0 – 4 years for different live phases
- Website GroeiGids.nl
- Growth Guide app
- Chat with a youth healthcare nurse
- Message service & news letters


Use of the platform
- all YouthHealth care services contribute to the platform.
- 32% of all new parents use the app
- more than 5000 chat conversation each month
- more than 214.000 active accounts
Overzicht
Sarah
Noah
Zwangerschap
Bekijk groeicurve
Maak groeialbum
Moment toevoegen
Berichten
TOON ALLE
06-10-2020
Het wordt krapper in je buik
Zwangerschap - 38 weken | 38 weken zwanger Je kind is ongeveer 46,5 cm en 3200 gram. Misschien voel je je kind nu 'anders' bewegen. Dat is heel normaal. Doordat het kind minder ruimte heeft wor...
Overzicht
Gezondheid
Groeipad
Informatie
Contact
SAFE BEGINNINGS

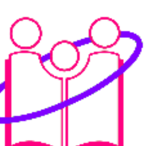
Growth Guide app

- reliable information from pregnancy till 18 years
- Tracking growth
- Video's about milestones
- Overview of child vaccinations, milestone, developmental & diseases.





Preventive information by push message on zip code & thematic message



Marloes Wellner

Thank you!

Marloes Wellner
Email: mwellner@ggdghor.nl

END OF DAY 1

Thank you!

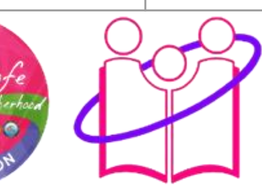
Recapitulation of Day 1

Dr. Hatsumi C. Noda

Medical Officer III
Maternal Health Medical Coordinator
Department of Health
Center for Health Development
CaLaBaRZon

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Global Experiences on MCH and the MCH Handbook **On the experiences of other countries**	• What experiences in your country can you share with the Philippines in terms of the implementation of the MCH Handbook?	• Consider including Information and care for mothers and children with special needs • Include a page for mothers and fathers to write their experiences/concerns that their children can read about • Improve coordination with different partners
Global Experiences on MCH and the MCH Handbook **On implementing an app version of the handbook in the Philippines**	• The lecture mentioned an app version of the handbook, do you think this can also be advantageous in the Philippines?	• App version might have a very big advantage in the Philippines. The younger generation have an affinity to utilize modern technology.



SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Global Experiences on MCH and the MCH Handbook **On maximizing community health workers in the utilization of the handbook**	• How does you country maximize community health volunteers/workers to increase utilization of MCH Handbook?	• Provision of incentives • Regular training by MCH Handbook Coordinator • Having passionate volunteers in working with the community and for the people • Handbook design helps maximize utilization by the community health workers
Global Experiences on MCH and the MCH Handbook **On involvement of husbands**	• Only ¼ of the husbands attend classes, how do you think can the husband be more involved in the journey of motherhood	• Mother's class can be done during weekdays and parents' class during weekends. • Consider changing the name to parents class to be more inclusive

BAGONG PILIPINAS

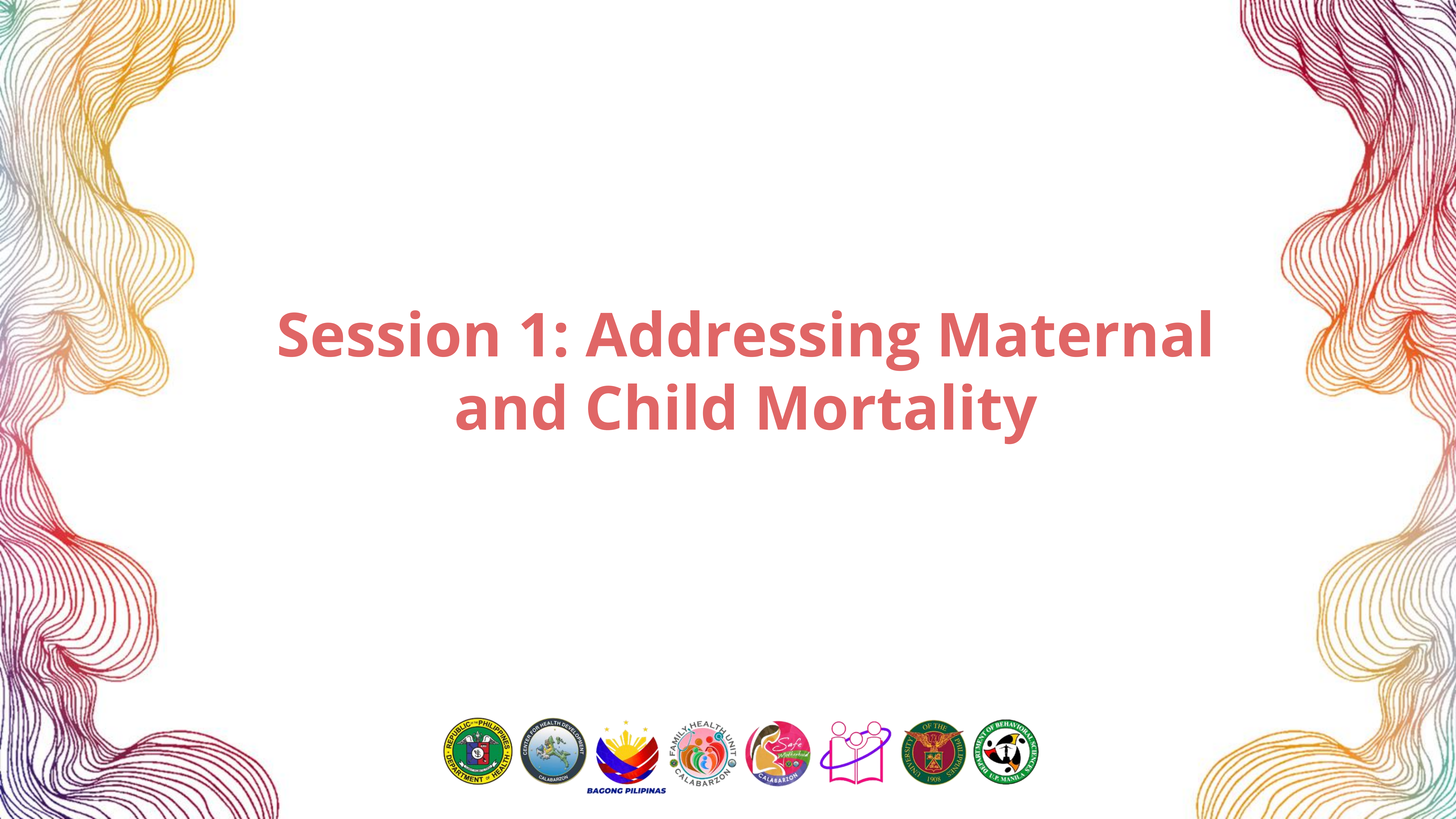
SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Global Experiences on MCH and the MCH Handbook **On digitizing the MCH handbook**	● What has been your experience in digitizing the handbook? How do you maintain the user-friendliness for the mother and child?	● Continued discussion/feedback to improve digitization ● We can digitize the handbook while still using paper to leave no one behind ● Having applications can waive the printing fee, but internet connection must be strengthened across the country ● Process, objectives, and conceptualization is important in the digitalization of the MCH Handbook

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Global Experiences on MCH and the MCH Handbook **On monitoring**	● What are your experiences in monitoring the implementation of the MCH Handbook	● Check if all facilities are equipped with the handbook ● National Population Survey is a monitoring platform that can be used (E.g. Request for the inclusion of monitoring question in national survey)
Global Experiences on MCH and the MCH Handbook **On implementing an app version of the handbook in the Philippines**	● Do you have any experience of best practices of other countries in making the MCH handbook PWD Friendly?	● Braille system can be implemented on those with vision problems ● Audio recordings of the handbook can be implemented ● Easy to understand version for people with intellectual disability

BAGONG PILIPINAS


Session 1: Addressing Maternal and Child Mortality
BAGONG PILIPINAS

Safe Motherhood Program Updates in CaLaBaRZon (Situationer)

Ms. Vanessa B. Bebida

Midwife VI
Regional Safe Motherhood Program Manager
Department of Health
Center for Health Development
CaLaBaRZon

PRESENTATION OUTLINE

- Understanding Maternal Health: CaLaBaRZon Indicators Overview
- Safe Motherhood Program Initiatives
- Strategies
- Announcements
- Call to Action

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Understanding Maternal Health: CaLaBaRZon Indicators Overview

PRESENTATION OUTLINE

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INITIATIVES

Audio Drama

- Danger Signs of Pregnancy and Birth Planning
  - To **widen and diversify reach**

Scenario 1: Severe Headache, Blurring of Vision, Nausea and Vomiting, Seizure and Loss of Consciousness		
Title:	"Ang Kwento ni Bonita at Berto"	
Talent	SCRIPT	SFX
Narrator: (Vannesa B.)	Sa Bayan ng San Francisco ay may isang buntis na nagngangalang Bonita. Si Bonita ay walong (8) buwang buntis at malapit lapit na sa kanyang kabuwanan. Si Bonita ay nakakaranas ng mga senyales ng panganib sa pagbubuntis at ilang araw nya na itong ininda. Isang gabi, pagkagaling sa trabaho ng kanyang asawang si Berto ay nakita nyang namimilipit sa sakit ng ulo ang kanyang asawa na si Bonita.	

Capacity Building of Municipal Link

- DOH-DSWD Partnership
- Training on the "*Kalusugan at Nutrisyon ng Magnanay*" Module
- **Quality delivery of FDS** sessions, especially to **4Ps**

Baseline Monitoring of Lying-ins

- **Monitoring tool and SOP development**
- For policy and program planning
- More skilled professionals
- Quality, updated services

Development of Strong Linkage with Private Lying-ins

- 80% are private
- MOAs with facilities and the PHO
- **Data exchange, referral systems, and regulation**

INITIATIVES

Maternal & Perinatal Death Surveillance and Response

- POGS Philippines
- Development and capacity building of **DOH program managers**
- **WHO Manual** adaptation

BEmONC Trainings

- Set criteria for candidate prioritization across LGUs
- **Mandanas Ruling** and LCE commitment
- **123 BEmONC-trained HCWs** in the region

E-Turo Sessions

- Human Resources and Development
- Update HCWs on latest DOH guidelines
- 3 sessions with ~**900 participants**

Courtesy Visit and Target Setting

- Provincial Health Program Coordinator
- Presentation of program goals, plans, and objectives for the year
- **Integration with provincial plans**
- BEmONC and MDR

MCH BOOKLETS
Mother and Child Book
This book belongs to
My Journal
Baby's Medical Record
Booklet ni Nanay at ni Baby
Ang booklet na ito ay pag-aari ni:
Healthy Buntis
Happy Baby
DALHIN ANG BOOKLET NA ITO TUWING MAGPAPA-C
Healthy Mommy, Healthy Baby, Healthy Community
DALHIN ANG BOOKLET NA ITO TUWING MAGPAPA-CHECK-UP SA HEALTH C
Booklet ni Nanay at ni Baby
BAGONG PILIPINAS
FAMILY HEALTH UNIT
CALABARZON
7

PRESENTATION OUTLINE

- Understanding Maternal Health: CaLaBaRZon Indicators Overview
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- Strategies
- Announcements
- Call to Action

1 Mainstream and strengthen the PHC approach.

- *Technical Engagement with Health Partners*
- *Annual Operation Plan 2025*
- *WFP 2025*

1 **Mainstream and strengthen the PHC approach.**

- *Technical Engagement with Health Partners*
- *Annual Operation Plan 2025*
- *WFP 2025*

2 **Ensure the provision of high-quality, safe, and people-centered services.**

- *Baseline Assessment of Private Lying-ins*
- *Program Implementation Review*
- *MPDSR*
- *PTE BEmONC*

STRATEGIES

1 Mainstream and strengthen the PHC approach.

- Technical Engagement with Health Partners
- Annual Operation Plan 2025
- WFP 2025

2 Ensure the provision of high-quality, safe, and people-centered services.

- Baseline Assessment of Private Lying-ins
- Program Implementation Review
- MPDSR
- PTE BEmONC

3 Ensure a responsive and resilient health system and communities.

- Minimum Initial Service Package on SRH

STRATEGIES

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- *Technical Engagement with Health Partners*
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- *WFP 2025*

4 Ensure an adequate, competent, and and committed health workforce.

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- *Program Implementation Review*
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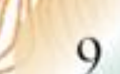
- *PTE BEmONC*

3 Ensure a responsive and resilient health system and communities.

- *Minimum Initial Service Package on SRH*



STRATEGIES

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- *PTE BEmONC*

3 Ensure a responsive and resilient health system and communities.

- *Minimum Initial Service Package on SRH*

4 Ensure an adequate, competent, and and committed health workforce.

5 Address health determinants and improve healthy behaviors.

- *Maternal and Child Health Conference*
- *Danger Signs of Pregnancy Audio Drama*
- *E-Turo Webinars*
- *Buntis Summit*

PRESENTATION OUTLINE

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ANNOUNCEMENTS
E-Turo Sessions on MCH Services
THE 4A SERIES
eLearning Sessions with DOH CALABARZON
Nanay na Maingat, Nutrisyon ni Baby ay Sapat: An Orientation on Maternal Nutrition
17 MAY 2024 (FRIDAY)
2:00 PM TO 4:00 PM
REGISTER VIA
bit.ly/chd4ananaynamaingat
www.facebook.com/dohro4a
RESOURCE SPEAKER
LUZ B. TAGUNICAR, RND, MPH
Supervising Health Program Officer
Child, Adolescent and Maternal Health Division
Disease Prevention and Control Bureau
Department of Health
FACILITATOR
BRIDGET ANNE C. CARAIG
BS Public Health Intern
University of the Philippines Manila
ipc
eTURO
11

ANNOUNCEMENTS

- E-Turo Sessions on MCH Services

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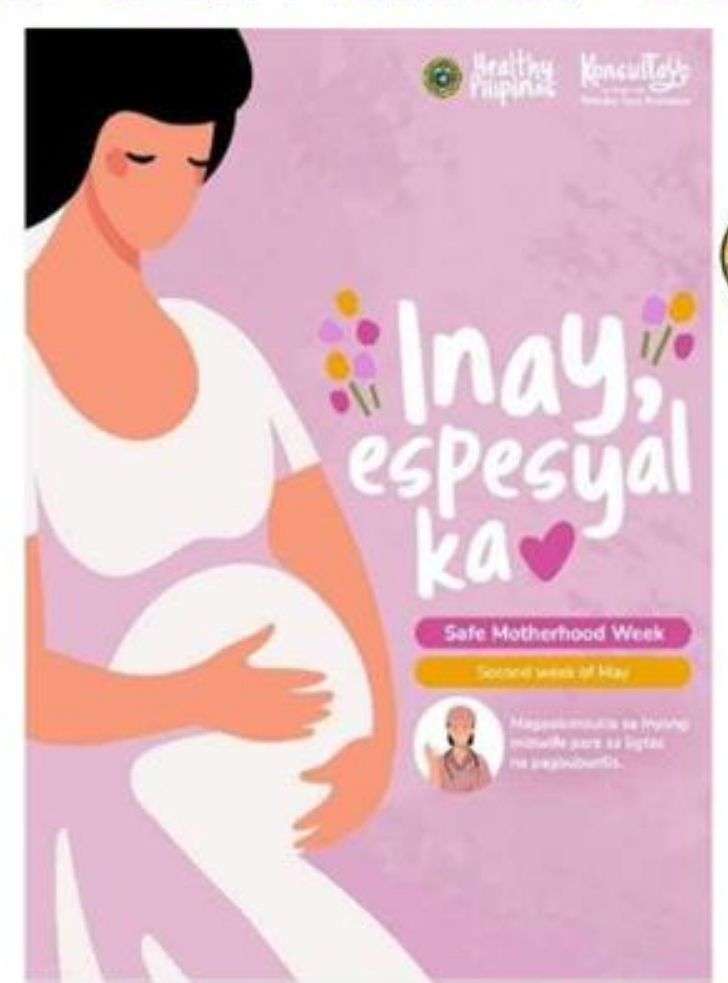
University of the Philippines Manila

ipc eTURO

ANNOUNCEMENTS

- Buntis Summit: Safe Beginnings



IMUS

ABS-CBN LINGKOD KAPAMILYA

BUNTIS SUMMIT

THEME: *"SAFE BEGINNINGS"*

"Sa Bagong Pilipinas Bawat Buntis Mahalaga"

Date: Tentative: May 24, 2024
Venue:Imus, Cavite
Time: 8AM to 12 NN

- Launching of Audio Drama, "*Echoes of Care: Engaging Communities*"

PRESENTATION OUTLINE

- Understanding Maternal Health: CaLaBaRZon Indicators Overview
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No Woman Should Die in Giving Birth.

Sa Bagong Pilipinas,
Bawat Buntis Mahalaga
BAGONG PILIPINAS
FAMILY HEALTH UNIT CALABARZON
CALABARZON
UNIVERSITY OF THE PHILIPPINES 1908
DEPARTMENT OF BEHAVIORAL SCIENCES U.P. MANILA
REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH

Thank You!
BAGONG PILIPINAS
17

Contact Us

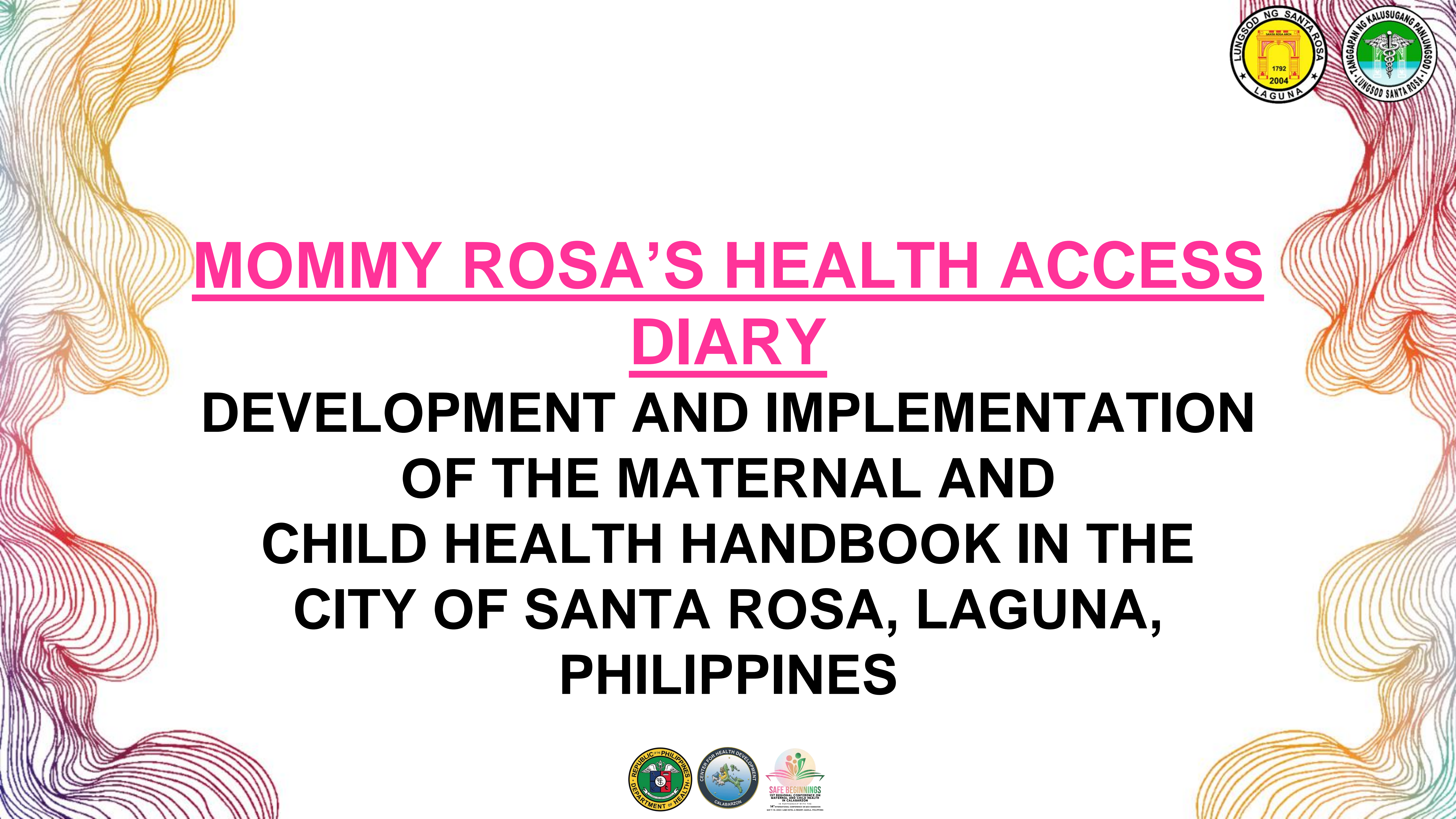
https://www.facebook.com/SMPCaLaBaRZon

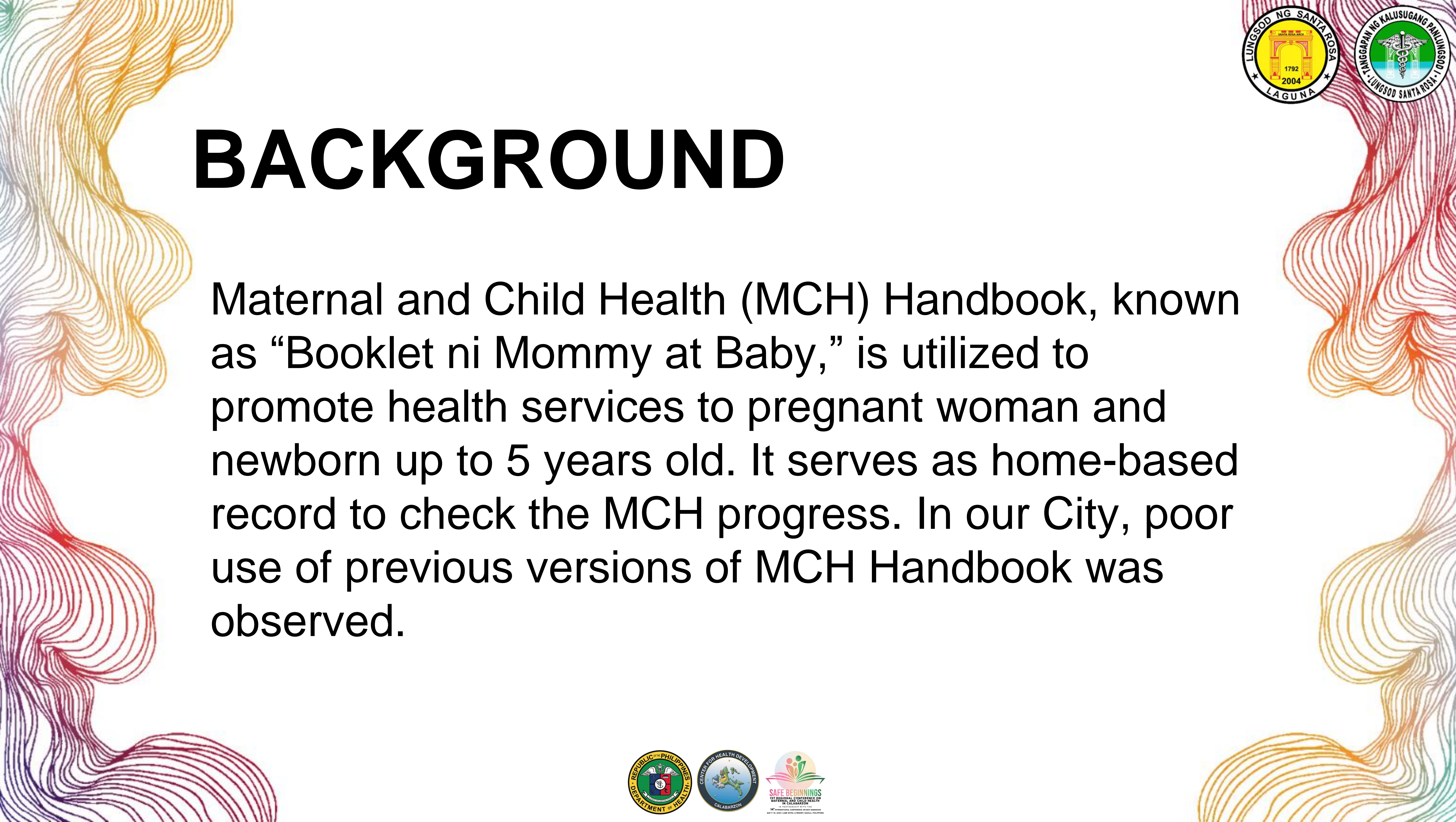
smp@ro4a.doh.gov.ph

+63 976 158 2300 | +63 995 857 0707

Ms. Liza Franco-Andaya, RN, RM, MAN

Nurse V
City Health Office of Sta. Rosa
Laguna Province


MOMMY ROSA'S HEALTH ACCESS DIARY
DEVELOPMENT AND IMPLEMENTATION OF THE MATERNAL AND CHILD HEALTH HANDBOOK IN THE CITY OF SANTA ROSA, LAGUNA, PHILIPPINES
LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS



LUNGSOD NG SANTA ROSA
SANTA ROSA ARCH
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
BACKGROUND
Maternal and Child Health (MCH) Handbook, known as “Booklet ni Mommy at Baby,” is utilized to promote health services to pregnant woman and newborn up to 5 years old. It serves as home-based record to check the MCH progress. In our City, poor use of previous versions of MCH Handbook was observed.
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON

MMR

Maternal Mortality Ratio

deaths per 100,000 livebirths

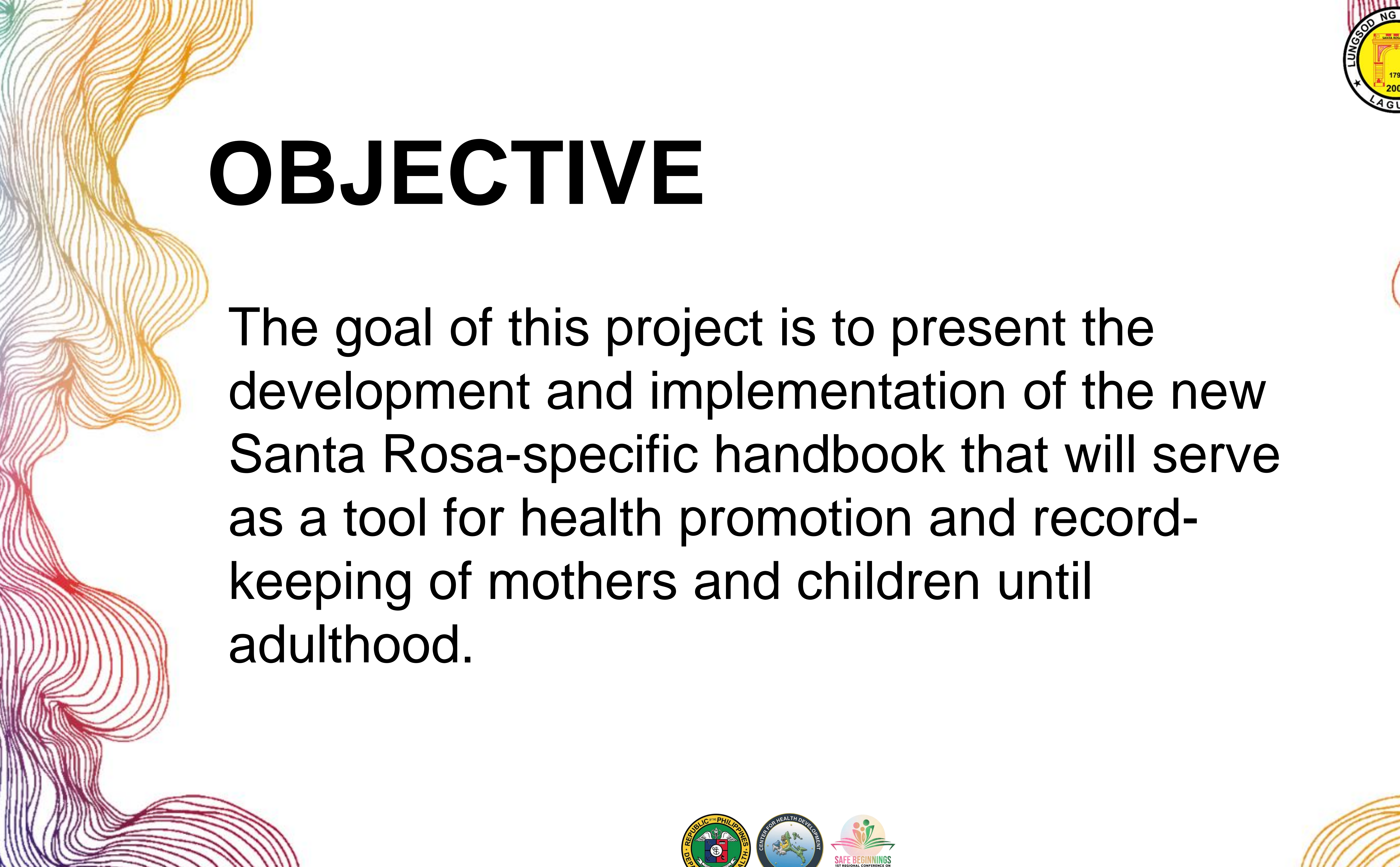
120.0
100.0
80.0
60.0
40.0
20.0
0.0

1993 1998 2003 2008 2013

- 78 women die per 100,000 live births due to pregnancy-related causes in the Philippines.
- The maternal mortality ratio in the Philippines has improved from 129 in 2000 to 78 in 2020.
- Maternal mortality in the Philippines is nearly the same as its regional average.

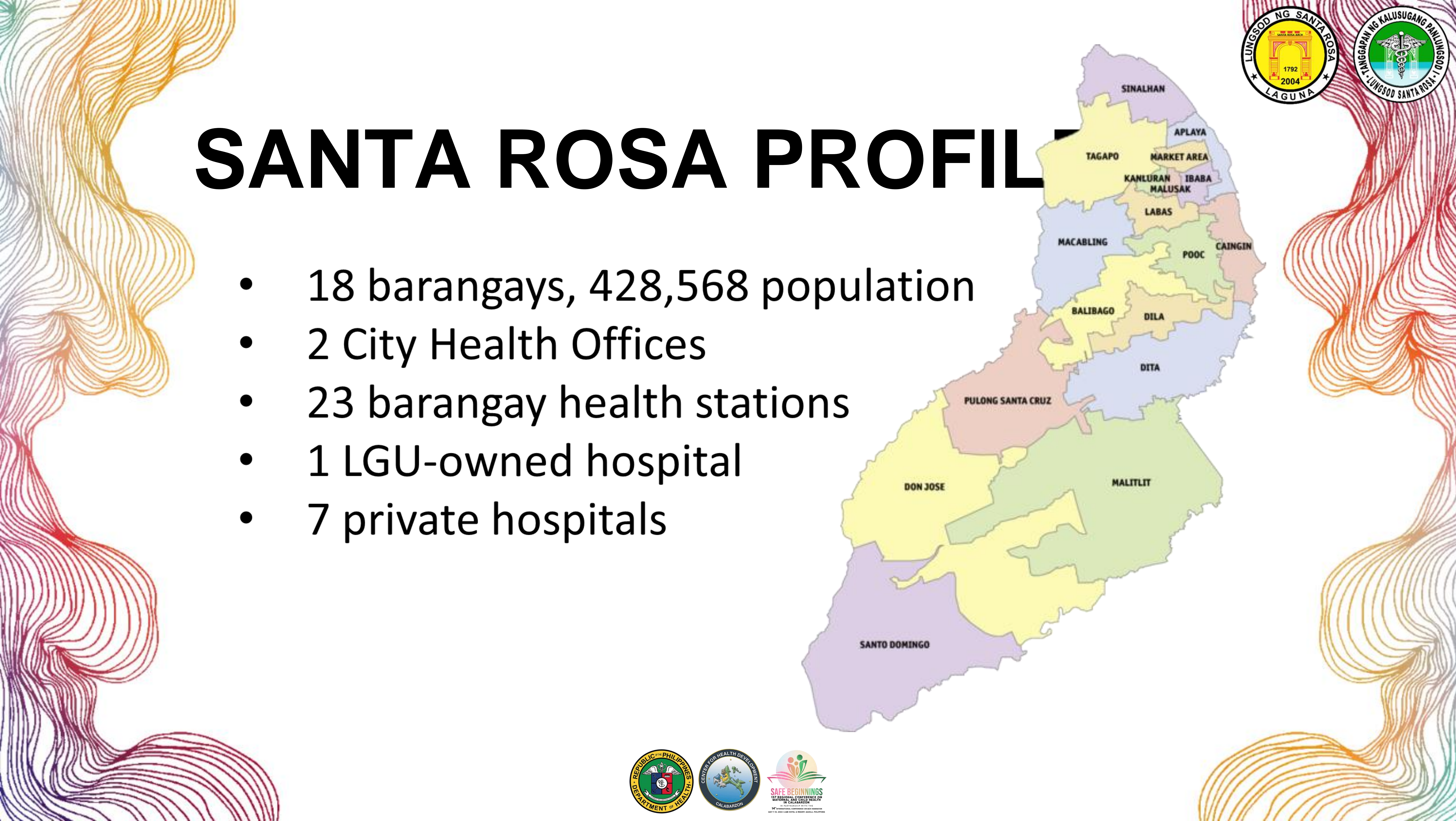
TABLE 1 SANTA ROSA MATERNAL MORTALITY

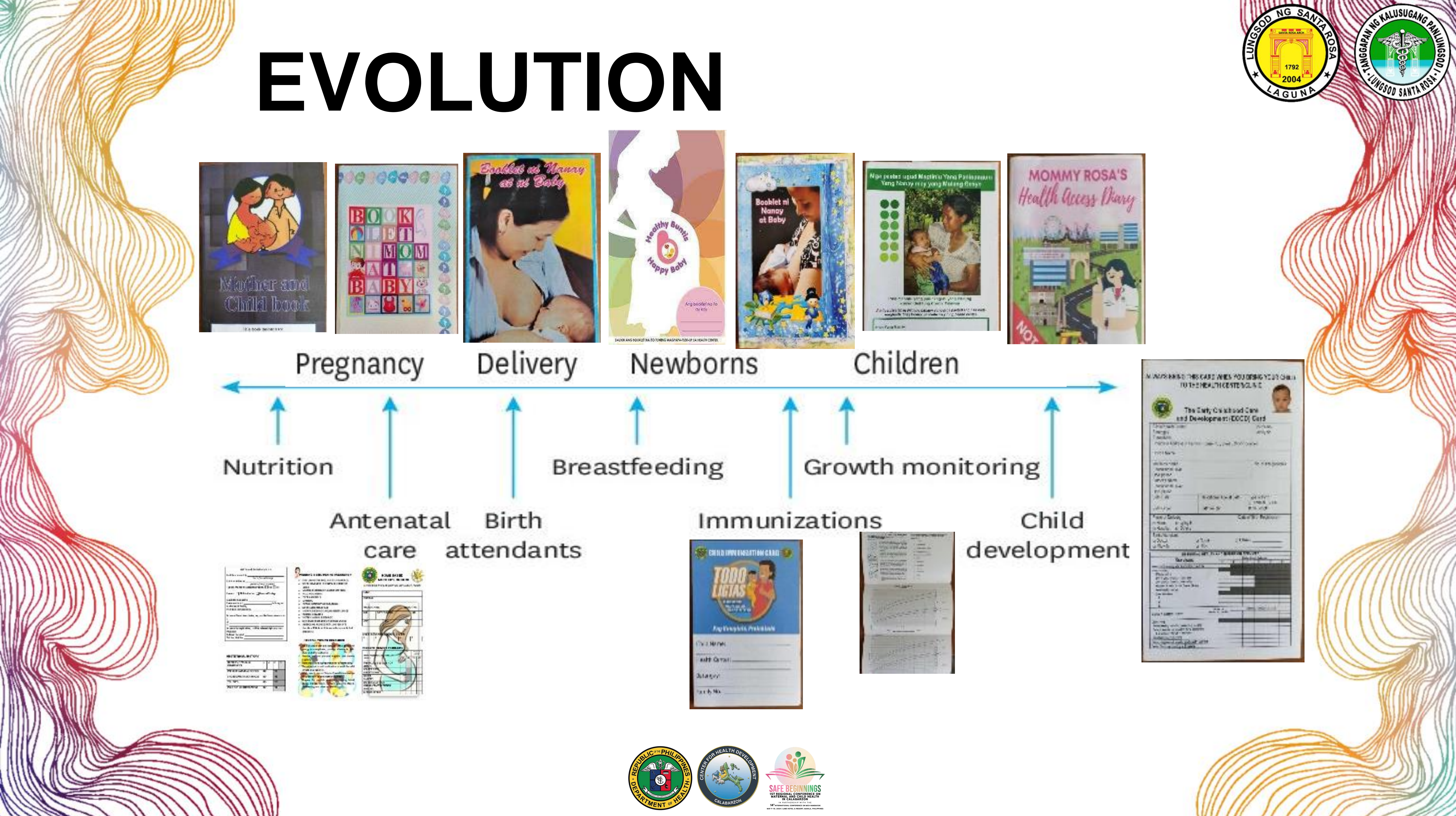
MATERNAL MORTALITY RATE/1000 LB	
2019	0.89-0.9
2020	0.91-0.92
2021	0.57-0.58
2022	0.96-0.97
2023	0.62-0.63



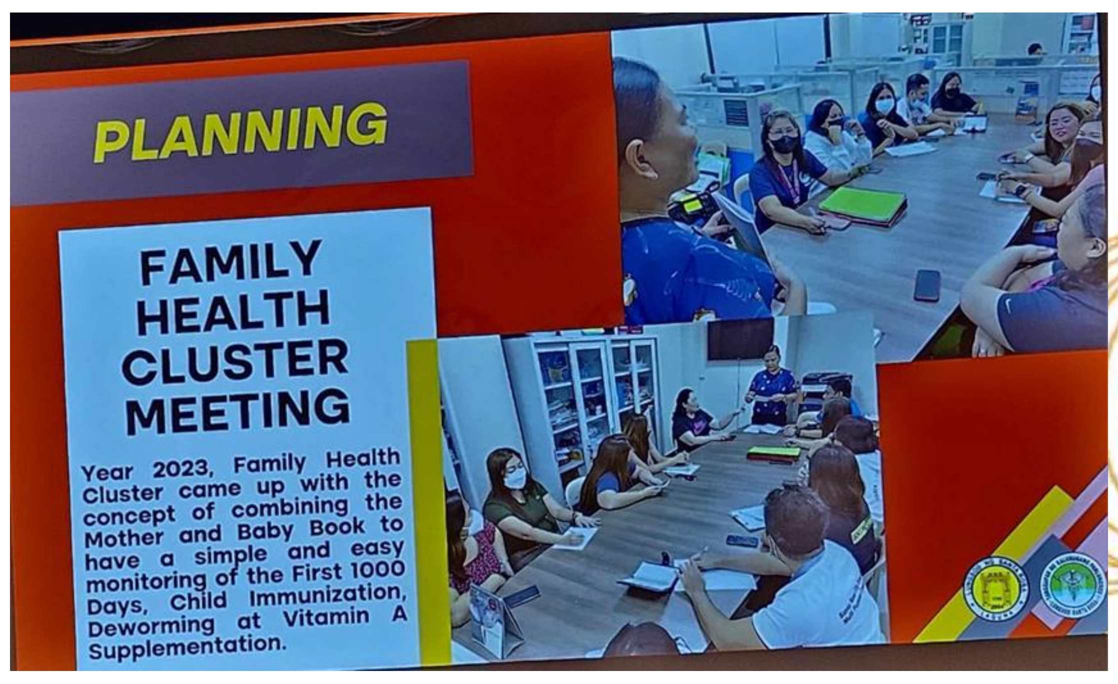
OBJECTIVE

The goal of this project is to present the development and implementation of the new Santa Rosa-specific handbook that will serve as a tool for health promotion and record-keeping of mothers and children until adulthood.


SANTA ROSA PROFILE
• 18 barangays, 428,568 population
• 2 City Health Offices
• 23 barangay health stations
• 1 LGU-owned hospital
• 7 private hospitals
SINALHAN
APLAYA
TAGAPO
MARKET AREA
KANLURAN
IBABA
MALUSAK
LABAS
MACABLING
CAINGIN
POOC
BALIBAGO
DILA
DITA
PULONG SANTA CRUZ
DON JOSE
MALITLIT
SANTO DOMINGO
LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS


EVOLUTION
Mother and Child book
BOOKLET NI MOM AT BABY
Booklet ni Nanay at ni Baby
Healthy Buntis Happy Baby
Booklet ni Nanay at Baby
MOMMY ROSA'S Health Access Diary
Pregnancy
Delivery
Newborns
Children
Nutrition
Antenatal care
Birth attendants
Breastfeeding
Immunizations
Growth monitoring
Child development
CHILD IMMUNIZATION CARD
TODO LIGTAS
The Early Childhood Care and Development (ECCD) Card
SAFE BEGINNINGS

FINDINGS



Some reasons learned in previous MCH handbook implementation:

- Parents do not value the handbook
- Some mothers do not understand since they are not well educated
- Information written are not read
- Pictures and letters are in black ink which are not attractive to parents and local health workers
- Insufficient supply from the National Government

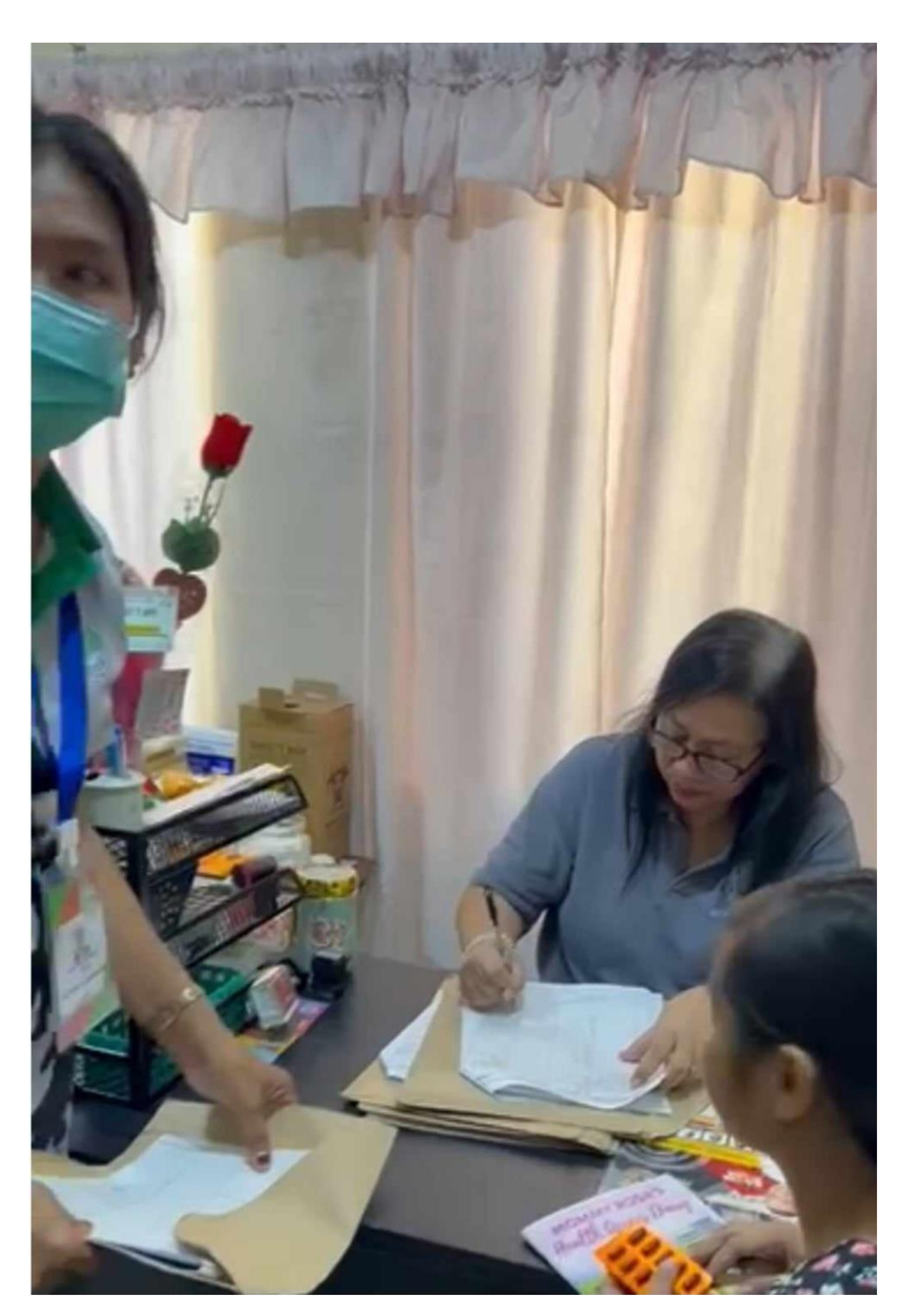
DEVELOPMENT

- Know the target audience (piloted in a resettlement area)
- General awareness of keeping their records
- Budgetary requirements
- Improve birth plan
- Improve health indicators
- Sustainability of the handbook

DEVELOPMENT

Relevant health programs for a healthy pregnancy and healthy baby were emphasized in the new handbook. It was also designed to be more colorful to make it more attractive to its users. The new handbook, “Mommy Rosa’s Health Access Diary,” was piloted in one barangay where the urban poor live in a resettlement area. At present, distribution of the handbook has been extended to eight more barangays. MCH-related outcomes were recorded.

@ THE BHS

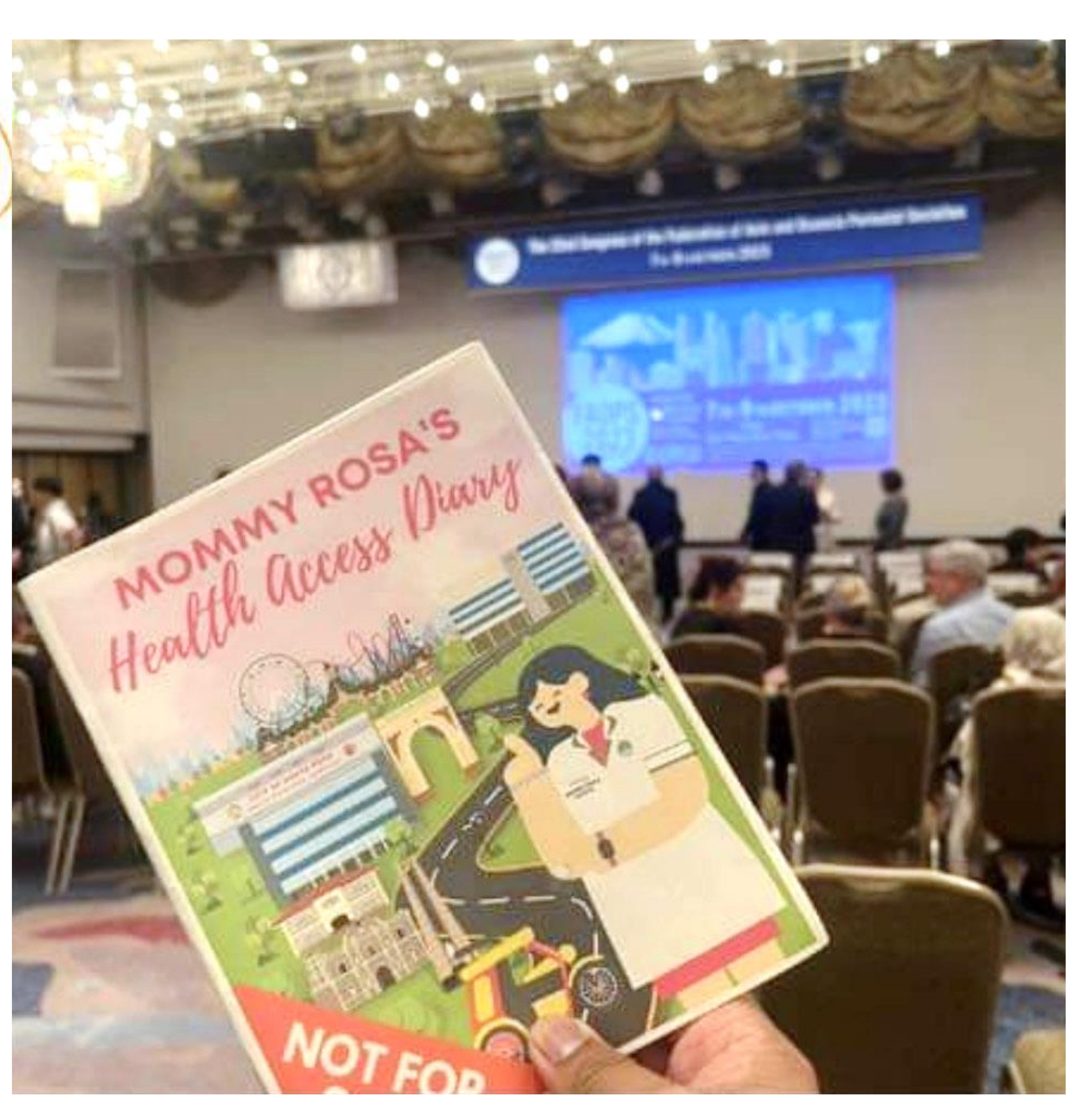


REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

CENTER FOR HEALTH DEVELOPMENT
CALABARZON

SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON
MATERNAL AND CHILD HEALTH
IN CALABARZON

CONTENTS OF MOMMY ROSA'S HEALTH ACCESS DIARY



- Safe motherhood
- Immunization
- Nutrition- more comprehensive guide in nutrition
- Growth monitoring
- Dental care
- Mental health
- Hypertension and DM
- Adolescent Health
- Family planning
- PhilHealth packages
- Birth certificate application process
- Garantisadong Pambata services

FREEBIES

MOMMY ROSA'S JOURNEY

MATERNAL, NEWBORN, CHILD HEALTH AND NUTRITION (MNCHN)

ANTE NATAL CARE
(FOR 9 COMPLETE VISITS)
- Facility Based Delivery
- Free Expanded Newborn Screening
- Free Buntis Kit

ANTE NATAL CARE
(FOR EVERY 6-8 VISITS)
- FREEBIES

ANTE NATAL CARE
(FOR EVERY 3-5 VISITS)
- FREEBIES

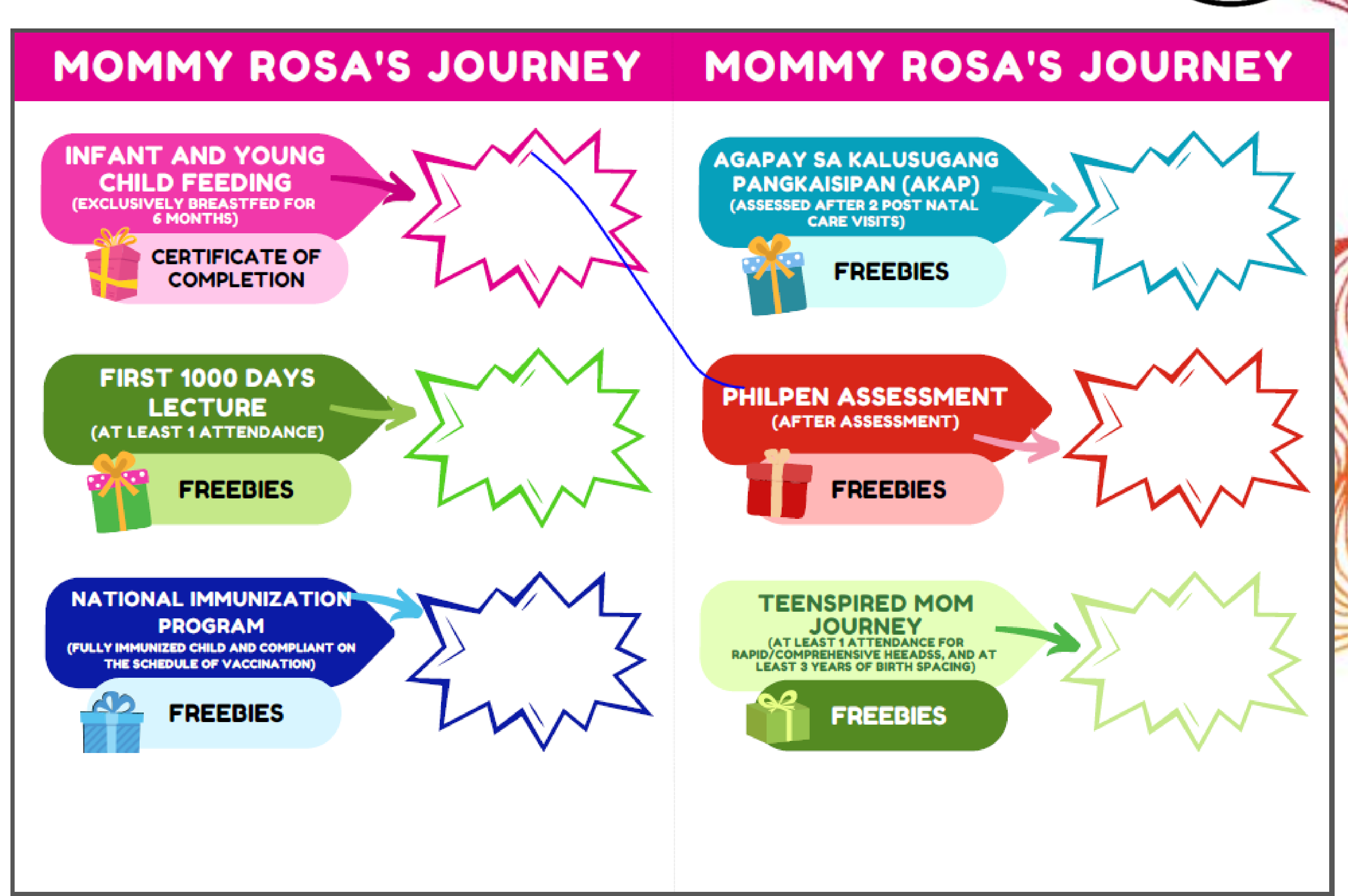
MOMMY ROSA'S JOURNEY

MATERNAL, NEWBORN, CHILD HEALTH AND NUTRITION (MNCHN)

TETANUS TOXOID STATUS
(ATLEAST 2 TT INJECTION)
- FREEBIES

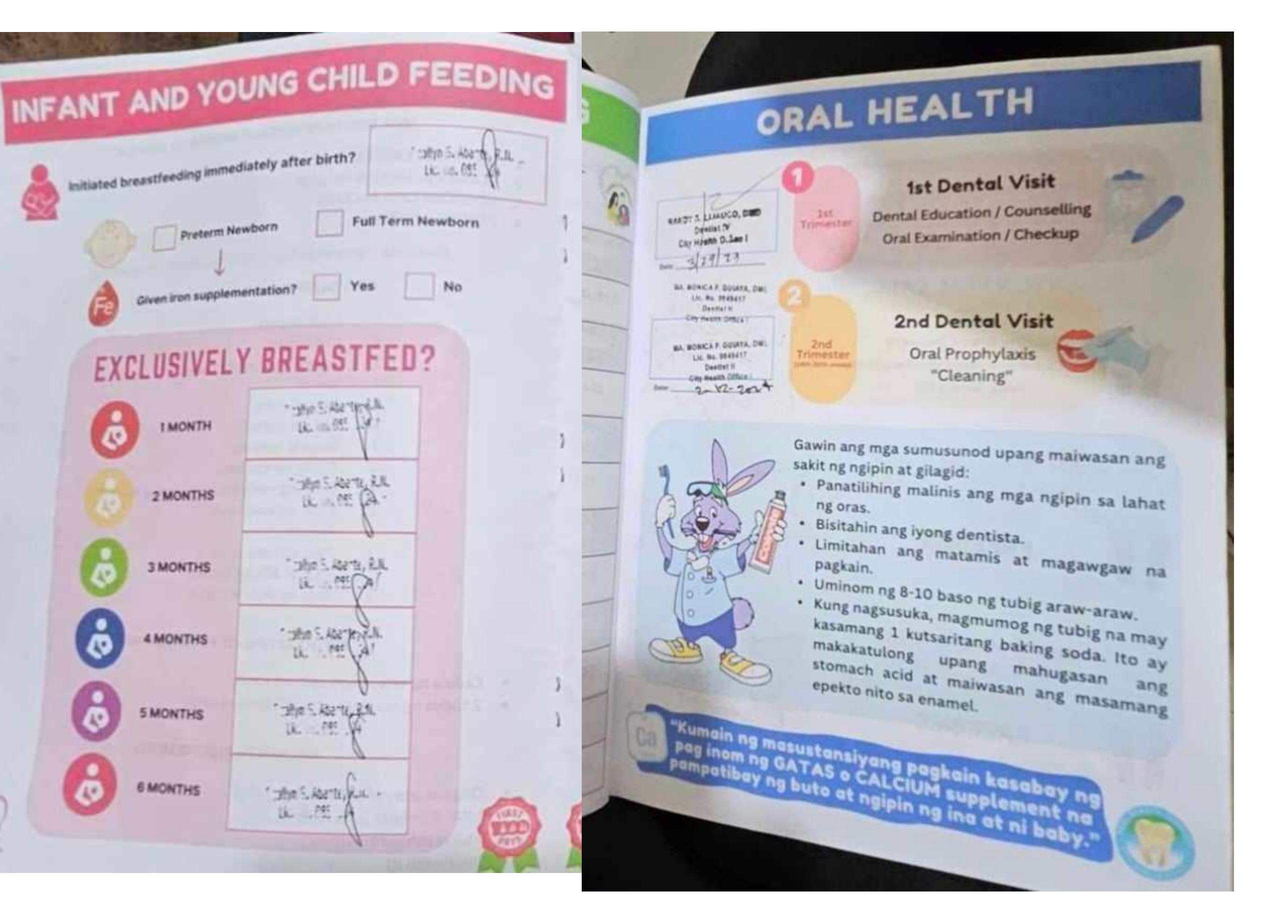
POST NATAL CARE
(FOR 2 COMPLETE VISITS)
- Free Newborn Kit

ORAL HEALTH
(FOR 2 COMPLETE VISITS)
- DENTAL KIT

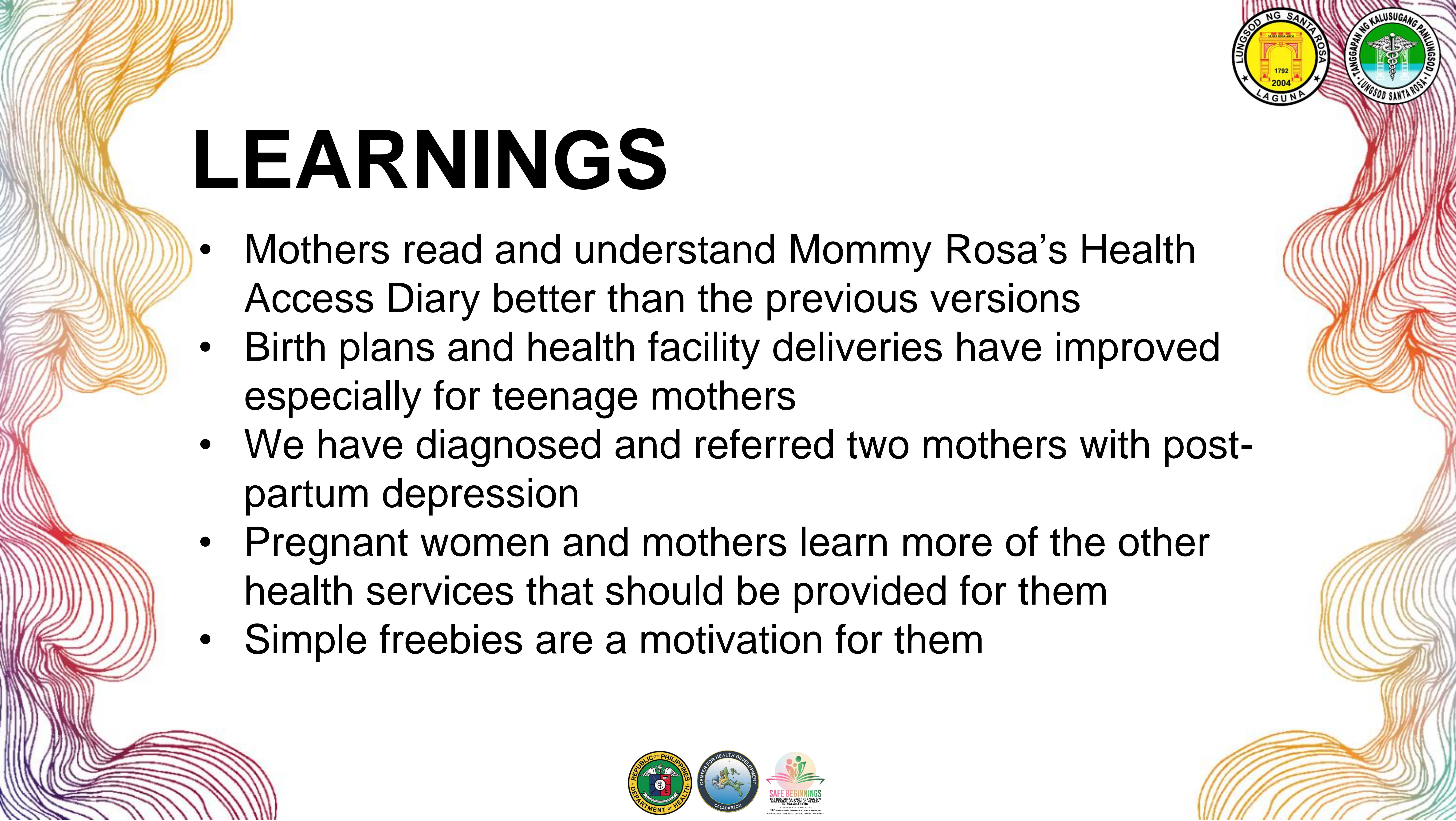


LUNGSOD NG SANTA ROSA · LAGUNA · 1792 · 2004

TANGGAPAN NG KALUSUGANG PANLUNGSOD · LUNGSOD SANTA ROSA



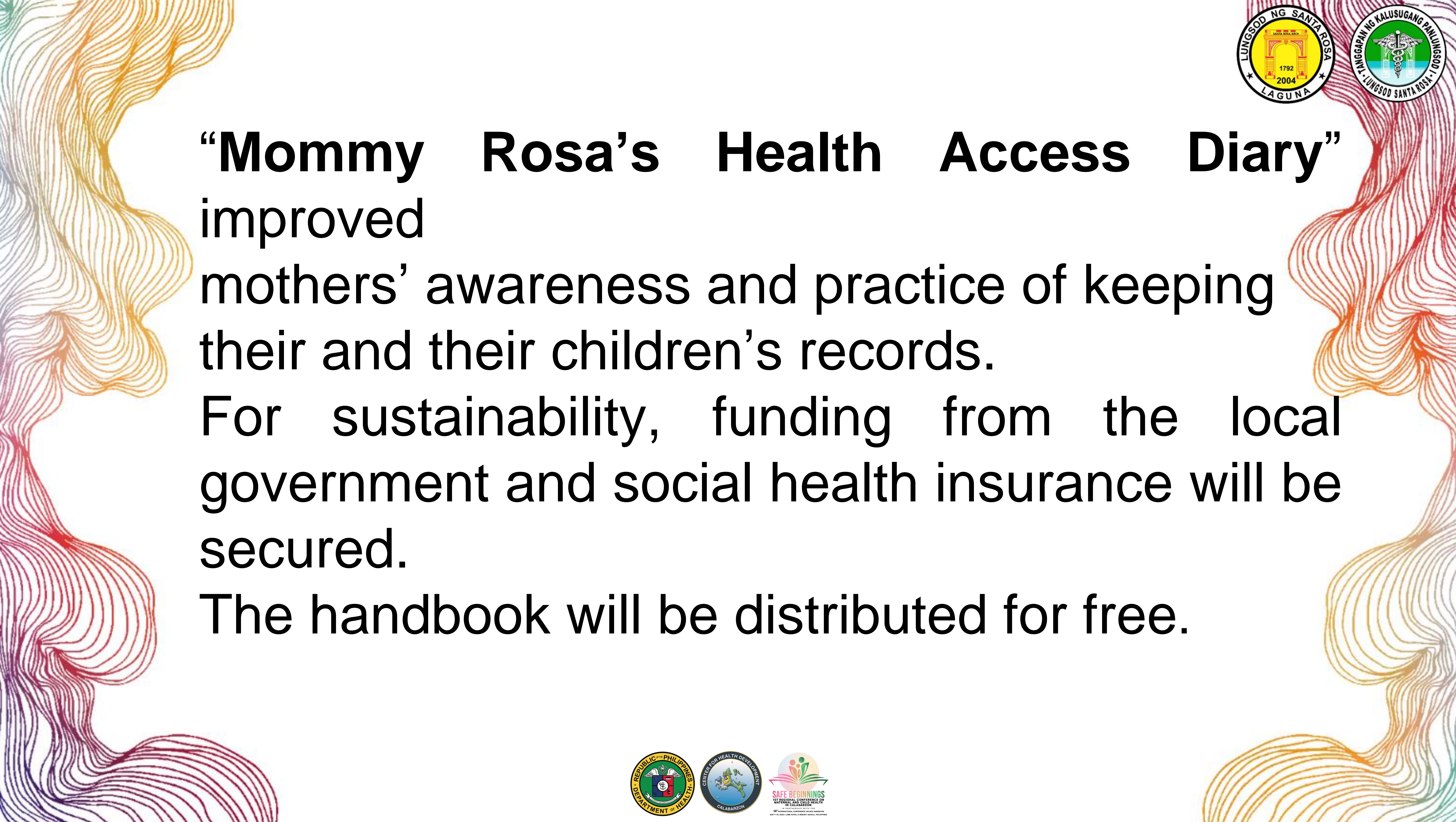
REPUBLIC OF THE PHILIPPINES · DEPARTMENT OF HEALTH


LUNGSOD NG SANTA ROSA
SANTA ROSA ARCH
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD I
LUNGSOD SANTA ROSA
LEARNINGS
Mothers read and understand Mommy Rosa's Health Access Diary better than the previous versions
Birth plans and health facility deliveries have improved especially for teenage mothers
We have diagnosed and referred two mothers with post-partum depression
Pregnant women and mothers learn more of the other health services that should be provided for them
Simple freebies are a motivation for them
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS

MOMMY ROSA'S HEALTH ACCESS DIARY AND UHC

The development of the "Mommy Rosa's Health Access Diary" was based on the need of ensuring Universal Health Care(UHC) among mothers and children. It further incorporated the following community services: oral health care, mental health assessment, adolescent health for teenage pregnant, sexually transmitted infections especially HIV, maternal and child nutrition, and other programs the city requires.

Since its introduction, facility-based deliveries improved, especially among teenage mothers. Other MCH concerns, such as postpartum depression, were addressed. Mothers' awareness of the other health services available for them also improved. Community midwives and barangay health workers found the new handbook easier to use.



“Mommy Rosa’s Health Access Diary” improved
mothers’ awareness and practice of keeping their and their children’s records.
For sustainability, funding from the local government and social health insurance will be secured.
The handbook will be distributed for free.
LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD I
LUNGSOD SANTA ROSA
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
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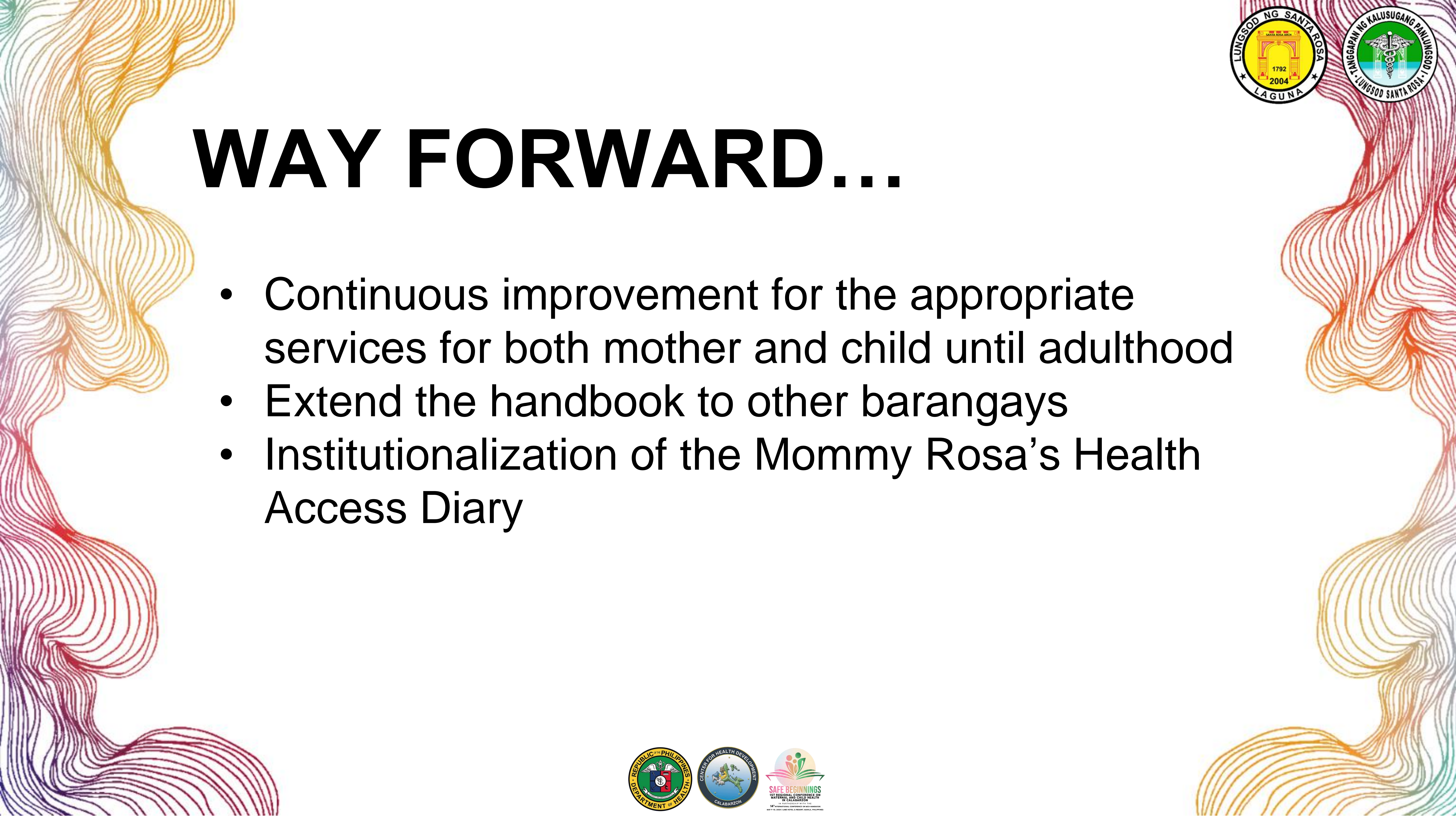

LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
WAY FORWARD…
• Continuous improvement for the appropriate services for both mother and child until adulthood
• Extend the handbook to other barangays
• Institutionalization of the Mommy Rosa’s Health Access Diary
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS

LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA

TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA

Presented during the 22nd Congress to the Federation of Asia and Oceania Perinatal Societies in Tokyo, Japan

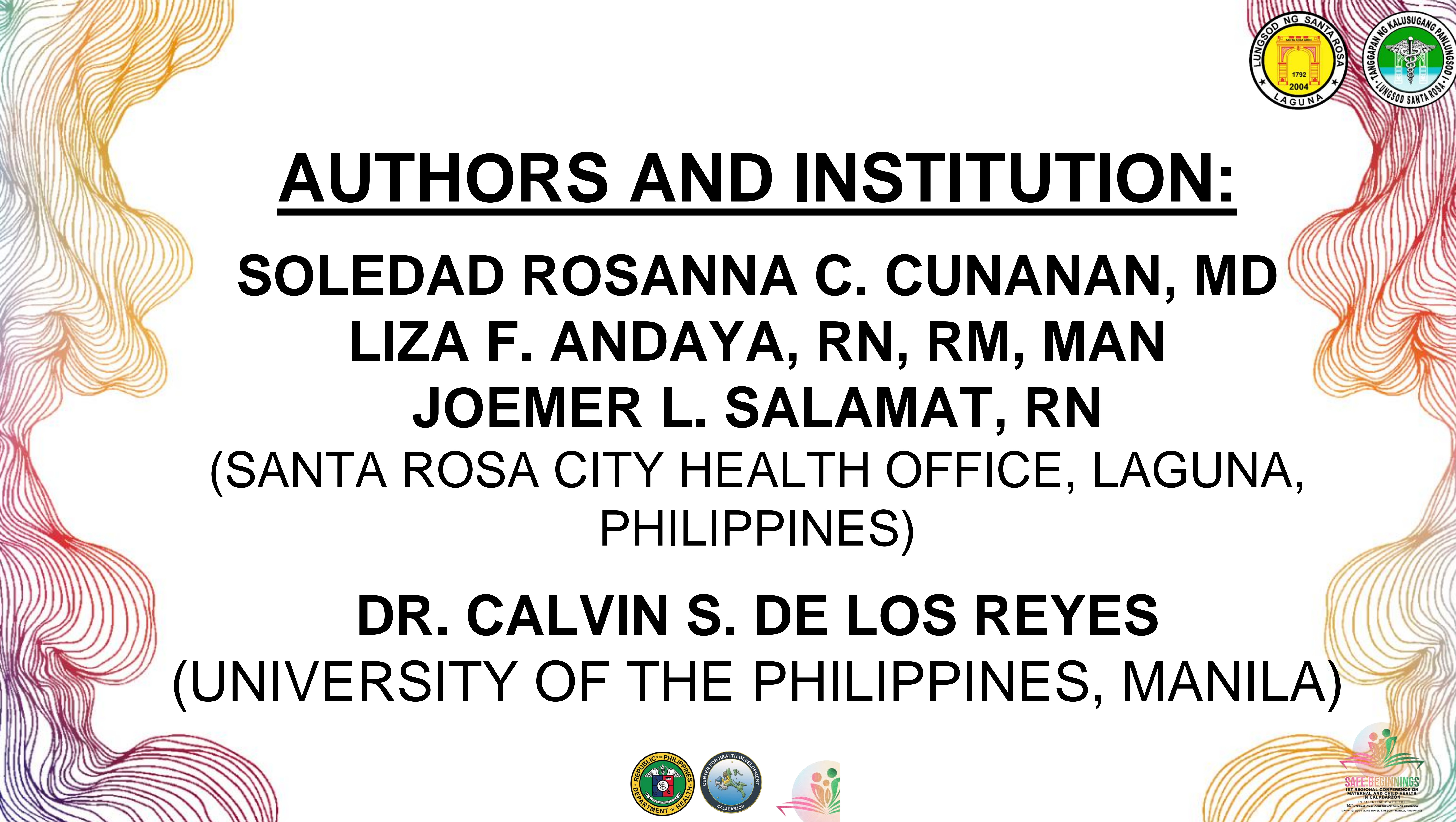
LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD I
LUNGSOD SANTA ROSA

GLIMPSE OF JAPAN THROUGH MOMMY ROSA'S HEALTH ACCESS DIARY

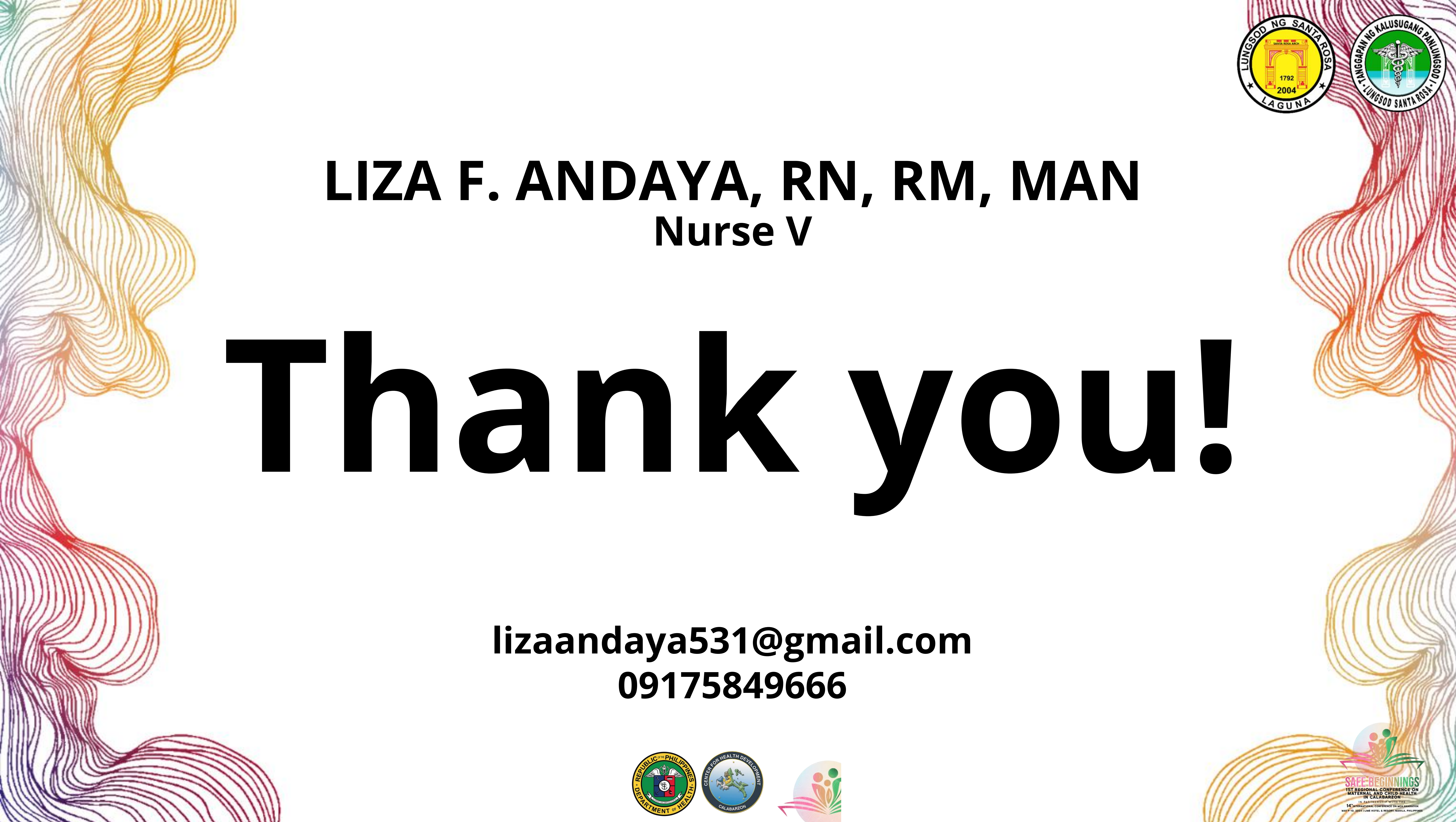
The 22nd Congress of the Federation of Asia and Oceania Perinatal Societies
FAOPS 2023
7TH-9TH OCTOBER.2023

MOMMY ROSA'S
Health Access Diary
NOT FOR SALE
CITY HEALTH OFFICE I
CITY OF SANTA ROSA, LAGUNA
MOMMY ROSA'S
おかさんろーさの
HEALTH ACCESS DIARY
けんこうあくせすにっき
Dr. Soledad Rosanna C. Cunanan
Liza F. Andaya
Joemer L. Salamat
City Health Office I
City of Santa Rosa, Laguna

LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
DR. ANNEKE KESLER,
Board Member of the Committee and Editor in Chief of the Growth Guide
(MCH Handbook in the Netherlands) with
DR. CALVIN S. DELOS REYES, Associate Professor of UP Manila
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS



LUNGSOD NG SANTA ROSA
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
AUTHORS AND INSTITUTION:
SOLEDAD ROSANNA C. CUNANAN, MD
LIZA F. ANDAYA, RN, RM, MAN
JOEMER L. SALAMAT, RN
(SANTA ROSA CITY HEALTH OFFICE, LAGUNA, PHILIPPINES)
DR. CALVIN S. DE LOS REYES
(UNIVERSITY OF THE PHILIPPINES, MANILA)
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON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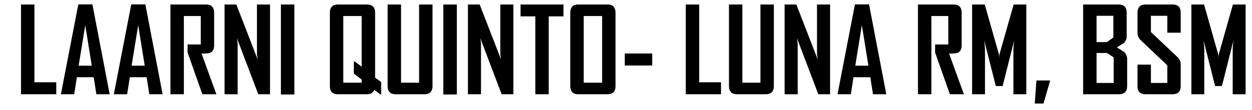
SANTA ROSA ARCH
1792
2004
LAGUNA
TANGGAPAN NG KALUSUGANG PANLUNGSOD
LUNGSOD SANTA ROSA
LIZA F. ANDAYA, RN, RM, MAN
Nurse V
Thank you!
lizaandaya531@gmail.com
09175849666
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON

Safe Beginnings: Building a Strong Prenatal Foundation

Ms. Laarni Q. Luna, RM,BSCH,BSM

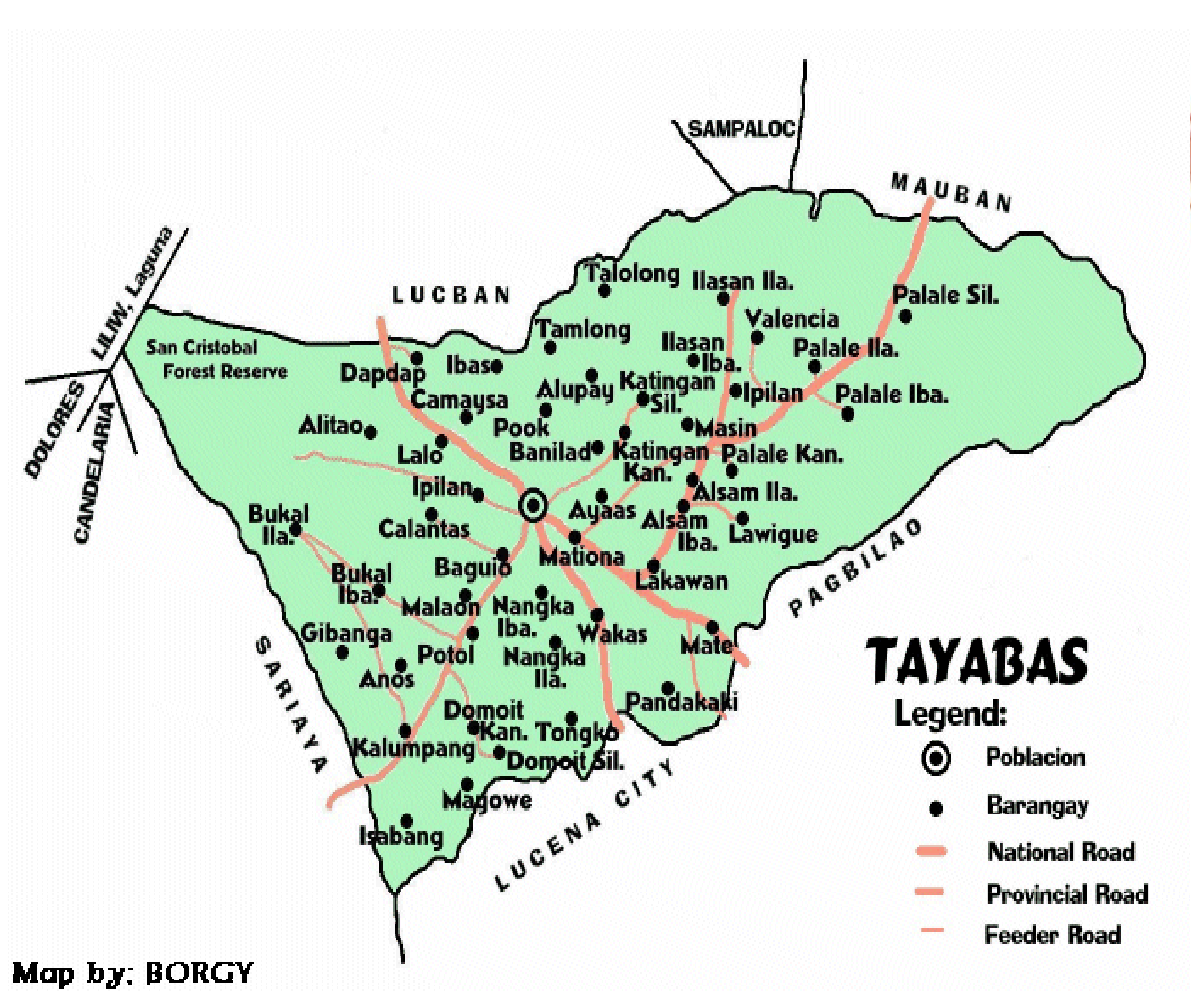
Midwife III
City Health Office of Tayabas
Quezon Province



Midwife III
City Health Office of Tayabas

CITY HEALTH OFFICE OF TAYABAS

The City of Tayabas is a 6th class component city in the province of Queon, Philippines. The city has a total land area of 232 km2 with 66 barangays. As of 2023, the total actual population of 114,712



CITY HEALTH OFFICE OF TAYABAS

I. Mission

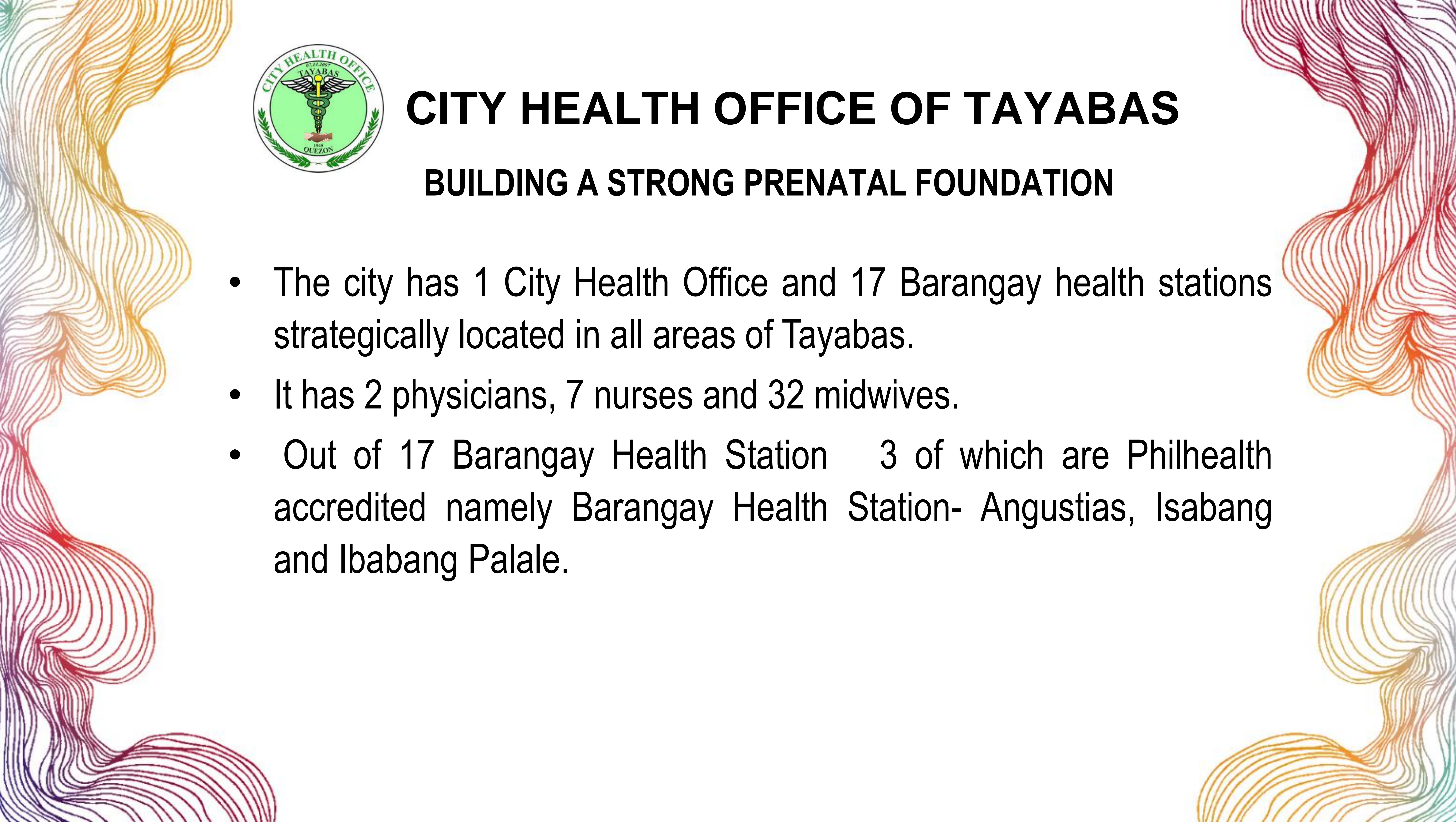
Promoted multi sectoral partnership and community involvement for self-commitment and quality health care delivery

II. Vision:

Healthy community working together for a better quality of life.

III. Mandate:

The City Health Office provides basic preventive and curative healthcare services to a city such as immunization, family planning, maternal and child care, public health education and environmental sanitation. It also promotes and maintains rehabilitation programs that include early diagnosis and cure of diseases that include early diagnosis and cure of diseases that afflict the population.


CITY HEALTH OFFICE
TAYABAS
QUEZON
CITY HEALTH OFFICE OF TAYABAS
BUILDING A STRONG PRENATAL FOUNDATION
• The city has 1 City Health Office and 17 Barangay health stations strategically located in all areas of Tayabas.
• It has 2 physicians, 7 nurses and 32 midwives.
• Out of 17 Barangay Health Station 3 of which are Philhealth accredited namely Barangay Health Station- Angustias, Isabang and Ibabang Palale.

CITY HEALTH OFFICE OF TAYABAS

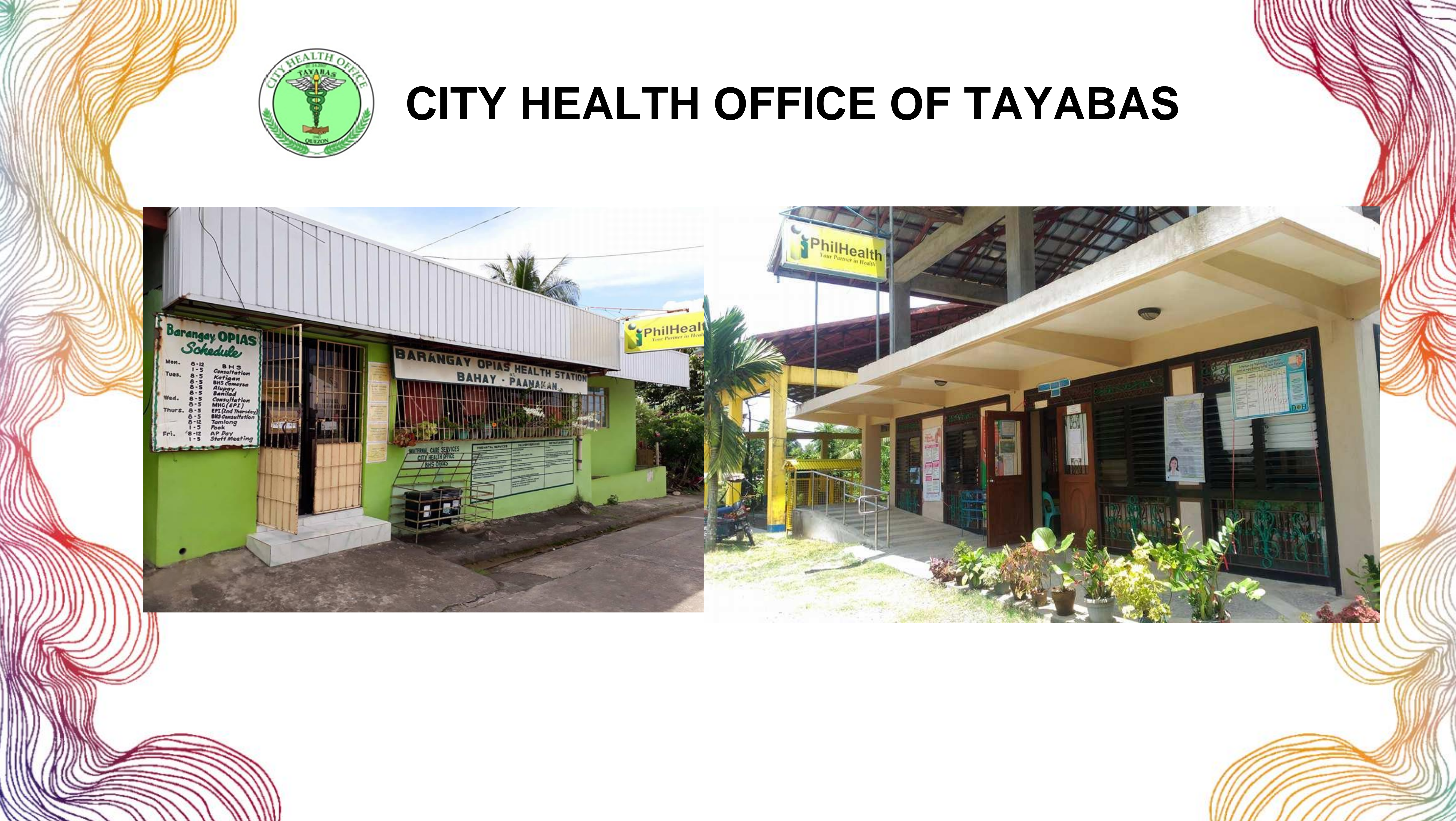
BHS ISABANG

CITY HEALTH OFFICE OF TAYABAS

BHS IBABANG
PALALE

CITY HEALTH OFFICE OF TAYABAS

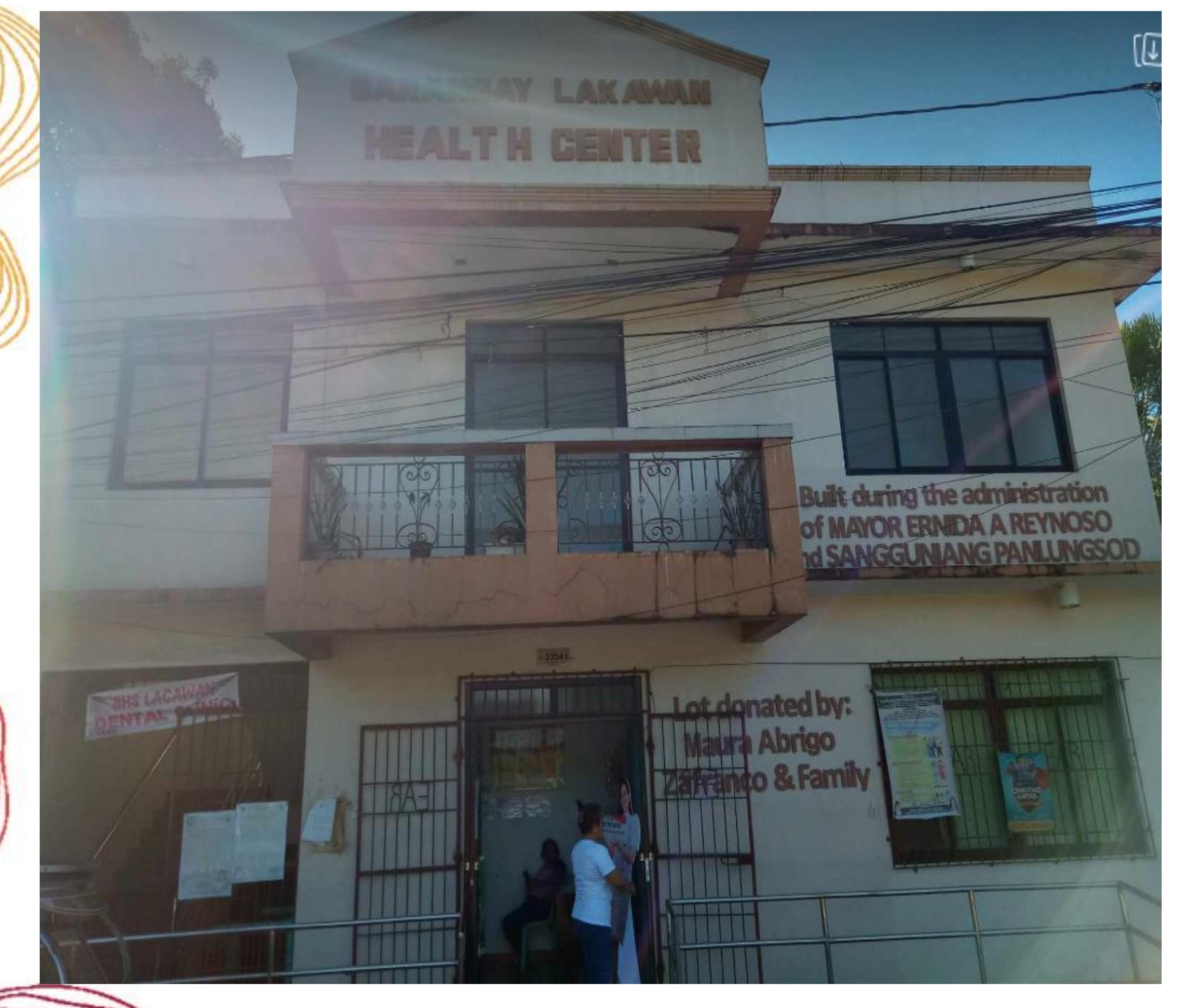
BHS ANGUSTIAS


CITY HEALTH OFFICE OF TAYABAS
CITY HEALTH OFFICE
TAYABAS
QUEZON
Barangay OPIAS Schedule
Mon. 8-12 BHS
1-5 Consultation
Tues. 8-5 Katigan
8-5 BHS Camaysa
8-5 Alupay
8-5 Banilad
Wed. 8-5 Consultation
8-5 MHC (EPI)
Thurs. 8-5 EPI (2nd Thursday)
8-5 BHS Consultation
8-12 Tomlong
1-5 Pook
Fri. 8-12 AP Day
1-5 Staff Meeting
BARANGAY OPIAS HEALTH STATION
BAHAY - PAANAKAN
MATERNAL CARE SERVICES
CITY HEALTH OFFICE
BHS OPIAS
PhilHealth
Your Partner in Health

CITY HEALTH OFFICE OF TAYABAS

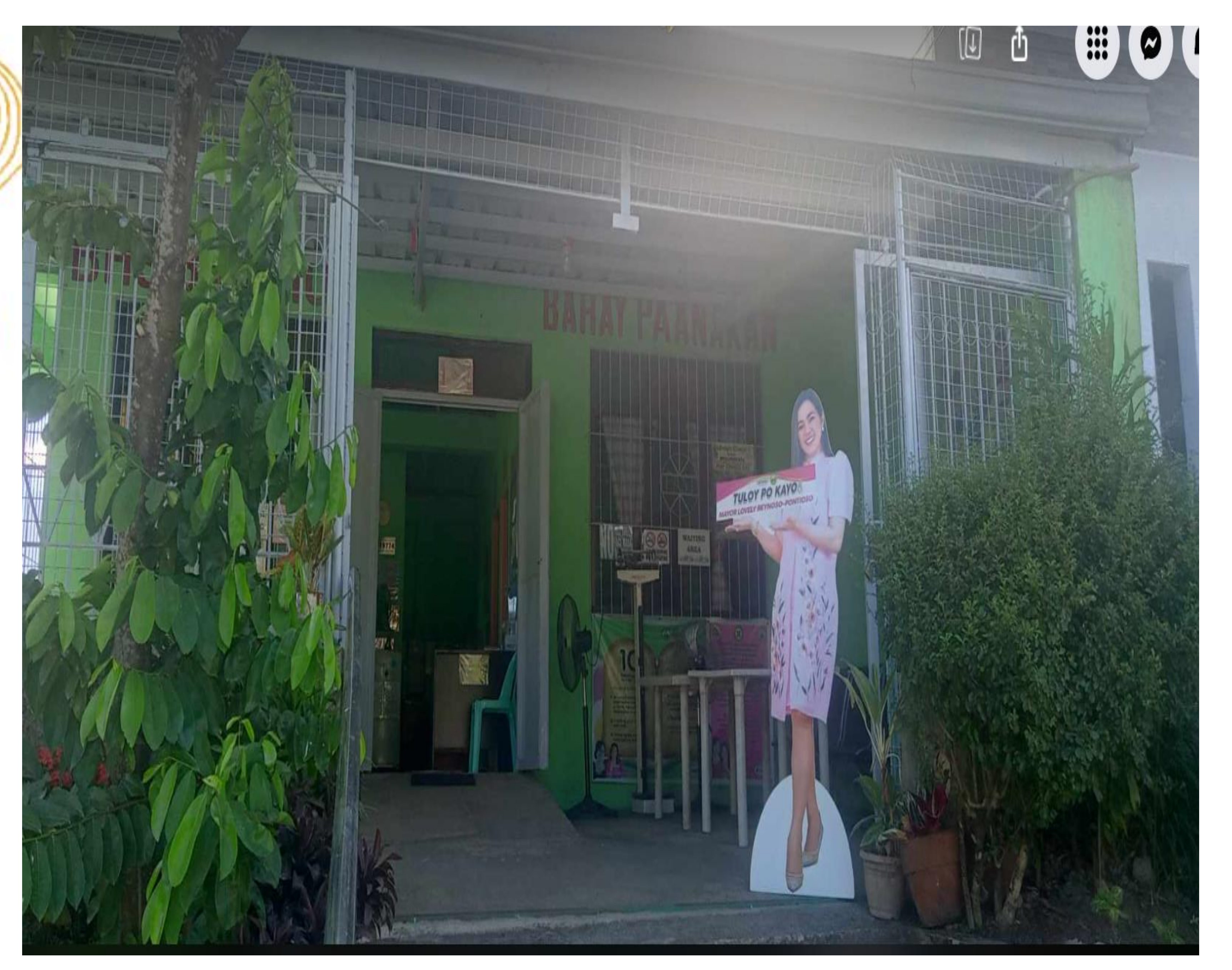
CITY HEALTH OFFICE OF TAYABAS

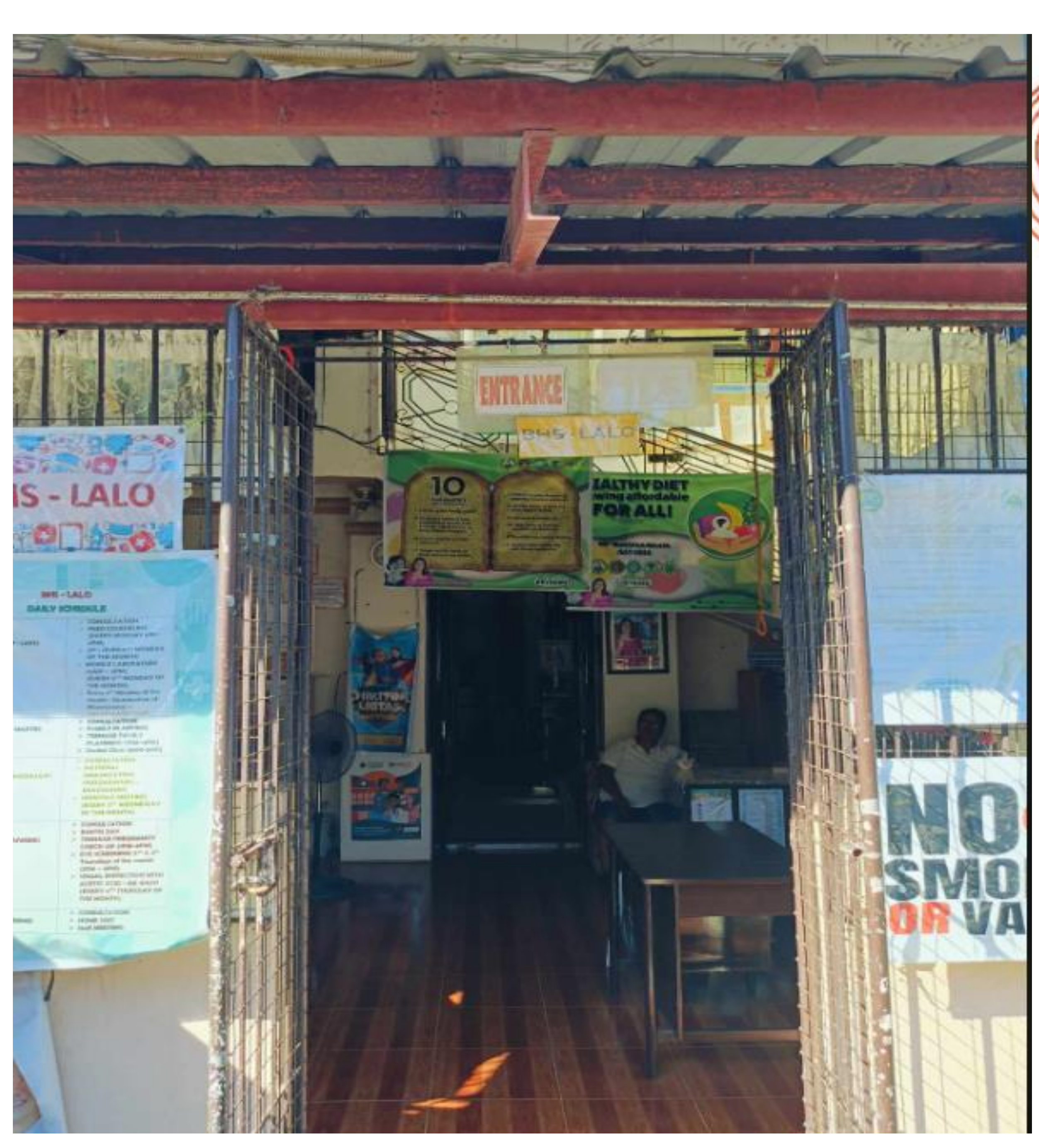
CITY HEALTH OFFICE OF TAYABAS



CITY HEALTH OFFICE OF TAYABAS

CITY HEALTH OFFICE OF TAYABAS





CITY HEALTH OFFICE OF TAYABAS

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

Ensuring the health and wellness of women and children the accredited Barangay Health Stations were open 24 hours a week manned by midwives who are equipped with BEmONC training.

CITY HEALTH OFFICE OF TAYABAS

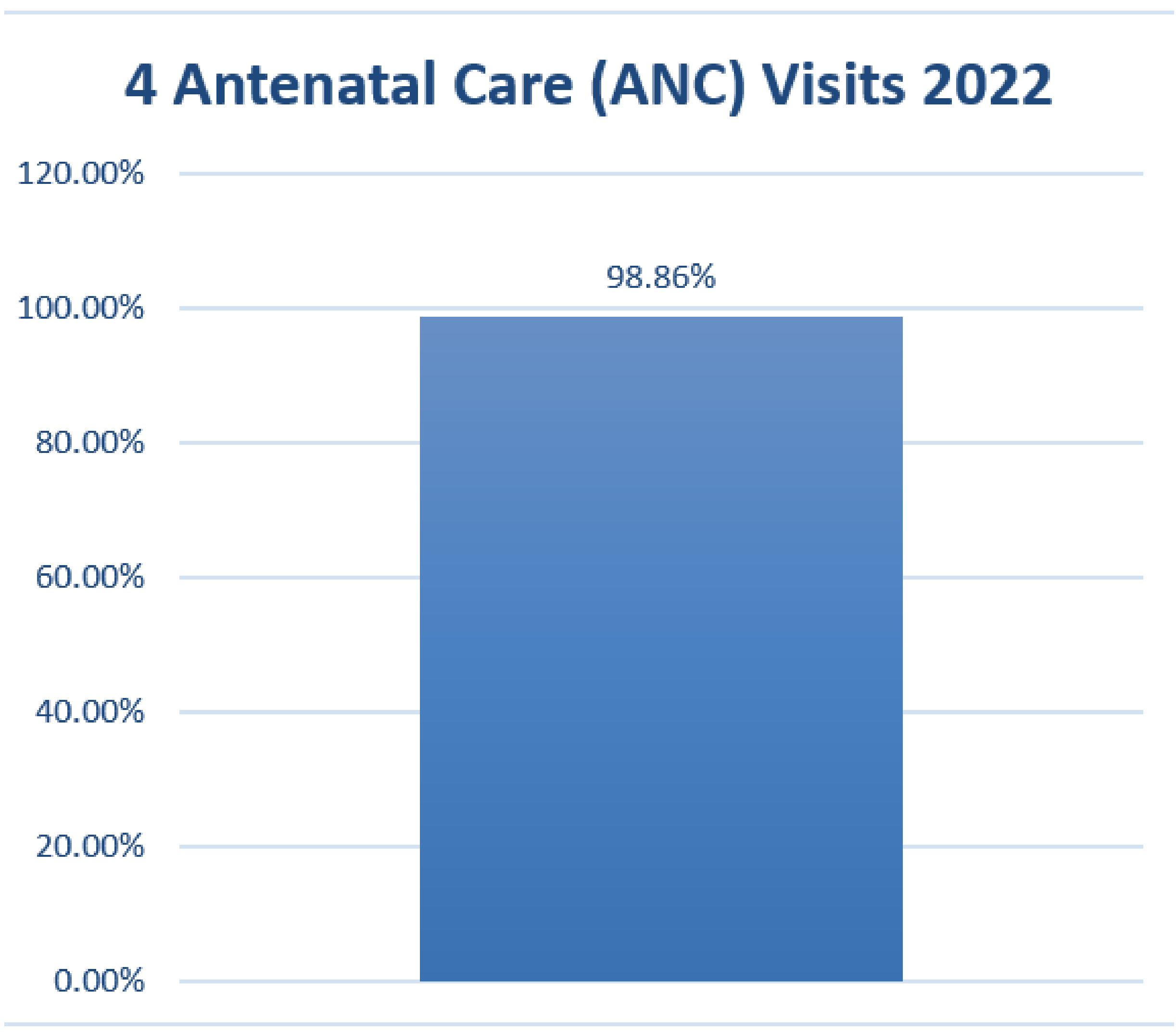
BUILDING A STRONG PRENATAL FOUNDATION

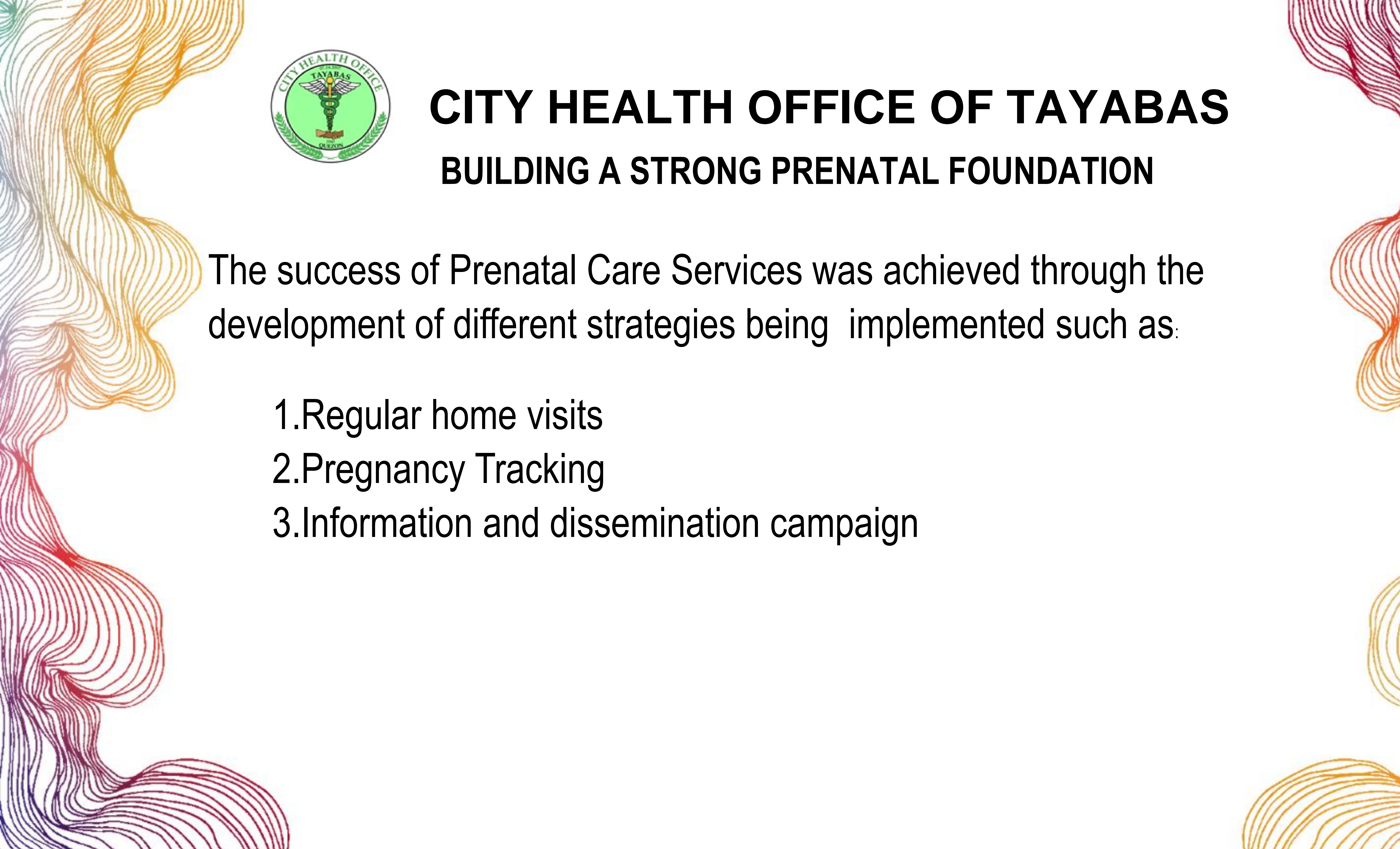
In present-day obstetrics, antenatal care is a medical service provided to a woman throughout her pregnancy in order to ensure that pregnancy and childbirth will not have an unfavorable effect to herself and her baby. It entails a series of clinical encounters and support services geared toward enhancing the mother's health and the wellbeing of her unborn child as well as the family's overall quality of life. Early and ongoing risk assessment, health promotion, medical and psychosocial interventions, and follow-up are its main components.

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

In 2022, the antenatal care (ANC) services provided for pregnant women exceeded the national target of 90%. The City of Tayabas has garnered a total of 98.86% antenatal care.




CITY HEALTH OFFICE
TAYABAS
QUEZON
CITY HEALTH OFFICE OF TAYABAS
BUILDING A STRONG PRENATAL FOUNDATION
The success of Prenatal Care Services was achieved through the development of different strategies being implemented such as:
1.Regular home visits
2.Pregnancy Tracking
3.Information and dissemination campaign

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

1. **REGULAR HOME VISIT**

CITY HEALTH OFFICE OF TAYABAS

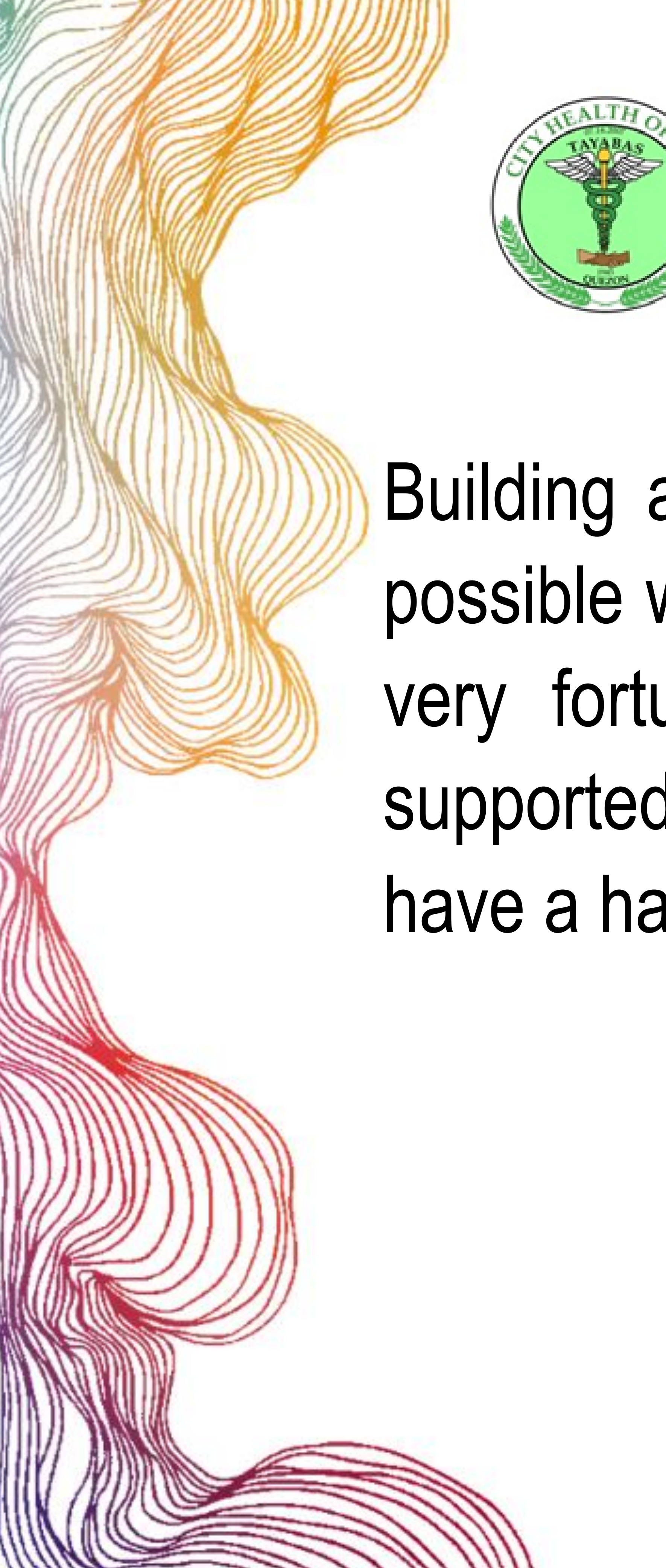
BUILDING A STRONG PRENATAL FOUNDATION

2. PREGNANCY TRACKING

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

3.INFORMATION AND DISSEMINATION CAMPAIGN



CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

Building a strong pre-natal foundation in the community wouldn't be possible without the strong support of leaders. The City of Tayabas is very fortunate since there were lots of implemented approaches supported by the Local Government Unit, ensuring that women will have a happy and safe pregnancy experience.

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

1. Funding Maternal and Child Health Programs

During the 1st trimester pre-natal visit, free philhealth membership were given to indigent pregnant mothers.

STATUS REPORT of PROGRAM/ PROJECT/ ...
(January - December 2023)
CITY HEALTH OFFICE

	PROGRAM/PROJECT/ACTIVITY	PPA's COST	Status
	Philhealth Program		
1	Philhealth Insurance for Indigent Pregnant Women	1,800,00[illegible]00	admin: 500 INDIGENT x 3,600 = 1,800,000.00
2	Primary Eye Care Symposium for Health Workers	38,800.00	

		2024
	Awarding on National Voluntary Blood	68,100.00
	FAMILY HEALTH CARE (MATERNAL AND CHILD CARE SERVICES)	
7	PhilHealth insurance for indigent or in-crisis pregnant women	2,160[illegible]00.00
	Matemal and Newbom Care Program	

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

LBP Form No. 2

PROGRAMMED APPROPRIATION AND OBLIGATION BY OBJECT OF EXPENDITURES
LGU: TAYABAS

OFFICE: City Health Office

Object of Expenditure	Account Code	Past Year (Actual) 2021	Current Year (Estimate) 2022			Budget Year (Proposed) 2023
			First Semester (Actual)	Second Semester (Estimate)	Total	
-1	-2	-3	-4	-5	-6	-7
Personal Services						
Salaries and Wages - Regular	5-01-01-010	18,036,818.52	11,490,568.24	15,589,063.76	27,079,632.00	27,108,824.00
PERA	5-01-02-010	1,322,666.70	927,832.28	1,184,167.72	2,112,000.00	2,046,000.00
RA	5-01-02-020	67,500.00	44,531.25	67,968.75	112,500.00	112,500.00
TA	5-01-02-030	67,500.00	44,531.25	67,968.75	112,500.00	112,500.00
Clothing /Uniform Allowance	5-01-02-040	330,000.00	414,000.00	114,000.00	528,000.00	510,000.00
Subsistence Allowance	5-01-02-050	690,000.00	371,200.00	843,200.00	1,214,400.00	1,174,800.00
Laundry Allowance	5-01-02-060	100,898.75	50,313.45	115,286.55	165,600.00	160,200.00
Hazard Pay	5-01-02-110	4,163,844.67	2,238,813.25	4,482,455.75	6,721,269.00	6,869,318.00
Longevity Pay	5-01-02-120	699,991.95		737,222.00	737,222.00	813,045.00
Year End Bonus	5-01-02-140	1,488,613.00		2,256,636.00	2,256,636.00	2,259,052.00
Cash Gift	5-01-02-150	275,000.00		440,000.00	440,000.00	425,000.00
Other Bonuses and Allowances (Mid-Year Bonus)	5-01-02-990	1,514,367.00	1,841,453.00	415,183.00	2,256,636.00	2,259,052.00
Retirement and Life Insurance Premiums	5-01-03-010	2,161,139.18	1,378,868.17	1,870,687.83	3,249,556.00	3,253,035.00
Pag-ibig Contribution	5-01-03-020	66,900.00	47,300.00	58,300.00	105,600.00	102,000.00
Philhealth Contribution	5-01-03-030	254,874.00	179,663.17	356,616.83	536,280.00	608,136.00
Employees Compensation Insurance Premiums	5-01-03-040	66,182.56	47,259.20	58,340.80	105,600.00	102,000.00
Terminal Leave Benefits	5-01-04-030		78,200.76	1,417.24	79,618.00	61,056.00
Other Personnel Benefits	5-01-04-990	275,000.00		3,576,636.00	3,576,636.00	3,534,052.00
Other Personnel Benefits - Medico Legal	5-01-04-990	77,000.00	31,000.00	169,000.00	200,000.00	200,000.00
Other Personnel Benefits - Loyalty Cash Award	5-01-04-990	5,000.00	10,000.00	10,000.00	20,000.00	50,000.00
Total Personal Services		**31,063,066.30**	**19,195,534.02**	**32,414,150.98**	**51,609,685.00**	**51,753,171.00**
Maintenance and Other Operating Expenses						
Travelling Expenses	5-02-01-010	238,377.15	165,085.88	184,914.12	350,000.00	350,000.00
Training Expenses	5-02-02-010	4,625.00	59,000.00	141,000.00	200,000.00	200,000.00
Office Supplies Expenses	5-02-03-010	891,542.72	706,549.64	919,515.36	1,626,065.00	782,921.00
Office Supplies Expenses (COVID Vaccination Program)	5-02-03-010		119,452.95	119,472.05	238,925.00	
Drugs and Medicines Expenses	5-02-03-070	8,137,326.30	1,593,433.65	800,663.35	2,394,097.00	8,308,388.00
Medical, Dental and Laboratory Supplies Expenses	5-02-03-080	7,393,984.03	3,307,919.10	4,183,597.90	7,491,517.00	8,989,742.00
Other Supplies and Materials Expenses	5-02-03-990	910,209.80	441,614.29	220,885.71	662,500.00	43,383.00
Other Supplies and Materials Expenses (COVID Vaccination Program)	5-02-03-990		423,963.96	424,189.04	848,153.00	
Postage and Courier Services	5-02-05-010	564.00	187.00	5,413.00	5,600.00	8,400.00
Telephone Expenses	5-02-05-020	35,989.00	14,998.00	21,001.00	36,000.00	72,000.00
Internet Subscription Expenses	5-02-05-030	63,685.34	33,526.76	36,473.24	70,000.00	205,400.00
Legal Services	5-02-11-010	3,800.00	500.00	9,500.00	10,000.00	10,000.00
Other Professional Services	5-02-11-990	3,873,752.66	480,523.41	2,393,056.59	2,873,580.00	2,021,360.00
Other General Services	5-02-12-990	4,821,223.53	2,416,921.16	622,498.84	3,039,420.00	3,246,060.00
Repair and Maintenance - Buildings and Other Structures	5-02-13-040	224,561.55	131,267.26	68,732.74	200,000.00	200,000.00
Repair and Maintenance - Machinery and Equipment	5-02-13-050	262,135.00	9,750.00	490,250.00	500,000.00	480,800.00
Repair and Maintenance - Furniture and Fixtures	5-02-13-070	3,700.00		60,000.00	60,000.00	
Taxes, Duties and Licenses	5-02-16-010	19,350.00	24,442.00	237,158.00	261,600.00	200,000.00
Fidelity Bond Premiums	5-02-16-020	6,750.00	6,750.00	250.00	7,000.00	7,000.00
Advertising Expenses	5-02-99-010			60,000.00	60,000.00	90,000.00
Printing and Publication Expenses	5-02-99-020	690.00		162,400.00	162,400.00	152,400.00
Other MOOE	5-02-99-990	29,697,037.47	5,391,007.26	6,380,061.74	11,771,069.00	
Philhealth Program						
Philhealth Insurance for Indigent Pregnant Women				-		1,800,000.00
Primary Eye Care Symposium for Health Workers				-		38,800.00
Maternal and New Born Care Program						
Buntispecialtion*				-		302,920.00
Importance of Breastfeeding Campaign*				-		78,920.00
Maternal and Child Health Care Emergencies				-		30,000.00
Dental Program						
Oral Health Month - Mr & Ms Campus Smile				-		446,355.00
Training for Barangay Dental Auxiliaries				-		84,500.00

Object of Expenditure	Account Code	Past Year (Actual) 2021	Current Year (Estimate) 2022			Budget Year (Proposed) 2023
			First Semester (Actual)	Second Semester (Estimate)	Total	
-1	-2	-3	-4	-5	-6	-7
Environmental Health and Sanitation Program						
Food Safety Awareness Week Celebration (Food Handler's Training)				-		55,300.00
Occupational Health and Safety Seminar				-		55,300.00
Global Handwashing Day Celebration				-		67,550.00
Toilet Sanitation Program				-		358,267.00
Other Health Program (Infectious Waste Disposal)				-		300,000.00
Updates on Environmental Health Sanitation Programs for Health Workers				-		187,300.00
Water Refilling Operators and Community Water Works Symposium				-		34,850.00
Control and Prevention of TB Program						
Forum of Health Implementers on NTP Target Setting and Accomplishments				-		32,800.00
Direct Observed Treatment Shortcourse for BHWs				-		50,800.00
National Leprosy Program Awareness				-		7,800.00
Control and Prevention of Human Rabies						
World Rabies Day				-		41,000.00
AIDS Prevention Awareness Symposium				-		90,000.00
Nutrition Program						
Breastfeeding Forum				-		222,400.00
IEC Materials for Breastfeeding Forum				-		27,164.00
Feeding Program (Provision of Complementary Foods)				-		117,747.00
Tayabas Lactation Hub				-		58,692.00
Non-Communicable Program						
National Women's Health Symposium				-		9,775.00
Diabetes and Hypertension Awareness Symposium				-		9,775.00
Cancer Consciousness Month Symposium				-		9,775.00
Drug Abuse Awareness Symposium				-		9,775.00
Mental Health Program						
World Suicide Prevention Day				-		12,850.00
Mental Health Week Celebration				-		43,425.00
EFHSIS/HEMS/EPI Program						
Blood Donation Activity				-		65,600.00
Awarding on National Voluntary Blood Service Program				-		66,500.00
E-FHSIS Data Validation				-		15,400.00
NBS Program						
Newborn Screening and Hearing Symposium for Health Workers & Parents				-		62,600.00
Health Promotion Program (HEPO)				-		143,865.00
Total - MOOE		**55,589,513.55**	**15,326,893.32**	**17,541,032.68**	**32,867,926.00**	**30,186,099.00**
Capital Outlay						
Improvement of BHS/CHO Facility	1-07-04-030		72,560.00	927,440.00	1,000,000.00	
Office Equipment (Quarantine Facility)	1-07-05-020	2,354,610.00		-		
Office Equipment	1-07-05-020	82,499.00		300,000.00	306,800.00	-
Information and Communication Technology Equipment (Quarantine Facility)	1-07-05-030	676,050.00		51,557.00	51,557.00	
Medical, Dental and Laboratory Equipment	1-07-05-110	2,759,475.00		-		
Medical, Dental and Laboratory Equipment (Mobile Clinic)	1-07-05-110	9,548,888.00		-		
Motor Vehicle (Mobile Clinic)*	1-07-06-010	4,806,900.00		-		
Furniture and Fixtures (Quarantine Facility)	1-07-07-010	36,700.00		5,696.00	5,696.00	
Books	1-07-07-020					
Total Capital Outlay		**20,257,222.00**	**72,560.00**	**1,290,693.00**	**1,363,253.00**	-
TOTAL APPROPRIATIONS – City Health Office		**107,509,801.85**	**34,594,987.34**	**51,245,876.66**	**85,840,864.00**	**81,939,270.00**

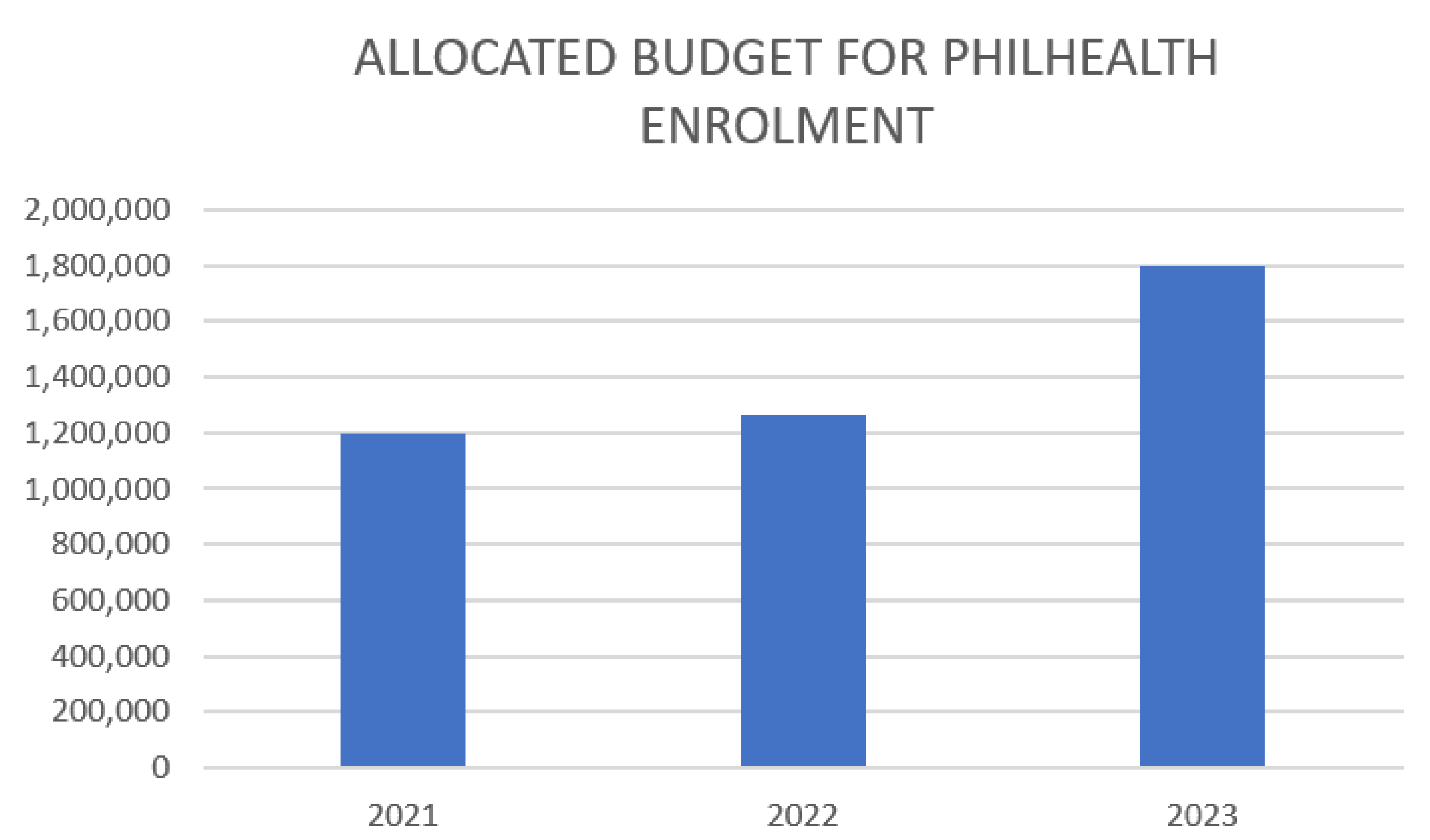
Prepared:
HERNANDO C. MARQUEZ, MD, MPH, DPAMS
City Health Officer

Reviewed:
ESPERANZA E. CABRIGA
City Budget Officer

Approved:
MARIA L[illegible] R. PONTIOSO
Acting City Mayor

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION



Free philhealth membership for indigent pregnant women were given during their prenatal visit at Barangay Health Station

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

2. Creation of Tayabas Buntis Care

CITY HEALTH OFFICE OF TAYABAS

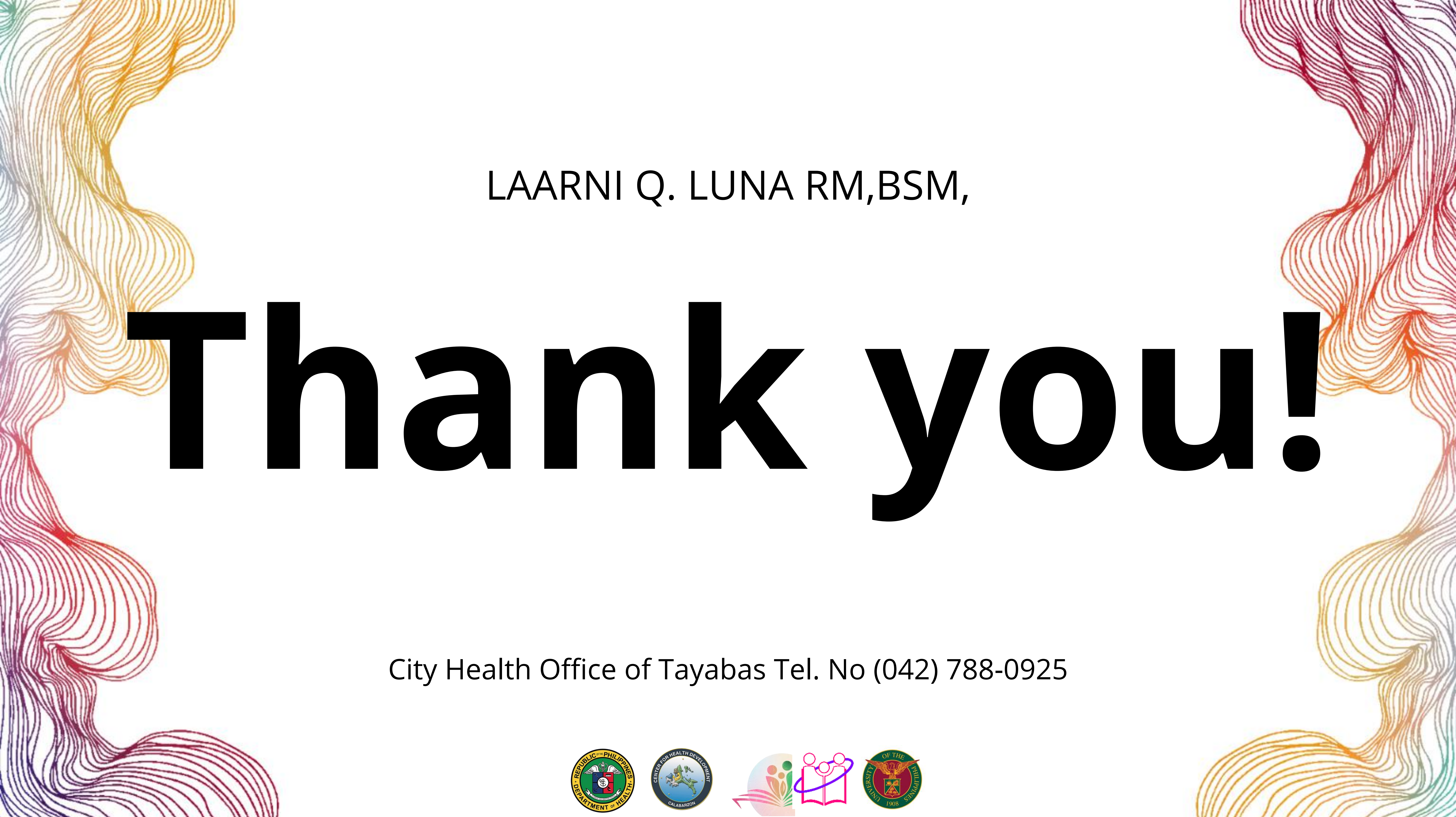
BUILDING A STRONG PRENATAL FOUNDATION

3.Buntis Congress

CITY HEALTH OFFICE OF TAYABAS

BUILDING A STRONG PRENATAL FOUNDATION

4. Pre-marriage counseling


LAARNI Q. LUNA RM,BSM,
Thank you!
City Health Office of Tayabas Tel. No (042) 788-0925

Nutritional Considerations for Expectant Mothers

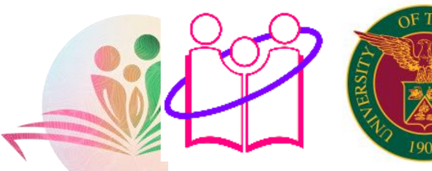
Dr. Rebecca B. Llamado

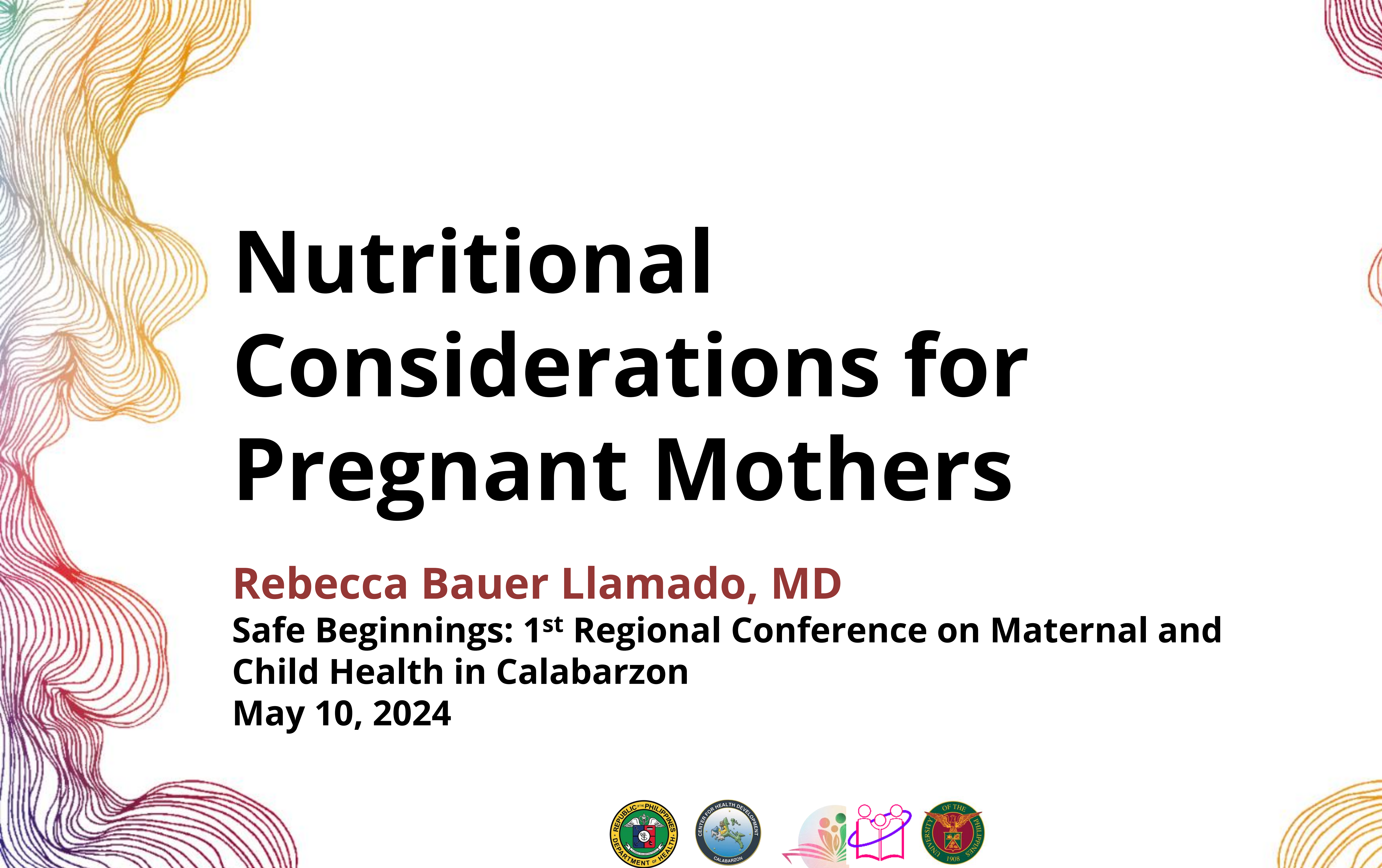
Pediatric Consultant
Shalom Christian Bahay Paanakan, Inc.

Rebecca Bauer Llamado, MD

Volunteer Pediatrician
Shalom Christian Bahay Paanakan
Antipolo, Rizal

Pediatric Hospitalist
Johns Hopkins All Children’s Hospital
Florida, USA




Nutritional Considerations for Pregnant Mothers
Rebecca Bauer Llamado, MD
Safe Beginnings: 1st Regional Conference on Maternal and Child Health in Calabarzon
May 10, 2024

Objectives of this Discussion

- Impact of Maternal Nutrition During Pregnancy
- Current Nutrition Status of Pregnant Mothers in the Philippines
- Nutritional Recommendations for Pregnant Women in the Philippines
- Micronutrient supplement (IFA vs. MMS)

For More Detailed Guidance:
MATERNAL
NUTRITION
DISSEMINATION FORUM
• Expert lecturers from the DOH, UNICEF, Nutrition Center of the Philippines, Nutrition International, and more
• Full seminar can be viewed on DOH Facebook page March 14- 15 2024

Impact of Maternal Malnutrition on the Mother

Maternal Malnutrition	Maternal Complications	Impact on the Mother
•Stunting •Low BMI •Low Calcium intake •Fe-deficiency Anemia •Micronutrient Deficiency	•Postpartum hemorrhage •Pre-eclampsia & eclampsia •Obstructed labor •Increased risk of infections	Poor Maternal Health Maternal Mortality • PPH and pre-eclampsia are the 2 leading causes

Impact of Maternal Malnutrition on the Child

Maternal Malnutrition

- Stunting
- Low BMI
- Poor pregnancy weight gain
- Anemia
- Micronutrient Deficiency

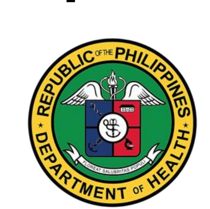
Low Birth Weight (<2.5kg)

- Born Too Small
  - 22% of neonatal deaths are attributable to SGA
- Born Too Soon
  - 1.1 million deaths due to preterm births

Impact on the Child

- Infant Morbidity and Mortality
- Poor Postnatal Growth and Cognition

The critical importance of ”the first 1000 days”



The Intergenerational Malnutrition Cycle

Pregnancy creates additional nutritional demand

Malnutrition in Pregnancy

- **23%** of pregnant women in the Philippines were "nutritionally at risk"
- Moderate prevalence of anemia among pregnant women at **20%**
- Micronutrient deficiencies are also common
- Source: WorldBank.Org

Malnourished infant

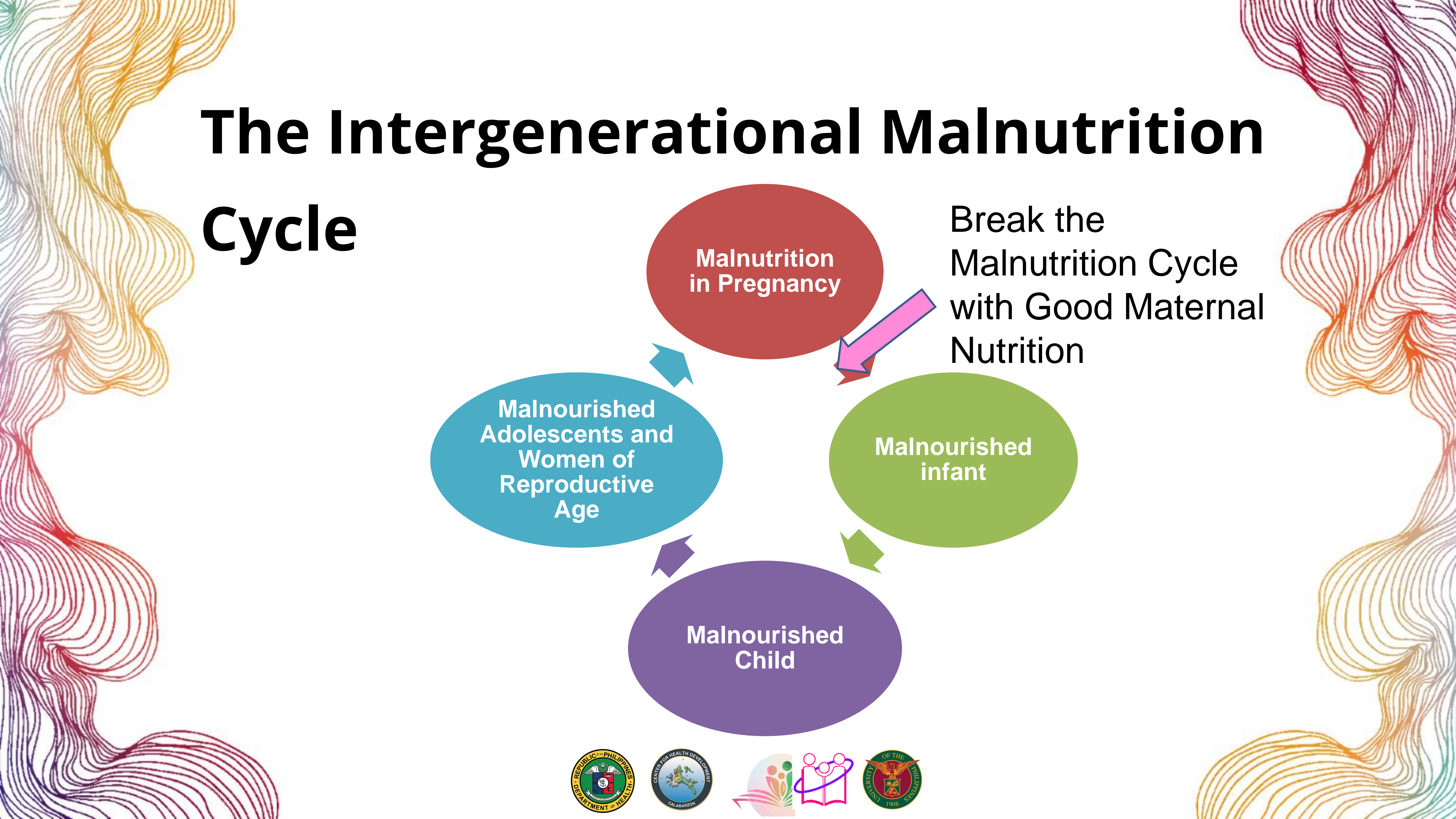
- 15-22% are born LBW; 13.6% are SGA
- 10-12% of 0-5 month-old infants in the Philippines are stunted

Malnourished Child

- Stunting among Filipino children under 5 years of age is 29%
- 19% are underweight for age
- Source: WorldBank.Org

Malnourished Adolescents and Women of Reproductive Age

Many women in SE Asia are already stunted (up to 35%), underweight (9%), anemic (33%), or deficient of other micronutrients at baseline


The Intergenerational Malnutrition Cycle
Malnutrition in Pregnancy
Break the Malnutrition Cycle with Good Maternal Nutrition
Malnourished infant
Malnourished Child
Malnourished Adolescents and Women of Reproductive Age

Nutritional Guidelines for Pregnant Mothers

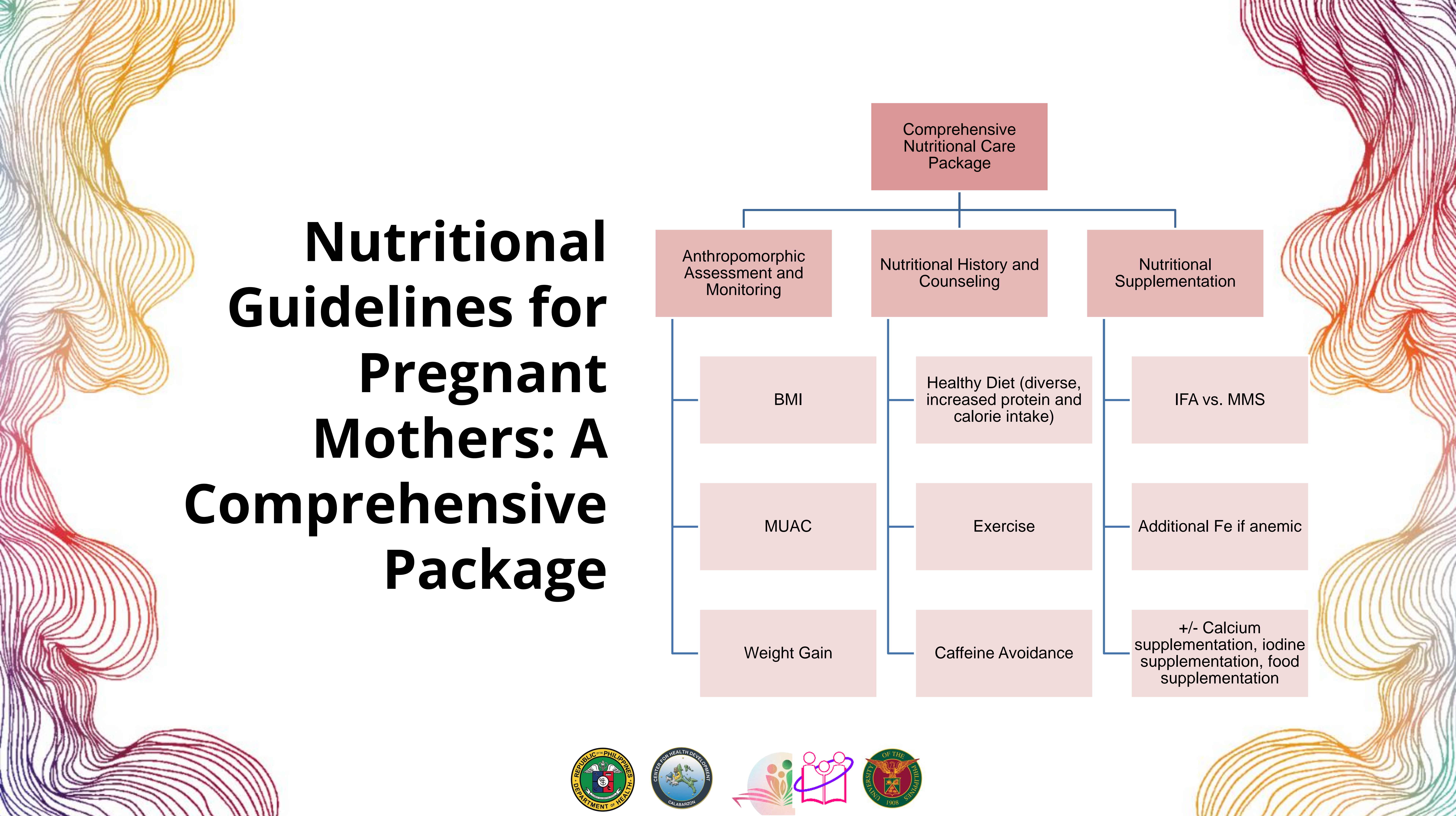
DOH Department Memorandum No. 2020-0092

"Interim Nutritional Guidelines for Women of Reproductive Age"

(Interim guideline to supplement Administrative Order No. 2016-00035 **"Guidelines for Provision of Quality Antenatal Care in all Birthing Centers and Health Facilities Providing Maternity Care Services")**

Nutritional Guidelines for Pregnant Mothers

- Important Notes:
  - Nutrition support for pregnant women is only a portion of nutrition support for women in their lifespan (Pre-pregnancy, Pregnancy, and Post-Partum)
  - Midwives, nurses and doctors play a KEY ROLE in patient adherence to nutrition recommendations
  - Summarized from DOH Department Memorandum No 2020-0092, "Interim Nutritional Guidelines for Women of Reproductive Age"



Nutritional Guidelines for Pregnant Mothers: A Comprehensive Package
Comprehensive Nutritional Care Package
Anthropomorphic Assessment and Monitoring
Nutritional History and Counseling
Nutritional Supplementation
BMI
MUAC
Weight Gain
Healthy Diet (diverse, increased protein and calorie intake)
Exercise
Caffeine Avoidance
IFA vs. MMS
Additional Fe if anemic
+/- Calcium supplementation, iodine supplementation, food supplementation

Nutritional Guidelines: Anthropometric monitoring

- BMI and Mid-upper arm circumference should be measured at initial visit
- Weight gain should be monitored at each subsequent visit
- Patient should additionally be screened for additional nutritional risk factors

Pre-pregnancy BMI * (can be measured up to end of first trimester)	Total First Trimester Weight Gain	Second and Third Trimester Gain per Week	Total Gestational Weight Gain (Kilograms)
Underweight BMI <18.5	1-3 kg	0.44-0.58 kg	12.5- 18 kg
Normal BMI 18.5 – 24.9	1-3 kg	0.35-0.5 kg	11.5- 16 kg
Overweight BMI 24.9-29.9	1-3 kg	0.23-0.33 kg	7-11.5 kg
Obese >30	0.2kg- 2 kg	0.17-0.27 kg	5-9 kg

*(Using WHO cut-offs for girls 15-19 years of age)

Additional Nutritional Screening/Interventions

Nutritional Factor	Screening Tools	Interventions
Anemia	CBC at first visit, and check for anemia on subsequent visits. Repeat Hb monthly for those with anemia on first visit	Double dose of IFA (120mg Fe/800ug FA) until Hb > 11
Gestational Diabetes Mellitus	FBS on first visit 75-gram OGTT as needed at 24-28 weeks gestation	• Low glycemic index diet and DASH diet • Fetal growth monitoring
Assess Dietary Intake of Patient and Provide Counseling	• Increase total calories and protein (additional 300 kcal/day) • Eat diverse, nutrient-dense diet • Increase Fe, Vit-A, Iodine-rich foods • Decrease caffeine intake	• 1.5-2.0g elemental calcium recommended from 20weeks + to prevent pre-eclampsia • Iodine Supplementation depending on geography

PINGGANG PINOY®

GROW
GLOW
GO
pregnant & lactating women

GLOW (Body Regulating)
Enjoy a wide variety of fruits and vegetables, which are packed with vitamins, minerals and fiber needed for regulation of body processes.

Take green, leafy vegetables, which have high iron and folate content to support the increased requirement for these critical nutrients.

GROW (Body Building)
Eat fish, shellfish, lean meat, poultry, eggs, and dried beans and nuts needed for the buildup of mother's muscles and baby's tissues.

Have enough animal-based protein foods, which provide more absorbable iron.

Include fatty fish in the diet like tuna, sardines, and mackerel 2-3 times a week to provide essential fatty acids for the child's brain development.

Consume milk, milk products and other calcium-rich foods like dilis and small shrimps for strong bones and teeth.

GO (Energy Giving)
Go for rice, root crops, pasta, bread, and other carbohydrate-rich foods, which provide energy to support bodily functions and physical activity.

Choose whole grains like brown rice , corn, whole wheat bread and oatmeal which contain more fiber and nutrients than refined grains and are linked to lower risk of heart disease, diabetes, and other health problems.

WATER
Drink lots of water every day for adequate hydration.

Limit intake of sugar-sweetened beverages to reduce the risk of obesity and tooth decay.

Source:
Pinggang Pinoy for Pregnant and Lactating Women(Brochure)

Department of Science and Technology
FOOD AND NUTRITION RESEARCH INSTITUTE
www.fnri.dost.gov.ph
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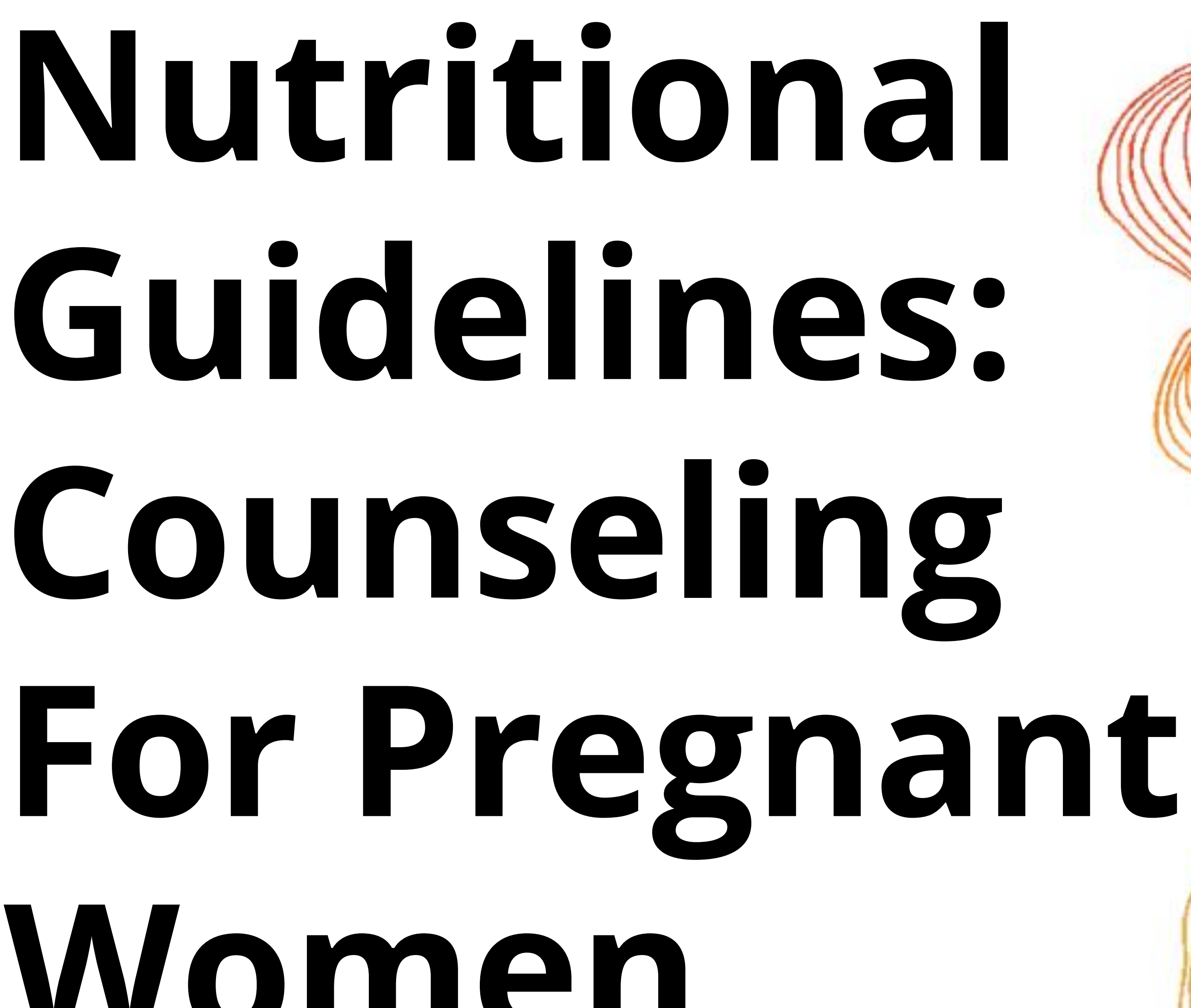


Nutritional Guidelines: Counseling For Pregnant Women

Nutritional Guidelines: Micronutrient Supplementation

- Universal supplementation of Daily Iron and Folic Acid Supplementation:
  - For **ALL** pregnant women for at least 180 days
  - Start as soon as pregnancy is confirmed

Nutritional Composition IFA Recommended in Dept Memorandum 2020-0092	
Folic Acid	400 ug
Iron (Elemental)	*60mg

*WHO guidelines recommend 30-60mg daily; with 60mg being used in areas with 40% of women having Hb <11

Multiple Micronutrient Supplementation (MMS)

- Department Memorandum No. 2020-0092 recommends **MMS** particularly for areas where malnutrition is prevalent (in place of IFA and iodine supplementation)
- This is in agreement with 2020 updated World Health Organization (WHO) Nutritional Interventions Update to their 2016 document, "WHO antenatal care recommendations for a positive pregnancy experience."
  - **MMS is now recommended by the WHO in the context of rigorous research**

(United Nations International Multiple Micronutrient Antenatal Preparation Multiple Micronutrient Supplementation)

UNIMMAP MMS Composition	
Vitamin A	800 ug
Vitamin D	200 UI
Vitamin E	10 mg
Vitamin C	70 mg
Thiamin	1.4 mg
Riboflavin	1.4 mg
Niacin	18 mg
Vitamin B6	1.9 mg
Folic Acid	400 ug
Vitamin B12	2.6 ug
Copper	2 mg
Iodine	150 ug
Iron	30mg
Selenium	65 ug
Zinc	15mg

Current MMS Use Globally

Information available on MMS without active implementation

Exploration phase to build an MMS enabling environment

Initial implementation supported by implementation research

Scale-up MMS delivery at the national or sub-national level

Source: https://hmhbconsortium.org/world-map/

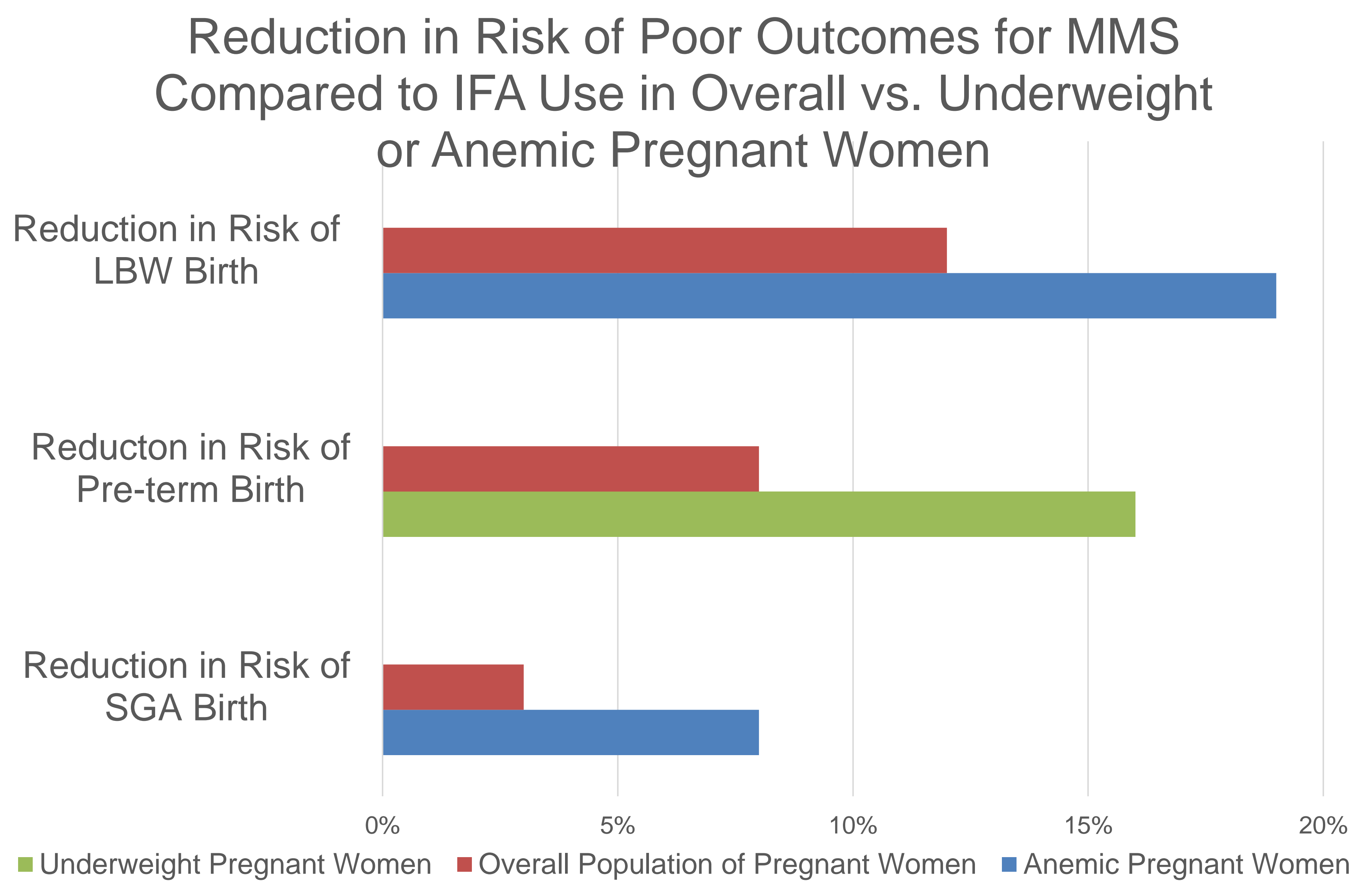
Global Research Shows Improved Outcomes for MMS vs IFA

MMS and IFA are equally effective at reducing the risk of anemia in pregnancy (2)

- Reduced risk of low birth weight (12%) (1,2)
- Reduced risk of SGA births (8%) (1)
- Reduced risk of preterm births (8%) (2)
- Reduced Risk of neonatal mortality (females) (15%) (2)

1 Keats, et al 2019; 2 Smith, et all
As summarized graphically by Nutrition International

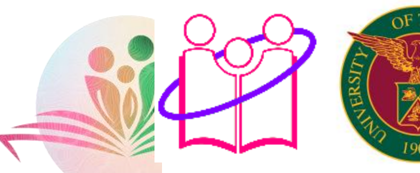
Global Research Shows Improved Outcomes for MMS vs IFA



- Source: 1. Smith, et al; 2017. Modifiers of the effect of maternal multiple micronutrient supplementation of stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomized trials in low-income and middle-income countries. Lancet Global Health.
- 2. Keats, et al; 2019. Multiple-micronutrient supplementation during pregnancy. Cochrane Database Syst Rev.

Global Research Demonstrates Safety of MMS

- No significant difference in side effects between IFA and MMS
- No evidence of serious side effects
- No harm of use of MMS



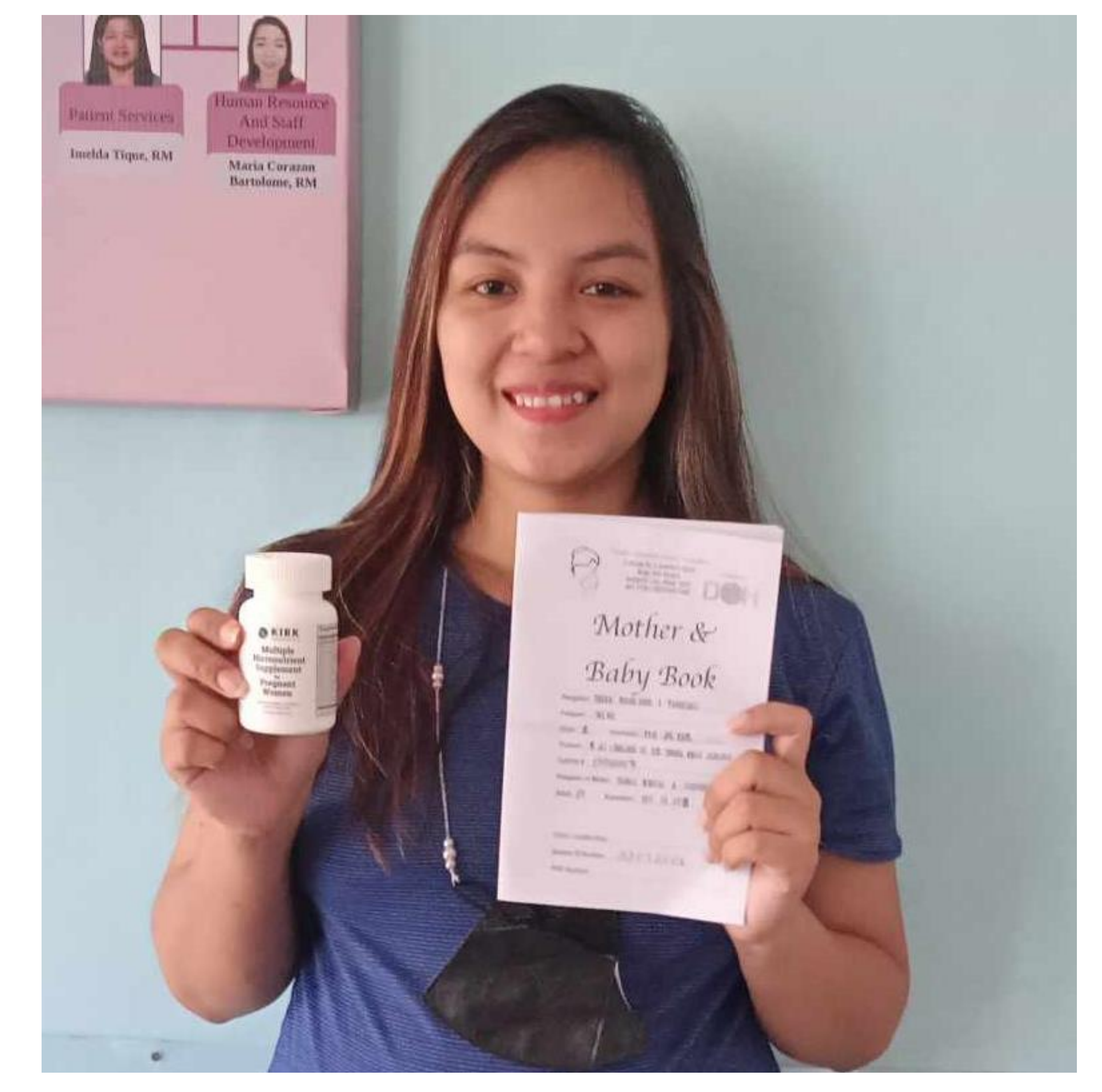
MMS is Cost Effective

Based on Philippines Nutrition International Modeling

- Scaling up to 30% MMS use in the Philippines (672 mil PHP) is projected to result in:
  - 4000 additional child deaths saved
  - 500,000 DALYs averted
  - PHP 280 BILLION in economic value = **357x return on investment!**

MMS Grants through Vitamin Angels Philippines

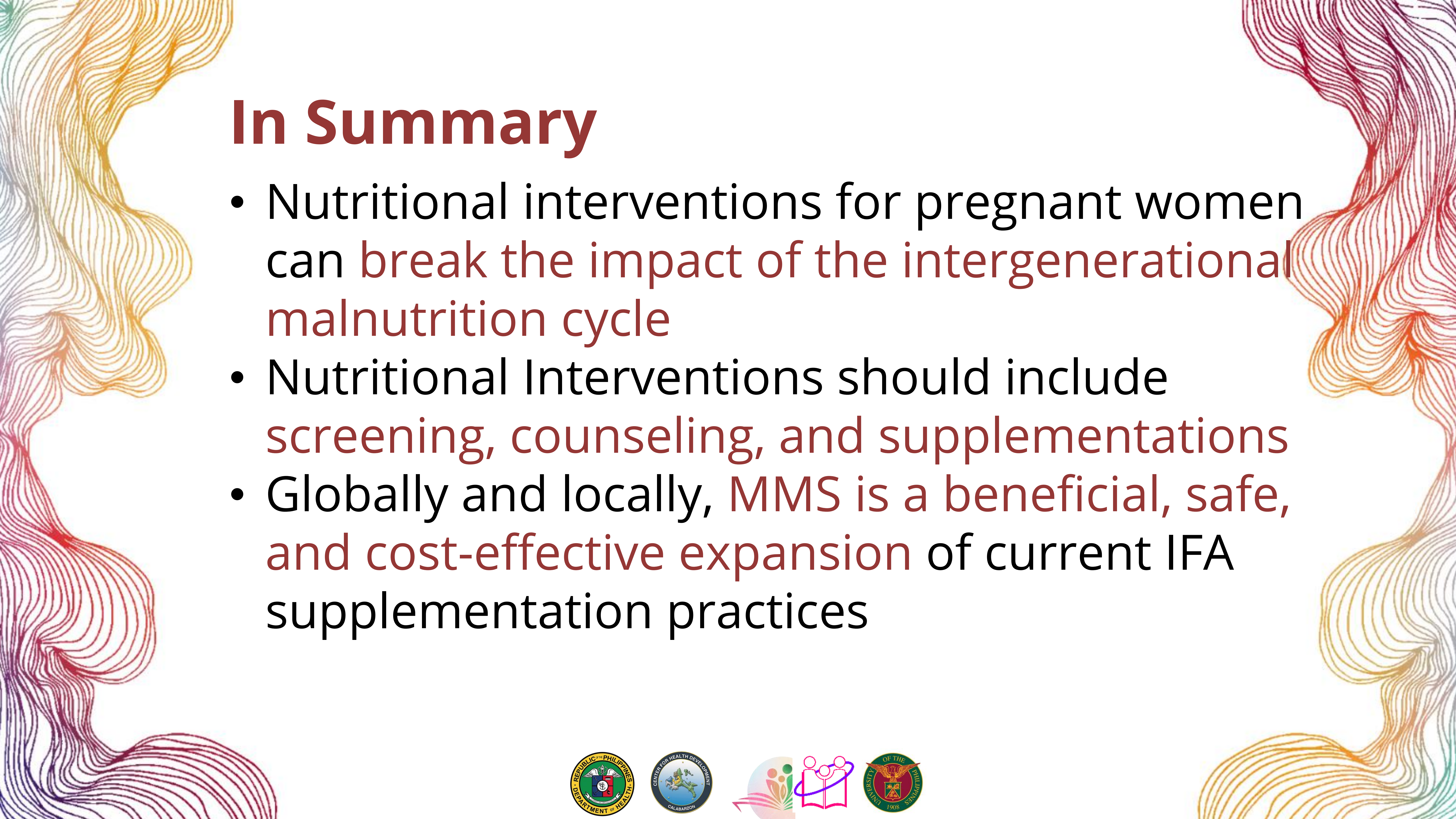
- UNIMMAP MMS formulation
- Provided FOR FREE via annual grants through Vitamin Angels
- Available to both private and government offices



MMS Grants through Vitamin Angels Philippines

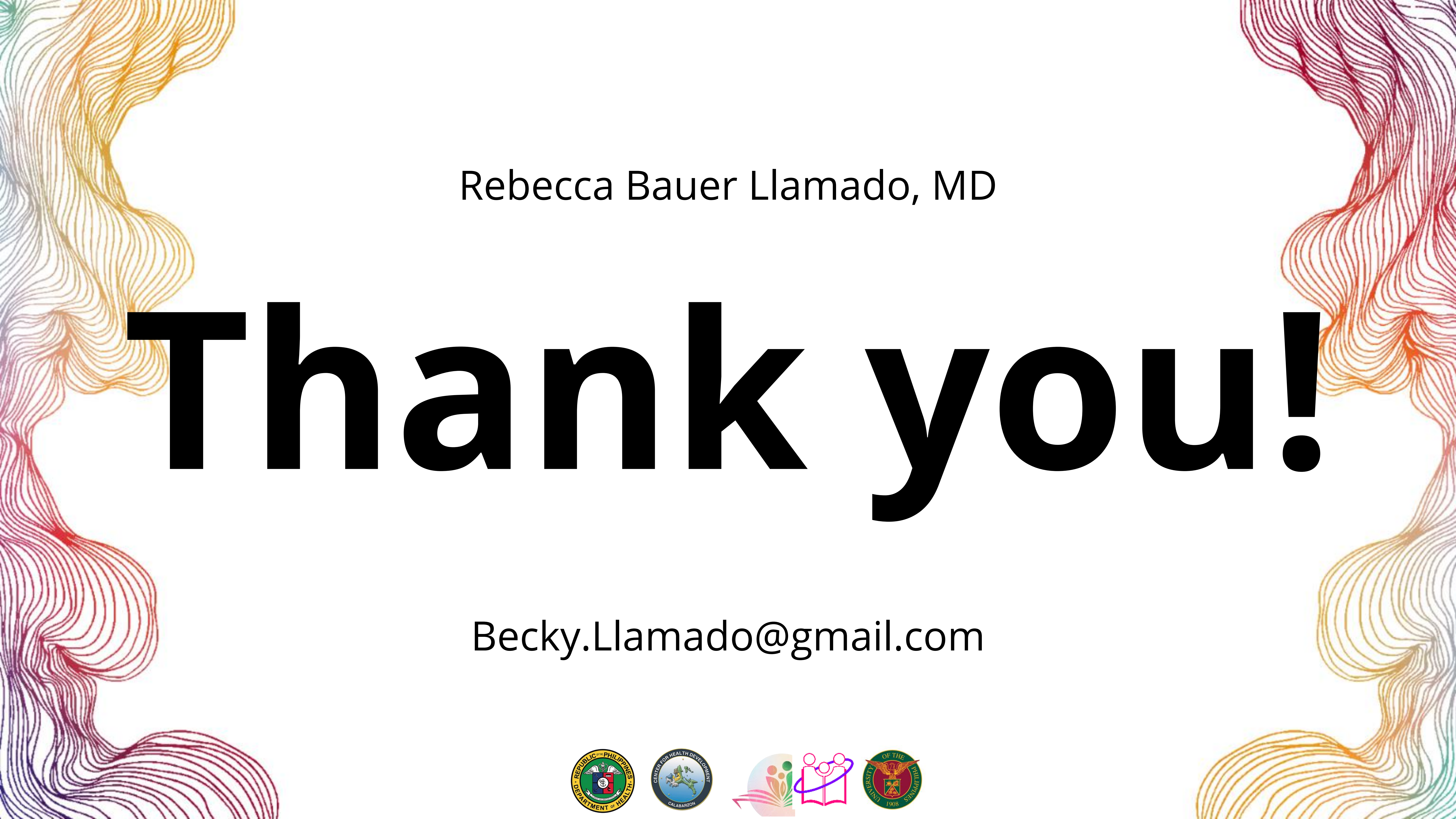
- To Apply:
- www.vitaminangels.com
- -> Program partners -> Grant Application

- With questions:
- Vaphl@vitaminangels.org


In Summary
• Nutritional interventions for pregnant women can break the impact of the intergenerational malnutrition cycle
• Nutritional Interventions should include screening, counseling, and supplementations
• Globally and locally, MMS is a beneficial, safe, and cost-effective expansion of current IFA supplementation practices

For More Detailed Guidance:

- Expert lecturers from the DOH, UNICEF, Nutrition Center of the Philippines, Nutrition International, and more
- Full seminar can be viewed on DOH Facebook page March 14- 15 2024


Rebecca Bauer Llamado, MD
Thank you!
Becky.Llamado@gmail.com

Safe Practices from Pregnancy to Early Childhood

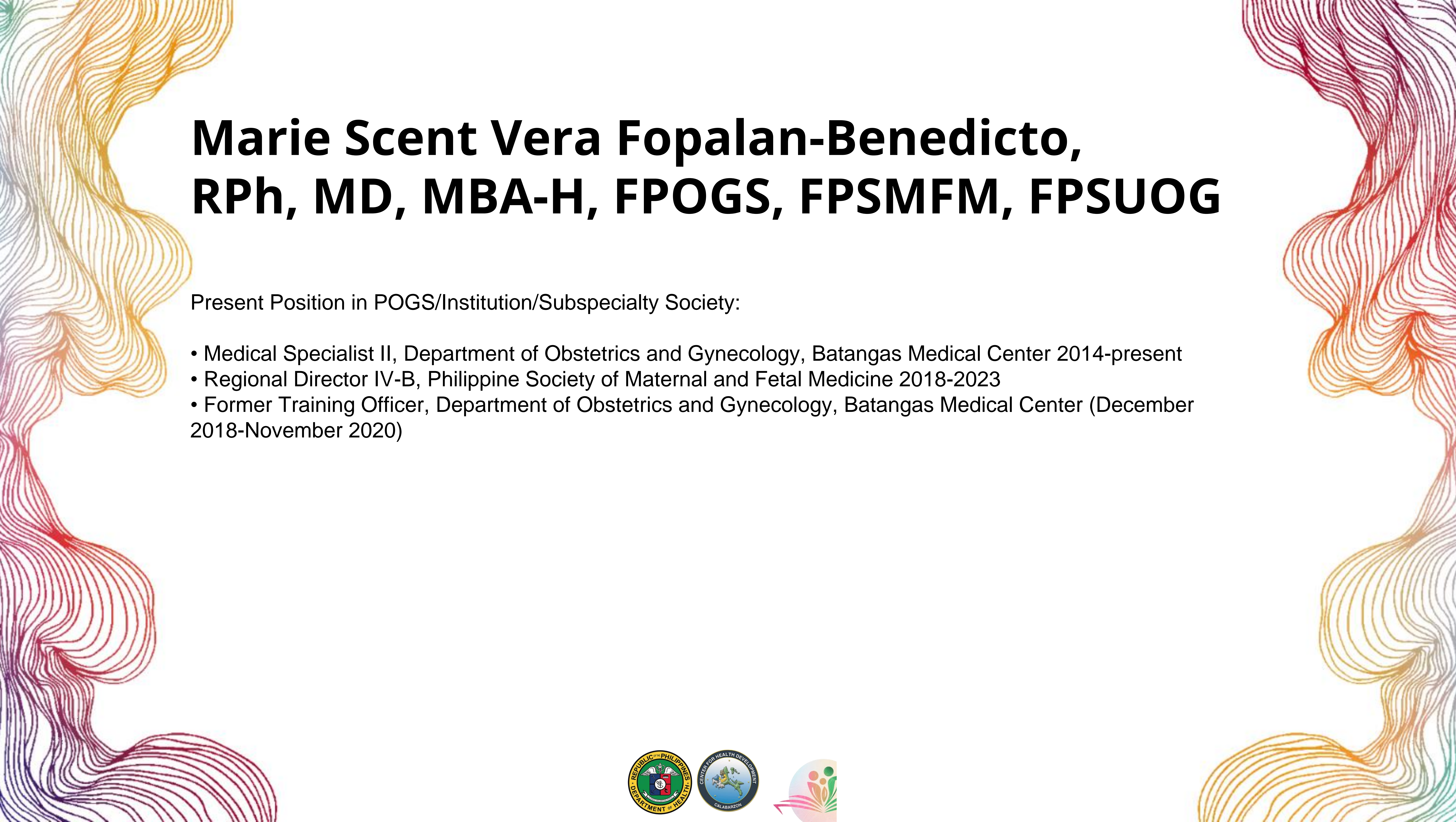
Marie Scent Vera Fopalan Benedicto
RPh, MD, MBA-H, FPOGS, FPSMFM, FPSUOG

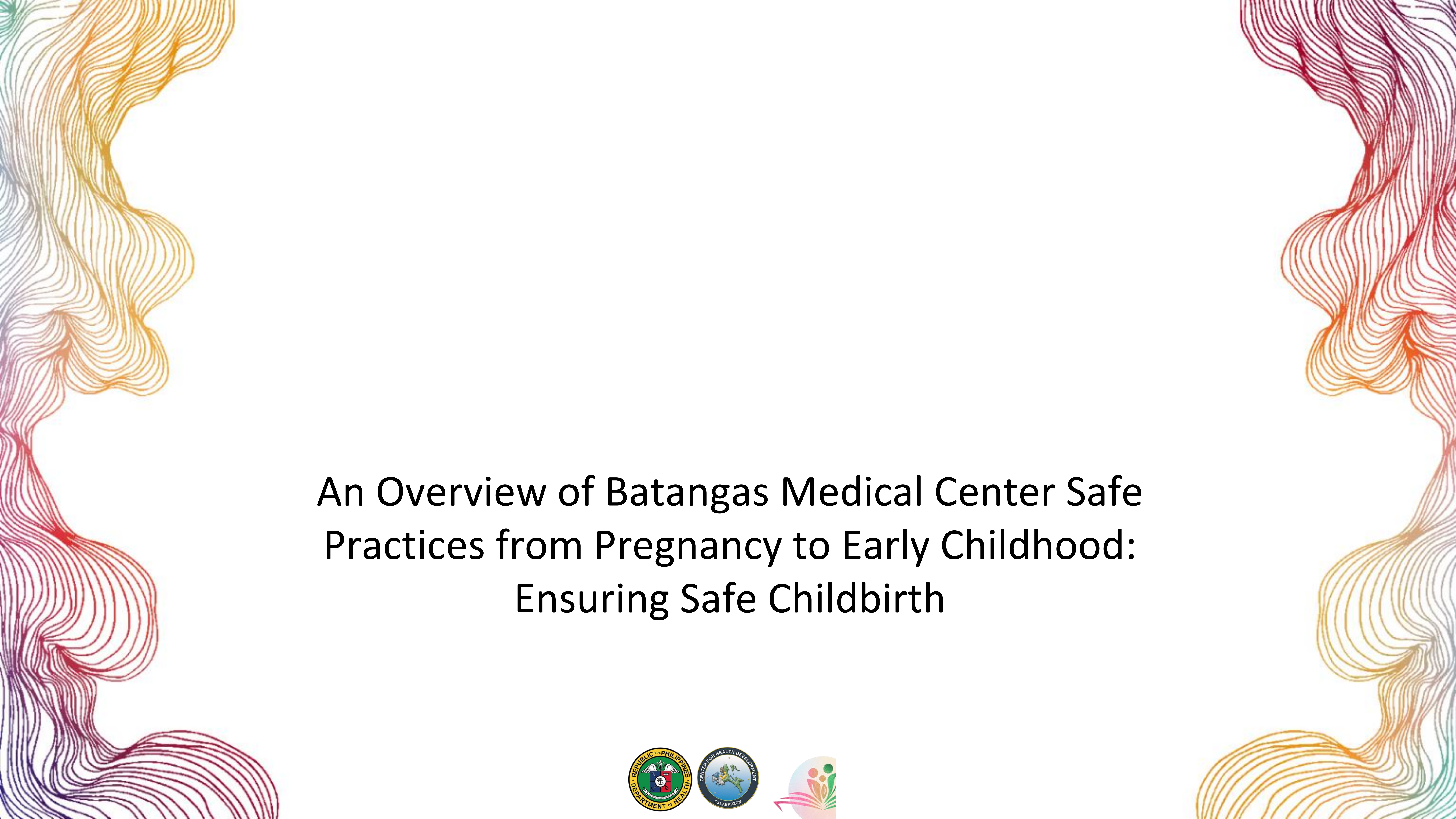
Medical Specialist II
Batangas Medical Center

Marie Scent Vera Fopalan-Benedicto, RPh, MD, MBA-H, FPOGS, FPSMFM, FPSUOG

Medical Education:

College: Bachelor of Science in Pharmacy, University of Santo Tomas
Postgraduate: Doctor of Medicine, Far Eastern University
Residency Training: Jose R. Reyes Memorial Medical Center
Subspecialty Training: Maternal and Fetal Medicine, UP-PGH
OB-Gyne Ultrasound (Preceptorship),UP-PGH
Masteral: Master in Business Administration in Health, Ateneo Graduate School of Business
Doctoral: PhD in Education, Major in Biology, UP Open University - on going


Marie Scent Vera Fopalan-Benedicto,
RPh, MD, MBA-H, FPOGS, FPSMFM, FPSUOG
Present Position in POGS/Institution/Subspecialty Society:
• Medical Specialist II, Department of Obstetrics and Gynecology, Batangas Medical Center 2014-present
• Regional Director IV-B, Philippine Society of Maternal and Fetal Medicine 2018-2023
• Former Training Officer, Department of Obstetrics and Gynecology, Batangas Medical Center (December 2018-November 2020)


An Overview of Batangas Medical Center Safe Practices from Pregnancy to Early Childhood: Ensuring Safe Childbirth
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON

Republic of the Philippines
Department of Health, Center for Health Development IV - A
Batangas Medical Center
ISO 9001:2015 CERTIFIED
BATANGAS MEDICAL CENTER
CENTER FOR HEALTH DEVELOPMENT
CALABARZON

I. Safe Practices in Pregnancy

a. Antenatal Care

b. Safe Delivery of Health Care Worker in a Facility

II. Postpartum to Early Childhood

a. Birth Preparedness (OPD)

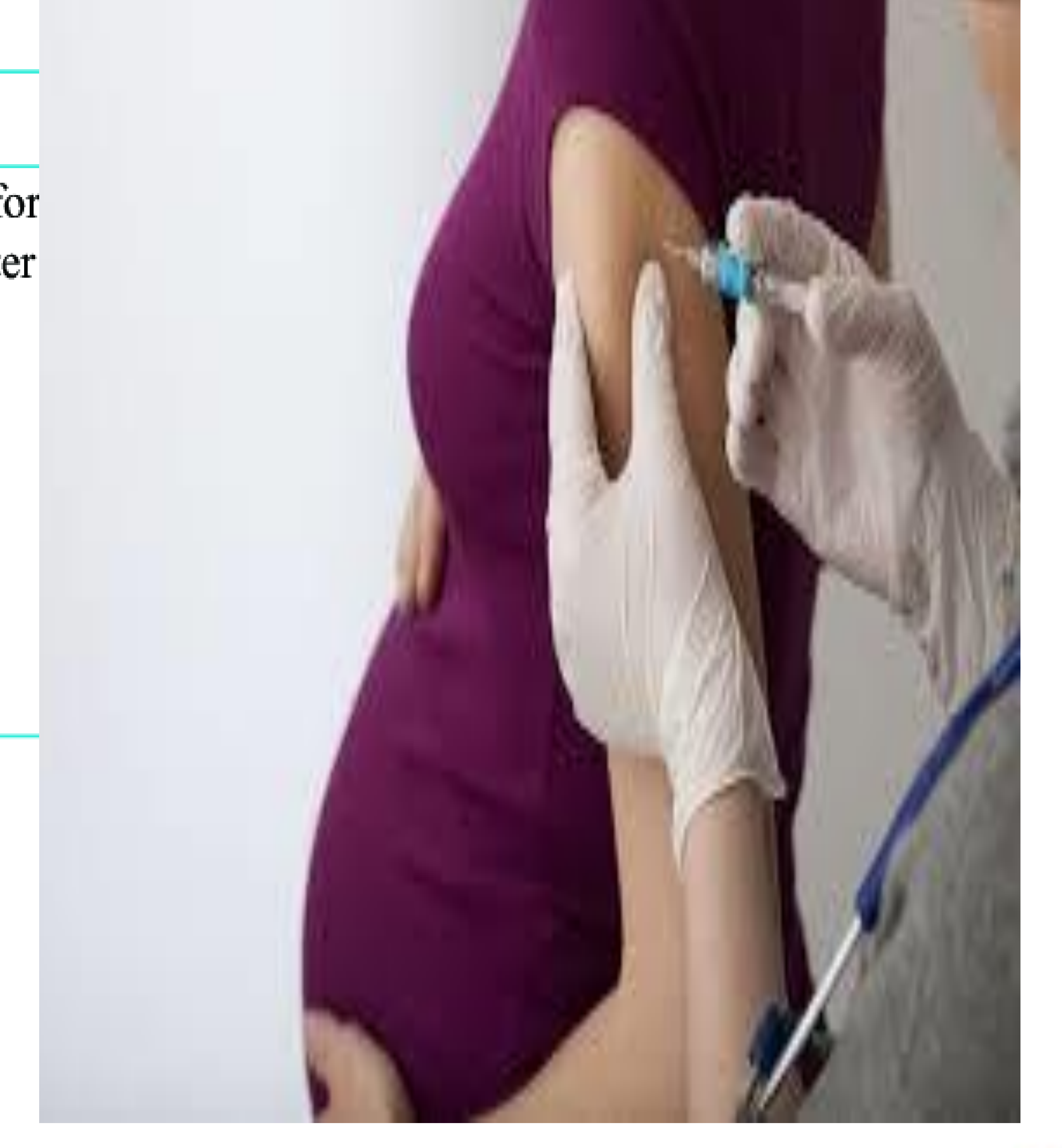
Routine Antenatal Laboratory Tests:

- Complete blood count
- Blood typing
- Urine Culture/Urinalysis
- Infectious Disease Screening (HBsAg, VDRL, HIV 1 and 2)
- Papanicolaou Smear

b.Iron and Folate Supplementation

Daily iron and folic acid supplementation in pregnant women

Vaccine	Dose/s	Schedule	Remarks
Preconception			
Hepatitis B	3	0-1-6 month	Avoid conception for at least 4 weeks after MMR or varicella vaccine
Varicella (Chickenpox)	2	2 doses at 4-8 weeks	
MMR	2	2 doses at 4-8 weeks	
HPV	3	0-1 month (HPV2) or 2-6 months (HPV4)	
Influenza	1	1 dose every year	
During pregnancy			
TT/Td	2	1 dose early in pregnancy and 2nd dose 4 weeks after 1st dose	
Tdap	1	3rd trimester	
Influenza	1	1 at any stage of gestation	



d. Maternal Nutrition & Breastfeeding

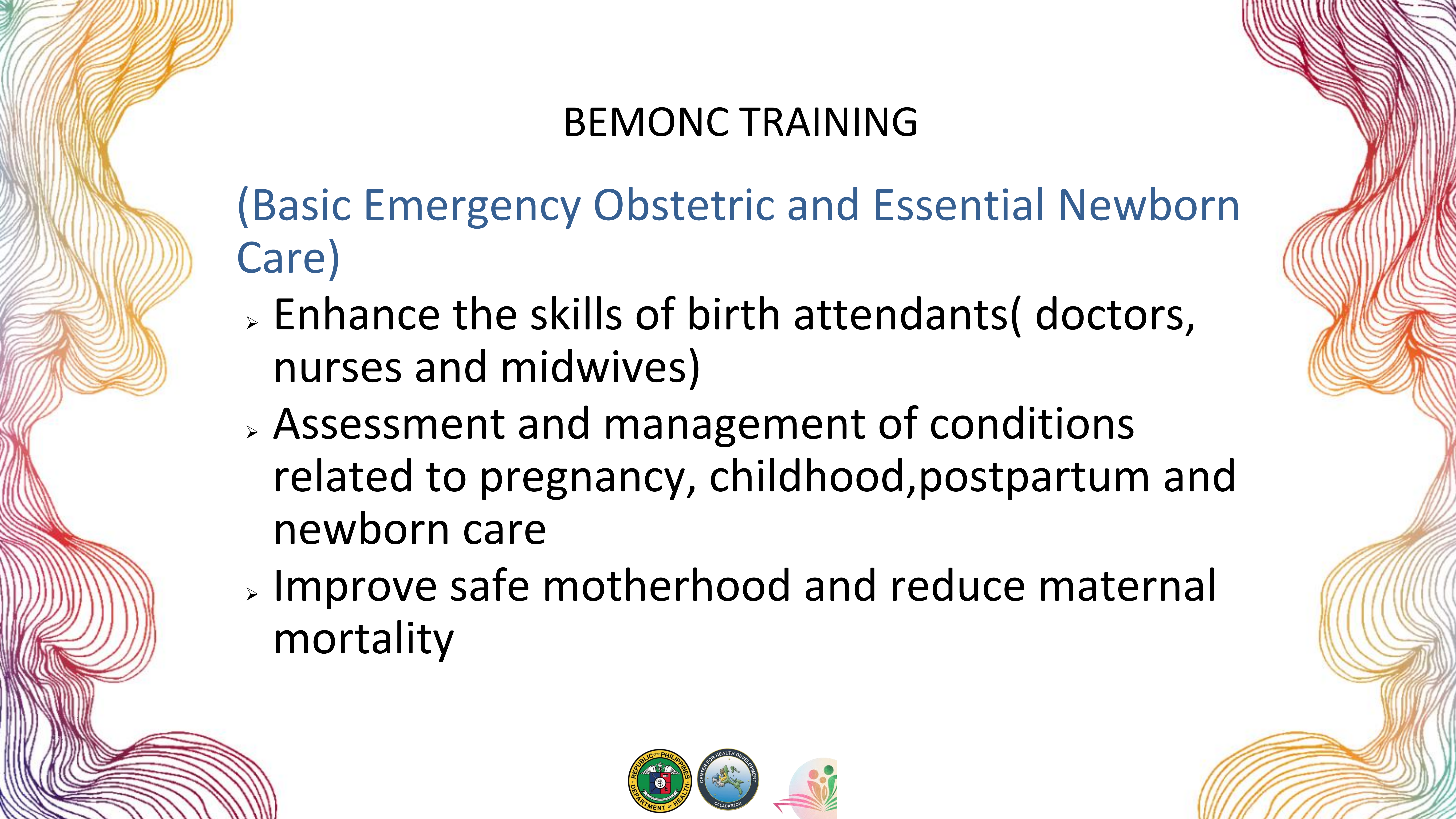
- Lay Fora on Breastfeeding and Nutrition

e. Family Planning

- Family Planning Lecture

f.Referral Clinics for Pregnant Patients

Referral Clinic	2022	2023	2024 (Q1)
Teenage Pregnancy Clinic	486	999	261
Dental Clinic	443	708	127
Psychiatry Clinic	27	12	5
HIV/Wellness Clinic	132	398	71


BEMONC TRAINING
(Basic Emergency Obstetric and Essential Newborn Care)
Enhance the skills of birth attendants(doctors, nurses and midwives)
Assessment and management of conditions related to pregnancy, childhood,postpartum and newborn care
Improve safe motherhood and reduce maternal mortality

BEMONC TRAINING

2024

- Goal: 11 groups (3 groups trained as of 1st Quarter)
- Composed of 21-24 members (doctors, nurses and midwives)

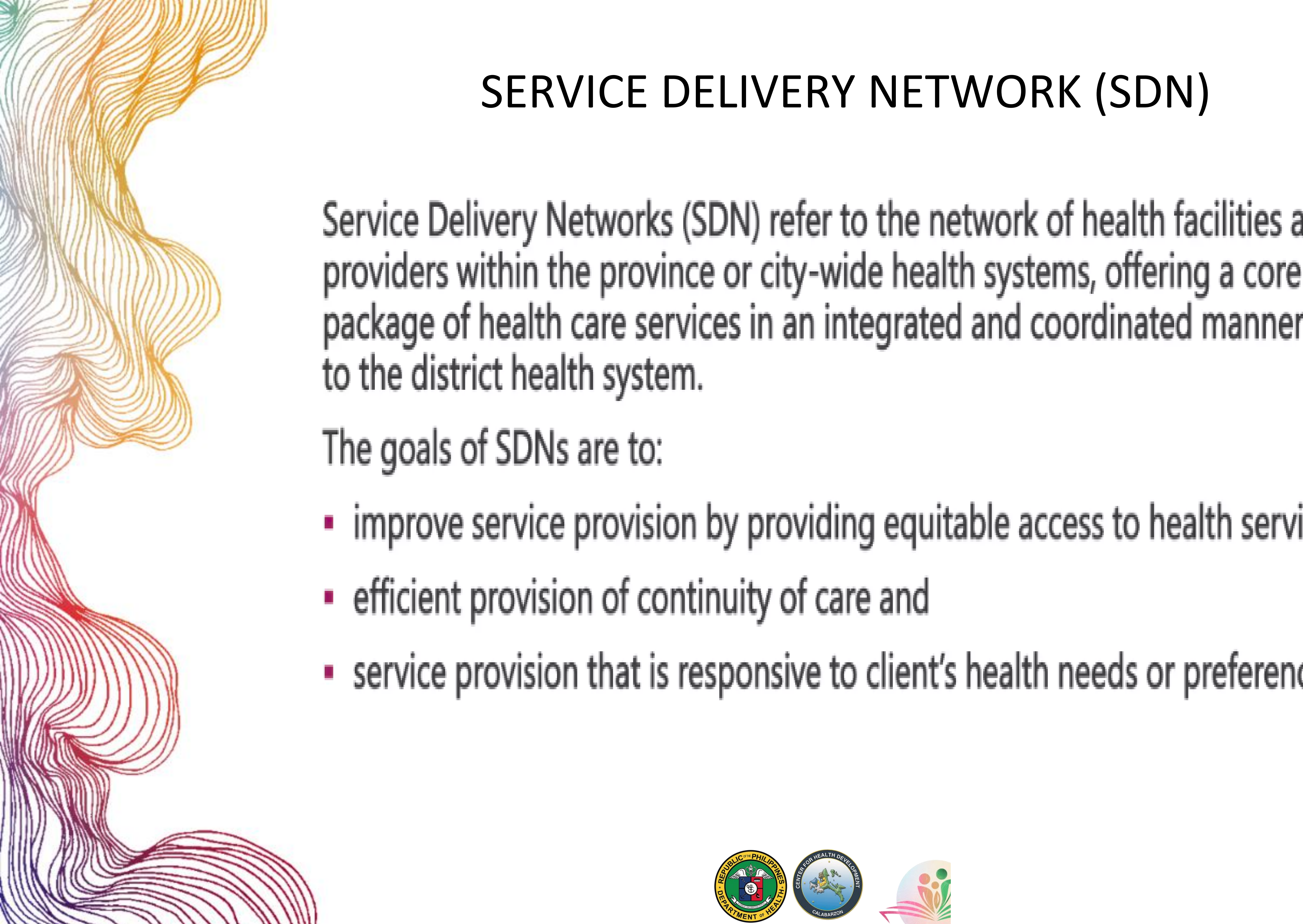
BEMONC TRAINING

2023

- 6 groups
- Composed of 21-24 members (doctors, nurses and midwives)

Service Delivery Network (SDN) /Healthcare Worker Provider Network -Activated in 2016
-Provides a structured service delivery network (SDN) and patient navigation method to meet the demands of women's reproductive health in the community
Report
2023

SERVICE DELIVERY NETWORK (SDN)



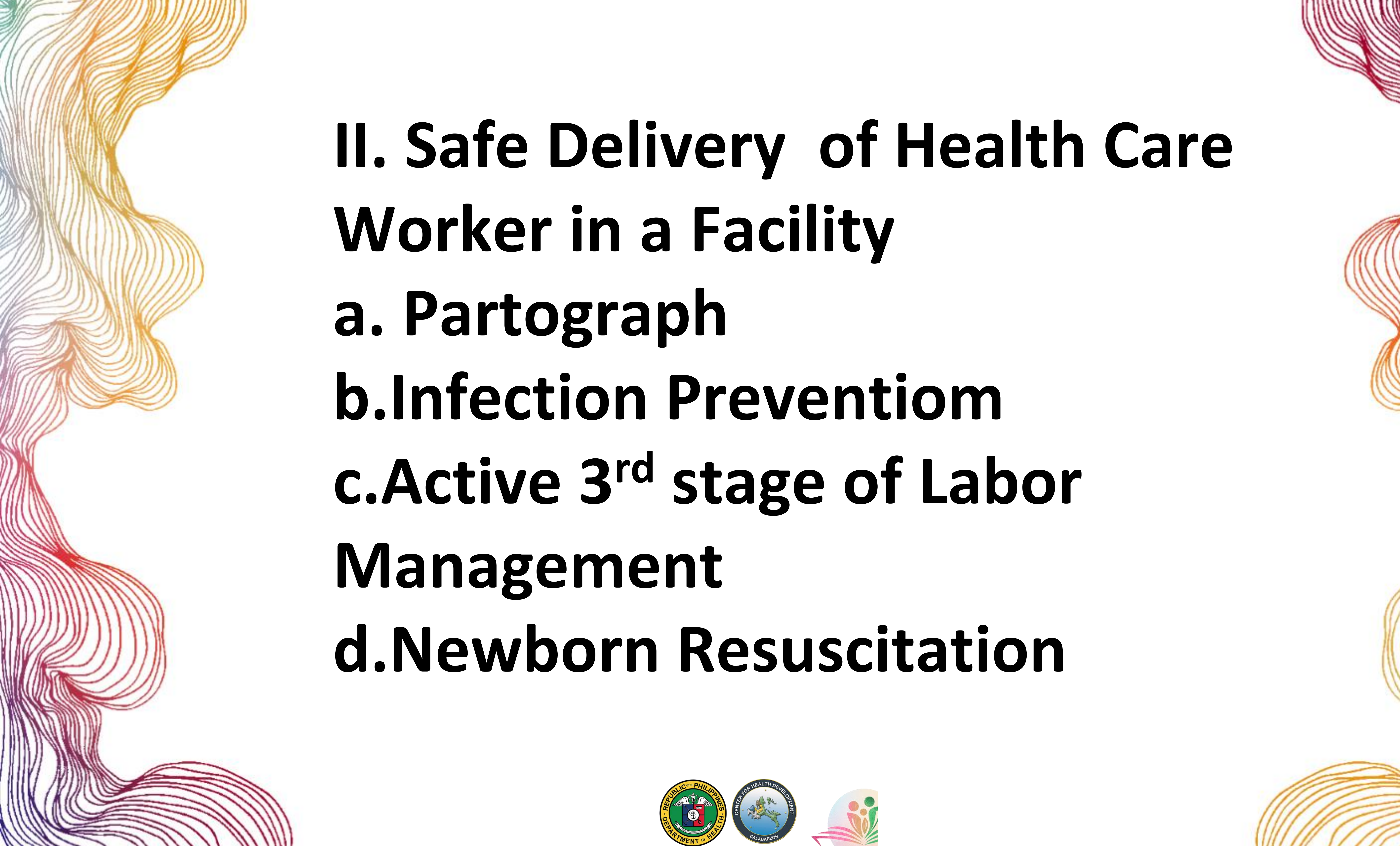
Service Delivery Networks (SDN) refer to the network of health facilities and providers within the province or city-wide health systems, offering a core package of health care services in an integrated and coordinated manner similar to the district health system.

The goals of SDNs are to:

- improve service provision by providing equitable access to health services,
- efficient provision of continuity of care and
- service provision that is responsive to client's health needs or preferences.

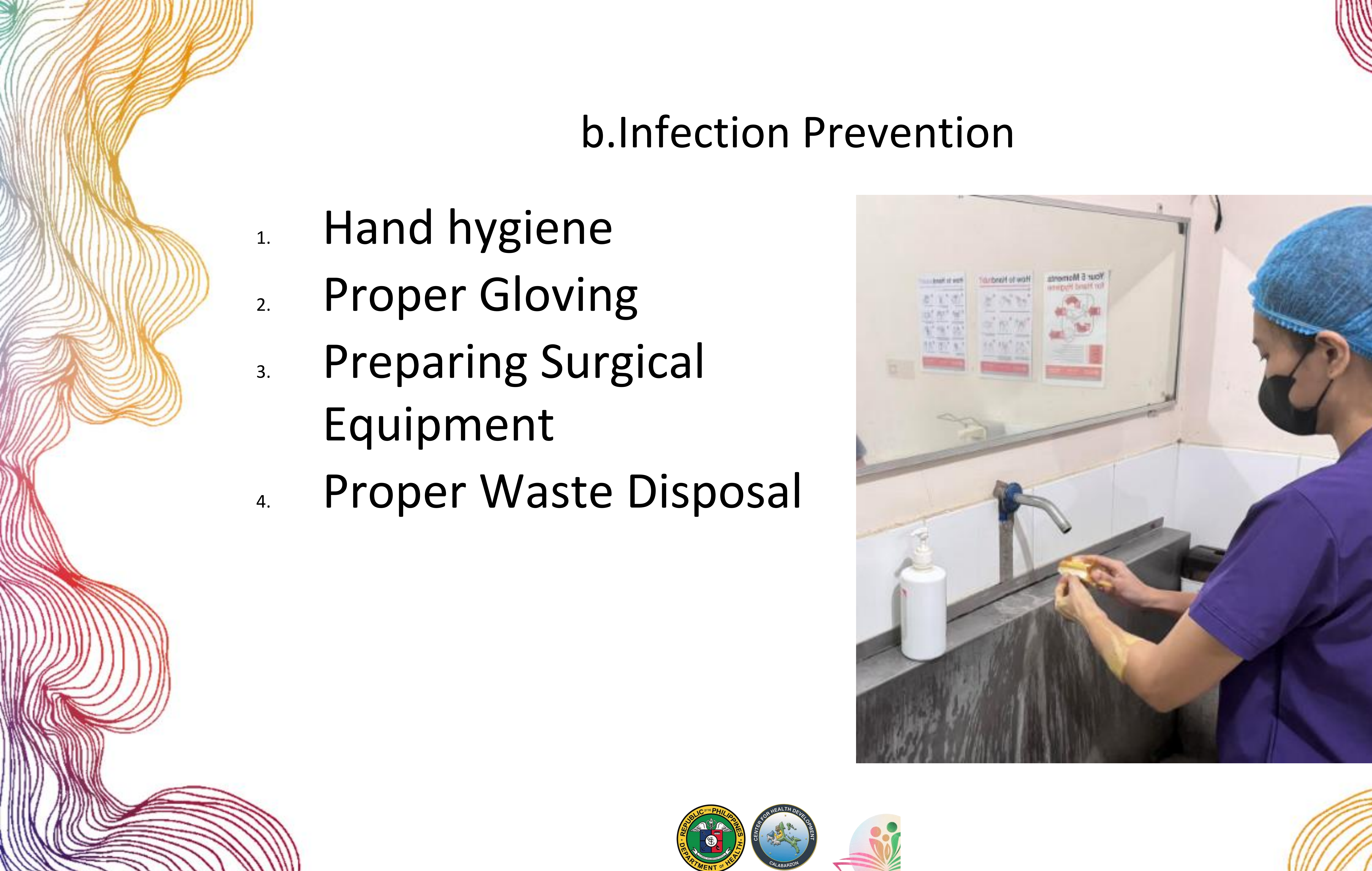
Pre-natal Check-up

YEAR	Total Number of Consults	Breakdown of Consults
2024 (Q1)	3,577	Normal OB: 2,057 (57%) High Risk OB: 1,520 (43%)
2023	13,807 (1,150/month)	Normal OB: 8,699 (63%) High Risk OB: 5,108 (37%)
2022	4,541 (378/month)	Normal OB: 1,998 (44%) High Risk OB: 2,543 (56%)


II. Safe Delivery of Health Care Worker in a Facility
a. Partograph
b.Infection Preventiom
c.Active 3rd stage of Labor Management
d.Newborn Resuscitation
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON

a.Partograph

A simple tool for recording information about the progress of labor and the condition of the patient.

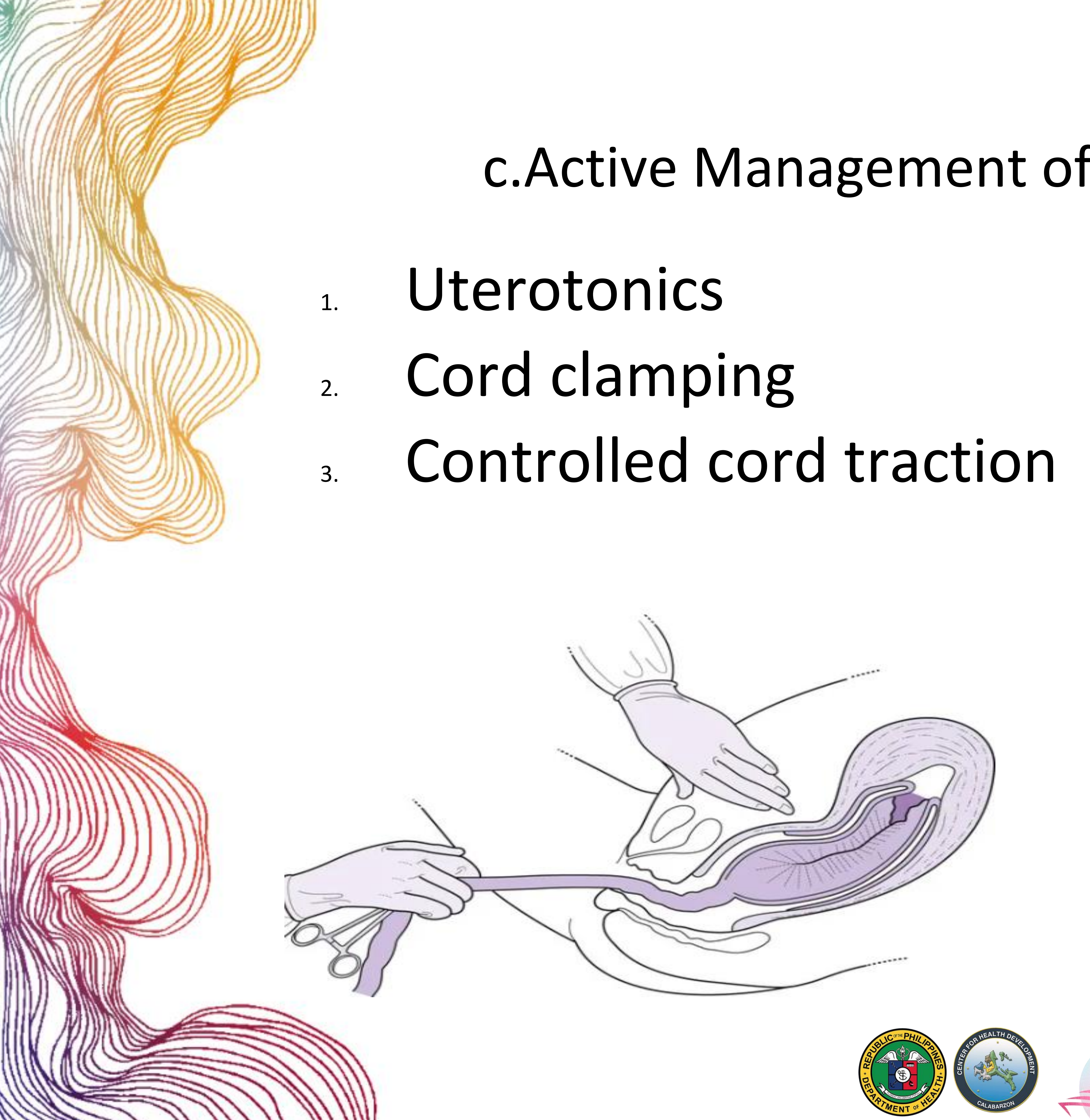


b.Infection Prevention

1. Hand hygiene
2. Proper Gloving
3. Preparing Surgical Equipment
4. Proper Waste Disposal

c.Active Management of 3rd Stage of Labor

1. Uterotonics
2. Cord clamping
3. Controlled cord traction



A Refocused Approach to Prevention of PPH Using AMTSL

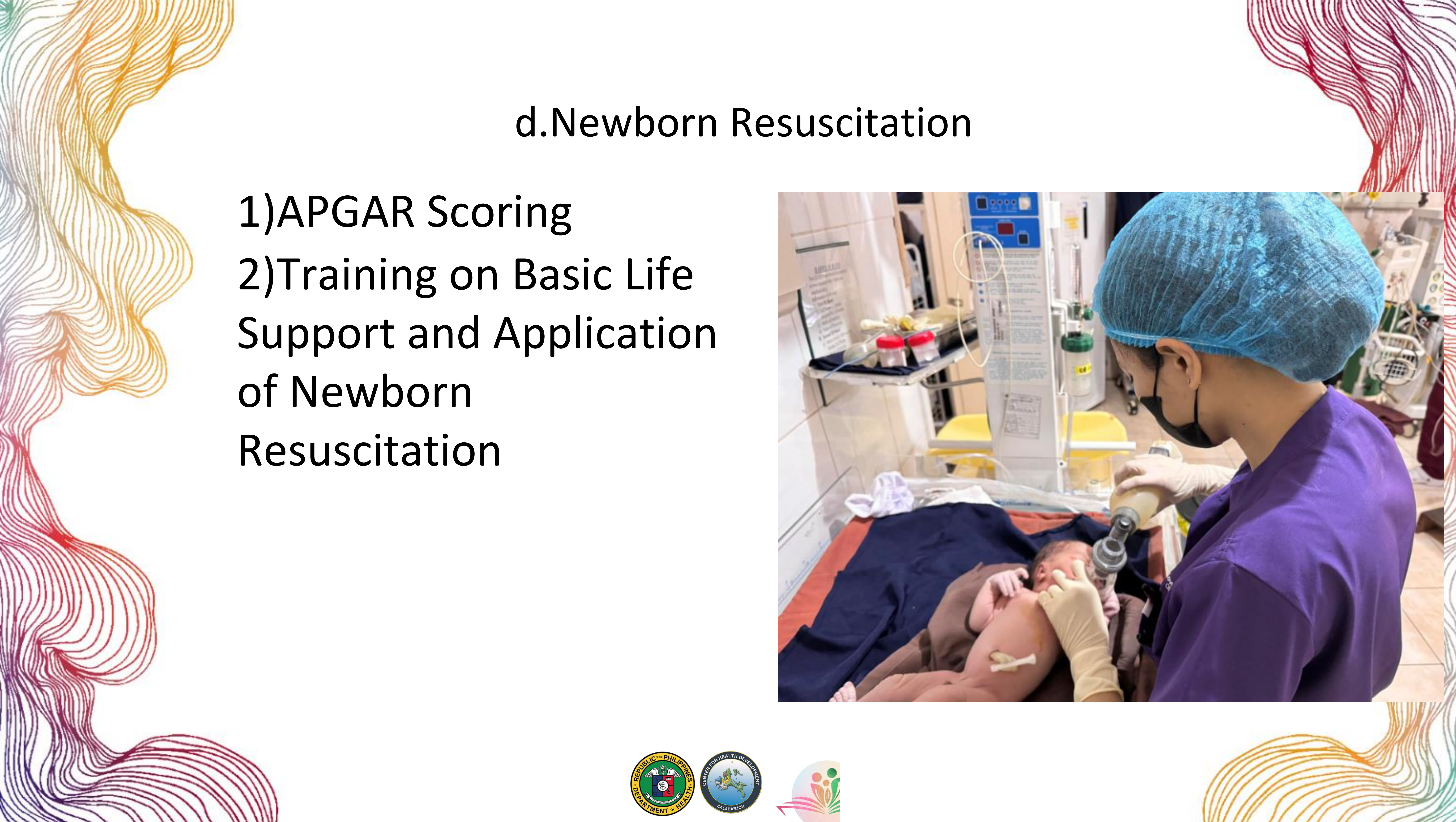
Uterotonic: Ensure that every woman is offered a uterotonic immediately after the delivery of the baby. Oxytocin is the preferred drug to prevent PPH.

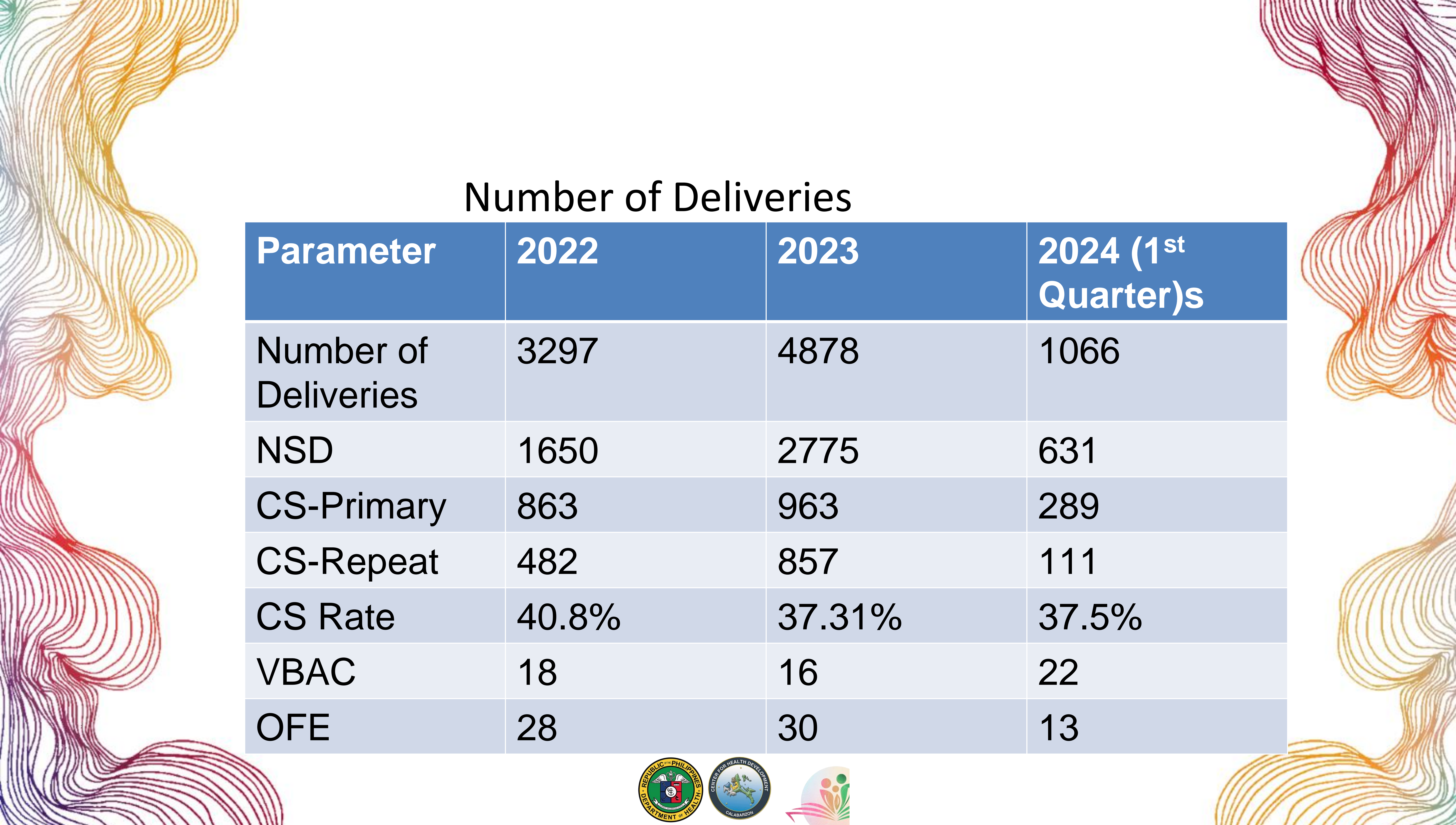
Delayed cord clamping: Delay clamping the cord for at least 1-3 minutes to reduce rates of infant anaemia.

CCT: Perform CCT, if required.

Postpartum vigilance: Immediately assess uterine tone to ensure a contracted uterus; continue to check every 15 minutes for 2 hours. If there is uterine atony, perform fundal massage and monitor more frequently.

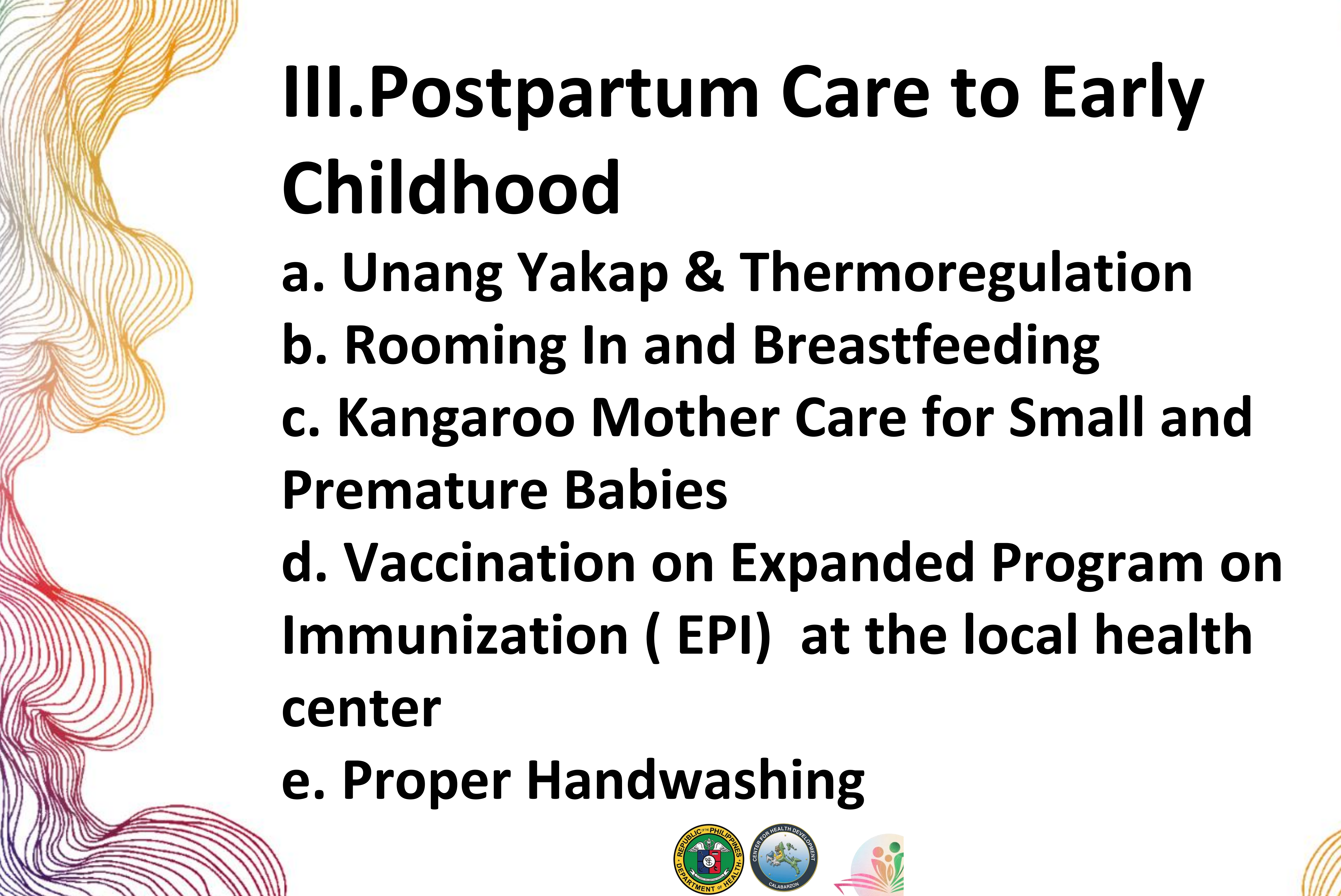
Oxytocin quality and supply: Ensure a continuous supply of high-quality oxytocin. Maintain the cool chain for oxytocin, and remember that potency is reduced if oxytocin is exposed to heat for long periods.


d.Newborn Resuscitation
1)APGAR Scoring
2)Training on Basic Life Support and Application of Newborn Resuscitation



Number of Deliveries

Parameter	2022	2023	2024 (1st Quarter)s
Number of Deliveries	3297	4878	1066
NSD	1650	2775	631
CS-Primary	863	963	289
CS-Repeat	482	857	111
CS Rate	40.8%	37.31%	37.5%
VBAC	18	16	22
OFE	28	30	13



III.Postpartum Care to Early Childhood

a. Unang Yakap & Thermoregulation

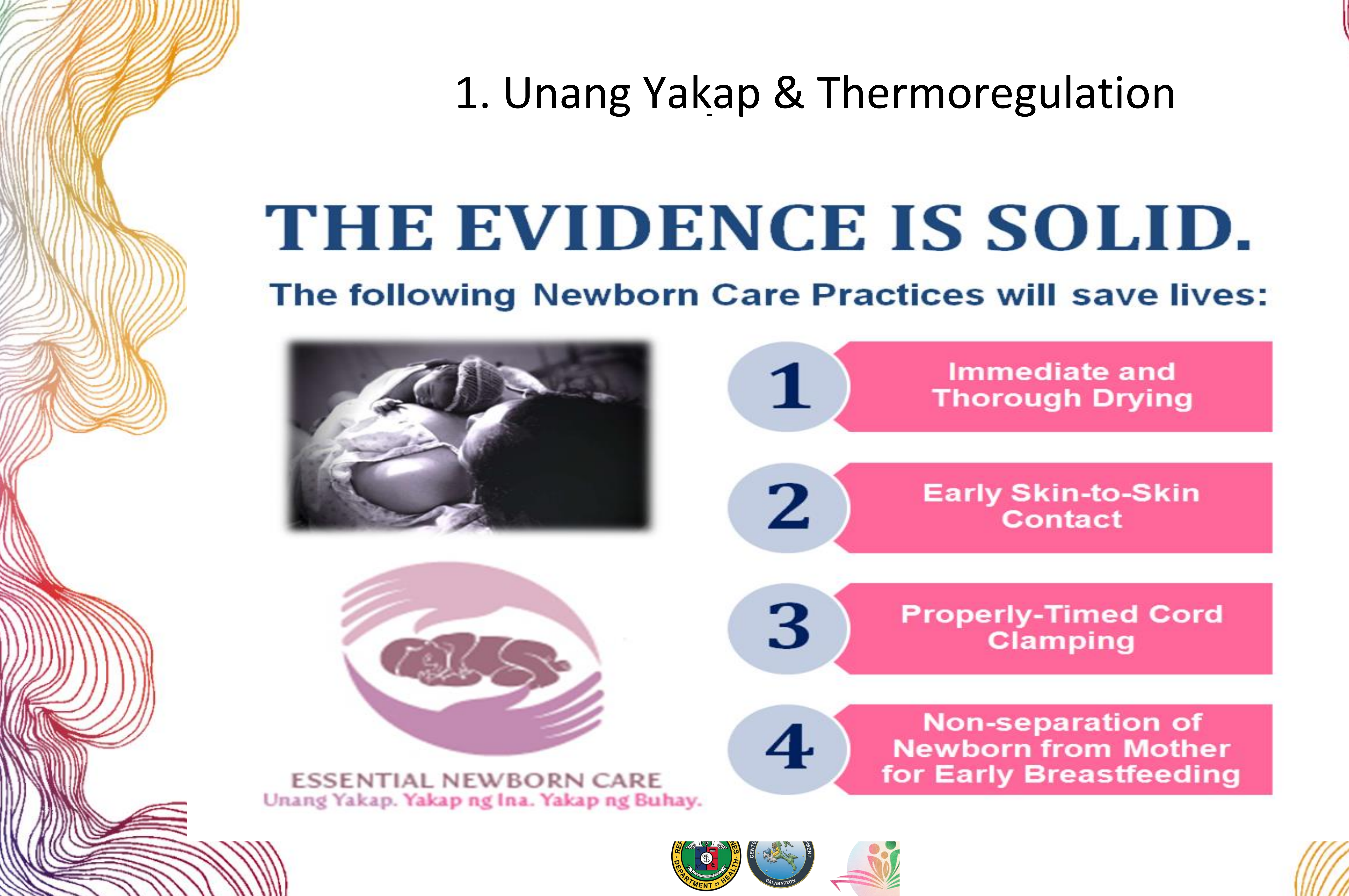
b. Rooming In and Breastfeeding

c. Kangaroo Mother Care for Small and Premature Babies

d. Vaccination on Expanded Program on Immunization (EPI) at the local health center

e. Proper Handwashing

1. Unang Yakap & Thermoregulation



Strategies for Thermoregulation

- Dry the infant immediately after delivery
- Delay bath until 24 hours of life for term & stable neonates
- Keep the delivery room temperature at 26oC
- Keep the delivery room doors closed
- Move baby away from drafts
- Warm all inspired air
- Place warm blanket on the bassinet or infant radiant warmer
- Warm all objects that are in contact with the infant
- Hold infant skin to skin
- Place a hat on infant’s head
- Place extremely preterm infants in bag or surround with plastic wrap
- Use double walled incubators

Benefits of early skin-to-skin contact:

- Allows the baby to find the breast and self-attach
- Helps a mother to bond with her baby (develop a close, loving relationship);
- A mother will more likely start to breastfeed and will breastfeed for longer;
- Helps to stimulate maternal milk production and supply;
- Calms the mother and baby;
- Helps to regulate the baby's breathing, heart rate, temperature, and glucose levels, which is especially valuable for low-birth-weight babies and premature babies;
- Enabling the colonization of the baby with microbes from the mother's skin, mucosal surfaces and intestine, which helps to protect the baby from infection.

2. Rooming In and Breastfeeding:

- Advantages of Rooming In
  - Mother can respond to baby and feeding cues
  - Mother more confident about breastfeeding
  - Babies gain weight more quickly
  - Breastfeeding continues longer
  - Helps bonding and breastfeeding

When to feed the baby?

EARLY CUES - *"I'm hungry"*

- Stirring
- Mouth opening
- Turning head
- Seeking/rooting

Mid Feeding Cues

MID CUES - *"I'm really hungry"*

- Stretching
- Increasing physical movement
- Hand to mouth

Late Feeding Cues

- **Advantages of responsive feeding**
  - Breast milk comes in sooner
  - Baby gains weight more quickly
  - Fewer difficulties like engorgement
  - Breastfeeding more easily established

Benefits of breastfeeding

Breast milk	Breastfeeding
Complete nutrients	Helps bonding and development
Easily digested	Helps delay a new pregnancy
Efficiently used	Protects mothers' health
Protects against infection	
Protects against long-term noncommunicable diseases	
Costs less than artificial feeding	

3. Kangaroo Mother Care for Small and Premature Babies

- Kangaroo mother care is care of preterm infants carried skin-to-skin with the mother.
- Key features
  - *early, continuous and prolonged skin-to-skin contact between the mother and the baby;*
  - *exclusive breastfeeding (ideally);*
  - *it is initiated in hospital and can be continued at home;*
  - *small babies can be discharged early;*
  - *mothers at home require adequate support and follow-up*
  - *a gentle, effective method that avoids the agitation routinely experienced in a busy ward with preterm infants.*

Vaccination EPI at the local health center

CHILDHOOD IMMUNIZATION SCHEDULE 2022

AGE

BIRTH — WEEKS: 0, 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22

MONTHS: 6, 8, 10, 12, 14, 16, 18, 20

YEARS: 2, 4, 6, 8, 10, 12, 14, 16, 18

VACCINE	Schedule entries
BCG	BCG
Hep B	Hep B; Hep B*; Hep B*; Hep B; Hep B
(DTwP-Hib-HepB*) and other DTaPcombinations	DTwP*/ DTaP; Hib*; DTwP*/ DTaP; Hib*; DTwP*/ DTaP; Hib*; DTaP-IPV-Hib; DTaP-IPV; Td/Tdap (see annotations)
IPV	IPV1; IPV2; IPV3
OPV/IPV	OPV1; OPV2; OPV3 + IPV1; IPV2
PCV	PCV; PCV; PCV; PCV; PCV
RV	RV series*(see annotations)
Influenza	Influenza yearly
Measles	Measles (see annotations)
JEV	JEV
MMR	MMR; MMR; MMR
Varicella	Varicella; Varicella; Varicella
Inactivated Hep A	Inactivated Hep A; Inactivated Hep A
Live Hep A	Live Hep A vaccine (see annotation)
HPV	HPV series

Given at birth — Range of Recommended Age — Catch-Up Immunization — NIP (OPV/IPV)

* Primary doses are given at least 4 weeks apart

PLEASE READ ANNOTATIONS

DISCLAIMER: The Childhood Immunization Schedule presents recommendations for immunization for children and adolescents based on updated literature review, experience and premises current at the time of publication. The PPS, PIDSP and PFV acknowledge that individual circumstances may warrant a decision differing from the recommendations given here.Physicians must regularly update their knowledge about specific vaccines and their use because information about safety and efficacy of vaccines and recommendations relative to their administration continue to develop after a vaccine is licensed.

Vaccines in the Philippine National Immunization Program (NIP):
The following vaccines are in the 2022 NIP:
- BCG, monovalent Hep B, Pentavalent vaccine (DTwP-Hib-HepB), bivalent OPV, IPV, PCV, MMR, MR, and Td

Recommended Vaccines:
These are vaccines not included in the NIP which are recommended by the Philippine Pediatric Society (PPS), Pediatric Infectious Disease Society of the Philippines (PIDSP) and the Philippine Foundation for Vaccination (PFV).

Proper Handwashing

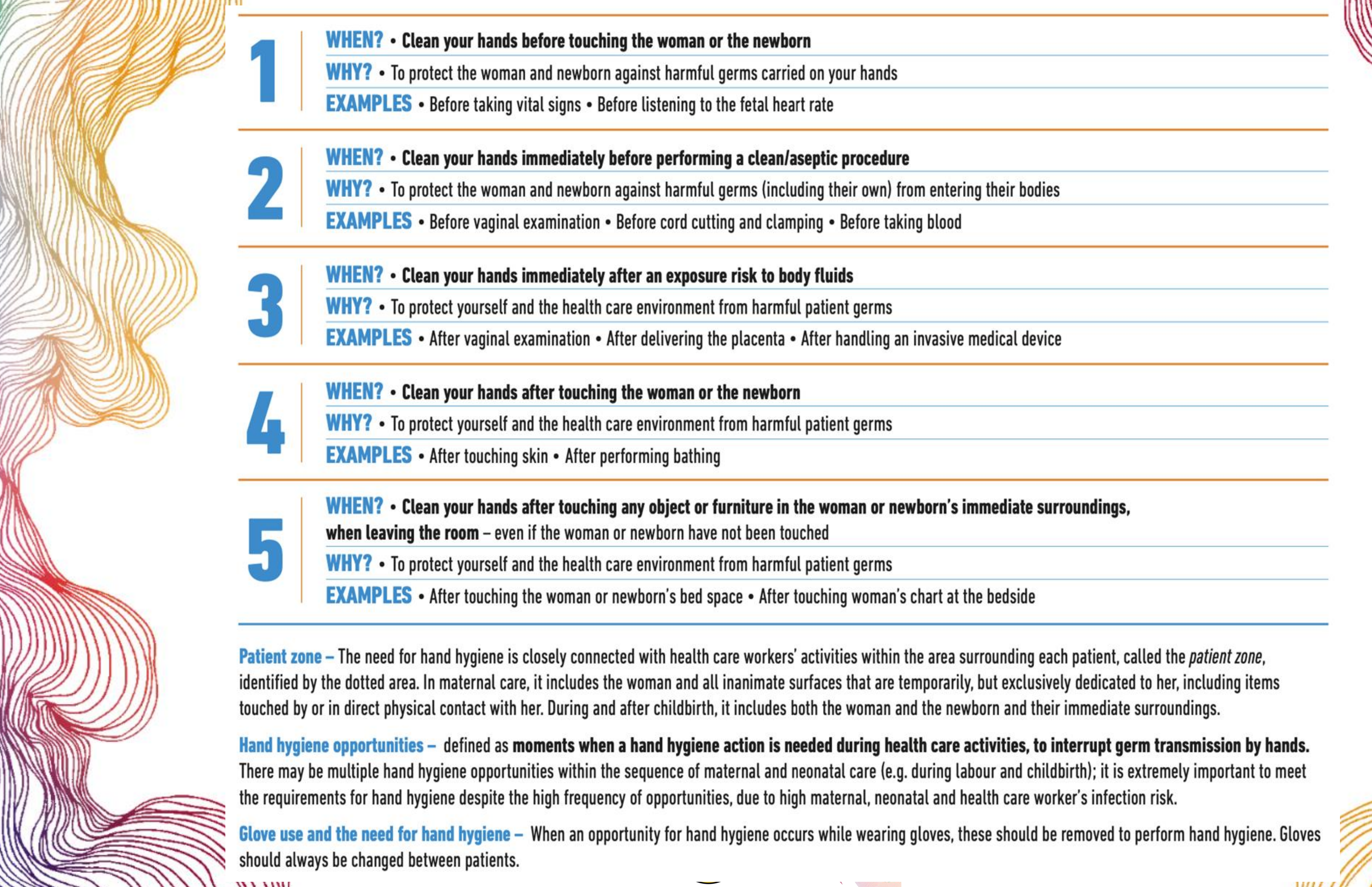
1 BEFORE TOUCHING THE WOMAN/ NEWBORN

2 BEFORE CLEAN/ASEPTIC PROCEDURE

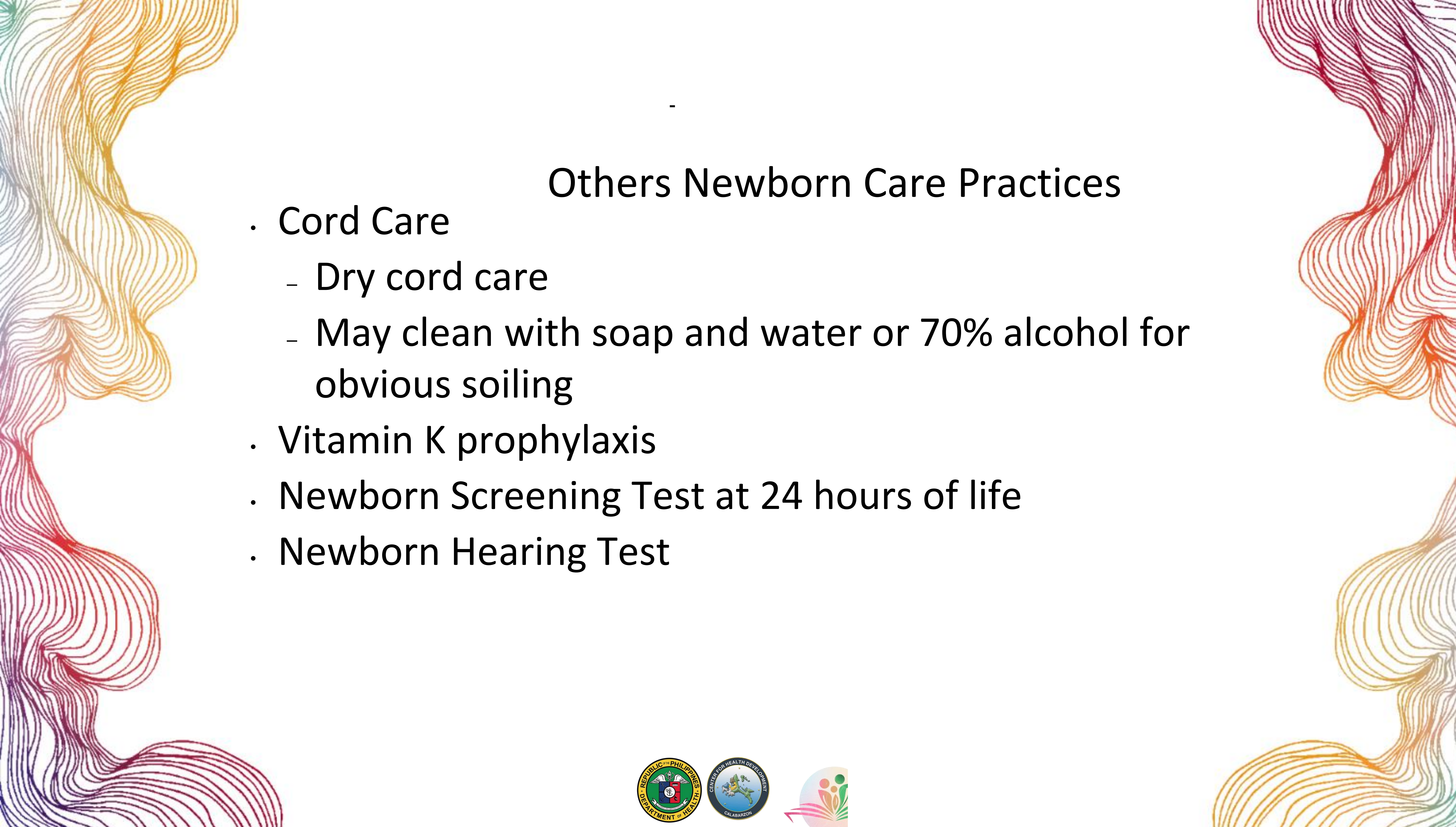
3 AFTER BODY FLUID EXPOSURE

4 AFTER TOUCHING THE WOMAN/ NEWBORN

5 AFTER TOUCHING THE WOMAN/NEWBORN'S SURROUNDINGS


1
WHEN? • Clean your hands before touching the woman or the newborn
WHY? • To protect the woman and newborn against harmful germs carried on your hands
EXAMPLES • Before taking vital signs • Before listening to the fetal heart rate
2
WHEN? • Clean your hands immediately before performing a clean/aseptic procedure
WHY? • To protect the woman and newborn against harmful germs (including their own) from entering their bodies
EXAMPLES • Before vaginal examination • Before cord cutting and clamping • Before taking blood
3
WHEN? • Clean your hands immediately after an exposure risk to body fluids
WHY? • To protect yourself and the health care environment from harmful patient germs
EXAMPLES • After vaginal examination • After delivering the placenta • After handling an invasive medical device
4
WHEN? • Clean your hands after touching the woman or the newborn
WHY? • To protect yourself and the health care environment from harmful patient germs
EXAMPLES • After touching skin • After performing bathing
5
WHEN? • Clean your hands after touching any object or furniture in the woman or newborn's immediate surroundings, when leaving the room – even if the woman or newborn have not been touched
WHY? • To protect yourself and the health care environment from harmful patient germs
EXAMPLES • After touching the woman or newborn's bed space • After touching woman's chart at the bedside
Patient zone – The need for hand hygiene is closely connected with health care workers' activities within the area surrounding each patient, called the patient zone, identified by the dotted area. In maternal care, it includes the woman and all inanimate surfaces that are temporarily, but exclusively dedicated to her, including items touched by or in direct physical contact with her. During and after childbirth, it includes both the woman and the newborn and their immediate surroundings.
Hand hygiene opportunities – defined as moments when a hand hygiene action is needed during health care activities, to interrupt germ transmission by hands. There may be multiple hand hygiene opportunities within the sequence of maternal and neonatal care (e.g. during labour and childbirth); it is extremely important to meet the requirements for hand hygiene despite the high frequency of opportunities, due to high maternal, neonatal and health care worker's infection risk.
Glove use and the need for hand hygiene – When an opportunity for hand hygiene occurs while wearing gloves, these should be removed to perform hand hygiene. Gloves should always be changed between patients.

Steps in Handwashing



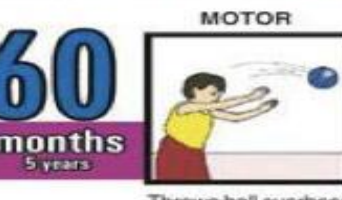
Others Newborn Care Practices

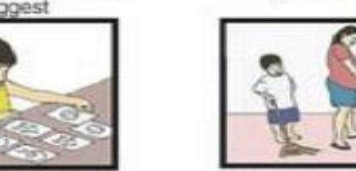
- Cord Care
  - Dry cord care
  - May clean with soap and water or 70% alcohol for obvious soiling
- Vitamin K prophylaxis
- Newborn Screening Test at 24 hours of life
- Newborn Hearing Test

Danger Signs of Newborn that can be advised to Mothers and Caregivers
Fever (>37.5°C) or cold (<36.5°C)
Difficult or fast breathing, severe chest in-drawing or grunting
Yellow skin, especially yellow on palms and soles
Not feeding well
If your baby has any mentioned signs, please take baby to the nearest Health Center or Referral Hospital immediately.
Convulsion
Little or no movement
Very pale or cyanosis
Bleeding or pus from cord stump
Eye(s) with redness and discharge pus
Many (>10) skin pustules or swelling/redness of skin
JICA
USAID
FROM THE AMERICAN PEOPLE
QUALITY HEALTH SERVICES
URC
Cambodia

Monitor Developmental Milestones

Core Developmental Milestones of Filipino Children



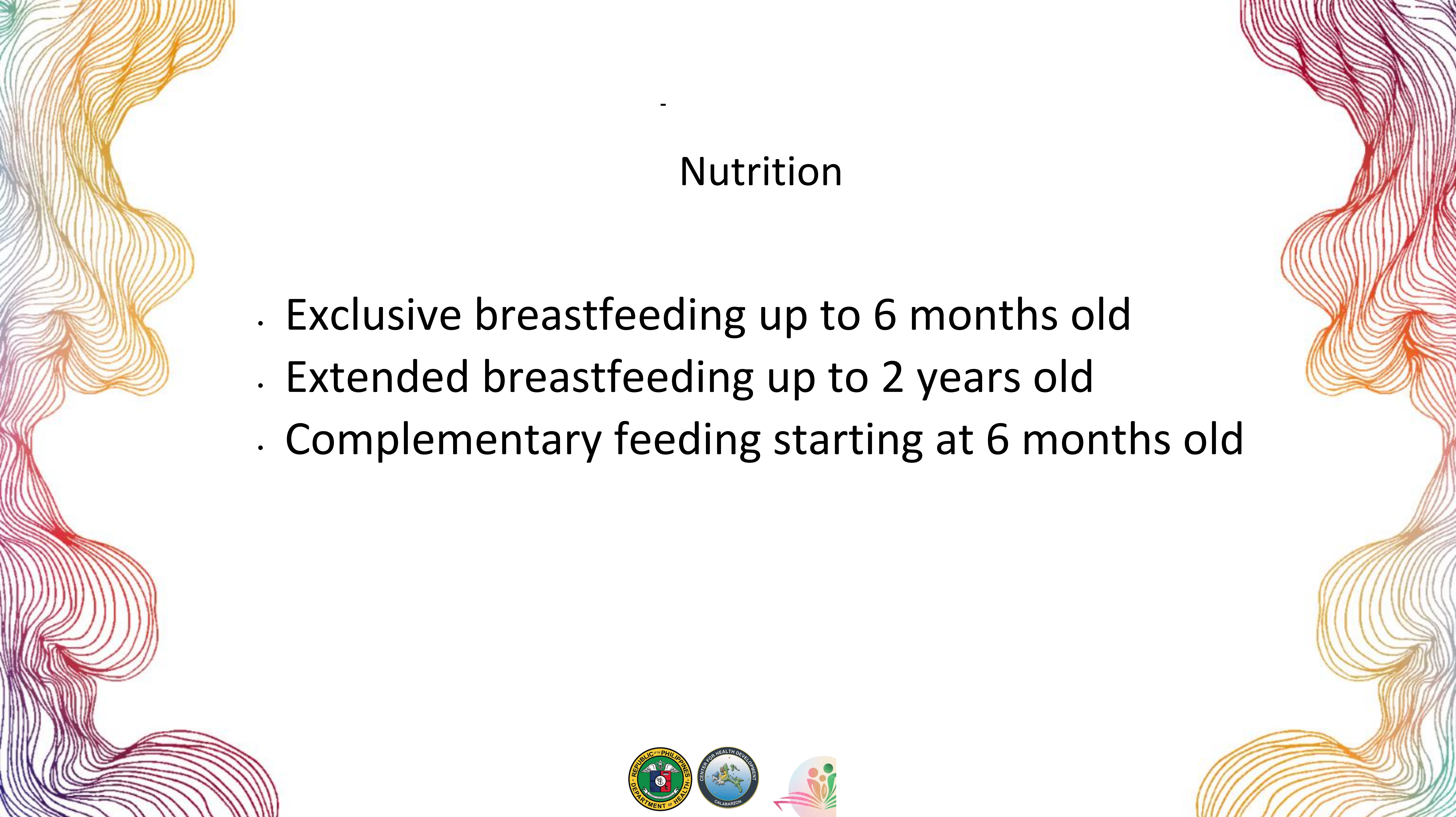


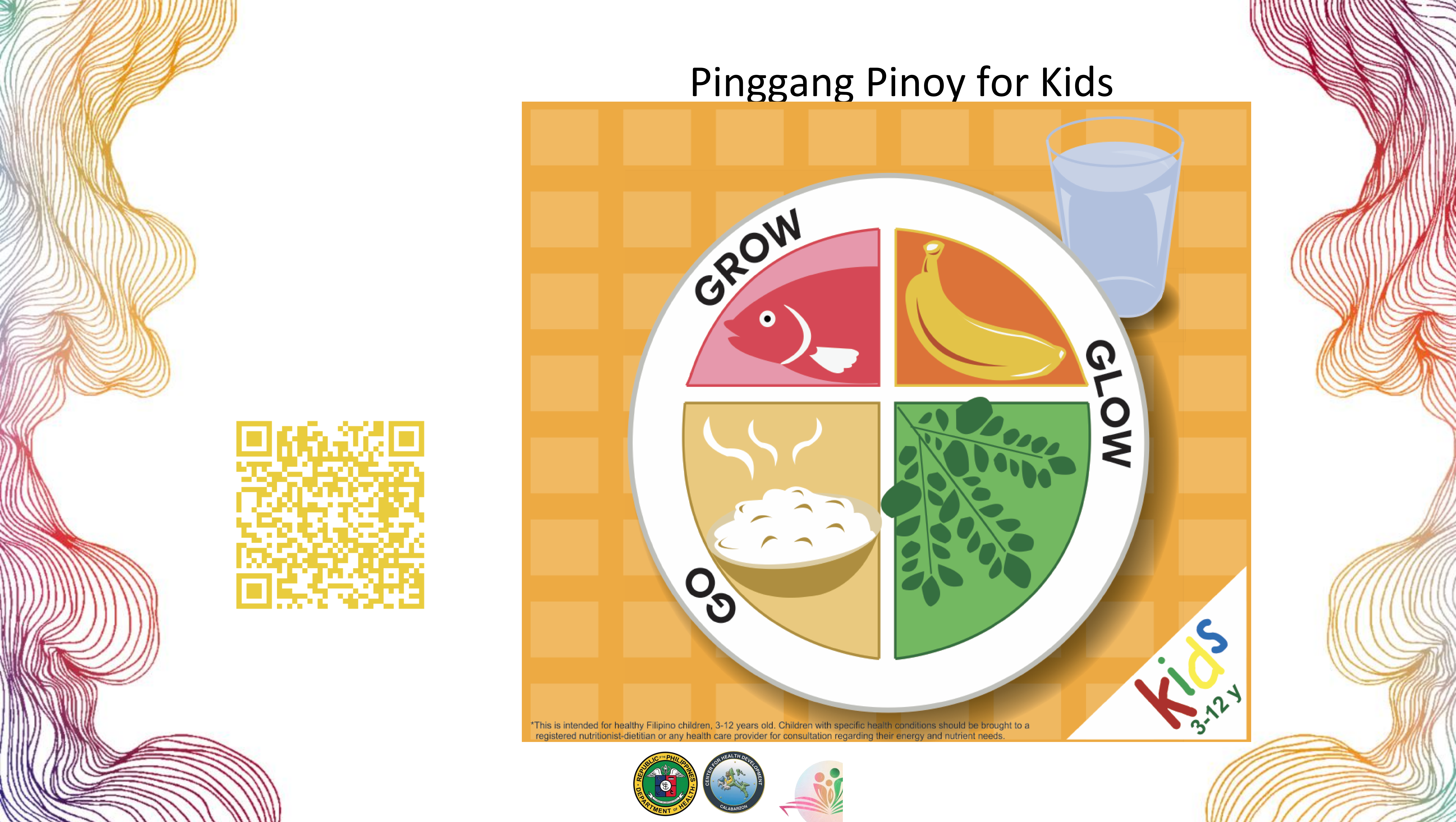
	MOTOR	SELF-HELP	LANGUAGE	COGNITIVE	SOCIO-EMOTIONAL
60 months (5 years)	Throws ball overhead with direction	Bathes unassisted	Recounts recent experiences in order of occurrence using past tense	Matches upper and lower case letters	Uses cultural gestures or greeting without prompts (e.g. mano, bless, kiss)
48 months (4 years)	Draws a human figure or house	Uses toilet with occasional accidents	Asks "WHAT", "WHO", and "WHY" questions	Arranges objects according to size from smallest to biggest	Plays organized group games fairly
36 months (3 years)	Runs without tripping	Pulls down gartered shorts	Speaks grammatically correct 2-3 word sentence	Matches objects and pictures	Imitates adult activities (e.g. cooking, washing)
24 months (2 years)	Holds crayon with palmar grasp; Scribbles spontaneously	Drinks from cup with spillage	Names objects in pictures	Exhibits simple pretend play (e.g. feed, put doll to sleep)	Rolls ball interactively with caregiver
18 months (1 year & 6 months)	Walks alone, rarely falls	Feeds self using spoon with spillage	Combines single words and gestures to make wants known (e.g., "out")	Searches for completely concealed object	Friendly with strangers but initially shows anxiety or shyness
12 months (1 year)	Stands with minimum support	Feeds self with fingers (biscuits, bread)	Uses meaningful sounds to refer to specific objects or persons (e.g., "mama", "dada")	Looks at direction of fallen object	Cries when caregiver leaves
8 months	Sits alone steadily	Begins to take solid foods	Turns head when called by name, makes eye contact	Explores objects by biting or holding	Enjoys friendly handling
4 months	Holds head steadily	Sucks and swallows liquid	Turns head toward sound	Gazes slowly at moving objects	Smiles and lifts arms to greet caregiver

Ensure the best possible start in your child's life. Monitor your child's development

Any child with an identified problem should immediately see the health worker or visit the health center nearest you.

Source: ECCD Checklist, DSWD, 2005


Nutrition
Exclusive breastfeeding up to 6 months old
Extended breastfeeding up to 2 years old
Complementary feeding starting at 6 months old


Pinggang Pinoy for Kids
GROW
GLOW
GO
kids
3-12 y
*This is intended for healthy Filipino children, 3-12 years old. Children with specific health conditions should be brought to a registered nutritionist-dietitian or any health care provider for consultation regarding their energy and nutrient needs.

Prevention of Sudden Infant Death Syndrome(SIDS)

Place your baby to sleep safely

Your baby needs only a few things to have a safe, cozy and happy sleep. With just a flat surface in a crib or bassinet, you can create a safe space for your baby to sleep.

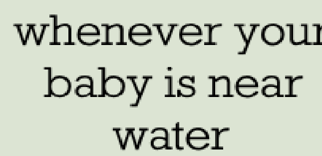
- Babies should always be placed on their back for sleep. Research shows this is the safest.
- Babies should sleep on a firm sleep surface that does not incline.
- Remove all toys, pillows, blankets and bumpers from the crib.
- It's OK to swaddle a baby, but stop swaddling as soon as they start learning to roll.
- If the baby falls asleep in a car seat, stroller, swing or infant carrier, move them as soon as you can.
- It's dangerous for babies to sleep on a couch, armchair or nursing pillow.
- Try giving your baby a pacifier at nap time and bedtime.
- Room share: Keep the baby's bassinet or crib in your bedroom for at least the first 6 months.

Water Safety Awareness

Remember, children can drown in as little as

1-2 inches of water,

and it can happen quickly and silently.

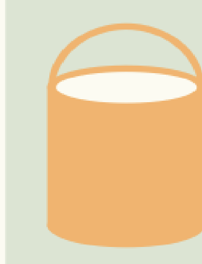


Stay within **arm's reach** whenever your baby is near water

Do not rely on bath seats or bath rings to keep your baby safe. An adult must always be watching.

Have a pool?

Protect your baby by making sure it has **a fence around all four sides**, especially between the **pool** and **house**.



Empty **buckets, bathtubs, and wading pools** after each use.

Install a latch or doorknob cover on bathroom doors. **Install latches on toilets.**

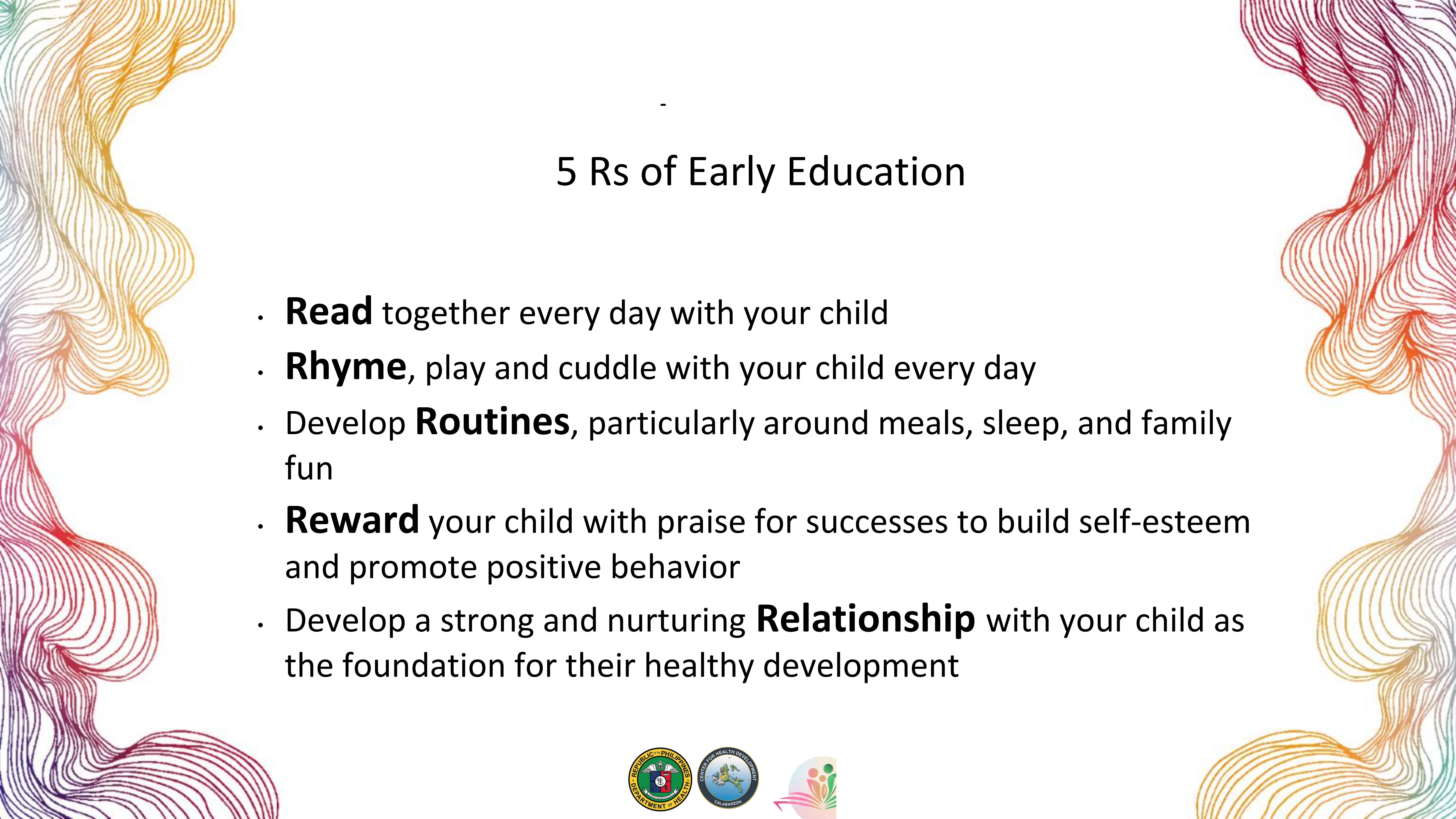
Never carry your baby and **a hot liquid, like coffee or tea**, at the same time. Be careful about babies on people's laps at the table for the same reason.

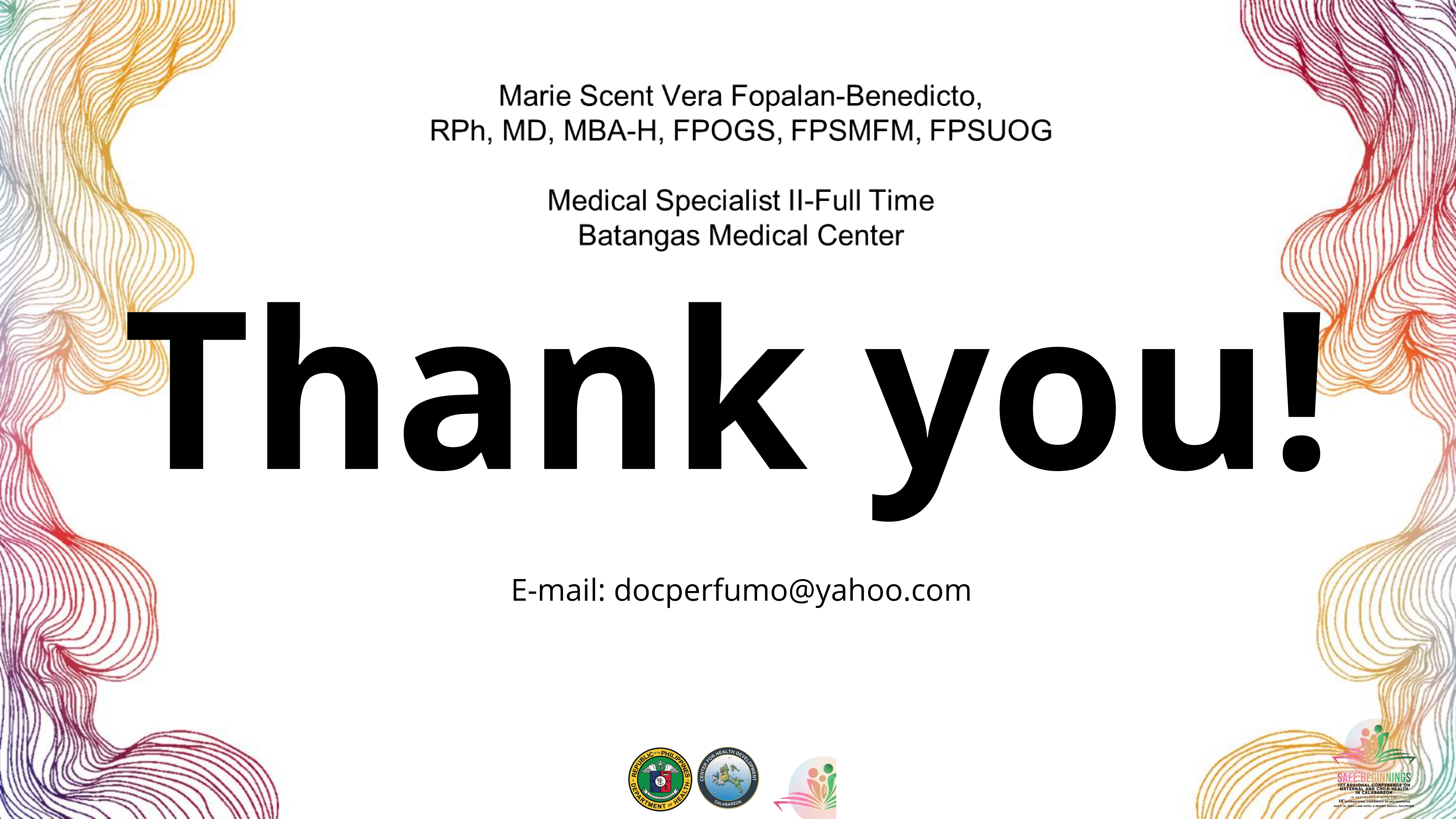
Avoid burns. Set your water heater so the **hottest temperature** at the faucet is **120° F**.

120°F

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®


-
5 Rs of Early Education
• **Read** together every day with your child
• **Rhyme**, play and cuddle with your child every day
• Develop **Routines**, particularly around meals, sleep, and family fun
• **Reward** your child with praise for successes to build self-esteem and promote positive behavior
• Develop a strong and nurturing **Relationship** with your child as the foundation for their healthy development
REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT CALABARZON



Marie Scent Vera Fopalan-Benedicto,
RPh, MD, MBA-H, FPOGS, FPSMFM, FPSUOG
Medical Specialist II-Full Time
Batangas Medical Center
Thank you!
E-mail: docperfumo@yahoo.com
SAFE BEGINNINGS

Postnatal Care and Beyond

Ms. Heizel V. Creencia

Nurse IV
MNCHN Coordinator
Provincial Health Office
Cavite Province

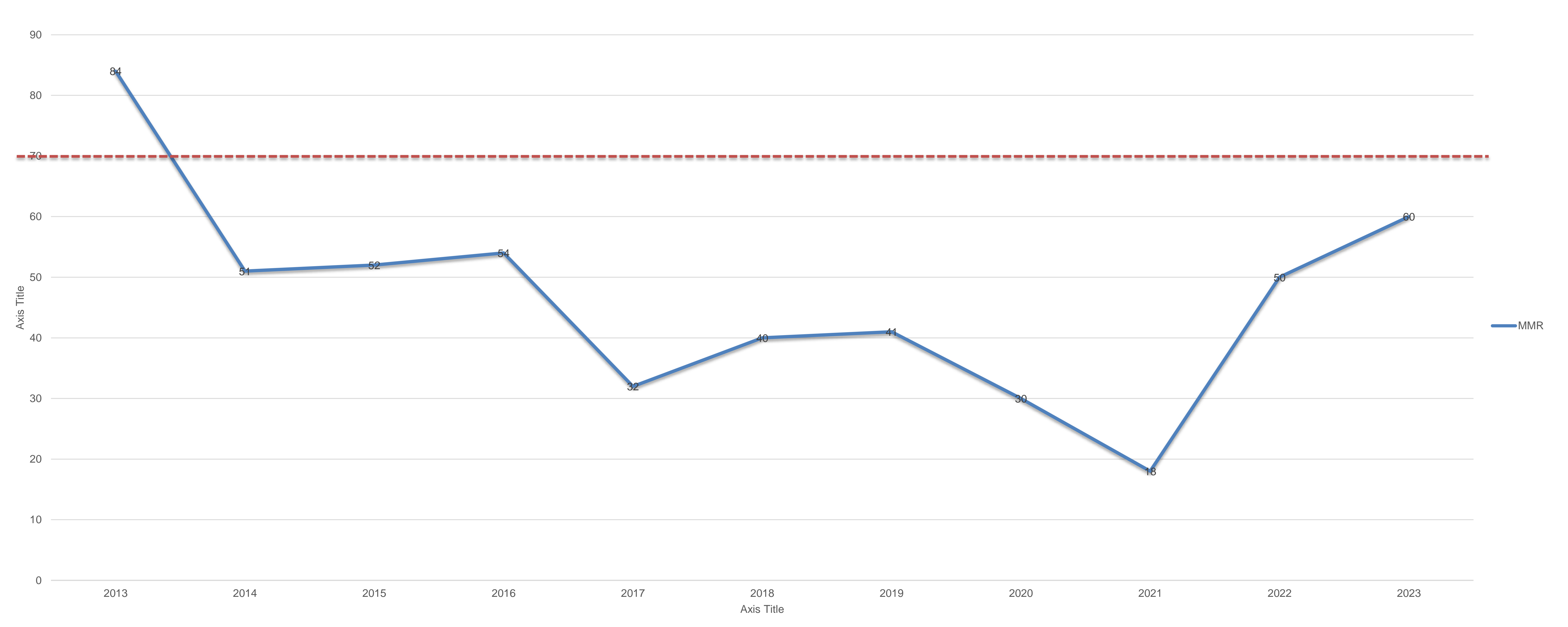
POSTNATAL CARE and BEYOND

Improving Access to Quality Postnatal Care through Strengthening Local Health System

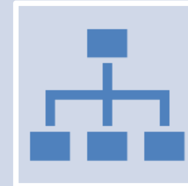
Cities and Municipalities	
First District	•Cavite City ★ •Kawit •Noveleta •Rosario
Second District	•City of Bacoor ★
Third District	•City of Imus ★
Fourth District	•City of Dasmariñas ★
Fifth District	•Carmona •Silang •General Mariano Alvarez
Sixth District	•General Trias City ★
Seventh District	•Amadeo •Indang •Tanza •Trece Martires City ★
Eighth District	•Tagaytay City ★ •Alfonso •General Emilio Aguinaldo •Magallanes •Maragondon •Mendez •Naic •Ternate

Maternal Deaths in Cavite

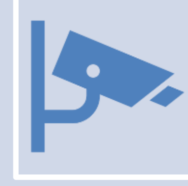
Maternal mortality ratio (MMR) has been erratic since early 2010s, reaching 84 **per 100,000 live births** in 2013 .



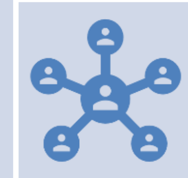
Utilizing MDR to Understand Systems Problems that Hamper Reduction in MMR



Facility-level reviews



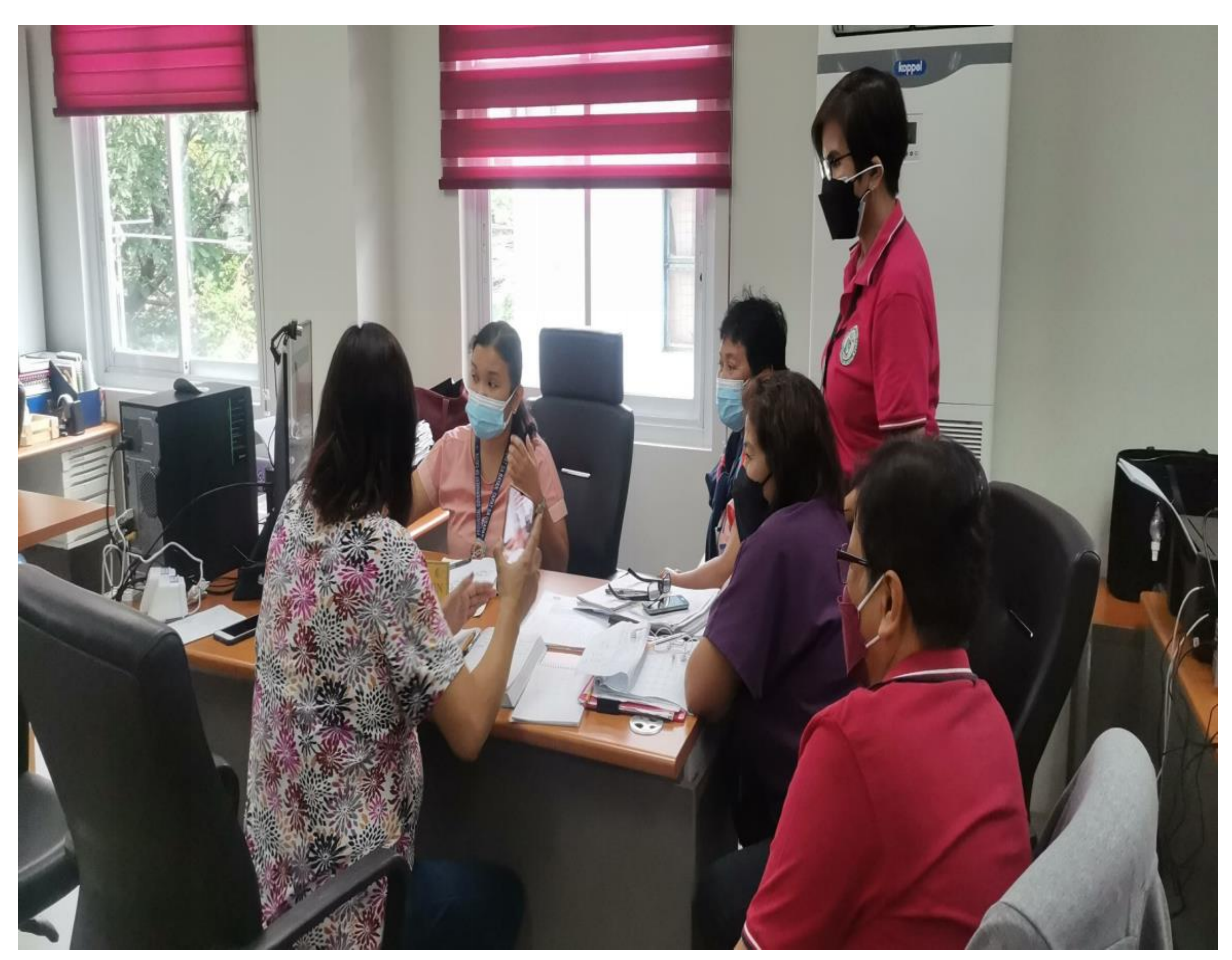
Community-level surveillance



Network-level review

Retrospective Review of MDR Results

- **Reviewed the results of MDRs from 2013 to 2018** covering **108** of maternal deaths
- **Identified the most common causes** of these deaths and the systems gaps that enabled these causes of deaths to occur.



Findings

69%

resulted from pregnancy related complications

31%

resulted from post-partum related complications

Findings

31%

resulted from post-partum related complications

Contributory factors of post partum related complications cases of maternal death

- Poor access to both basic and comprehensive emergency obstetric and newborn care
- Postnatal period is often a neglected period in the quantum of maternal and newborn care
- Challenge by fragmentation of services

Interventions Implemented

Service Delivery

- Integration of care for mother and baby dyad
- Capacitated service providers from public and private facilities
- Improved MCH and FP service delivery

-ensuring available commodities and supplies

- Flexible clinic hours

- Upgrading of health facilities

Interventions Implemented

Social & behavior change

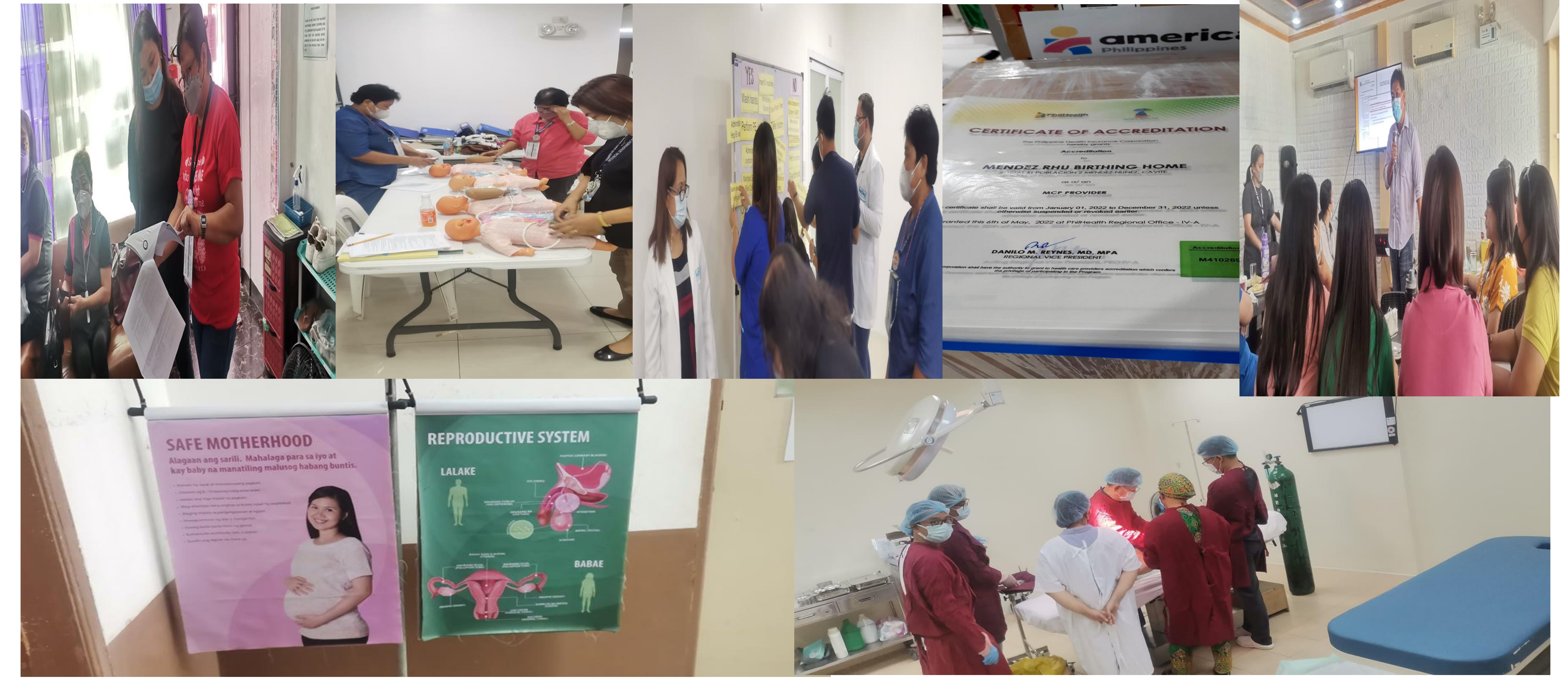
- Communications on FP and maternal care
- Capacitate and mobilized CHWs
  - **Mainstreaming**
  - **Community-based Care**
- Social media and community campaigns
- Peer Support Group (online or face to face)

Interventions Implemented

Policy and systems

- Comprehensive Maternal and Child care policy
- Referral system strengthening
  - case categorization
  - Service Level Agreement among MCH service provider
  - patient navigation unit (Cavite Command Center for Health)
- Maternal care financing through Philhealth
- Institutionalized Maternal Death Review

PICTURES OF INTERVENTIONS



Ways Forward

Addressing Maternal Mental Health: The postnatal period can be a vulnerable time for mothers, with many experiencing a range of emotions and adjustment challenges. Postnatal care provides an opportunity for healthcare providers to screen for and address maternal mental health issues such as postpartum depression and anxiety, offering support and resources to mothers in need.

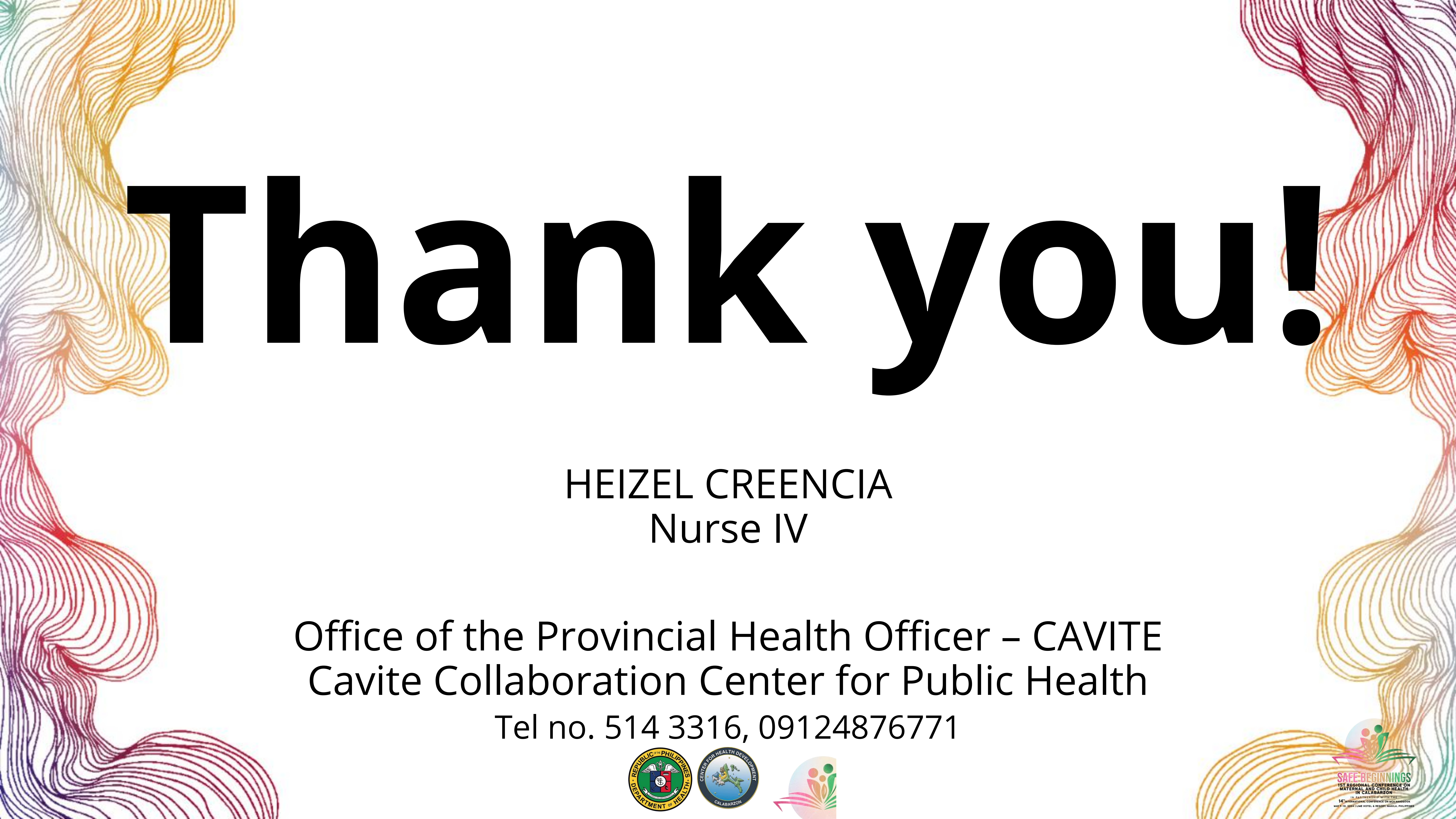
Integration of Non-Communicable Disease Intervention. Primarily assess postpartum women for the absence or presence of risk factors through early detection, prevention and management

LEARNING INSIGHTS

High-quality postnatal care is key for the health and well-being of women after childbirth and their newborn

Analysis of MDR results helps identify health system gaps that contribute to persistent causes of maternal deaths. Addressing these gaps strengthens safe motherhood programming and quality service delivery, leading to improved maternal health indicators.

Addressing maternal mortality requires a **multifaceted approach** that involves strengthening health systems to ensure access to quality postnatal care services


Thank you!
HEIZEL CREENCIA
Nurse IV
Office of the Provincial Health Officer – CAVITE
Cavite Collaboration Center for Public Health
Tel no. 514 3316, 09124876771
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON

Curbing Maternal Mortality

Ms. Ana Liza R. Abrenica, RN, MAN

Nurse VI
Chief Administrator of Nursing Service
MNCHN Coordinator
Provincial Health Office
Batangas Province

Ana Liza R. Abrenica, RN, MAN
Nurse VI
Provincial Health Office of Batangas

5

4

3

2

1

Bridging Healthcare Fragmentation:

“Valuing the Impact of Referral System Implementation through Collaborative Initiatives in Batangas"

5

4

3

2

Timely and proper access to healthcare for the Batangueños has, over time, proven a challenge. Through the implementation of fragmented referral practices, there is the general delay in the transfer of critical cases from one facility to another, thus impacting on services provided. In 2015, the province reported a maternal mortality ratio (MMR) of 86, which points to the fragmented health care system. It hence embarked on an ambitious transformation of the local health system through engagement with local health authorities, healthcare institutions, and others from external organizations.

"the client of one facility is a client of the entire network,"

stressing cooperation and complementation in the healthcare delivery.

1

5

4

3

The critical interventions implemented in the province focused on: (1) strengthening collaboration among healthcare organizations through referral system (RS) establishment; (2) continuous learning and improvement through systematic monitoring and evaluation (M&E) of the RS; and (3) scaling up and recalibrating RS strategies to address emerging problems and adapt to situational changes.

2

1

"the client of one facility is a client of the entire network,"

stressing cooperation and complementation in the healthcare delivery.

5

A province-wide RS, involving the solicitation of support from potential stakeholders, fostering a shared understanding of healthcare delivery challenges, and commitment of the identified stakeholders to work collaboratively at addressing these challenges, was initiated. A service delivery network was thereafter constituted**, comprising 73 public and private healthcare institutions**, mobilized through consultation meetings and workshops.

4

3

"the client of one facility is a client of the entire network,"

2

stressing cooperation and complementation in the healthcare delivery.

1

5

The management of the operations of the network is being overseen by the local health officials and the service provider representatives constituting the network management team. Under the service delivery strengthening component of the Management Team led the development and piloting of a complete referral guideline, standardized referral tools and M&E components, categorized client conditions based on appropriate facilities, trained health care providers and gradually expanded care coordination with neighboring provinces.

4

3

2

1

"the client of one facility is a client of the entire network,"

stressing cooperation and complementation in the healthcare delivery.

After the implementation of the RS, Batangas observed improvement in the referral practices, with better respect among the service providers. The M&E activities evidence an increase in **coordinated cases from 28% in 2015 to 74% in 2022**, together with the rising **acceptance rate of referrals that increased from 85% in 2015 to 99% in 2022**. Besides, it recorded a decrease in the **MMR from 86 in 2015 to 16 in 2022.** The data supported Batangas in raising the capacity of health facilities through additional hiring, provision of communication systems, partnerships among public and private facilities for resource-limited services such as laboratory and diagnostics, efforts in initiating teleconsultation services, and the establishment of a command center to include COVID-19 facilities when the COVID-19 pandemic happened

5

4

3

2

1

"the client of one facility is a client of the entire network,"

stressing cooperation and complementation in the healthcare delivery.

A local health systems assessment in 2015 found that, Batangas, one of the biggest provinces in the Philippines, with 30 component municipalities and four cities, had weak health governance and suffered from poor health outcomes. Surveys before and after confirmed certain areas for improvement.

PROBLEM.

PROBL

HEALTH GOVERNANCE CHALLENGES

- Fragmented health care. Health programs are disconnected, and service delivery does not complement the programs.

- Weak care coordination. Referral protocols are not properly implemented, leading to conflicts among health service providers (HSPs)

- Low investment for health.

PROBLEM.

POOR HEALTH OUTCOMES

- High maternal mortality ratio—86 per 100,000 live births in 2016.

- High incidence of delayed, uncoordinated, and inappropriate referrals.

- Congestion of hospitals with cases that could be managed in lower-level facilities.

- Persistence of out-of-pocket costs for health services in government Facilities

PROBLEM.

SOLUTION:

Operationalizing the referral system in the province-wide health service delivery network using maternal and child health (MCH) as a tracer to address pressing health governance gaps that cause poor health system outcomes, including high incidence of maternal deaths.

SOLUTION:

RESISTANCE TO CHANGE AND FINGER POINTING WHEN PROBLEMS ARISE

Handled by:

- Tapping champions and securing the buy-in of local health leaders.
- Ensuring the participation of HSPs in crafting referral guidelines and tools.
- Standardizing the process of managing disputes and resolving conflicts.

SOLUTION:

SERVICE-DELIVERY-CENTRIC SILOED THINKING

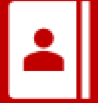
Handled by:

- Addressing health care gaps as a network. Health facilities collaborated in developing and implementing interventions.
- Intentionally and consistently applying systems thinking in all initiatives.
- Utilizing a progressive approach to address health governance gaps, starting with strengthening the referral system using a tracer program.

SOLUTION:

INTERVENTION

Batangas initially harnessed systems-level interventions to operationalize the province-wide referral system for MCH, to gradually expand efforts on other weak health governance components that impeded quality service delivery.



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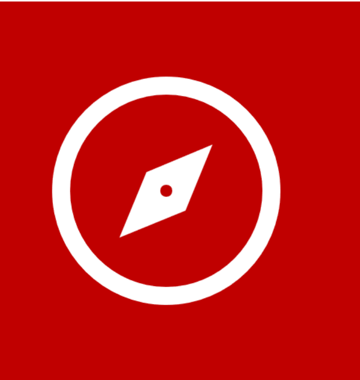

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PHASE I:

STRENGTHENING COLLABORATION AMONG HEALTH CARE ORGANIZATIONS

PHASE 2:

OPERATIONALIZING THE PROVINCE-WIDE REFERRAL SYSTEM

PHASE 3:

IMPROVING SERVICE DELIVERY CAPACITIES OF HEALTH FACILITIES

RESULTS:

Operationalizing the province-wide health referral system facilitated the strengthening of health governance in Batangas and improved health care quality within the service delivery network.

RESULTS:

STRENGTHENED HEALTH GOVERNANCE

- Gradually integrated the province-wide health system technically, managerially, and financially.
- Developed and implemented service-level agreements on health service delivery.
- Expanded partnerships with private health facilities and civil society organizations.
- Strengthened referral mechanisms with neighboring provinces.

RESULTS:

IMPROVED HEALTH CARE QUALITY

- Increased access to both primary and hospital care by expanding the functional capacities of health facilities.
- Improved care coordination capacities and practices; ensured management of cases in the appropriate health facilities.
- Increased attention to quality of care through network-wide implementation of quality improvement mechanisms (supported by a local resolution enjoining health facilities to establish continuous quality improvement programs).

EVIDENCE

- Decrease Maternal Mortality, from 86 in 2015 to 16 in 2022.
- Increased coordinated referrals, from 28% in 2015 to 74% in 2022.
- Declined referrals decreased, from 15% in 2015 to 3% in 2022.
- Increased funding for health by 54% from 2015 to 2022.
- Increased the total budget for service delivery network and referral system by 194% from 2017 to 2022.
- Hired 37 additional human resources for health for the Provincial Health Office and 12 local government hospitals within 2016-2020.

OPERATIONALIZING A DYNAMIC UHC-OPTIMIZED SERVICE DELIVERY AND REFERRAL SYSTEM

BATANGAS HEALTH CARE PROVIDER NETWORK

FROM 15% IN 2015
1%
DECLINED REFERRALS

FROM 28% IN 2015
74%
COORDINATED REFERRALS

FROM 86 IN 2015
16
MMR

TOTAL # REF: 21,629 FROM 5,381 IN 2015

MCH: 14,183 FROM 2,758 IN 2015

FP REFERRALS: 2,075 FROM 556 IN 2015

A GLANCE BACK

In 2015, health programs are disconnected and service delivery does not complement the programs

Weak coordination leading to conflicts among health service providers

Low investment for health and poor health outcomes

FROM FRAGMENTED TO COORDINATED

FROM SERVICE PROVISION TO QUALITY OF CARE

With HCPN CQI team

With approved PHB resolution on CQI

13 hospitals and 5 RHUs with CQI

FROM BARE MINIMUM STANDARD TO RESILIENT HEALTH

With one hospital command center supporting network communication systems through tele-support, teleconsultation, and tele-referral

Increase funding for health budget by 54% in 2022 compared in 2015

Hired additional human resource for health for the Provincial Health Office

Strengthened referral mechanism with neighboring provinces

With DRRM-H Plan that the network co-developed

73 Number of HCPN member facilities

15 Number of Private Hosp with MOA

2 Number of APEX Hosp

LESSONS LEARNED:

IMPROVE HEALTH GOVERNANCE GRADUALLY

- Avoid overwhelming stakeholders and causing them to disengage because of too many tedious tasks.
- Start by addressing the most pressing issue. Start small to avoid wasting resources, then build on gains.
- When operationalizing the referral system, a tracer program can help maintain the focus and momentum of stakeholders.

LESSONS LEARNED:

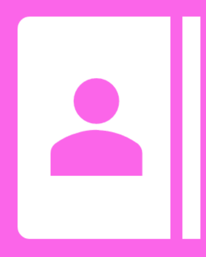
MANAGE THE PROCESS OF CHANGE TO INSTITUTIONALIZE REFORMS

- Communicate a mutual understanding on gaps, problems, and directions to ensure unity in vision.
- Secure, promote, and implement locally driven solutions through collaboration.

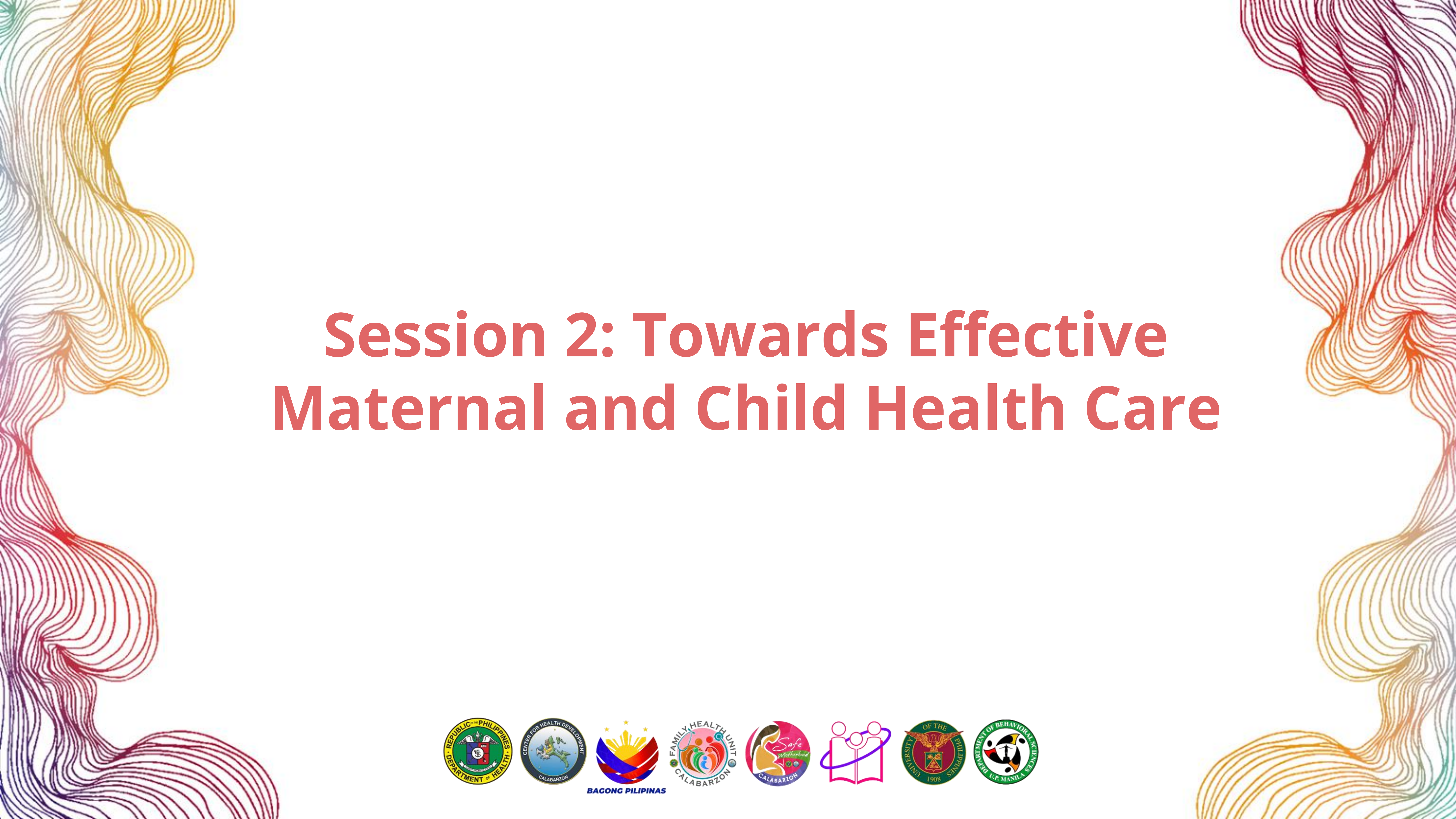
LESSONS LEARNED:

ENSURE COLLABORATION AMONG AUTONOMOUS LOCAL GOVERNMENTS

- Address problems that affect everyone and each government's participation to be resolved.
- Help stakeholders understand why collaborating on certain interventions, like improving care coordination, is more efficient and effective than addressing them as individual local governments.
- Formalize collaboration through partnership agreements and policies to ensure sustainability.



Xie-xie
Kabkoon ka
Arigato
thank you
Merci
Ana Liza R. Abrenica, RN, MAN
dhanyawad
Salamat po
Terima kasih
Danke
Gracias
shoukran
Kamsa hamnida
Orkun


Session 2: Towards Effective Maternal and Child Health Care
BAGONG PILIPINAS

Registration System for Pregnant Women: Policy

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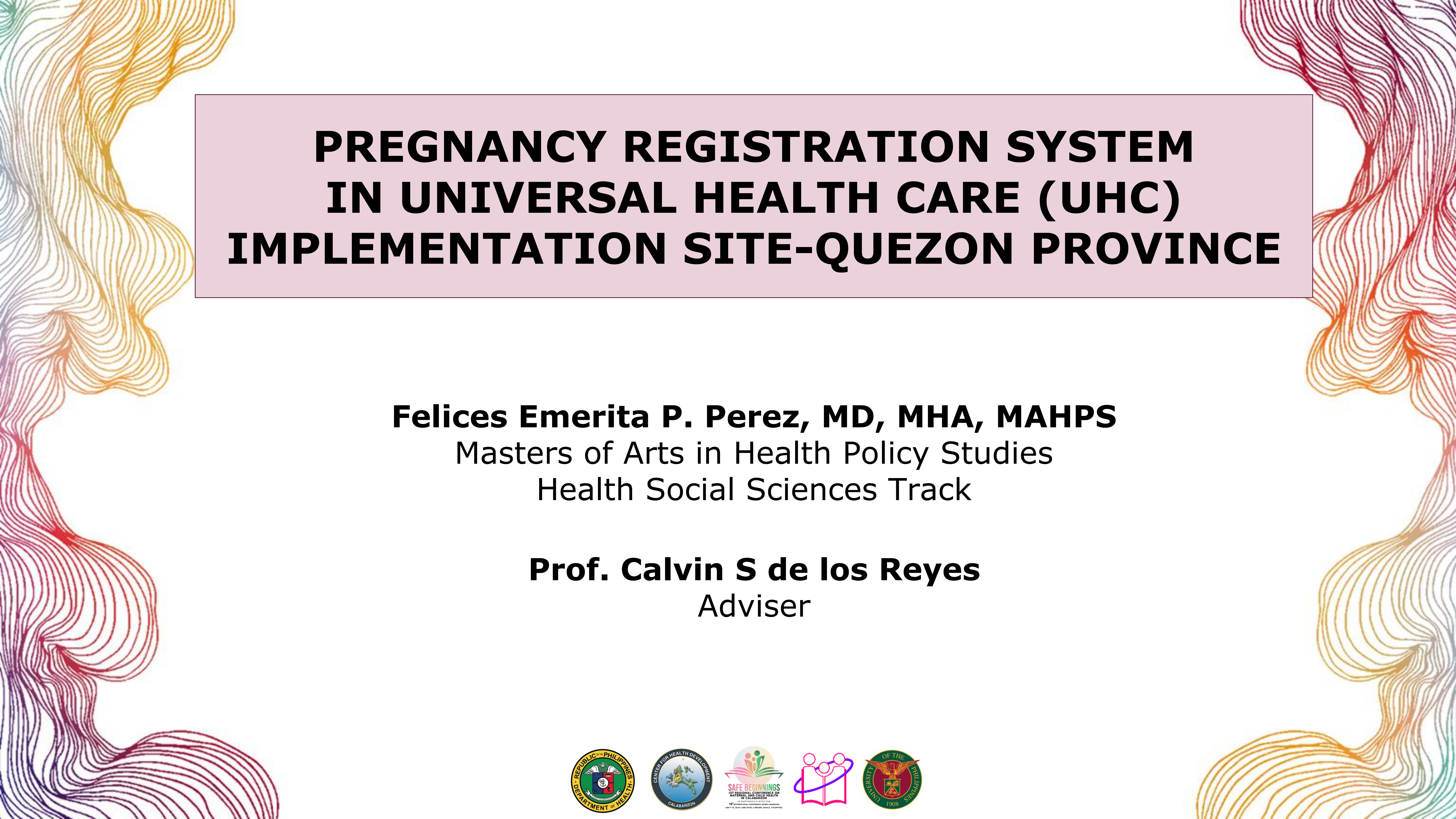
Education

- *Masters of Arts in Health Policy-Health Social Sciences at UP Manila*
- *Masters in Hospital Administration at St. Jude College, Manila*
- *Fellow, Phil.Society of Allergy, Asthma and Immunology*
- *Fellow, Phil. Pediatric Society*
- *Doctor of Medicine, MCU College of Medicine, Edsa Caloocan City*
- *BS Microbiology, UST, Manila*

Work Experiences

- *At present- Medical Officer IV- Section Chief Planning and Statistics Section*
- *Past Positions:*
  - *Cluster Head-Family Health Cluster and Non-Communicable Diseases*
  - *Point person-Calabarzon Regional Vaccination Operation Center (RVOC)*
  - *Chairperson- Department of Physiology, MCU College of Medicine*
  - *Associate Professor 3-Department of Physiology, Pediatrics, and Pharmacology, MCU*
  - *Professor 1,-Department of Physiology, and Pharmacology, Emilio Aguinaldo College,Manila*


PREGNANCY REGISTRATION SYSTEM
IN UNIVERSAL HEALTH CARE (UHC)
IMPLEMENTATION SITE-QUEZON PROVINCE
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Masters of Arts in Health Policy Studies
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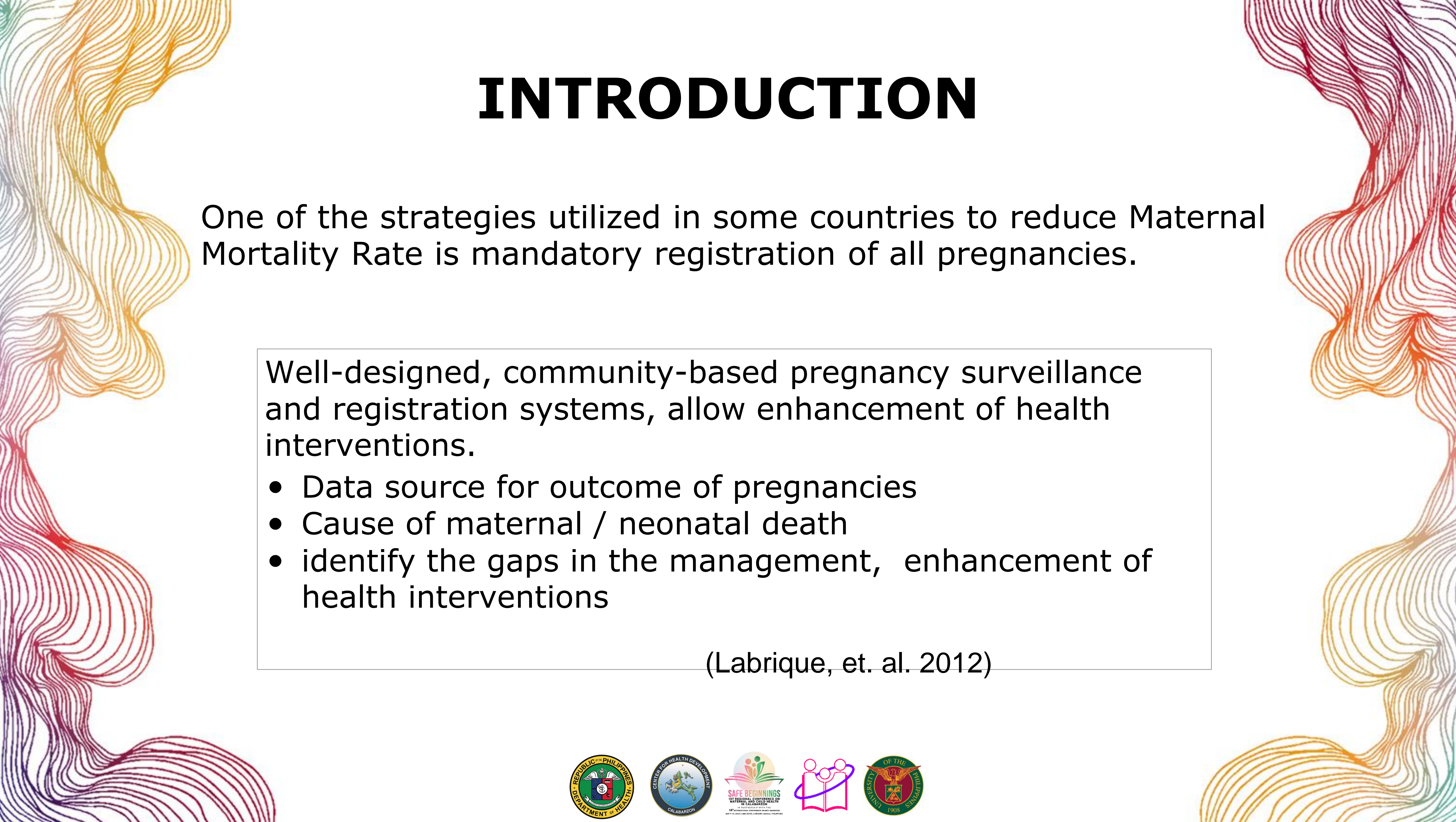
SAFE BEGINNINGS
UNIVERSITY OF THE PHILIPPINES
1908


INTRODUCTION
One of the strategies utilized in some countries to reduce Maternal Mortality Rate is mandatory registration of all pregnancies.
Well-designed, community-based pregnancy surveillance and registration systems, allow enhancement of health interventions.
• Data source for outcome of pregnancies
• Cause of maternal / neonatal death
• identify the gaps in the management, enhancement of health interventions
(Labrique, et. al. 2012)

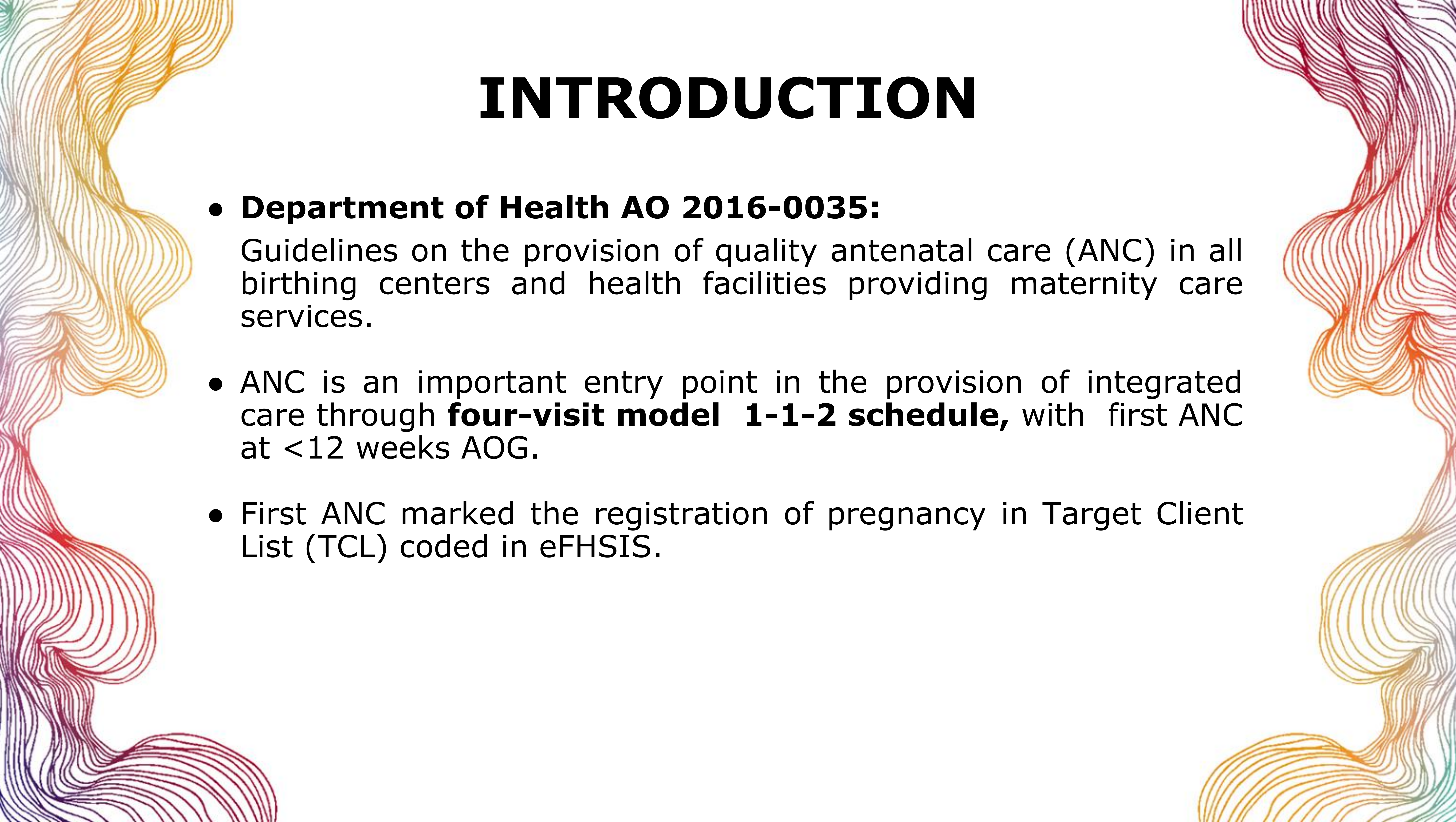
INTRODUCTION

The *Swedish Pregnancy Registry* makes it possible to measure quality of care and outcomes of pregnancy and childbirth. It offers new possibilities for quality improvement in pregnancy and childbirth and research. The goal is to increase equality and quality of care during pregnancy and delivery in Sweden. *(Stephansson, 2017)*

Maternal and Child Health Law. The value of the Japanese health checkup system is further enhanced by its high coverage rate. Once pregnant, women receive health check vouchers for ANC check ups upon submitting a notice of pregnancy at the municipal government office. Official statistics in FY2016 show that 92.6% women submitted a notice of pregnancy before 11 weeks of gestational age, and more than 99% of pregnant women submitted it before delivery. *(Takehara, Balogun, 2016)*

Pregnant Women Registration in Tamil Nadu for Birth Certificate

Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) is a system started by Tamil Nadu government to track all pregnant women.
(Tamilnadu website, 2022)


INTRODUCTION
Department of Health AO 2016-0035:
Guidelines on the provision of quality antenatal care (ANC) in all birthing centers and health facilities providing maternity care services.
ANC is an important entry point in the provision of integrated care through four-visit model 1-1-2 schedule, with first ANC at <12 weeks AOG.
First ANC marked the registration of pregnancy in Target Client List (TCL) coded in eFHSIS.

SIGNIFICANCE OF THE STUDY

Pregnancy Registration:

- A strategy to keep records and monitor the status of all pregnant women;
- Facilitate more efficient pregnancy tracking;
- Early identification of health gaps, delivery of timely interventions and provide equitable access or delivery of health services;
- A system or an application like civil registration which aims to gather facilitate and identify essential information;
- Data source for planning and development of policy changes.

the researcher observed
pregnancy registration is poorly practiced as the mother visits the health center for antenatal care
SAFE BEGINNINGS
CALABARZON
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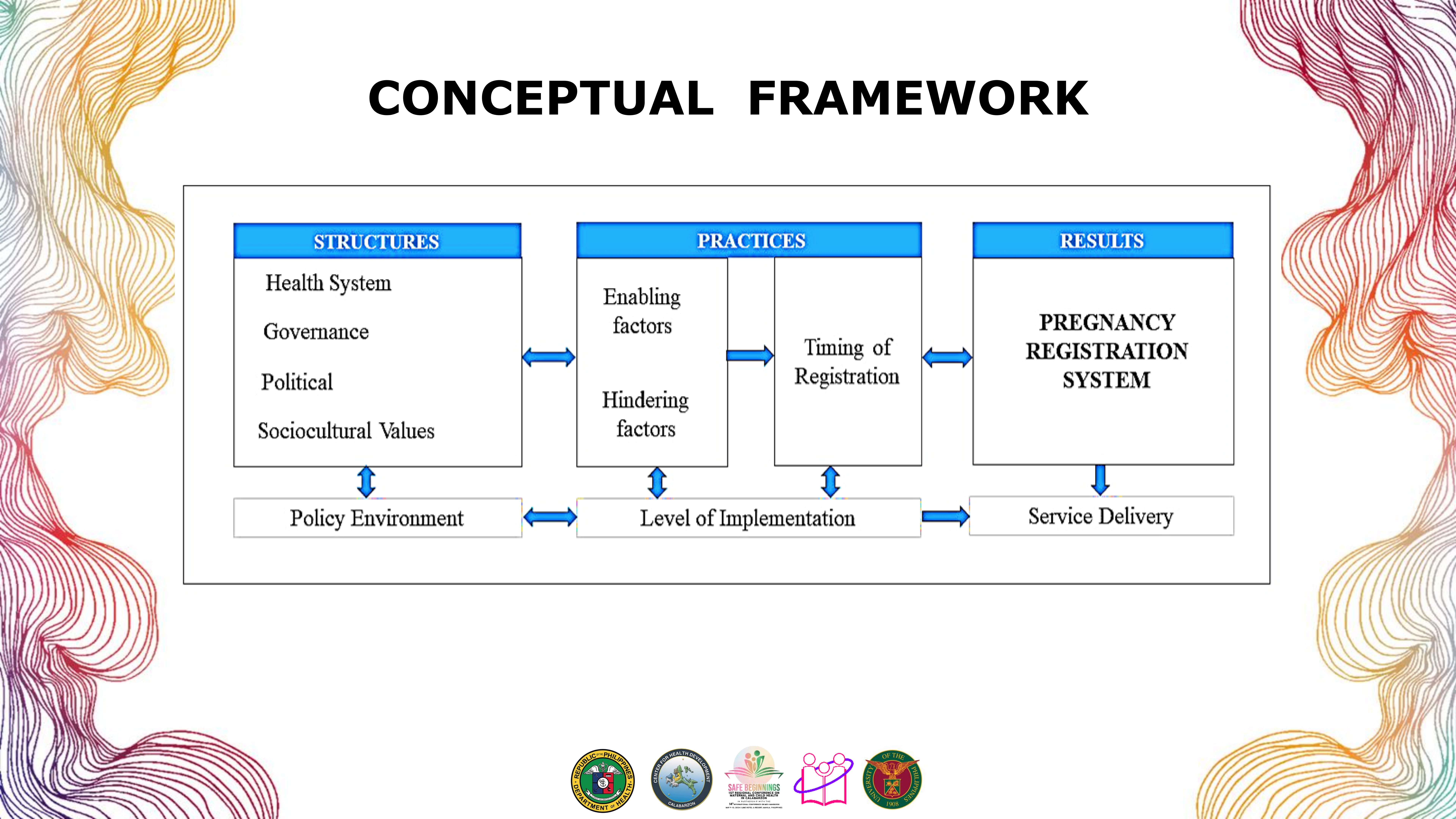
General Objective :

This study seeks to describe the current policy environment on the registration of pregnant women in selected areas of the Universal Health Care (UHC) Implementation Site in Quezon Province.

Specific Objectives :

1. Determine the system on how pregnancies are registered in selected municipalities of Quezon Province;
2. Identify the level of implementation, timing, enabling and hindering factors in the registration of pregnancy.


CONCEPTUAL FRAMEWORK
STRUCTURES
Health System
Governance
Political
Sociocultural Values
PRACTICES
Enabling factors
Hindering factors
Timing of Registration
RESULTS
PREGNANCY REGISTRATION SYSTEM
Policy Environment
Level of Implementation
Service Delivery

METHODOLOGY

Study Design:

Mixed qualitative and quantitative design

Phase 1 - Desk Review, KII and FGD

Phase 2 - Cross-sectional analytic study through Survey

Study Area/Site of the study:

Conducted in 10 LGUs in Quezon Province with highest 5 and lowest 5 ANC coverage from 2016-2019

Study Population/Respondents:

- KII - Policy Makers: Provincial Health Office and PDOHOs;
- FGD - Implementers: MHO/CHO, Nurses, Midwives, Barangay Health Workers;
- Survey - Pregnant Clients: 18 years old and above with informed consent.

METHODOLOGY

Inclusion Criteria:

Includes pregnant subjects 18 years old and above

With signed written informed consent

Exclusion Criteria:

Non-pregnant (WRA), subjects below 18 years old

No signed written informed consent

Submitted and Approved for Ethics Review (UPMREB)

Informed consents were obtained from all respondents

METHODOLOGY

Data Analysis utilized both qualitative and quantitative methods.

- Quantitative data analysis involved descriptive statistic analysis (weighted mean, median, percentages in the 5-point Likert Survey.
    - Prevalence of delayed onset of ANC, and predictors of delayed onset of ANC were determined from the sociodemographic factors and survey questions using bivariate, and multivariate stepwise logistic regression and Backward Stepwise Regression Method (Manual)
    - all at *90%* confidence interval, $p < 0.10$ level of significance.

- Qualitative data were analyzed using thematic analysis.

RESULTS AND DISCUSSION

Respondents Profile			
Details	**KII**	**FGD**	**Survey**
No. of Respondents	**10**	**15** (2 Groups)	**283**
Designation	PHO/MHO/PHN	Midwives & BHWs	Clients

Sociodemographic Profile		Frequency	%
Antenatal Care Coverage 2016-2019	Top 5 ANC	**218**	**77**
	Bottom 5 ANC	65	23
	Total	283	100

Table 1. Distribution of Respondents (Clients) by Sociodemographic Factors

Sociodemographic Profile		Frequency	%	Mean, (SD)	Median (Min,Max)
Age Group	18-19	27	9.5	27.3 (5.9)	27.0 (18.0,43.0)
	20-24	72	25.4		
	25-29	91	32.2		
	30-34	57	20.1		
	35+	36	12.7		
Civil Status	Single	11	3.9		
	Married	111	39.2		
	Separated	2	0.7		
	Common-law/Live-in	159	56.2		

Table 3. Distribution of Respondents (Clients)

Sociodemographic Profile	No.	Frequency	%	Mean, (SD)	Median (Min,Max)
Number of Pregnancies (Gravida)	1	81	28.6	**2.4 (1.28)**	**2 (1.0,5.0)**
	2	86	30.4		
	3	62	21.9		
	4	25	8.8		
	5+	29	10.2		
Number of Deliveries (Parity)	0	83	29.3	**1.4 (1.3)**	**1 (0,05.0)**
	1	84	29.7		
	2	64	22.6		
	3	26	9.2		
	4	15	5.3		
	5+	11	3.9		
AOG at First ANC	1st trimester	163	57.6	**12.44 (5.4)**	**11.4 (4.14, 33.42)**
	2nd trimester	116	41.0		
	3rd trimester	4	1.4		

Table 4. Distribution of Respondents (Clients)

Health Facility Visit for ANC		Frequency	%
First Antenatal Care by Facility	1 - Home visits	3	1.1
	2 - RHU/BHS	249	88.0
	3 - Private Clinic	23	8.1
	4 - Hospital (Out-patient Department)	8	2.8
	1 - Home visits	3	1.1
Facility Frequently Visited for ANC	1 - Home visits	3	1.1
	2 - RHU/BHS	249	88.0
	3 - Private Clinic	23	8.1
	4 - Hospital (Out-patient Department)	8	2.8
	1 - Home visits	3	1.1
	2 - RHU/BHS	249	88.0

Table 5. Distribution of respondents according to the number of ANC visit according to the AOG during the survey

	1st trimester	2nd trimester	3rd trimester	
Number of ANC Visit	1x	2x	3x	4x
Number of Pregnant Women who had ANC	28	39	73	38
Total Number of PW	45	108	130	130
Percent (%)	**62%**	**36%**	**56%**	**29%**

Table 6. Scores on Pregnancy Registration System among the pregnant women respondents (n=283)

5 –Point Likert Scale

Strongly Agree	5
Agree	4
Uncertain	3
Disagree	2
Strongly Disagree	1

Knowledge towards PR	Attitude towards PR	Hindrances to PR
A pregnancy registration system is in place in your area	Would you agree to have your current and subsequent pregnancies registered through a) System	Teen pregnancy
How pregnancy registration done in your area: i. System registration(National/Regional/Local)	Presence of strong national policy on pregnancy registration.	Unemployment
ii.Mobile app	Registration should be mandatory for all pregnant women.	Poor education
iii. Pen and Paper listing (Target Client List)	Availability of options to register pregnancy (through online, mobile app, health, facility, home visits)	Have several children.
Would you agree to have your current and subsequent pregnancies registered through a System	Availability of information of advantages and benefits of a registered pregnancy.	Unmarried status /single mother.
The first antenatal visit should be registered in health facilities (RHU/BHS/Health Center)	Access to maternal and newborn packages upon registration of pregnancy.	Lack of fare or transportation going to the place of registration.
LGU health workers / Barangay Health Workers Track or record all pregnant women in your community.	Free access and simple pregnancy registration system.	Lack of information regarding benefits of registered pregnancy
The first antenatal visit to a health facility should be within the first 12 weeks of pregnancy.	Accessibility of the health facility where pregnancy	Lack of support and guidance of health workers regarding pregnancy registration

Table 7. Factors associated with Knowledge, Attitude, Hindrances Scores

Factors	Median and Freq
Knowledge towards PR	Median 4
	Average responses 93.6% (Agree,Strongly Agree)
Attitude towards PR	Median 4
	Average responses 93.6% (Agree,Strongly Agree)
Hindrances to PR	Median 3
	Average response 42.8% (Disagree, Strongly disagree)

Table 8. Sociodemographic factors, Knowledge, Attitude, Hindrances Scores Associated with Delayed ANC

Factors	Highest Prevalence of Delayed ANC (%)	Chi-Sq	Log Regression	Backward Building Model
Civil Status	47.2	0.005	NS	NS
Gravida	60	NS	(G4/G1) p-value =0.059	G4/G1=0.027
Parity	63.6	NS	(P3/P0) p-value = 0.055	
Knowledge toward PR (Disagree)	75	NS		
Attitude toward PR (SDAgree)	75	NS		
Hindrances to PR (Strongly Disagree)	54.5	0.015	Agree/SDA 0.007 Strong Agree/SDA = 0.027	Agree/SDA =0.009 SA/SDA=0.08

Table 9. Factors associated with Delayed ANC Using Logistic Regression Analysis

Factors		Significant Results	Analysis
Gravida	**G4+/G1**	p-value =0.059 OR 2.419 (1.121,5.223)	**G4 had 2.419 higher odds of delayed ANC** compared to G1(reference)
Parity	**P3+/P0**	p-value=0.055 OR 2.424 (1.135, 5.177)	**P3 had higher odds of delayed ANC** compared to P1
Hindrances Ave scores	Agree/ Strongly Disagree (A/SDA) SA/SDA	p-value 0.007 0.027	Hindrances scores showed **lower odds** of delayed ANC compared to Strongly DA.

Table 10: Factors Associated with Delayed ANC Using Final Backward Model MultiReg Logistics

<table>
<tr><th>Factors</th><th>Significant</th><th>Analysis</th></tr>
<tr><td>Gravida</td><td>OR 2.963(1.322-6.641) p-value 0.027</td><td>Gravida 4 and above have 2.96 times higher odds of delayed of ANC compared to reference, G1 .</td></tr>
<tr><td rowspan="2">Hindrances Ave. Scores
• Teen Pregnancy
• Unemployment
• Have several children,
• Poor education
• Unmarried status,
• Lack of fare, lack of transportation
• Lack of information regarding benefits of pregnancy
• Lack of support and guidance from health workers</td><td>0.665 (0.336.0, 0170) p-value=0.009</td><td>Those who Agree have 0.665 lower odds of delayed ANC compared to those who Strongly Disagree</td></tr>
<tr><td>0.705 (0.319,0.144) p-value=0.018</td><td>Strongly Agree 0.705 lower odds of delayed ANC</td></tr>
</table>

RESULTS and DISCUSSION

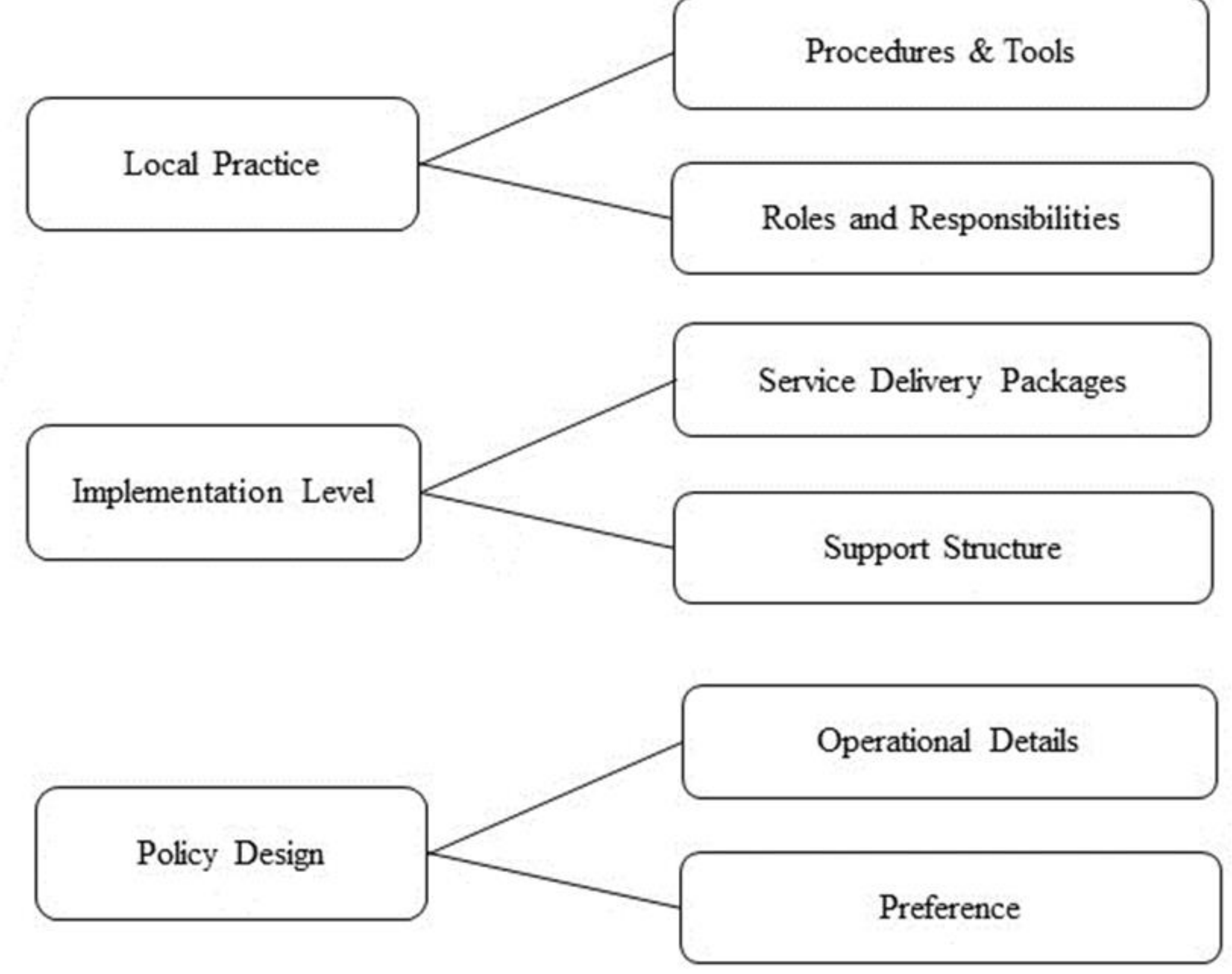


Fig. Thematic Map

Theme 1: Local Practice

<table>
<tr><th>Sub-Theme</th><th>Results (KII & FGD)</th><th>Discussion</th></tr>
<tr><td rowspan="2">1.1Procedures & Tools</td><td>Pregnancy Registration is “Masterlisting”

Pen & Paper</td><td>Pregnancy Registration (PR)is mainly the master listing or profiling of pregnant women which is done during the first or initial encounter with a health care provider specifically the BHWs or Midwives in either the Rural Health Units (RHU) or Barangay Health Stations (BHS).</td></tr>
<tr><td>Logbook - BHW
TCL - Midwife</td><td rowspan="2">The basic tools utilized by the health workers in pregnancy registration includes:

Home Based Mothers Record (HBMR) which is kept by the mother

Target Client List (TCL) which is issued by the DOH for recording and reporting of pregnancy in the LGUs.</td></tr>
<tr><td>Quotes</td><td>“Pag-kalap ng information ng mga buntis. Pagprofiling.”

“First contact to pregnant woman recorded in TCL and HBMR.</td></tr>
</table>

Theme 1: Local Practice

Sub-Theme	Results (KII & FGD)	Quote	Discussion
1.2 Roles and Responsibilities of Actors in PR			
Institutional Actors (Political Leaders)	Provide add-ons/incentives/freebies/ Philhealth coverage	"Yun Mayor ko po, ayaw niya na meron batang namamatay sa panganganak, kaya, ang mga hilot po, 10 years ago sila po ay aming kinakausap, Meron ordinance, na me policy na bawal na magpaanak sa bahay."	Political will
Local Health workers	**BHW** - does pregnancy tracking Midwife- recording in the TCL	"**BHW, sila po ang unang nakakaalam**, sino-sino ang mga buntis sa area nila. Sila po yun pinaka-frontliner natin, pag nalaman nila na me buntis, pinapunta nila sa health center."	BHW - First to Know; Direct contact with clients
Client Influencers	BHWs, Hilot, Family, Peers	Peers sila naman ang **positive na nakaka-encourage,** kasi uso din yun mga chat groups sa FB, first time mom, nagsesend ng mga link, kung ano, or anything related sa pregnancy. "Mga hilot po, ginawa naming **Community health Volunteer"** **Negative Family-** "ma-aabala ka lang, maraming trabaho, lalo kung me anak na iintindihin" "..iba ibang paniniwala eh, kasi hindi naman nawawala ang mga kasabihan ni Lolo, ni Lola"	Social Media- Info Drive Work interruptions and Old beliefs

Theme 2: Implementation Level

Sub-Theme	Results (KII & FGD)	Discussion
2.1 Service Delivery-expounds the **how services are delivered to pregnant women** in the identified LGUs as well as the **accessibility issues** of clients considering the **geographic features** of **Quezon province.**		
Timing	“Once na magpunta ang buntis sa facility. Kasi bago ka maregister, kelangan, magpakonsulta. Kasi hindi po pede na maregister ni BHW na alam niya na me buntis, ireregister.”	**Pregnancy registration follows once the pregnant women visits the health facility**. Chance of higher delays since not all pregnant women reports at the first trimester which is the optimal time for the mother and baby consultation Passive Registration
Enabling	Add-ons, Free delivery ”Bigay na Bigas, mag-ina ko ay ligtas”	LGU initiative - Positive Reinforcement

Theme 2: Implementation Level

Sub-Theme	Results (KII & FGD)	Discussion
2.1 Service Delivery-expounds the **how services are delivered to pregnant women** in the identified LGUs as well as the **accessibility issues** of clients considering the **geographic features** of **Quezon province.**		
Hindering Factors	"Kung hindi siya nagpunta sa RHU, hindi malilista" **Tinatago (teen and multigravida)** "Nahihiya" -social stigma "Wala tayo info na nandyan siya. **Bigla na lang na darating na manganganak.**" "Yun nga mga ganun din…mga **late** na, **unwanted** pregnancy, **teenage pregnancy**… ahh **multigravid** naman, **G6-7**, ayaw na, nahihiya na" "Matanda, mga 4**0's, nahihiya**" "**Unplanned, unwanted**…" Private patients- not listed; goes back to RHU for tetanus toxoid shots "Pero pagdating sa private hindi siya nako-kolekta. Hindi lahat macacapture lalo yung mga **working na mga buntis.**"	

Theme 2: Implementation Level

<table>
<tr><th>Sub-Theme</th><th>Results (KII & FGD)</th><th>Survey Results</th></tr>
<tr><td rowspan="3">2.1 Service Delivery

Hindering Factors</td><td><u>Accessibility Issues</u>
“Malalayo ang mga bahay” P500 ang pamasahe sa bayan, pabalik pa

“Pag ka 30-40 km (ng bahay), hindi na namin napupuntahan. Meron po kami isang Sitio, na 2 araw na lakaran, walang ibang klaseng transportation. Yun po hindi namin napupuntahanage”</td><td rowspan="3">Only 62% had 1st ANC at 1st trimester

Only 29% had 4x visit at 3rd trimester

Declining compliance to ANC from 1st to 3rd tri

ANC is 1+1+2=4
At least visit
1-1st trimester
1-2nd trimester
2-3rd trimester</td></tr>
<tr><td>“Matititigas ang ulo”
“Mas pinili pa ang hilot kahit paulit-ulit na ni-explain namin, wala po confidence sa health care”

“Wala naman ultrasononologist dyan, B-BP ka lang, hindi naman makikita kung me anemia ka.</td></tr>
<tr><td>Lack of trust in the Health Facilities- no G1 and G5 deliveries, hospital rumors pregnancy deaths, lack of laboratories,health professionals in RHUs, poor rapport with clients</td></tr>
</table>

Theme 2: Policy Support

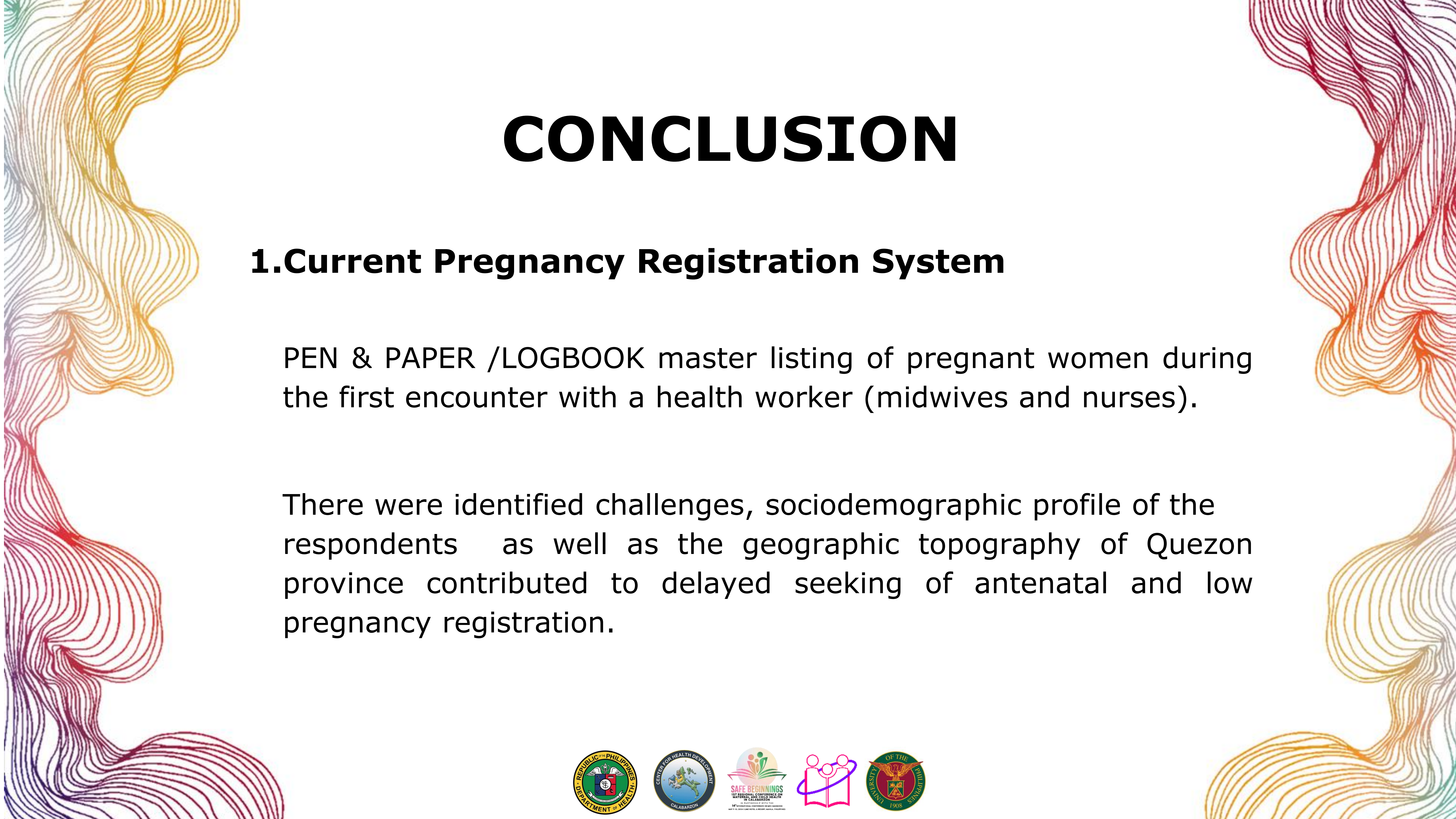
Sub-Theme	Results (KII & FGD)	Discussion
2.2 Support Structure **With existing policy on PR?**	**"No Policy from National, Regional, Local"**	**Current practice not sufficient**, since **not all are registered** in Quezon Province due to **accessibility and sociodemographic factors**. Subsequently, **not all pregnant women receive the appropriate and timely maternal care services** for **optimal health and wellness both the mother and child.**

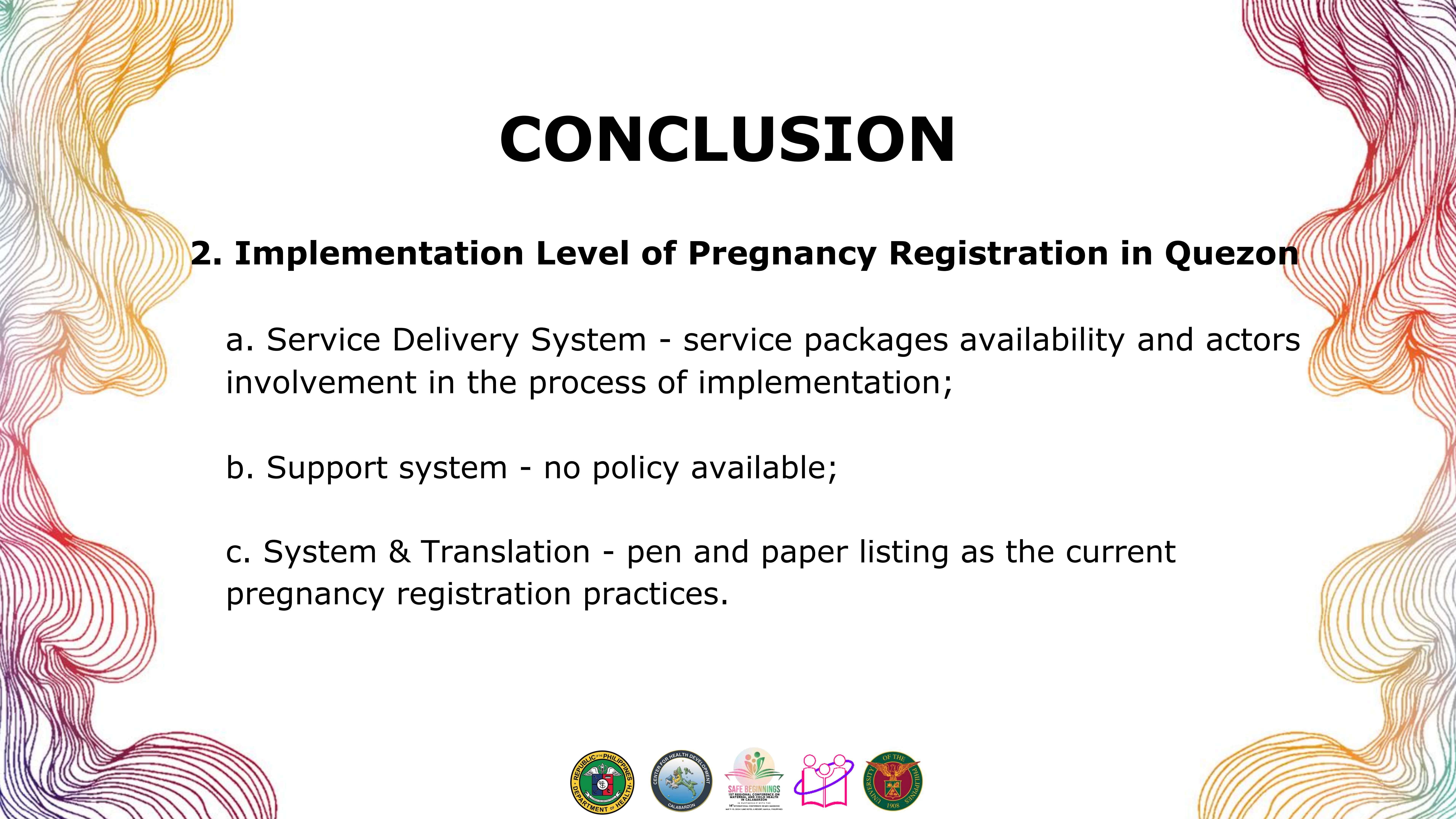
Theme 3: Policy Design

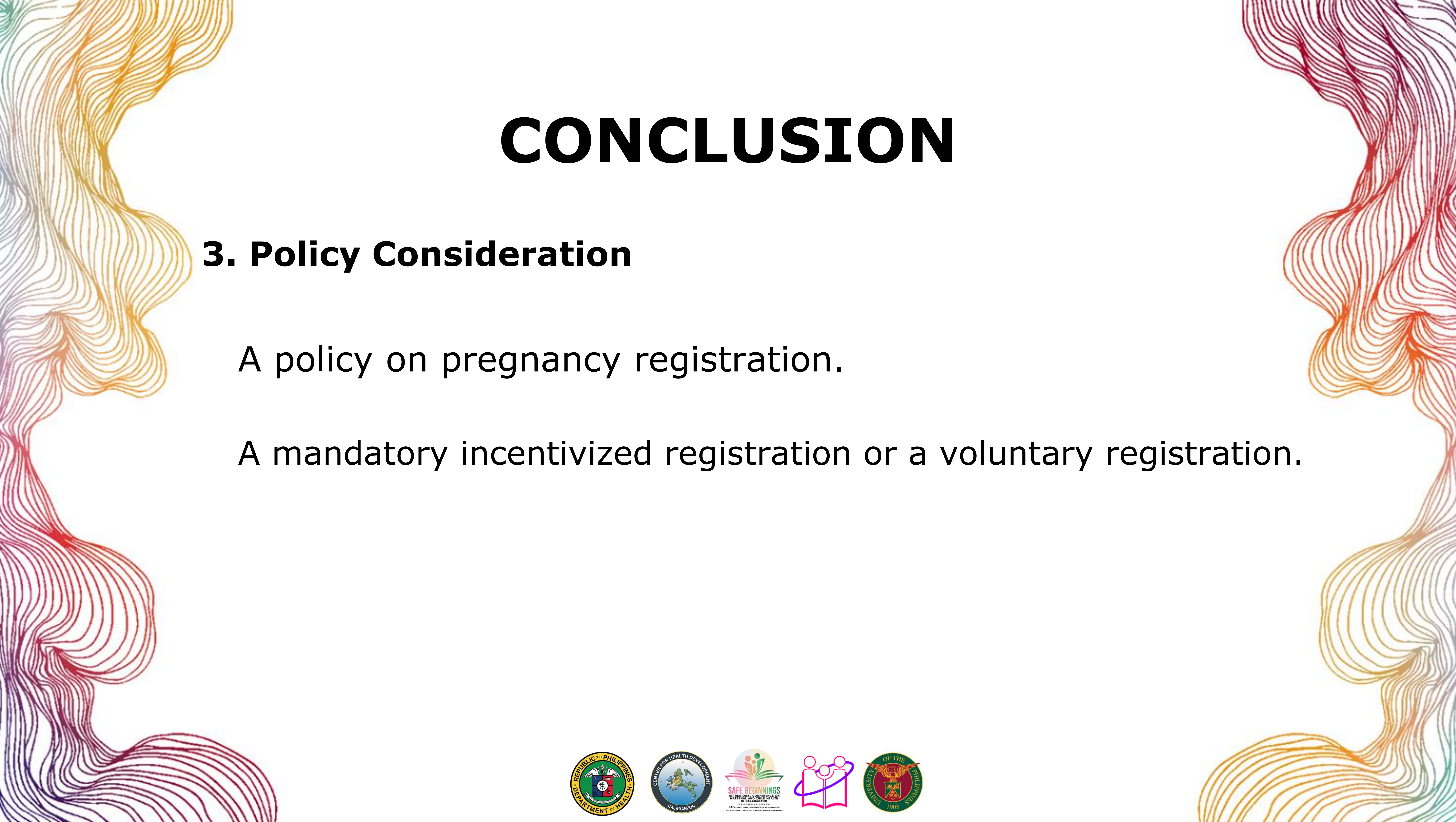
Sub-Theme	Results (KII & FGD) Quote	Discussion
3.1 Operational Details **Policy Design Proposal**	"Mobile po mas madaling para kahit sino po ay pedeng magregister." "Pede po both." "Marunong gumamit online, madali ang access yung sa papel, dapat me back -up." Madali agad makikita ang kalagayan niya, makakausap natin, kung me agam-agam siya, madali siya magtatanong sa midwife, anumang oras kahit gabi.	**A strong policy on PR was favored as a first step to improve tracking and monitoring of health status**; a mandatory incentivized or a voluntary registration was also considered.

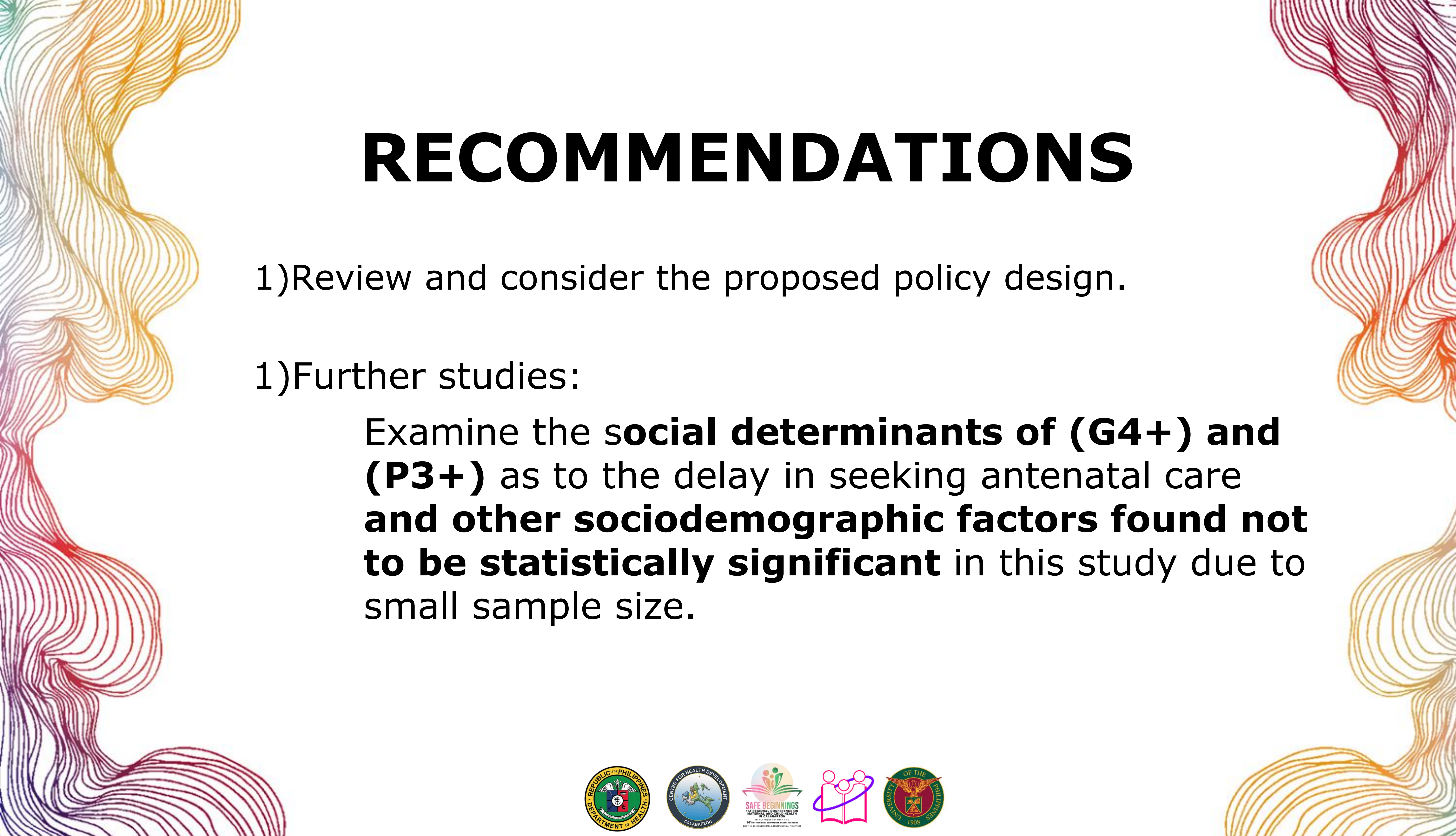
Theme 3: Policy Design

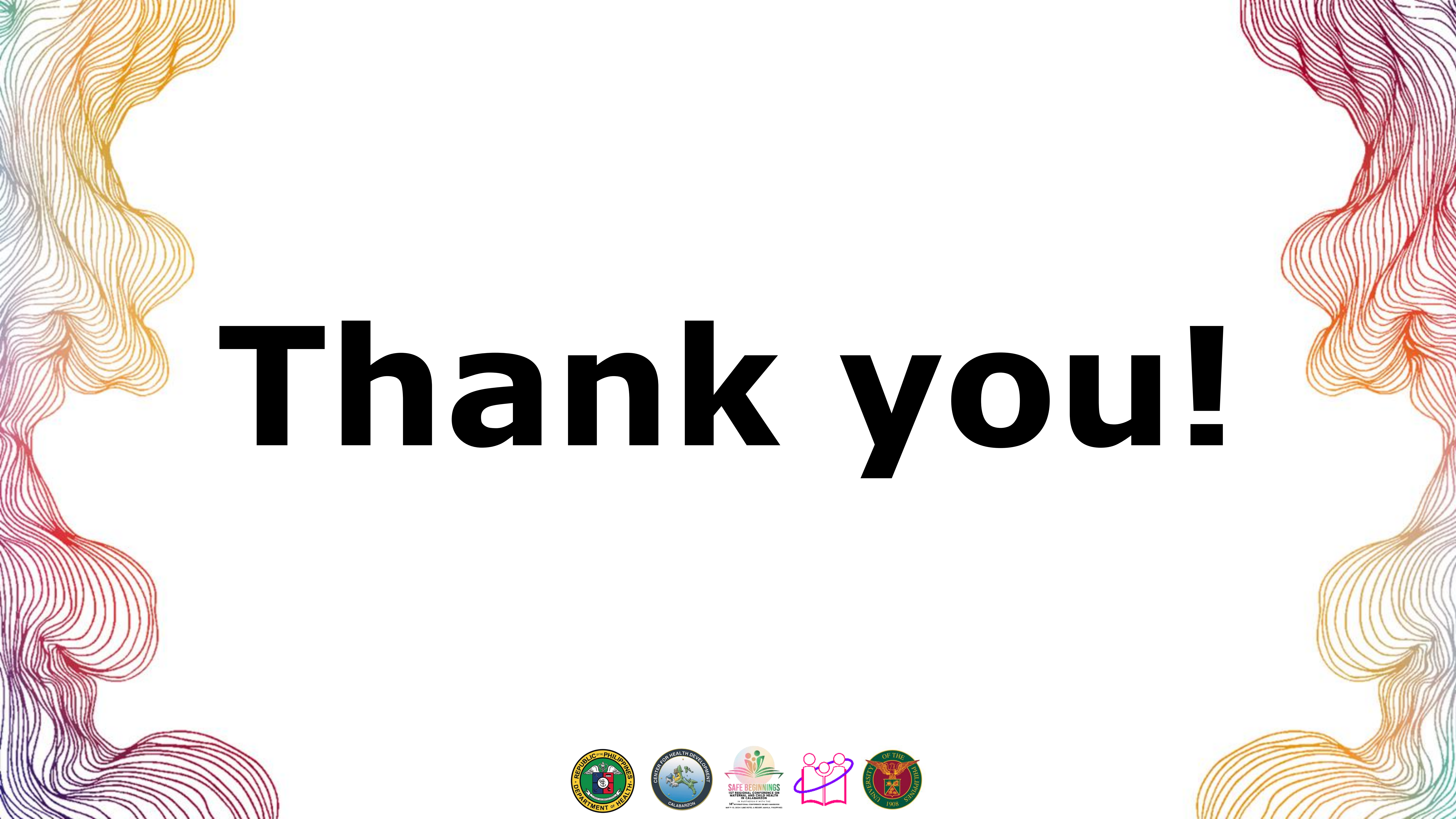
Sub-Theme	Results (KII & FGD)	Quote/ Discussion
3.2 Preference **Is Policy on PR necessary?**	Yes po, importante! Mahalaga!!! Kung sa national level po ang pregnancy registration system, online database, pede po mag upload ng ultrasound basta me confidentially pa din. Mas mapapadali po ang inter-referral system between hospital/inter-barangay.	Considerations: • Availability of **portable ICT** • **additional human resources** • **online and offline version with uploading features**
	"Mahalaga"; "dagdag trabaho; "**Ideally talaga ay first trimester pa lang ay naka register ka na** dahil, di ba pag first trimester, napaka crucial niyan sa development ng baby sa nutritional status ng mother and child"	


CONCLUSION
1.Current Pregnancy Registration System
PEN & PAPER /LOGBOOK master listing of pregnant women during the first encounter with a health worker (midwives and nurses).
There were identified challenges, sociodemographic profile of the respondents as well as the geographic topography of Quezon province contributed to delayed seeking of antenatal and low pregnancy registration.
SAFE BEGINNINGS


CONCLUSION
2. Implementation Level of Pregnancy Registration in Quezon
a. Service Delivery System - service packages availability and actors involvement in the process of implementation;
b. Support system - no policy available;
c. System & Translation - pen and paper listing as the current pregnancy registration practices.


CONCLUSION
3. Policy Consideration
A policy on pregnancy registration.
A mandatory incentivized registration or a voluntary registration.
SAFE BEGINNINGS


RECOMMENDATIONS
1)Review and consider the proposed policy design.
1)Further studies:
Examine the social determinants of (G4+) and (P3+) as to the delay in seeking antenatal care and other sociodemographic factors found not to be statistically significant in this study due to small sample size.
SAFE BEGINNINGS


Thank you!
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
UNIVERSITY OF THE PHILIPPINES
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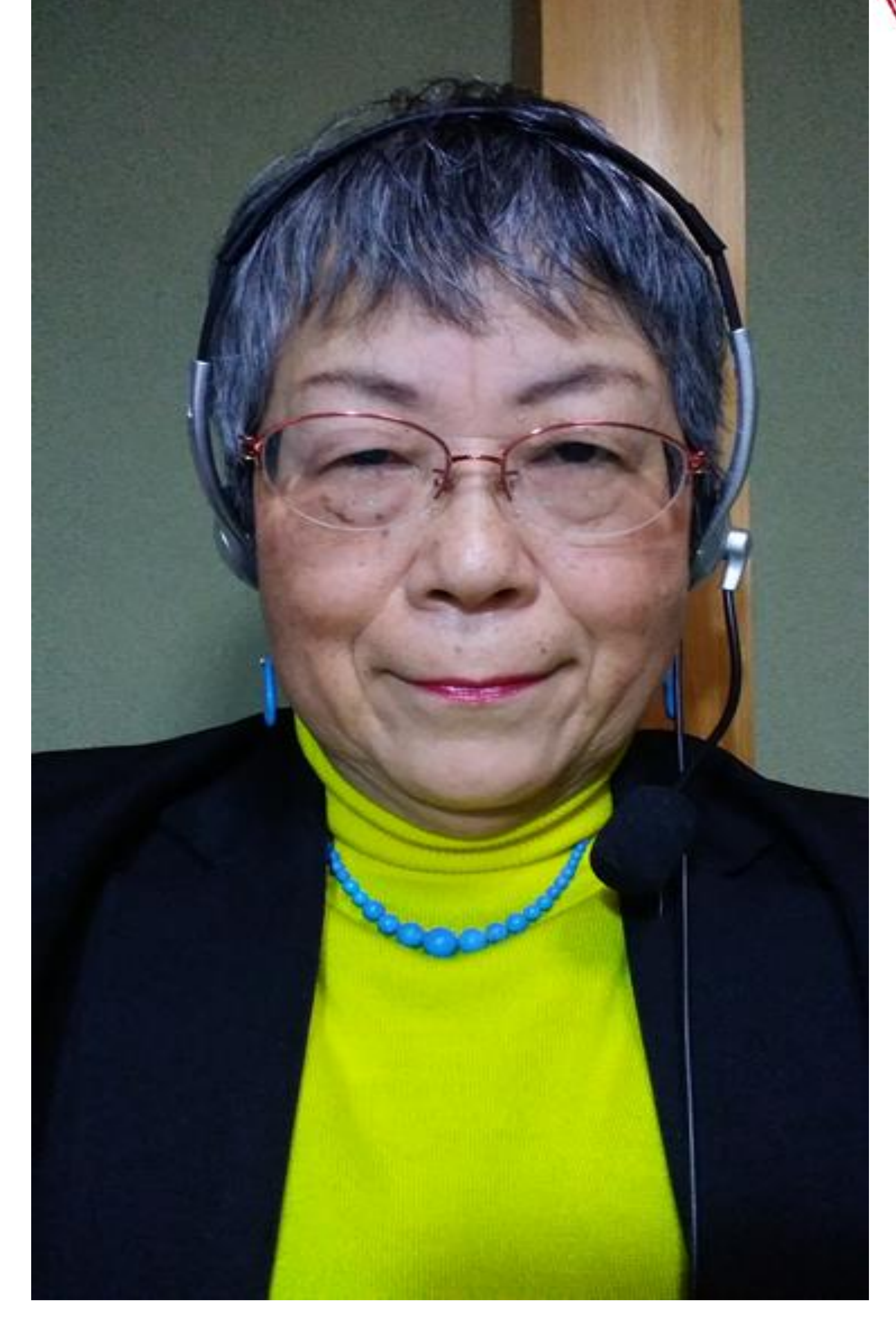
Little Baby Handbook

Ms. Akemi Bando

Committee of International MCH Handbook
International Committee of Maternal and Child Health Handbook



Akemi BANDO

Secretary General
International committee
on MCH Handbook

Adviser Little Baby
Circle National Network

Little Baby Handbook in Japan

Under 2500g 9.4%
Under 1500g 0.7% in 2019

10th International conference on MCH Handbook at TOKYO 2016

Tokyo declaration

9. The MCH Handbook should meet the emerging demands from those with specific needs, such as low-birth weight babies, children with development disorders, and those affected by public health emergencies and disasters.

Survival rate under 1500g in 2019 Japan

	~500g	501~ 750g	751~ 1000g	1001~ 1250g	1251~ 1500g	Total
Death	392	693	281	206	228	1,800
	39.8%	15.4%	5.3%	3.4%	2.9%	7.3%
Survival	594	3,815	5,010	5,936	7,631	22,986
	60.2%	84.6%	94.7%	96.6%	97.1%	92.7%
Total	986	4,508	5,291	6,142	7,859	24,786
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Manual of health guidance for low birth weight baby 2019

There are 47 prefectures in Japan.
46/ 47 Prefectural local governments have developed and use already.
Another prefecture is going to develop.
The contents are not same but similar.

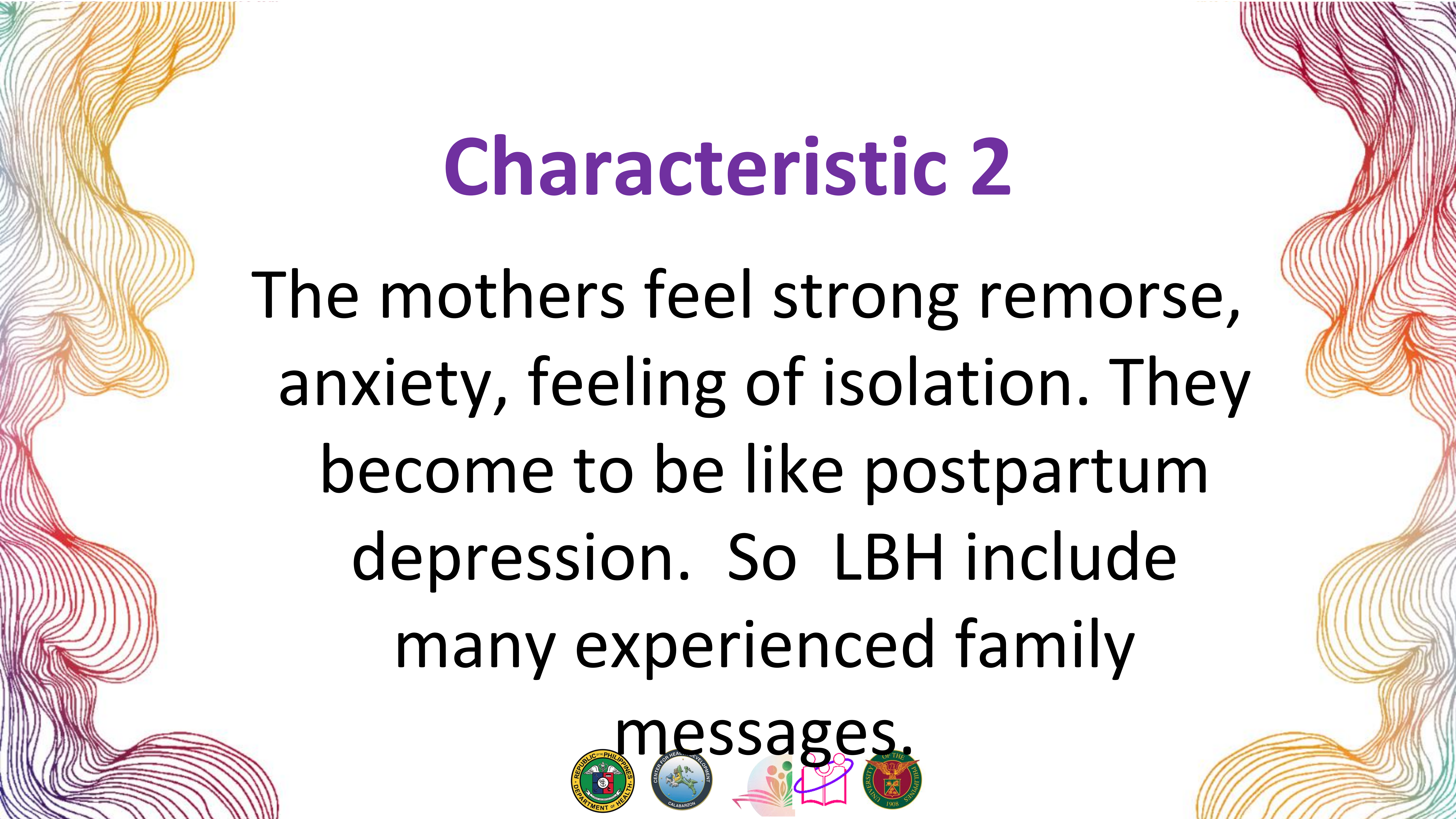
Little Baby Handbook(LBH) is used with MCH Handbook, because LBH doesn’t include medical record about pregnant term and immunization etc.

West
Japan

East
Japan

Characteristic 1

There are circles by the families at almost prefectures in Japan.
The circles asked to develop LBH
to each local government .


Characteristic 2
The mothers feel strong remorse, anxiety, feeling of isolation. They become to be like postpartum depression. So LBH include many experienced family messages.

Characteristic 3

Small step development record

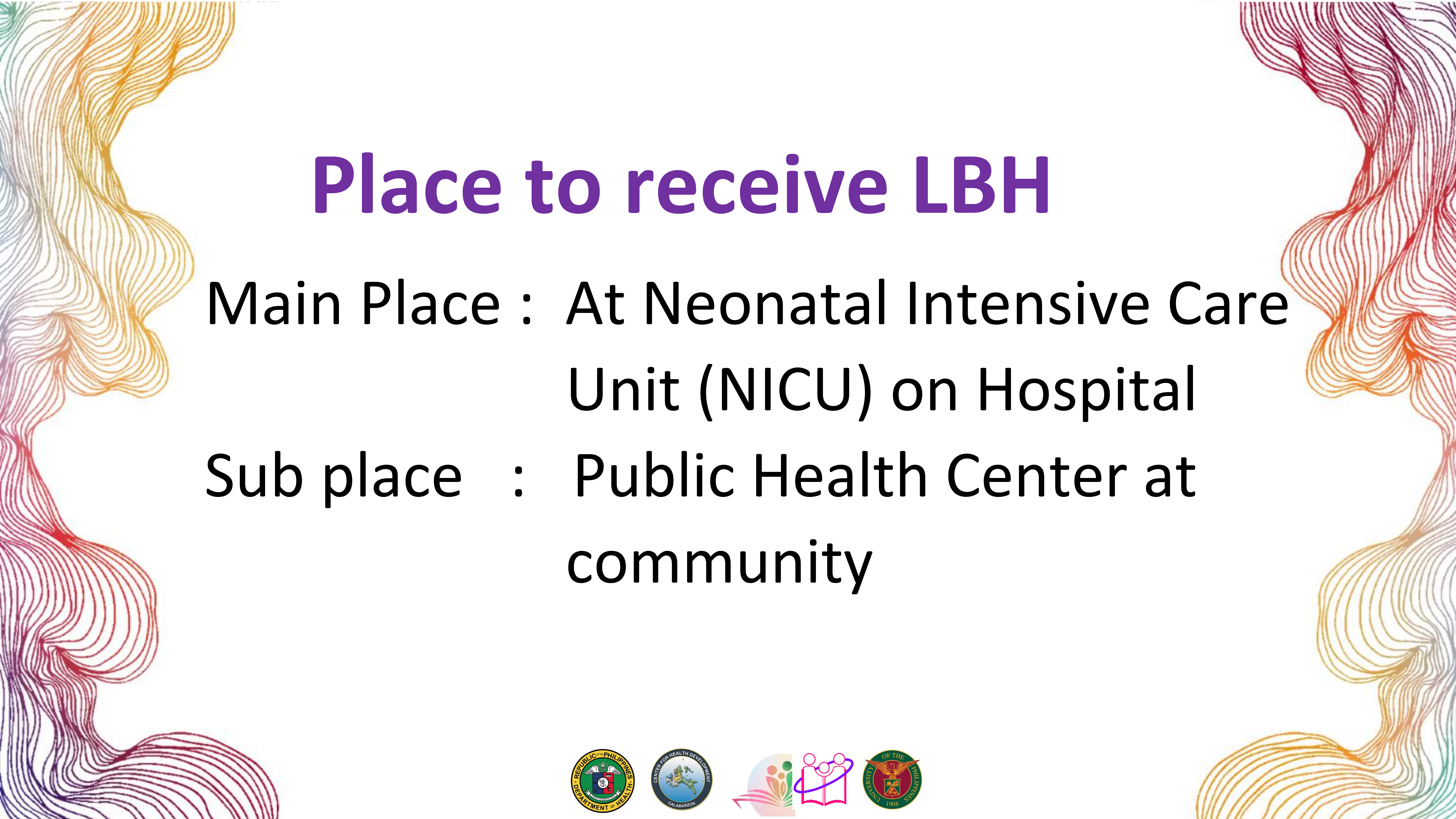
MCH HB ; General step → YES or NO

LBH ; Small step → When ?

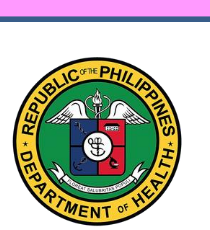
Pay attention to small and slow step

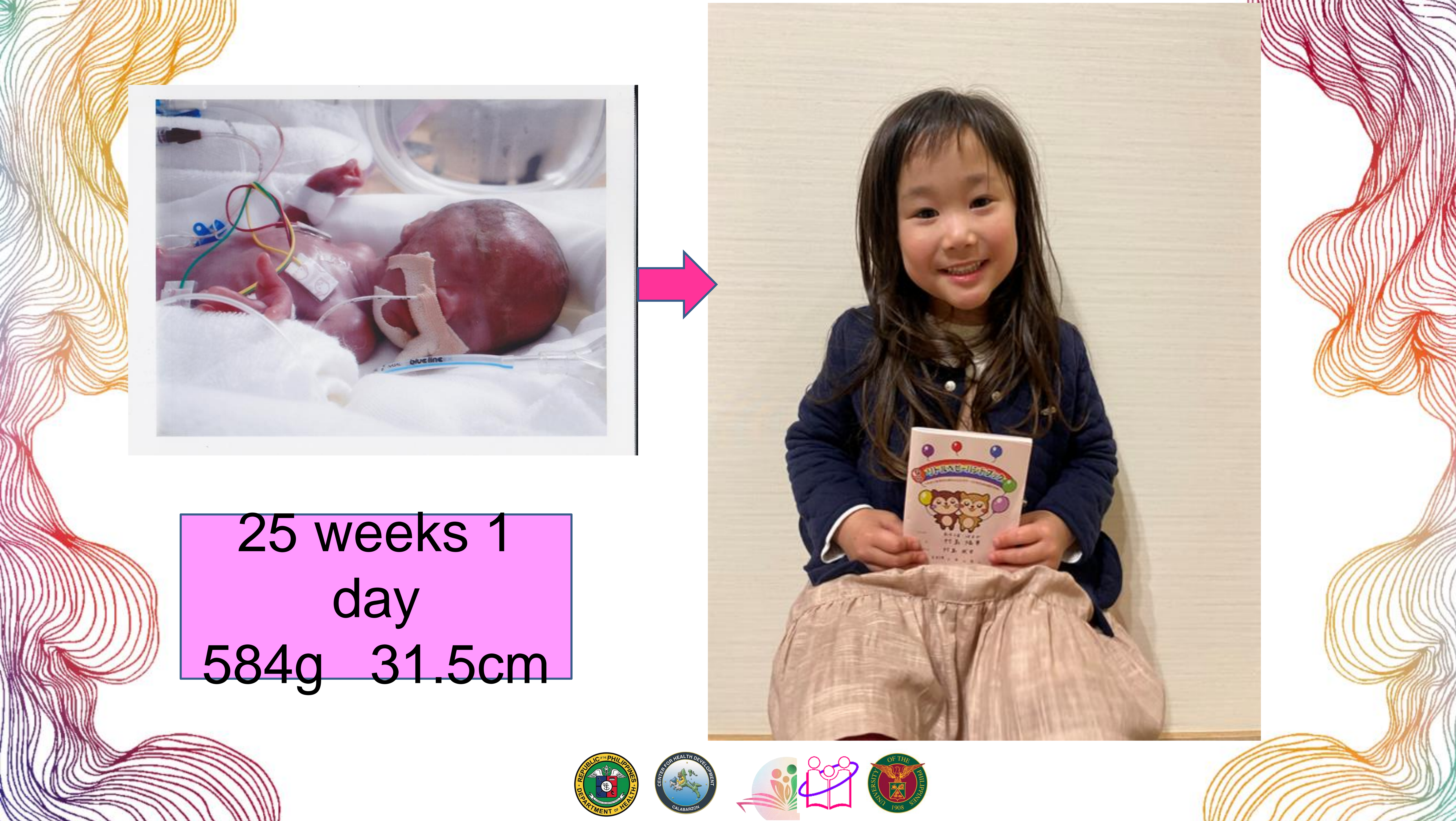
Characteristic 4

LBH include Medical record of the baby situation, treatment progress; medicine, operation etc. It is shared with other medical, consulting and rehabilitation facilities.


Place to receive LBH
Main Place : At Neonatal Intensive Care Unit (NICU) on Hospital
Sub place : Public Health Center at community

Just delivered.
Skin was covered for protection.
22weeks 2days
356g 27.3cm




25 weeks 1 day
584g 31.5cm

Result

Each local government understand well and support the families more than before.

Next Task

We hope, Central government will provide budget to revise the contents, printing, training on every year continuously.

For Leave no one behind

Lend on our ear for specific needs, such as low-birth weight babies, children with development disorders, and those affected by public health emergencies and disasters.

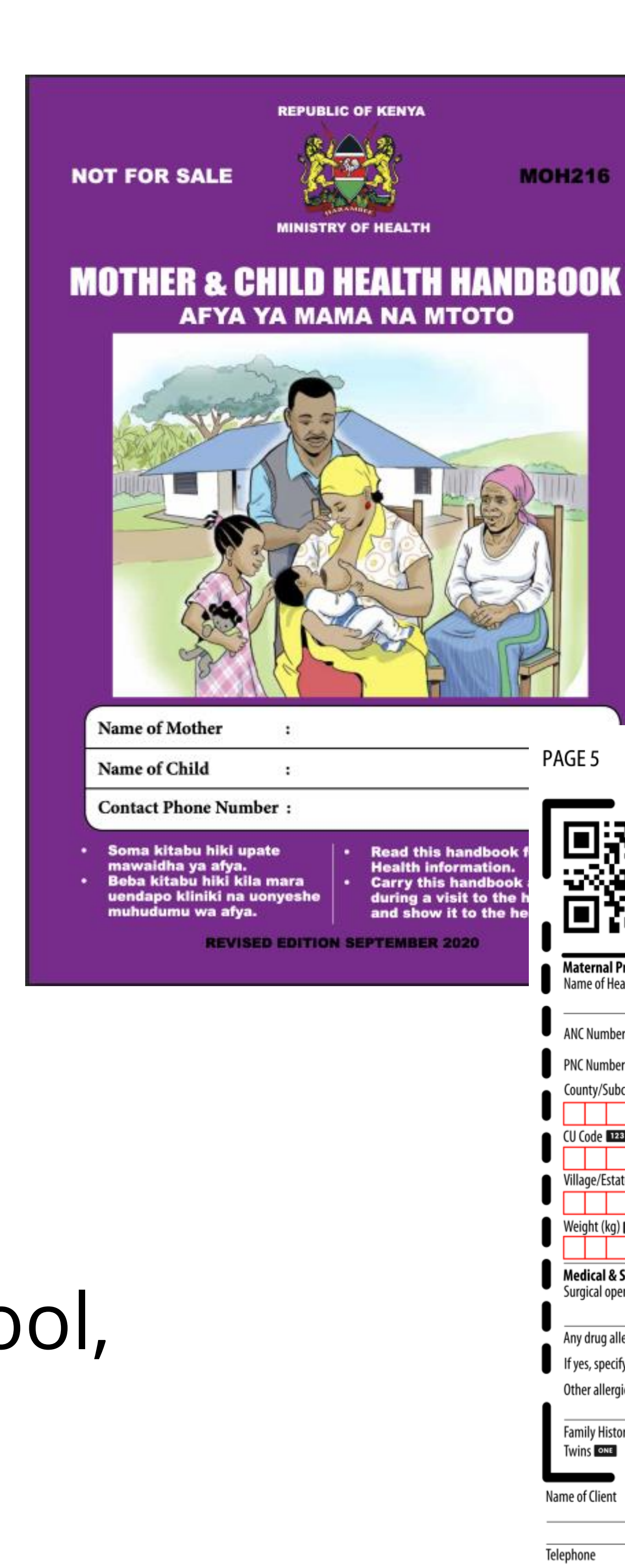
Thank you so much !

Digitalizing MCH Handbook Data (ScanForm)

Dr. Hellen C. Barsosio

Assistant Principal Clinical Research Scientist
Kenya Medical Research Institute
Centre for Global Health Research

Digitizing MCH Handbook Data using ScanForm



Dr. Hellen Barsosio

Senior Clinical Research Scientist,

Head of Clinical Trials Unit, Graduate School,

Kenya Medical Research Institute.

Dr. Hellen Barsosio

12 years of research experience in maternal and newborn health, investigating causes of, and interventions (e.g. drugs, vaccines, health systems) to prevent adverse pregnancy outcomes

National (Kenya)

- **Recently funded by BMGF to pilot a 'ScanForm-ized' MCH Handbook to improve tracking of safety of maternal vaccines**
- Leading maternal and newborn health studies at KEMRI-CGHR as a principal/chief investigator in western Kenya, including the MiMBa, IMPROVE 1, 2, and C-it-DU-it studies

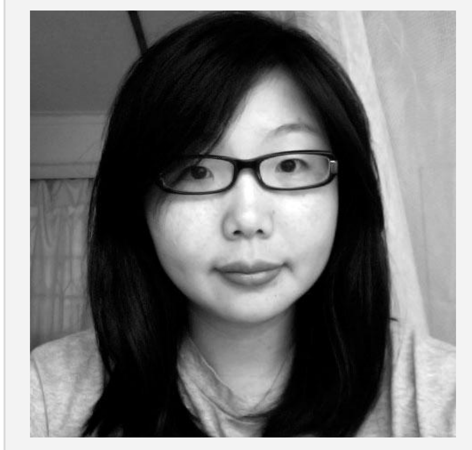
International

- African Consortium Scientific Lead for the EDCTP-funded SAFIRE study, exploring safe and effective treatment alternatives for malaria in pregnancy in five African countries
- Maternal Immunization Readiness Network Consortium co-lead, establishing enabling platforms to introduce new maternal vaccines in eight countries in Africa and Asia
- WHO advisor on measurement of maternal morbidity (2016-17), and developing core outcomes for maternal and newborn health in epidemic/pandemic settings (2023-24)

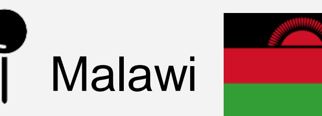
Education

- **PhD** Clinical Sciences (final year): *Liverpool School of Tropical Medicine, UK*
- **MSc** International Health and Tropical Medicine: *University of Oxford, UK*
- **MSc** Reproductive and Sexual Health Research: *London School of Hygiene and Tropical Medicine, UK*
- **MD:** *University of Nairobi, KE*

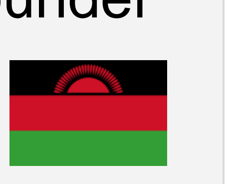
Meet the team



Dr. Jiehua Chen
Chief Statistician and Co-Founder

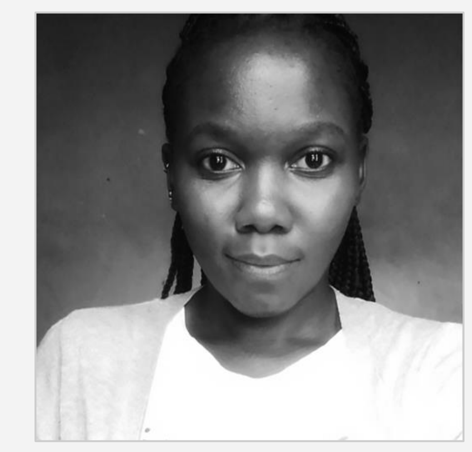
Malawi 

Dr. William Wu
Chief Executive and Co-Founder

Malawi 

Dr. Kevin Cain
Chief Medical Officer

USA



Sharon Mboya
Field Coordinator and Project Manager

Kenya

Leah Goeke, MPH
Epidemiologist

USA

Justine Omwandho
Field Coordinator and Project Manager

Kenya

Dominik Bilicki
Medical Data Analyst

Poland

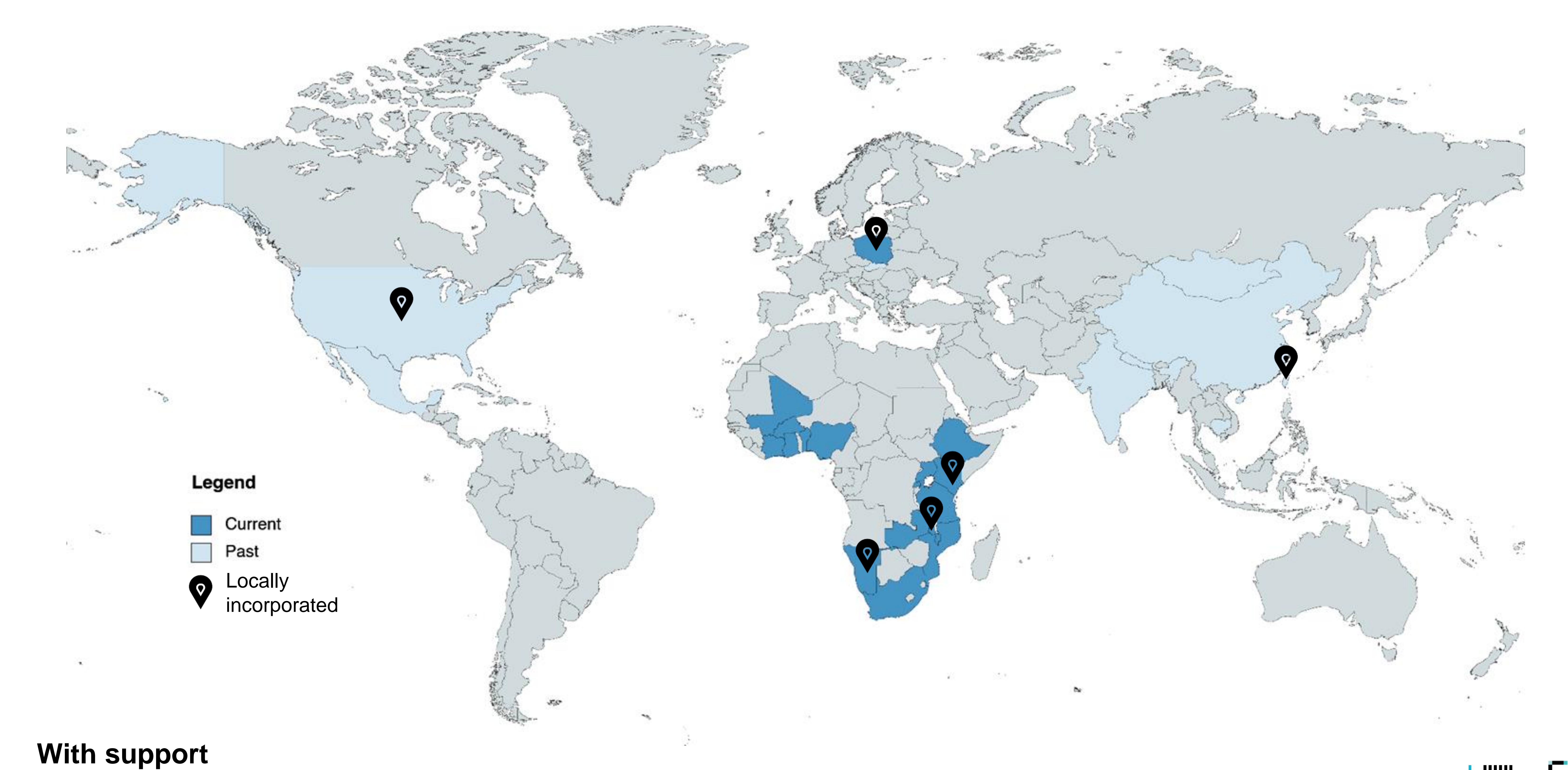
plus ~40 software engineers and data scientists, based across 6 countries

Anna Drabko
Project Manager

Poland

Where We Work

Since 2008, QED has empowered partners by strengthening end-to-end data processes with A.I., across 23 countries



With support from:

qed QUANTITATIVE ENGINEERING DESIGN

ScanForm

Why We Work: The *Reality*

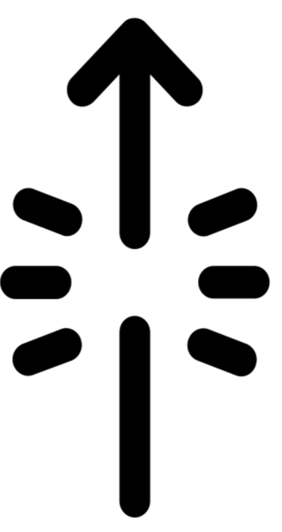
Data required to make effective decisions is lacking, and existing data is not being efficiently converted into action

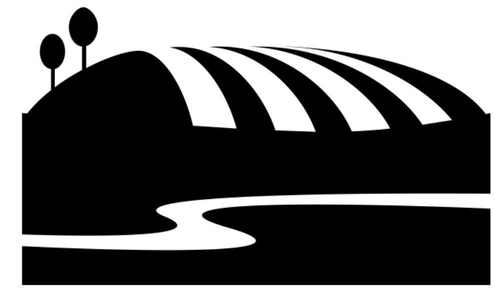
Accuracy: human errors reduce data quality

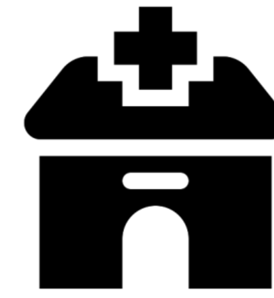
Completeness: many sites lack direct electronic entry; sometimes paper is the only option, or the best option

Timeliness: long delays caused by manual transcription, data entry, calculating reports, verification and DQAs

Representativeness: least-resourced sites are left behind

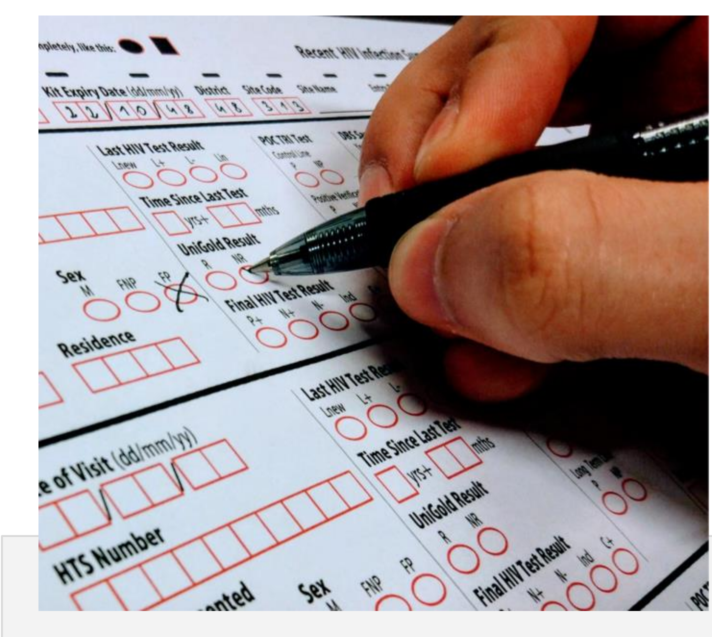






How ScanForm Works

Rapid and accurate data collection at national scale

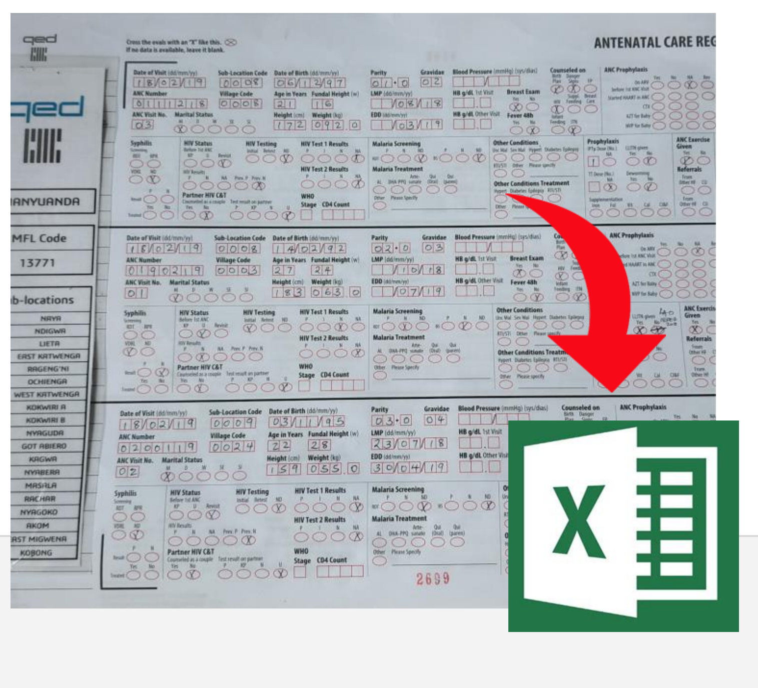


STEP 1

Write on paper

STEP 2

Take a picture



STEP 3

Get the data

STEP 4

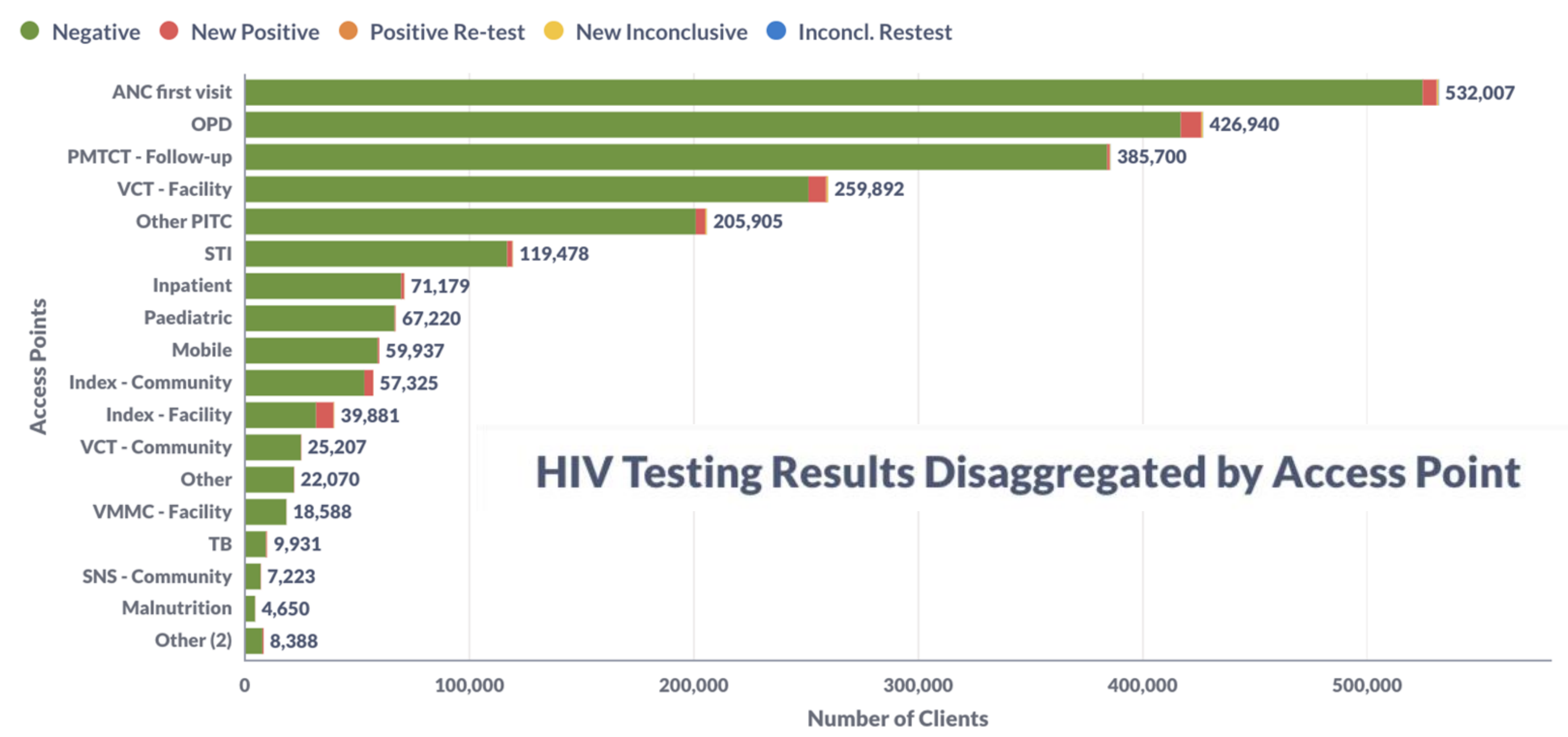
Use the data

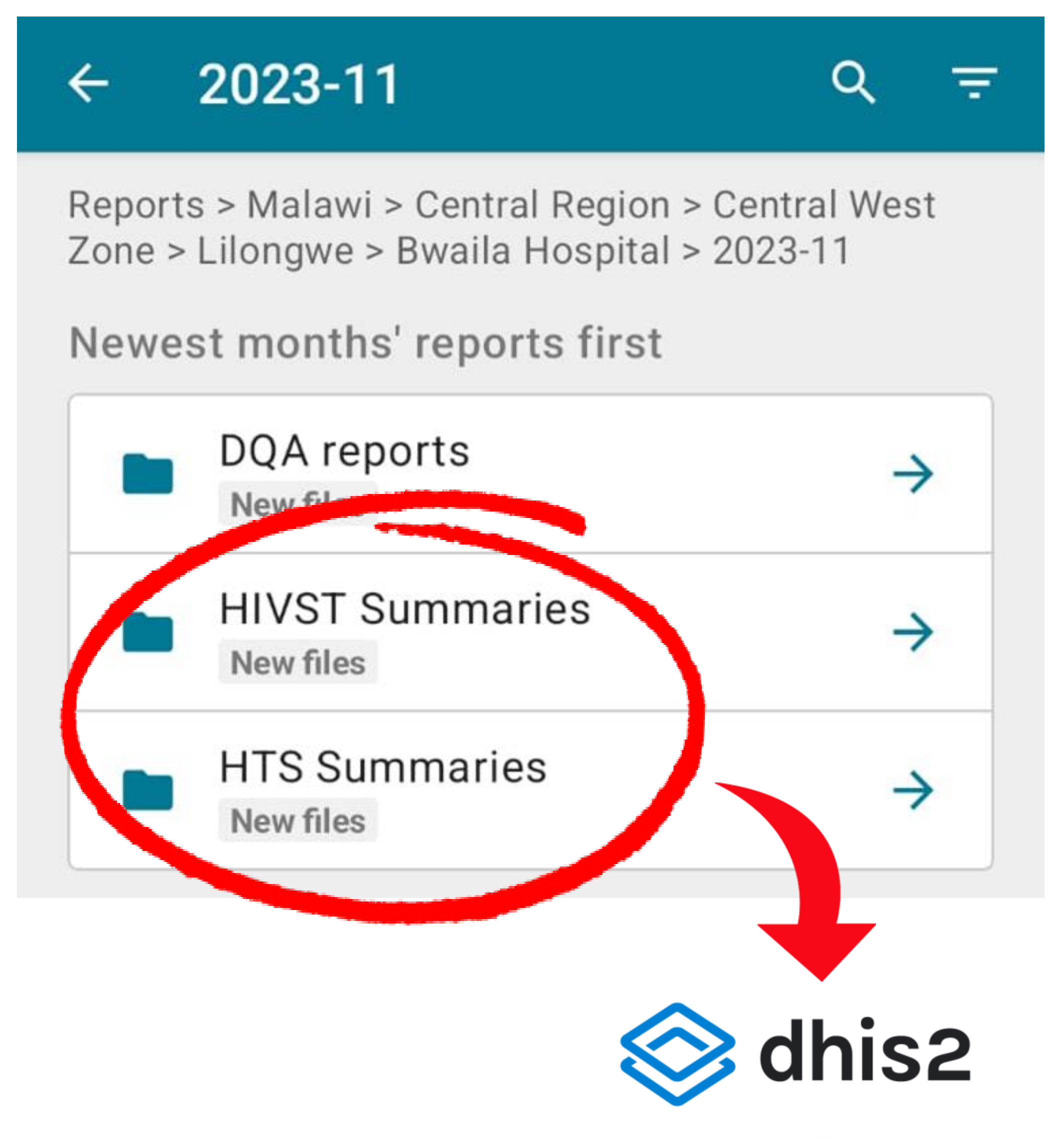
(not required: computers or scanners)

(intermittently needed: electricity for phone charging and network for auto-upload of pictures)

Step 4: Use the Data

Perfectly calculated reports, auto-generated daily
Custom analytics and dashboards





dhis2

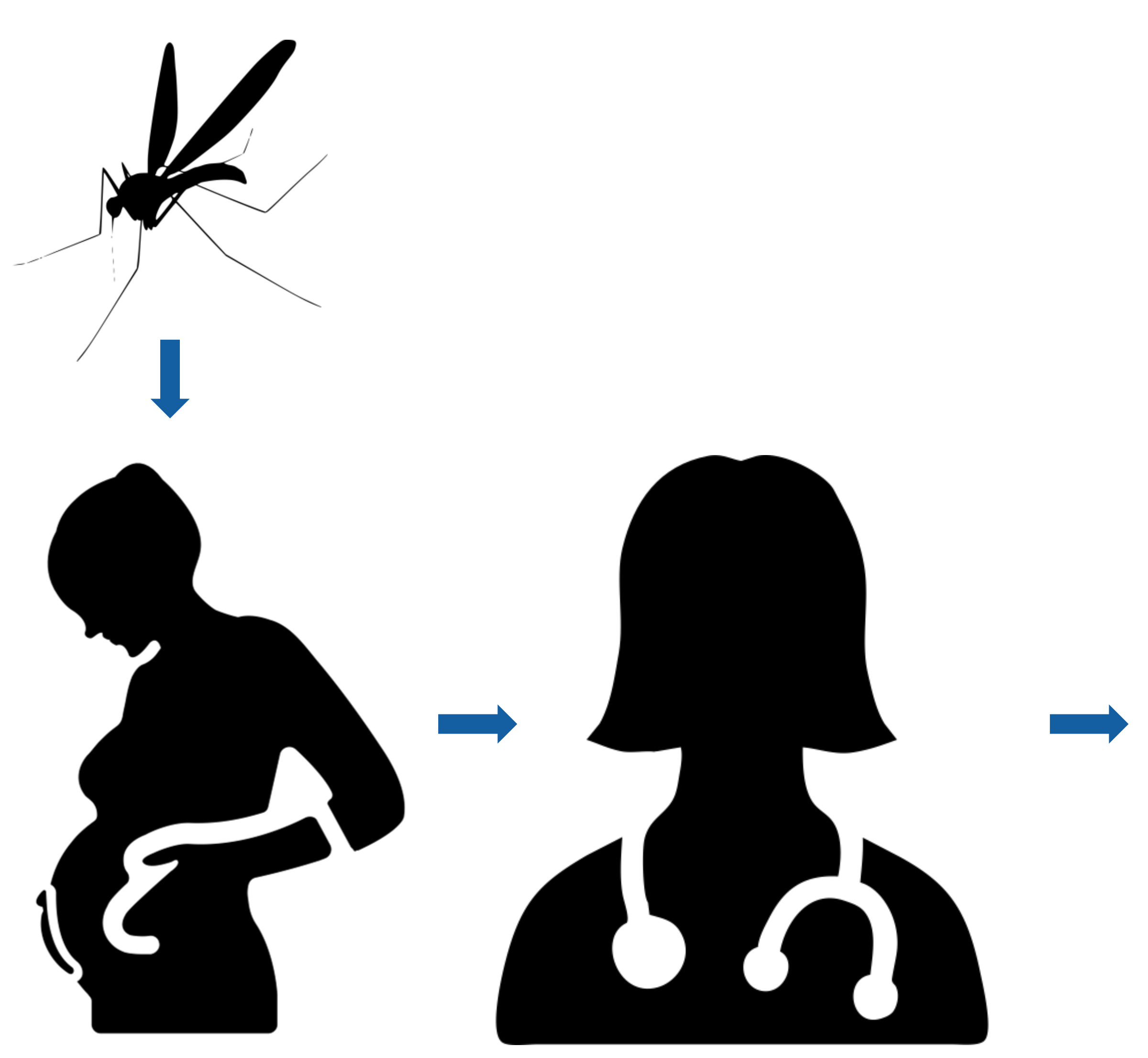
Integrates with:

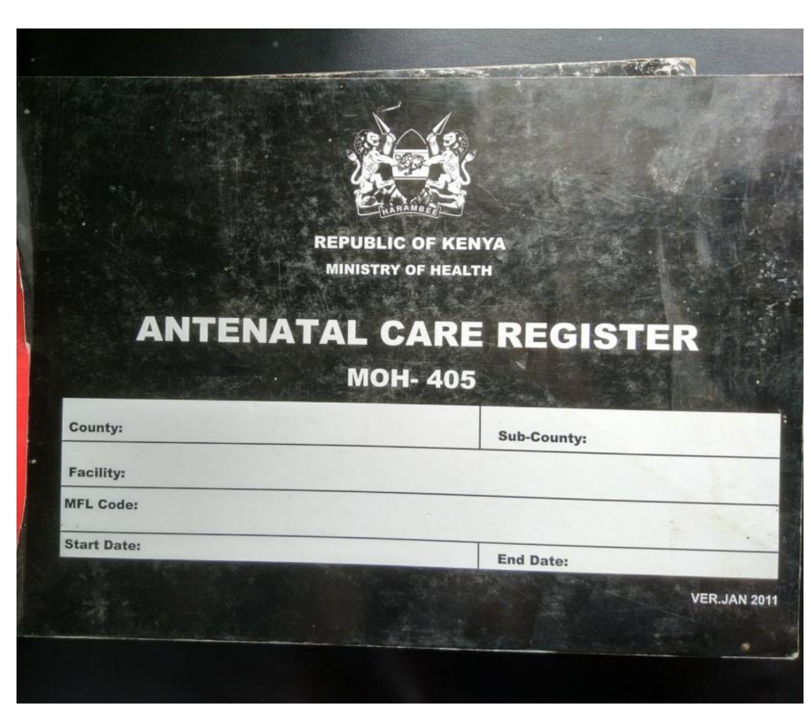
Continuous DQA

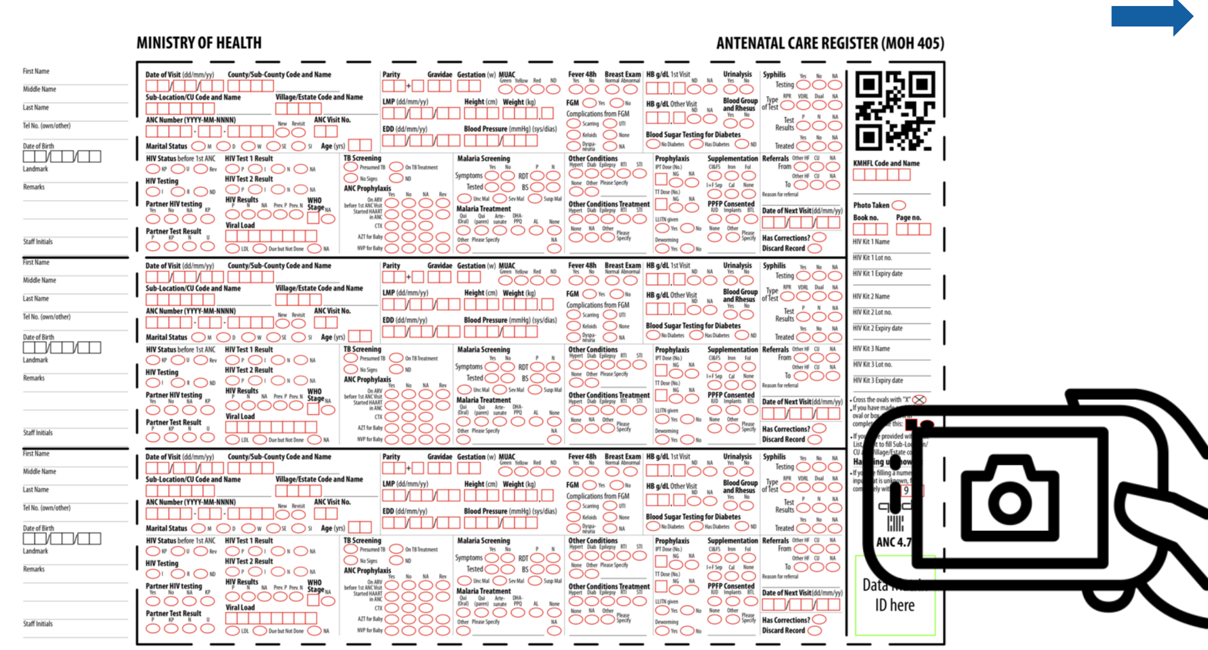
Automated data quality assessment on each scanned form. Custom logic checks, ranges and completeness tracking for comprehensive CQI

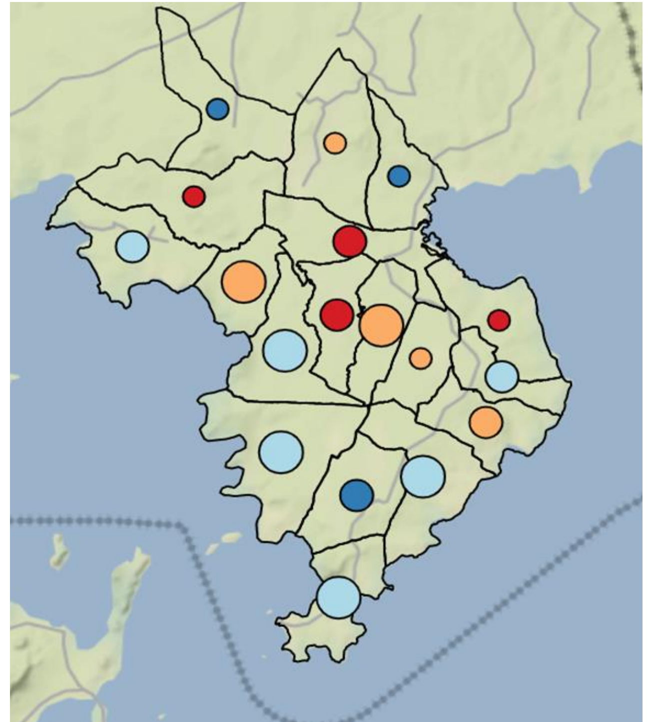
Generated Daily! → **Make corrections** → **Retake picture** → **Continuous Quality Improvement!**

Background in Kenya









Original: ANC Register (MOH 405)

ScanForm: ANC Register (MOH 405)

qed

Cross the ovals with an "X" like this.
If you have made a mistake in an oval or box, then fill it in completely, like this:
If no data is available, leave it blank.

ANTENATAL CARE REGISTER (MOH 405)

First Name
Middle Name
Last Name
Tel No. (own/other)
Sub-Location Name
Village Name
Date of Next Visit (dd/mm/yy)
Remarks

Date of Visit (dd/mm/yy) | Sub-Location Code | Date of Birth (dd/mm/yy) | Parity | Gravidae | Blood Pressure (mmHg) (sys/dias) | Counseled on: Birth Plan, Danger Signs, FP, HIV, Suppl. Feeding, Breast Care, Infant Feeding, ITN | ANC Prophylaxis: Yes, No, NA, Rev — On ARV before 1st ANC Visit; Started HAART in ANC; CTX; AZT for Baby; NVP for Baby | TB Screening: No, TB Sus, TB Rx, REF, ND | Cervical Cancer Screening: PAP, VIA, VILI, ND

ANC Number | Village Code | Age (years) | Fundal Height (w) | LMP (dd/mm/yy) | HB g/dL 1st Visit | Breast Exam: Yes, No

ANC Visit No. | Marital Status: M, D, W, SE, SI | Weight (kg) | Height (cm) | EDD (dd/mm/yy) | HB g/dL Other Visit | Fever 48h: Yes, No

Syphilis Screening: RDT, RPR, VDRL, ND; Result: P, N; Treated: Yes, No | HIV Status before 1st ANC: KP, U, Revisit | Partner HIV C&T: Counseled as couple: Yes, No; Test result on partner: P, KP, N, U | Viral Load | HIV Testing: Initial, Retest, ND | HIV Test 1 Results: P, I, N, NA | HIV Test 2 Results: P, I, N, NA | HIV Results: P, N, NA; Prev. P, Prev. N | CD4 Count | WHO Stage

Malaria Screening: RDT: P, N, ND; BS: P, N, ND | Malaria Treatment: Qui (Oral), Qui (paren), Arte-sunate, DHA-PPQ, AL, Other, Please Specify | Other Conditions: Unc Mal, Sev Mal, Hypert, Diabetes, Epilepsy, RTI/STI, Other, Please specify | Other Conditions Treatment: Hypert, Diabetes, Epilepsy, RTI/STI, Other, Please specify | Prophylaxis: IPTp Dose (No.) NA; LLITN given: Yes, No; TT Dose (No.) NA; Deworming: Yes, No; Supplementation: Iron, Fol, Vit, Cal, C&F | ANC Exercise Given: Yes, No | Referrals: From Other HF, CU; To Other HF, CU | Has Corrections?: Yes, No | Discard Record | Other Parameters: 1. Yes, No, NA; 2. Yes, No, NA

MFL Code

Page No.

ANC 3.0

Why We Work: The Solution

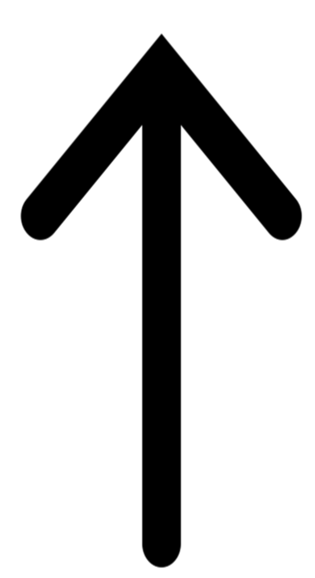
ScanForm

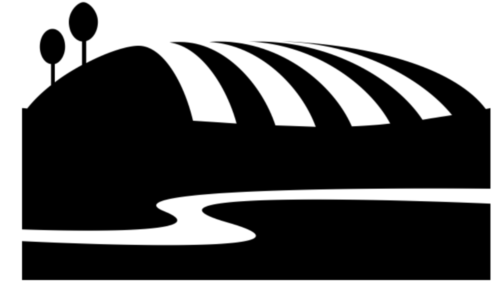
Accuracy: calibrated to local-handwriting samples; +99% A.I. OCR, increases to 100% after human verification

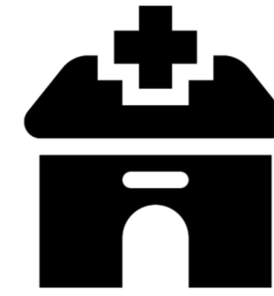
Completeness: *every* page and data element is captured

Timeliness: handwriting is rapidly digitized into digital data in seconds; auto-generated reports

Representativeness: deployable *everywhere*







Impact

+20M

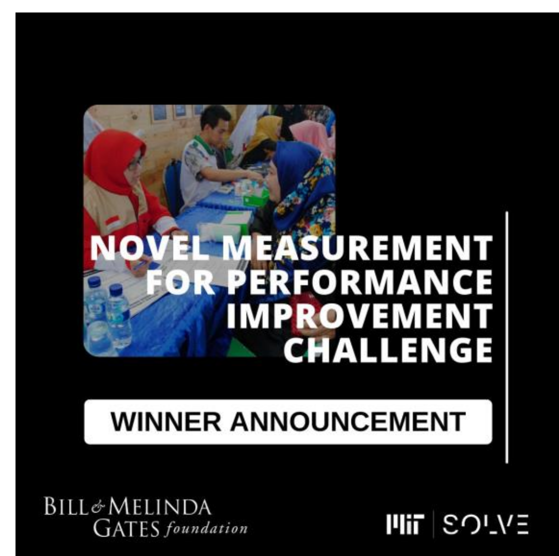
Records captured with ScanForm since 2018

+1,200

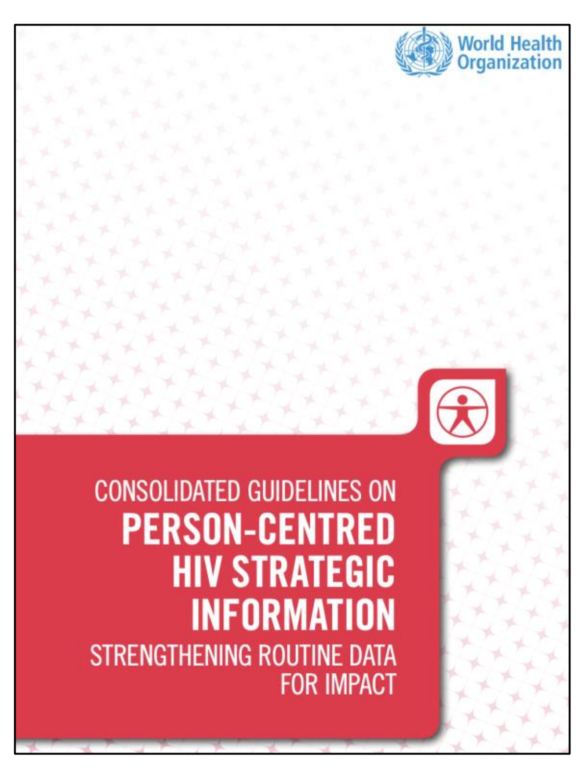
Health facilities and communities across Malawi and Kenya using ScanForm

1,100

Schools in Nigeria using ScanForm for student attendance data collection



MIT Solve 2022 Winner



WHO 2022 HTS Guidelines Featuring ScanForm

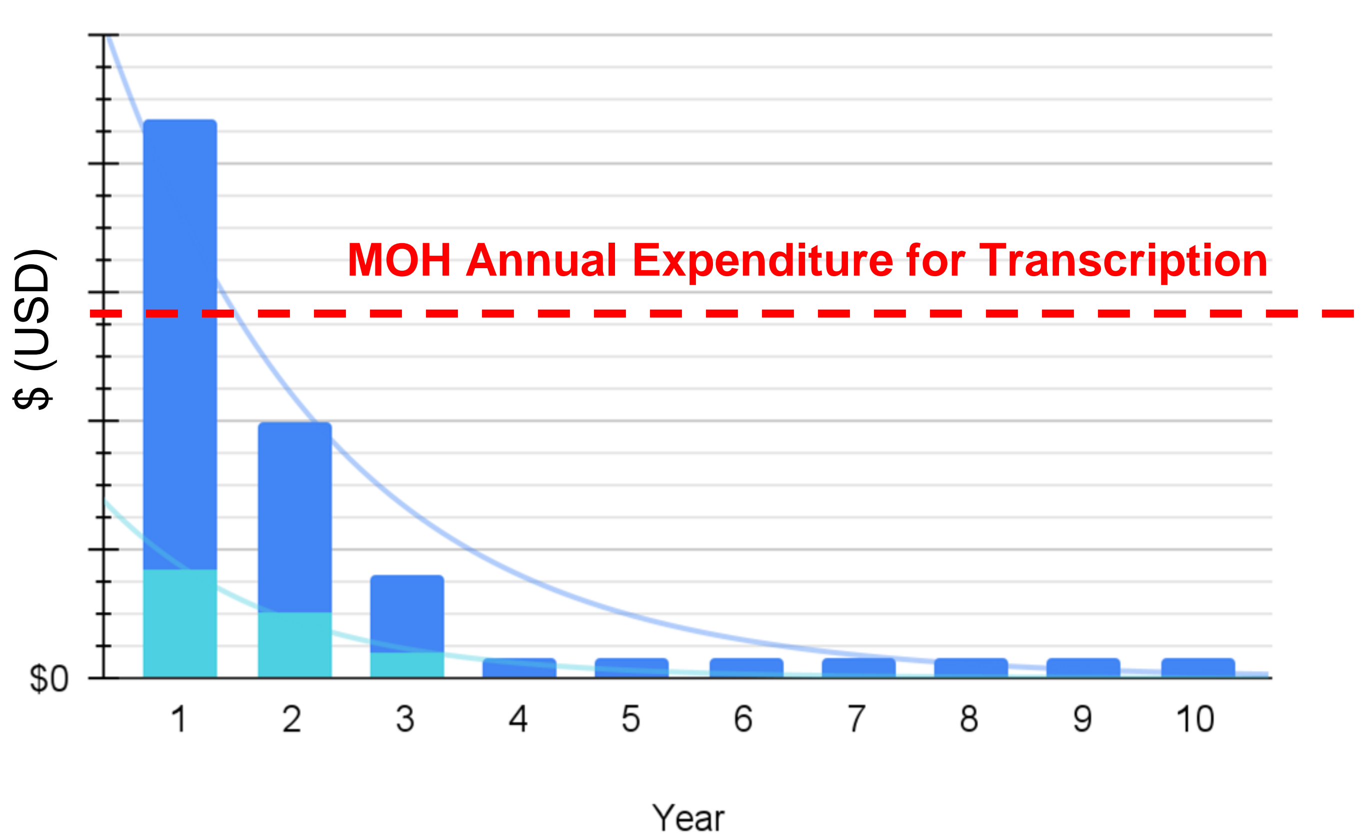
AWS Health Equity Initiative Winner 2023

National Scale HTS in Malawi

Unprecedented speed and quantity of electronic client-level data!

Expanding to:
- STI register
- PrEP cards
- Malaria register
- Lab forms
- Training forms

Declining costs over time



Blue/Cyan = ScanForm Cost

Red = Cost of Status Quo

ScanForm: MCH Handbook (MOH 216)

The true central database for: ANC, PNC, CWC, Immunization, Maternity (Delivery), HEI and IPD!

PAGE 5 — **MCH -MATERNAL PROFILE**

MCH MATERNAL PROFILE 2.2 — ScanForm — BOOK 1 — Data Matrix ID here

Maternal Profile

NUPI code D4E

Name of Health Facility — Date(dd/mm/yyyy) 123 — /2 0 — KMHFL Number 123

ANC Number 123 (yyyy-mm-nnnn)

PNC Number 123

Education Level (highest completed) ONE: Primary, Secondary, Tertiary/College, None

County/Subcounty Code and Name 123

Marital Status ONE: Married, Widowed, Divorced, Separated, Single

CU Code and Name 123

Age 123 — Gravida 123

Village/Estate Code and Name 123

Parity 123 — Height (cm) 123

HH No 123 — ID Code 123

Weight kg 123 — LMP 123 dd mm yyyy /20 — EDD 123 dd mm yyyy /20

Medical & Surgical History — Surgical operation - specify: C-Section, Other, None

Diabetes ONE: Yes, No

Tuberculosis: Yes, No — Year 123

Any drug allergy? ONE: Yes, No — If yes, specify

Hypertension: Yes, No — Blood Transfusion: Yes, No

Other allergies, specify

Family History

Twins ONE: Yes, No — Tuberculosis ONE: Yes, No — Epilepsy ONE: Yes, No

Family History Other ONE: Yes, No — If yes, specify

Name of Client — Next of Kin and Relationship — Physical Address or Landmark

Telephone — Next of Kin's telephone — Estate or House Number

ID number — Linda Mama Number

Attend all your Antenatal clinic visits as advised by the health care provider — NOT FOR SALE

PAGE 26 — **MCH - CHILDBIRTH**

ScanForm — MCH CHILDBIRTH 2.1 — BOOK 1 — Data Matrix ID here

KMHFL Code 123 — Date 123 dd mm yyyy /2 0 — Time 123

Mode of delivery ONE: Vaginal, Caesarean elective, Caesarean emergency, Forceps, Vacuum, Other

Pregnancy outcome ONE: Live birth, Stillbirth macerated, Stillbirth fresh, Stillbirth unspecified, Miscarriage, Induced abortion

Number of fetuses 123 — Infant ID 123

Conducted by ONE: Nurse, Midwife, Clinical Officer, Doctor — Duration of pregnancy in weeks 123

Apgar score 123: 1 min, 5 min, 10 min

Other childbirth complications MULTI: Pre-eclampsia, Eclampsia, PPH, None, Sepsis, Cord prolapse, Nuchal cord, Retained placenta, Other

Blood Pressure 123 — Temp 123 — Pulse 123

Resuscitation done ONE: Yes, No

Obstructed labour ONE: Yes, No

HIV tested? ONE: Yes, No, NA

If HIV test not done or Negative at ANC, counsel and test: Reactive, Non-reactive, Not Tested

Blood loss Millilitres (mls)

Meconium stained liquor (grade) 0,1,2,3 123

Condition of mother

Place baby on mother's abdomen immediately the baby is born ONE: Yes, No

Drugs administered at childbirth

Mother MULTI: Oxytocin/ syntocin, Misoprostol, Heat stable carbetocin

Other drugs specify:

Baby's gender ONE: Female, Male, Ambiguous — Other drugs, specify

Baby MULTI: Vit K, TEO, CHX 7.1%

Cord care: Apply Chlorhexidine digluconate gel (CHX 7.1%) once daily for 7 days. Stop application if cord drops off before 7 days. NB: DO NOT APPLY CHX ON EYES

Baby Weight (g) 123 — Head circumference (cm) 123 — Baby Length (cm) 123

Breaths/min 123 — Baby Temp 123

If HIV positive: HAART (Highly Active Antiretroviral Therapy)

Specify Regimen ONE: TDF+3TC +DTG, TDF+3TC +EFV, AZT+3TC +ATV/r, AZT+3TC +LPV/r, ABC+3TC +DTG, Other, specify

Specify

Baby HIV exposed: NVP/AZT/3TC prophylaxis — SpO2% (hand) 123 — SpO2% (foot) 123

or Specify ART prophylaxis given D4E

Baby's condition

Place of childbirth ONE: Health Facility, Home, Born before arrival, Other — If other, specify

Early initiation of breastfeeding within 1 hour after childbirth ONE: Yes, No

Note:

- Keep the baby warm, uninterrupted skin to skin for at least one hour immediately after childbirth
- Delay bathing the baby for at least 24 hours after birth
- If preterm or low birth weight less than 2500 gms, initiate kangaroo mother care at least 18 hours per day

Take your child to the health facility, every month until he/she is 5 years old — NOT FOR SALE

PAGE 47 — **MCH - IMMUNIZATION**

MCH IMMUNIZATION 1 2.1 — ScanForm — BOOK 1 — Data Matrix ID here

BCG VACCINE: at birth (intra- dermal left forearm)

Dose:(0.05 mls for child below 1 year) — Date of Next Visit 123 — KMHFL Code 123

dd mm yyyy /2 0 — dd mm yyyy /2 0

Dose:(0.1 mls for child above 1 year) — Date of Next Visit 123 — KMHFL Code 123

dd mm yyyy /2 0 — dd mm yyyy /2 0

BCG-Scar Checked ONE: Present, Absent — Date checked 123 dd mm yyyy /2 0 — KMHFL Code 123

BCG Repeated: Yes, No — Date repeated 123 /2 0 — KMHFL Code 123

POLIO VACCINE: (Bivalent Oral Polio Vaccine(bOPV) Dose: 2 drops orally

Birth Dose at birth or within 2 wks 123 — **KMHFL Code** 123 — **Date of next visit** 123

1st Dose at 6 weeks

2nd Dose at 10 weeks

3rd Dose at 14 weeks

IPV (Inactivated Polio Vaccine)

Intramuscular into the outer aspect of the right thigh 2.5 cm (2 fingers apart) from the site of PCV10 injection

1st Dose: IPV (0.5 mls) Dose at 14 weeks.(2nd Dose below)

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/HAEMOPHILUS INFLUENZA Type B

1st Dose at 6 weeks

2nd Dose at 10 weeks

3rd Dose at 14 weeks — Dose:(0.5 mls) Intra Muscular left outer thigh

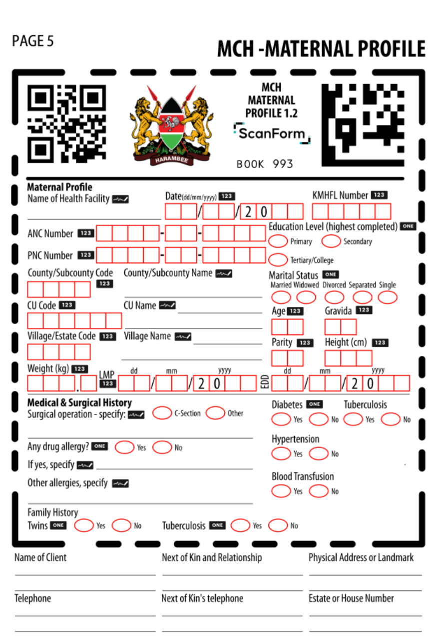
Take your child to the health facility, every month until he/she is 5 years old — NOT FOR SALE

qed QUANTITATIVE ENGINEERING DESIGN

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON
UNIVERSITY OF THE PHILIPPINES
1908
qed
QUANTITATIVE ENGINEERING DESIGN

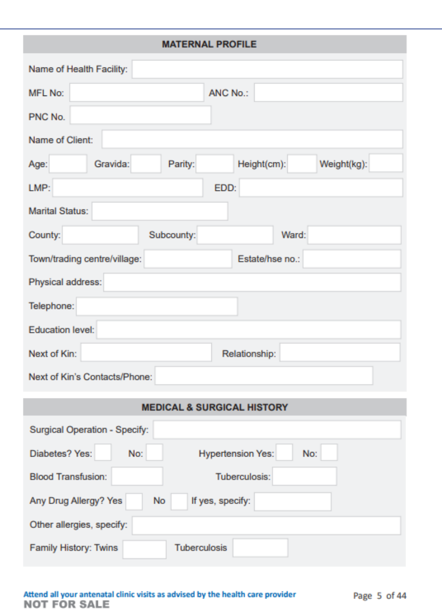
Workflow

ScanForm: MCH Handbook

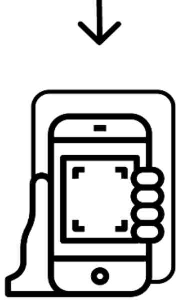
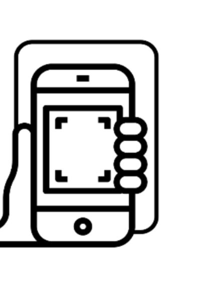


During each visit, manually fill out MCH Handbook to capture pregnancy, birth outcomes and first 1,000 days of life

Original: MCH Handbook



Photograph **patient-level** data after each completed page

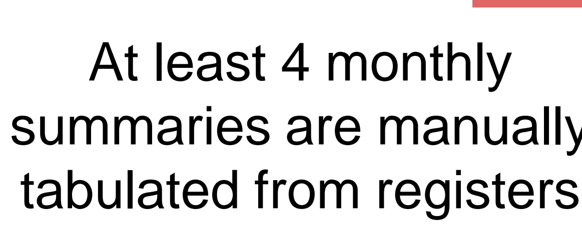
Summaries are calculated and upload automatically

Accurate near real-time dashboards

At least 7 other routine registers are populated with data from Handbook

ERRORS

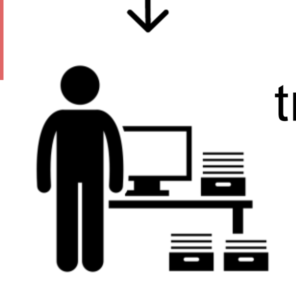
At least 4 monthly summaries are manually tabulated from registers



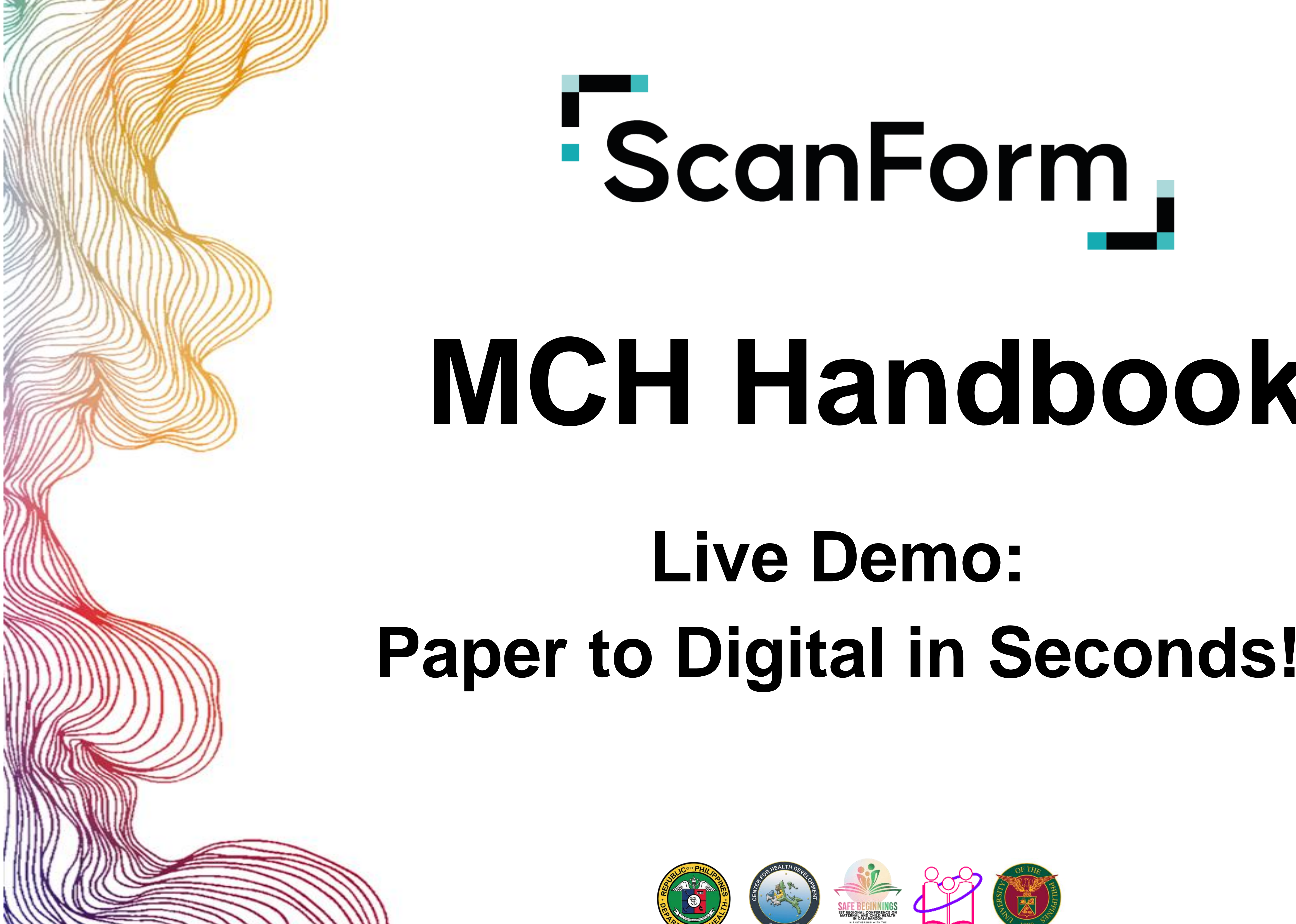
TIME

ERRORS

Data clerks manually transcribe data into EMR and summaries into KHIS (DHIS2)



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON
UNIVERSITY OF THE PHILIPPINES
1908
qed
QUANTITATIVE ENGINEERING DESIGN



ScanForm

MCH Handbook

Live Demo:
Paper to Digital in Seconds!

Maternal Profile

PAGE 5

MCH -MATERNAL PROFILE

MCH MATERNAL PROFILE 2.2

ScanForm

BOOK 1

DEMO

Maternal Profile

NUPI code: E X A M P L E 0 1 2 3 4 5

Name of Health Facility

Date(dd/mm/yyyy): 1 2 / 9 / 2 0 2 2

KMHFL Number: 1 4 1 5 0

ANC Number (yyyy-mm-nnnn): 2 0 2 2 - 1 2 - 0 0 0 1

PNC Number: 2 0 2 2 - 1 2 - 0 0 0 2

Education Level (highest completed): Primary, Secondary (X), Tertiary/College, None

County/Subcounty Code and Name: 6 0 2 3

Marital Status: Married (X), Widowed, Divorced, Separated, Single

CU Code and Name: 1 2 4 0 3 1

Age: 2 8 | Gravida: 3

Village/Estate Code and Name: 3 0 2 5

Parity: 1 + 1 | Height (cm): 1 6 5

HH No: 1 2 | ID Code: 2

Weight kg: 7 6 . | LMP: 2 3 / 7 /20 2 2 | EDD: 2 9 / 4 /20 2 3

Medical & Surgical History

Surgical operation - specify: C-Section, Other, None (X)

Diabetes: Yes, No (X)

Tuberculosis: Yes, No (X) | Year

Any drug allergy? Yes, No (X) | If yes, specify

Other allergies, specify

Hypertension: Yes, No (X)

Blood Transfusion: Yes, No (X)

Family History

Twins: Yes, No (X) | Tuberculosis: Yes, No (X)

Epilepsy: Yes, No (X)

Family History Other: Yes, No (X) | If yes, specify

Name of Client | Next of Kin and Relationship | Physical Address or Landmark

MCH -MATERNAL PROFILE

MCH MATERNAL PROFILE 2.2

ScanForm

Data Matrix ID here

DEMO

Maternal Profile

NUPI code: E X A M P L E 0 1 2 3 4 5

Name of Health Facility

Date(dd/mm/yyyy): 1 2 / 9 / 2 0 2 2

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CU Code and Name: 1 2 4 0 3 1

Age: 2 8 | Gravida: 3

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Parity: 1 + 1 | Height (cm): 1 6 5

HH No: 1 2 | ID Code: 2

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Medical & Surgical History

Surgical operation - specify: C-Section, Other, None (X)

Diabetes: Yes, No (X)

Tuberculosis: Yes, No (X) | Year

Any drug allergy? Yes, No (X) | If yes, specify

Other allergies, specify

Hypertension: Yes, No (X)

Blood Transfusion: Yes, No (X)

Family History

Twins: Yes, No (X) | Tuberculosis: Yes, No (X)

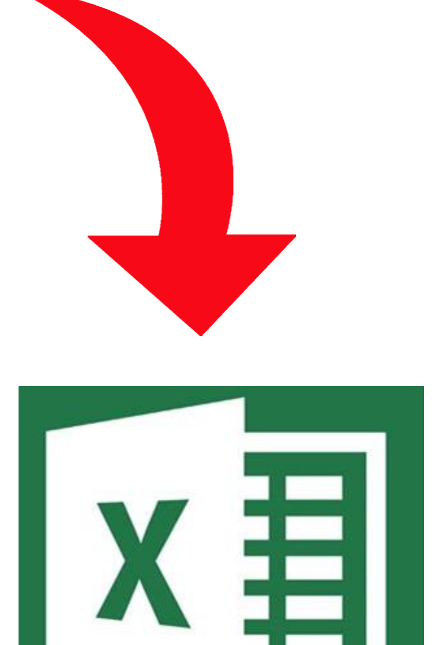
Epilepsy: Yes, No (X)

Family History Other: Yes, No (X) | If yes, specify

Name of Client | Next of Kin and Relationship | Physical Address or Landmark

Telephone | Next of Kin's telephone | Estate or House Number

ID number | Linda Mama Number



Physical Exam

PAGE 8 — MCH -PHYSICAL EXAM

MCH PHYSICAL EXAM 1 2.2 — ScanForm — BOOK 1

Physical Examination [1st Contact]

Date(dd/mm/yyyy): 7/12/2022

Temp (°C): 36.6 | Pulse rate: 75 | Blood Pressure: 120/80 | Weight (kg): 76.1

General examination	(X) Normal	( ) Abnormal
Cardiovascular	(X) Normal	( ) Abnormal
Respiratory	(X) Normal	( ) Abnormal
Breasts	(X) Normal	( ) Abnormal
Abdomen	(X) Normal	( ) Abnormal
Examination of the external genitalia	(X) Normal	( ) Abnormal
Discharge/genital Ulcer	( ) Yes	(X) No

Malaria
Microscopy: ( ) Positive (X) Negative ( ) Not Tested
RDT: ( ) Positive (X) Negative ( ) Not Tested
NOTE: Record treatment on page 10 if malaria positive

Antenatal Profile Date(dd/mm/yyyy): 7/12/2022

Antenatal Tests Done (record results below): (X) Hb (X) Blood Group (X) Rhesus (X) Blood RBS (X) TB Screening (X) Urinalysis

Hb: 14. | Blood RBS: 95. | Blood Group: (X) A ( ) B ( ) AB ( ) 0 | Rhesus: (X) + ( ) -

TB Screening: ( ) Presumed ( ) On Treatment (X) No Signs ( ) ND
TB Result: (X) Neg ( ) Pos
Urinalysis: (X) Normal ( ) Abnormal

Isoniazid Preventive Therapy (IPT): Date given(dd/mm/yyyy) __/__/20__ Next Visit (dd/mm/yyyy) __/__/20__

Obsetric Ultrasound 1st one done before 24 weeks (18-20 weeks): Gestation 20 weeks __ days
Date (dd/mm/yyyy): 7/12/2022
2nd one done in 3rd trimester: Gestation 34 weeks __ days
Date (dd/mm/yyyy): 15/3/2023

Triple testing (HIV/Syphilis/Hep) dd/mm/yy: 7/12/22
If reactive,(see page 19) for management of the mother. If still non-reactive (see page 18) for repeat serology testing
R NR Not Tested Inconclusive
Syphilis Test Result: NR (X)
Hepatitis B Test Result: NR (X)
HIV Test Result: NR (X)
KP

If HIV Non-Reactive Re-testing Date: 15/2/2023

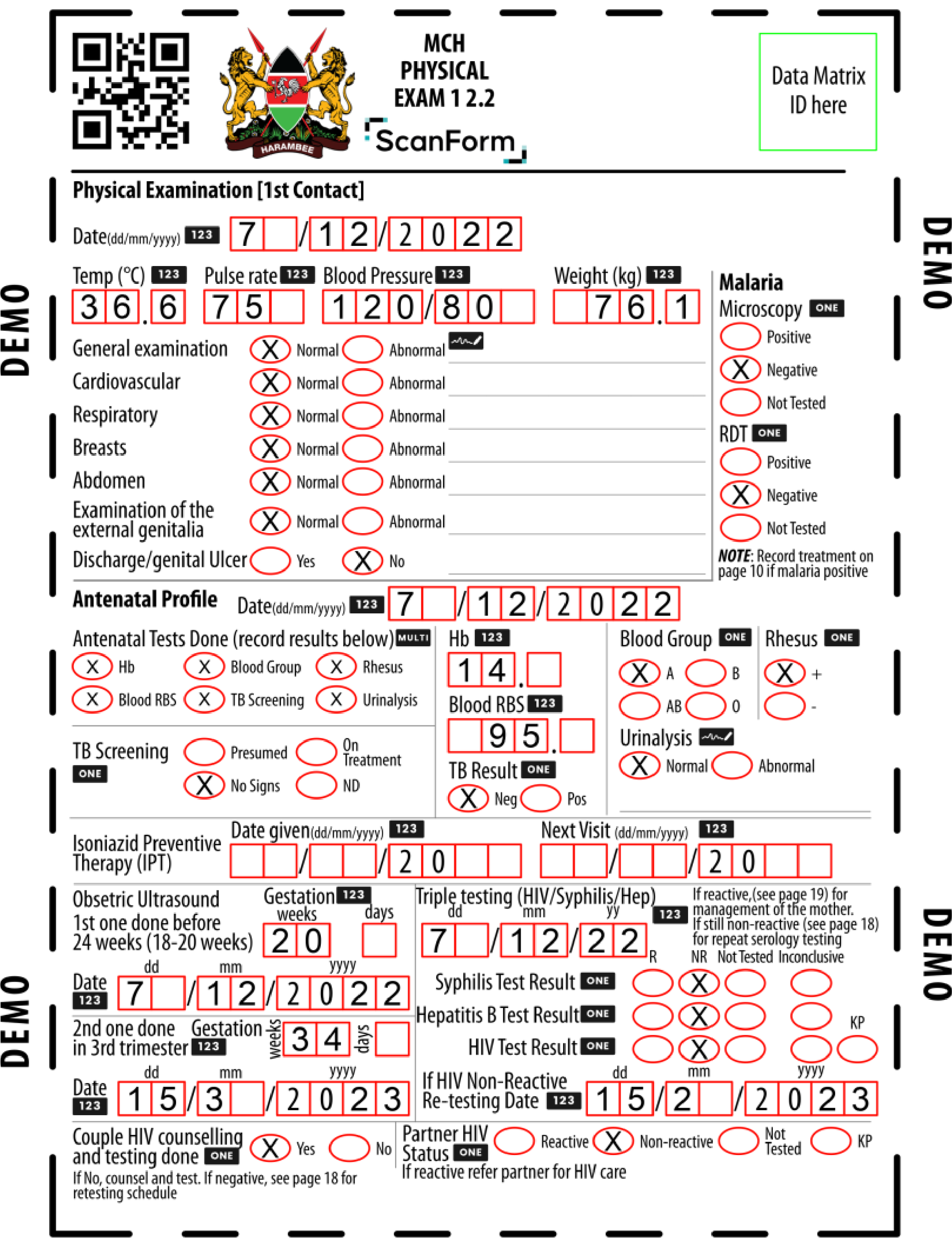
Couple HIV counselling and testing done: (X) Yes ( ) No
If No, counsel and test. If negative, see page 18 for retesting schedule

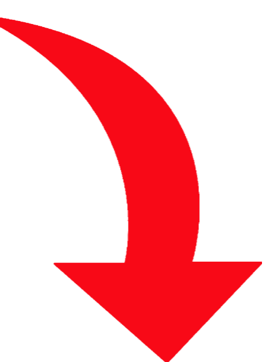
Partner HIV Status: ( ) Reactive (X) Non-reactive ( ) Not Tested ( ) KP
If reactive refer partner for HIV care

DEMO

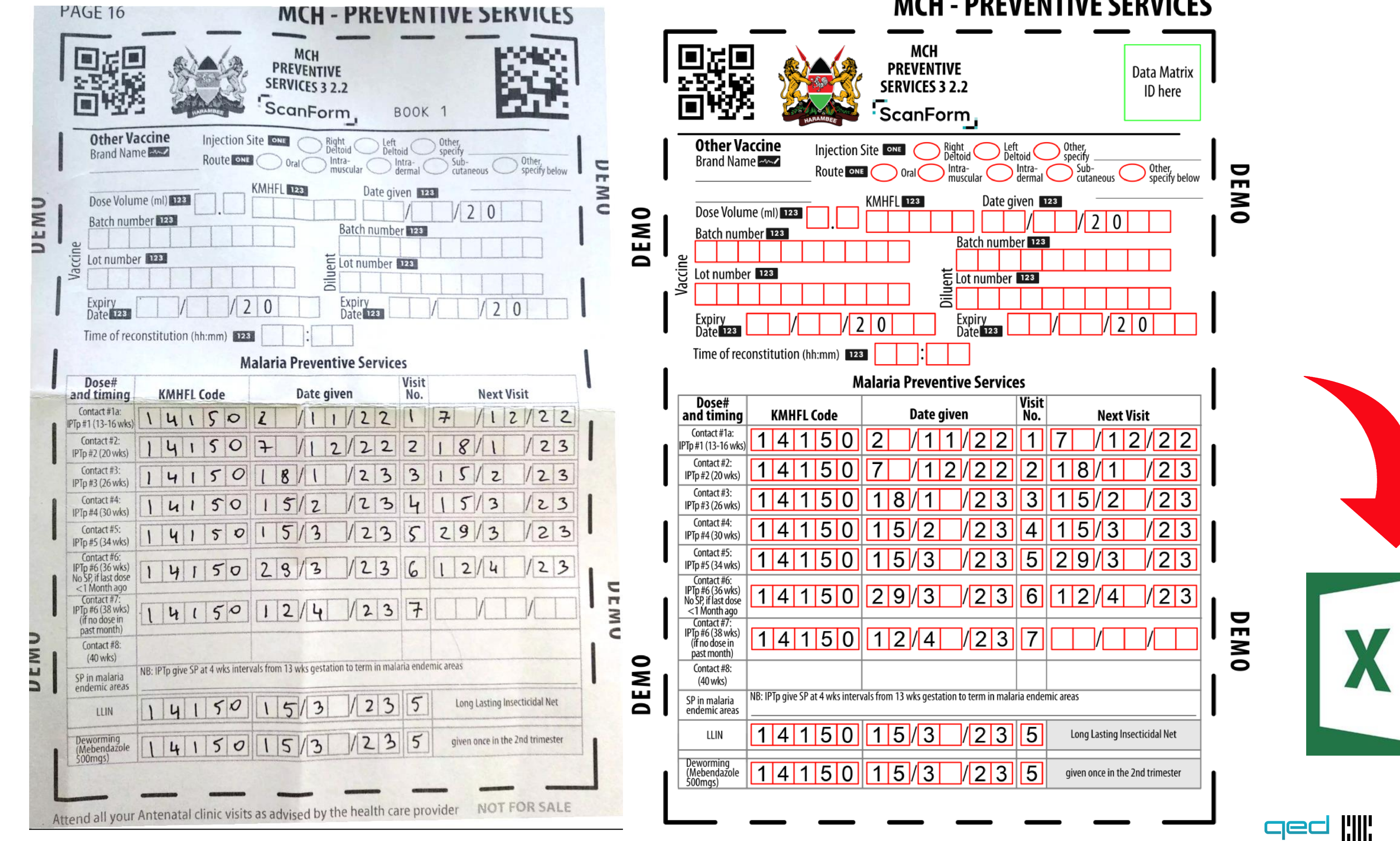
Attend all your Antenatal clinic visits as advised by the health care provider — NOT FOR SALE

MCH -PHYSICAL EXAM


MCH PHYSICAL EXAM 1 2.2 — ScanForm — Data Matrix ID here
Physical Examination [1st Contact]
Date(dd/mm/yyyy) 7/12/2022
Temp (°C) 36.6 Pulse rate 75 Blood Pressure 120/80 Weight (kg) 76.1
General examination, Cardiovascular, Respiratory, Breasts, Abdomen, Examination of the external genitalia: (X) Normal; Discharge/genital Ulcer: (X) No
Malaria Microscopy: (X) Negative; RDT: (X) Negative
NOTE: Record treatment on page 10 if malaria positive
Antenatal Profile Date(dd/mm/yyyy) 7/12/2022
Antenatal Tests Done (record results below): (X) Hb (X) Blood Group (X) Rhesus (X) Blood RBS (X) TB Screening (X) Urinalysis
Hb 14. Blood RBS 95. Blood Group (X) A Rhesus (X) +
TB Screening (X) No Signs; TB Result (X) Neg; Urinalysis (X) Normal
Isoniazid Preventive Therapy (IPT) Date given(dd/mm/yyyy) __/__/20__ Next Visit (dd/mm/yyyy) __/__/20__
Obsetric Ultrasound 1st one done before 24 weeks (18-20 weeks) Gestation 20 weeks; Date 7/12/2022
2nd one done in 3rd trimester Gestation 34 weeks; Date 15/3/2023
Triple testing (HIV/Syphilis/Hep) 7/12/22
Syphilis Test Result, Hepatitis B Test Result, HIV Test Result: NR (X)
If HIV Non-Reactive Re-testing Date 15/2/2023
Couple HIV counselling and testing done (X) Yes
If No, counsel and test. If negative, see page 18 for retesting schedule
Partner HIV Status (X) Non-reactive
If reactive refer partner for HIV care
DEMO



Malaria Prevention



PAGE 16

MCH - PREVENTIVE SERVICES

MCH PREVENTIVE SERVICES 3 2.2

ScanForm

BOOK 1

Data Matrix ID here

Other Vaccine
Brand Name

Injection Site: Right Deltoid / Left Deltoid / Other, specify
Route: Oral / Intra-muscular / Intra-dermal / Sub-cutaneous / Other, specify below

Vaccine: Dose Volume (ml) . ; KMHFL ; Date given / /20 ; Batch number ; Lot number ; Expiry Date / /20

Diluent: Batch number ; Lot number ; Expiry Date / /20

Time of reconstitution (hh:mm) :

DEMO

Malaria Preventive Services

Dose# and timing	KMHFL Code	Date given	Visit No.	Next Visit
Contact #1a: IPTp #1 (13-16 wks)	14150	2/11/22	1	7/12/22
Contact #2: IPTp #2 (20 wks)	14150	7/12/22	2	18/1/23
Contact #3: IPTp #3 (26 wks)	14150	18/1/23	3	15/2/23
Contact #4: IPTp #4 (30 wks)	14150	15/2/23	4	15/3/23
Contact #5: IPTp #5 (34 wks)	14150	15/3/23	5	29/3/23
Contact #6: IPTp #6 (36 wks) No SP, if last dose <1 Month ago	14150	29/3/23	6	12/4/23
Contact #7: IPTp #6 (38 wks) (if no dose in past month)	14150	12/4/23	7	/ /
Contact #8: (40 wks)				
SP in malaria endemic areas	NB: IPTp give SP at 4 wks intervals from 13 wks gestation to term in malaria endemic areas			
LLIN	14150	15/3/23	5	Long Lasting Insecticidal Net
Deworming (Mebendazole 500mgs)	14150	15/3/23	5	given once in the 2nd trimester

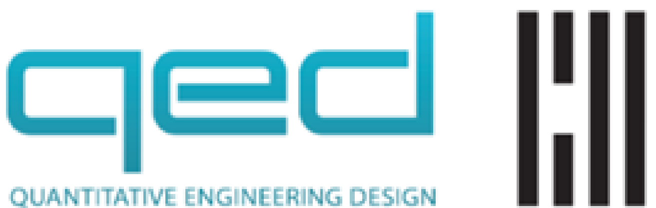
Attend all your Antenatal clinic visits as advised by the health care provider

NOT FOR SALE

qed QUANTITATIVE ENGINEERING DESIGN

ScanForm

Booklet No.
0001



MCH Demo Dashboard ScanForm auto-updates customized dashboards after images are uploaded and verified.

Tables and graphs visualize data from the booklet and help with tracking data completeness of immunization, prevention etc.

Source: MCH Demo 2.2

QED | https://qed.ai

Antenatal

28	3	1 +1	4
Mother's Age	Gravida	Parity	Total no. of ANC Visits

270

ScanForm: MCH Demo - I + F tablets given

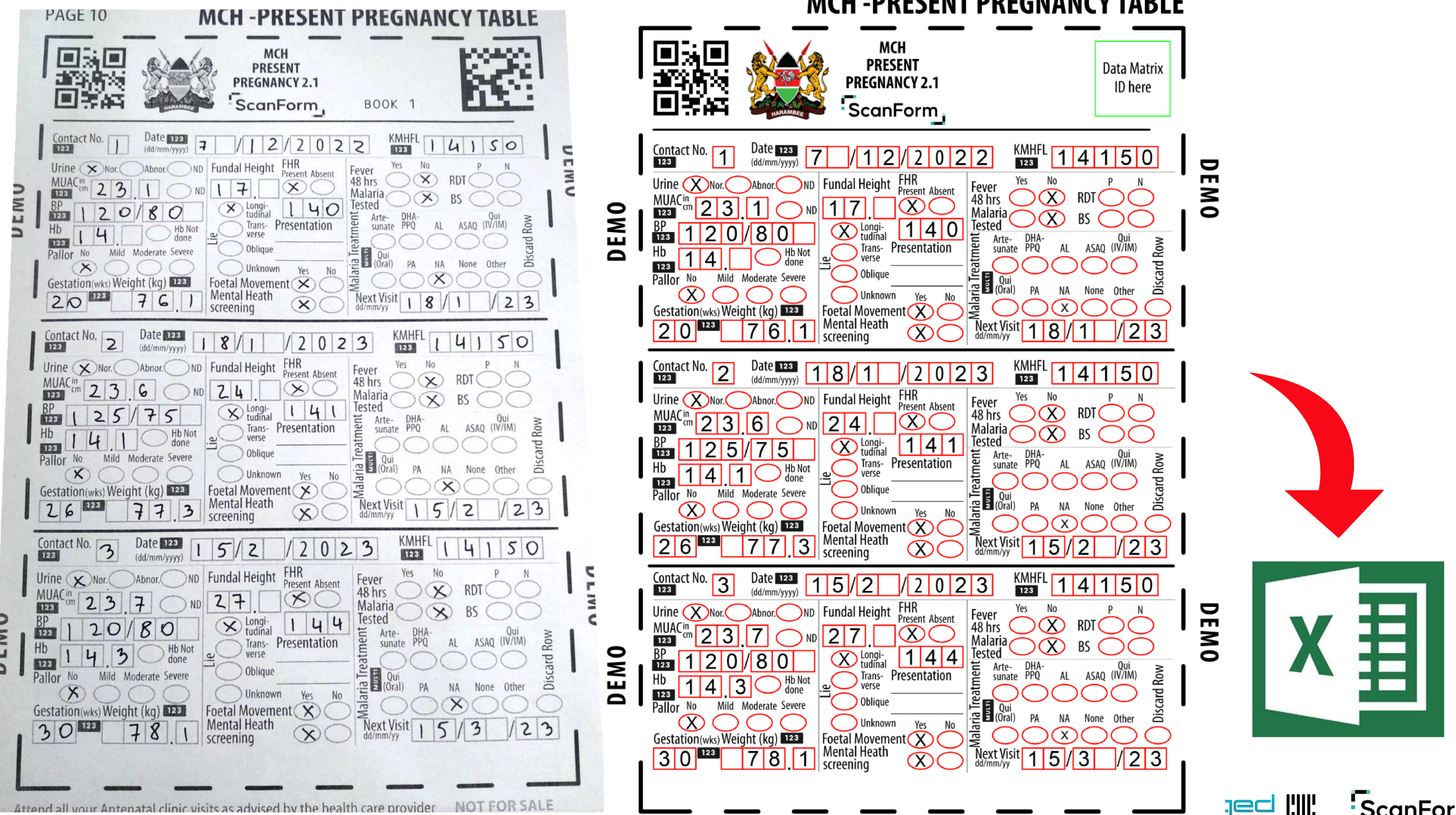
ScanForm: MCH Demo - Malaria Prevention Services

iptp_times_given	llin_given	deworming_given
7	1	1

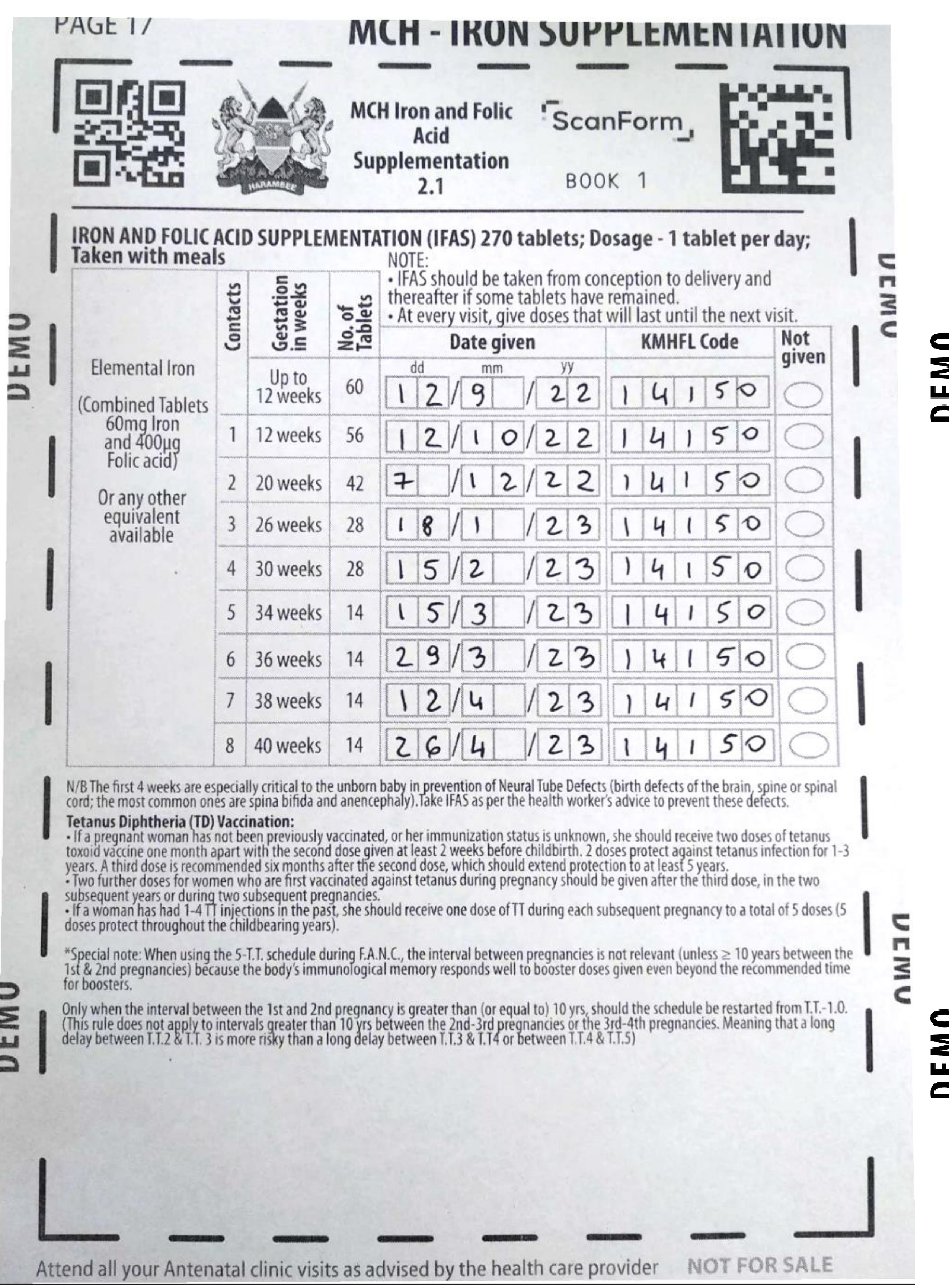
ScanForm: MCH Demo - Physical Examination

hepb_result	hiv_result	malaria_microscopy_result	syphilis_result	tb_result
Not reactive	Not reactive	Neg	Not reactive	Neg

Present Pregnancy



Iron Supplementation



MCH - IRON SUPPLEMENTATION

MCH Iron and Folic Acid Supplementation 2.1

ScanForm

BOOK 1

DEMO

IRON AND FOLIC ACID SUPPLEMENTATION (IFAS) 270 tablets; Dosage - 1 tablet per day; Taken with meals

NOTE:
- IFAS should be taken from conception to delivery and thereafter if some tablets have remained.
- At every visit, give doses that will last until the next visit.

	Contacts	Gestation in weeks	No. of Tablets	Date given (dd/mm/yy)	KMHFL Code	Not given
Elemental Iron (Combined Tablets 60mg Iron and 400µg Folic acid) Or any other equivalent available		Up to 12 weeks	60	12/9/22	14150	◯
	1	12 weeks	56	12/10/22	14150	◯
	2	20 weeks	42	7/12/22	14150	◯
	3	26 weeks	28	18/1/23	14150	◯
	4	30 weeks	28	15/2/23	14150	◯
	5	34 weeks	14	15/3/23	14150	◯
	6	36 weeks	14	29/3/23	14150	◯
	7	38 weeks	14	12/4/23	14150	◯
	8	40 weeks	14	26/4/23	14150	◯

N/B The first 4 weeks are especially critical to the unborn baby in prevention of Neural Tube Defects (birth defects of the brain, spine or spinal cord; the most common ones are spina bifida and anencephaly).Take IFAS as per the health worker's advice to prevent these defects.

Tetanus Diphtheria (TD) Vaccination:
- If a pregnant woman has not been previously vaccinated, or her immunization status is unknown, she should receive two doses of tetanus toxoid vaccine one month apart with the second dose given at least 2 weeks before childbirth. 2 doses protect against tetanus infection for 1-3 years. A third dose is recommended six months after the second dose, which should extend protection to at least 5 years.
- Two further doses for women who are first vaccinated against tetanus during pregnancy should be given after the third dose, in the two subsequent years or during two subsequent pregnancies.
- If a woman has had 1-4 TT injections in the past, she should receive one dose of TT during each subsequent pregnancy to a total of 5 doses (5 doses protect throughout the childbearing years).

*Special note: When using the 5-T.T. schedule during F.A.N.C., the interval between pregnancies is not relevant (unless ≥ 10 years between the 1st & 2nd pregnancies) because the body's immunological memory responds well to booster doses given even beyond the recommended time for boosters.

Only when the interval between the 1st and 2nd pregnancy is greater than (or equal to) 10 yrs, should the schedule be restarted from T.T.-1.0. (This rule does not apply to intervals greater than 10 yrs between the 2nd-3rd pregnancies or the 3rd-4th pregnancies. Meaning that a long delay between T.T.2 & T.T. 3 is more risky than a long delay between T.T.3 & T.T.4 or between T.T.4 & T.T.5)

MCH - IRON SUPPLEMENTATION

MCH Iron and Folic Acid Supplementation 2.1

ScanForm

Data Matrix ID here

DEMO

IRON AND FOLIC ACID SUPPLEMENTATION (IFAS) 270 tablets; Dosage - 1 tablet per day; Taken with meals

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	4	30 weeks	28	15/2/23	14150	◯
	5	34 weeks	14	15/3/23	14150	◯
	6	36 weeks	14	29/3/23	14150	◯
	7	38 weeks	14	12/4/23	14150	◯
	8	40 weeks	14	26/4/23	14150	◯

N/B The first 4 weeks are especially critical to the unborn baby in prevention of Neural Tube Defects (birth defects of the brain, spine or spinal cord; the most common ones are spina bifida and anencephaly).Take IFAS as per the health worker's advice to prevent these defects.

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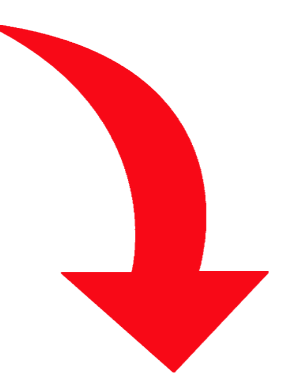

Childbirth

PAGE 26

MCH - CHILDBIRTH

ScanForm

MCH CHILDBIRTH 2.2

BOOK 1

KMHFL Code 123: 1 4 1 5 0 | Date (dd/mm/yyyy) 123: 29/4/2023 | Time 123: 10:40

Mode of delivery ONE: Vaginal (X) · Caesarean elective · Caesarean emergency · Forceps · Vacuum · Other

Pregnancy outcome ONE: Live birth (X) · Stillbirth macerated · Stillbirth fresh · Stillbirth unspecified · Miscarriage · Induced abortion

Number of fetuses 123: 1

Infant ID ABC: A

Conducted by ONE: Nurse (X) · Midwife · Clinical Officer · Doctor

Duration of pregnancy in weeks 123: 40

Apgar score 123: 1 min 10 · 5 min 10 · 10 min 10

Blood loss Millilitres (mls): 0

Meconium stained liquor (grade) 0,1,2,3 123: 0

Other childbirth complications MULTI: Pre-eclampsia · Eclampsia · PPH · None (X) · Sepsis · Cord prolapse · Nuchal cord · Retained placenta · Other

Blood Pressure 123: 65/40

Temp 123: 36.8 · Pulse 123: 110

Resuscitation done ONE: Yes · No (X)

Obstructed labour ONE: Yes · No (X)

HIV tested?: Yes · No · NA (X)

If HIV test not done or Negative at ANC, counsel and test: Reactive · Non-reactive (X) · Not Tested

Condition of mother

Place baby on mother's abdomen immediately the baby is born ONE: Yes (X) · No

Drugs administered at childbirth

Mother MULTI: Oxytocin/ syntocin · Misoprostol · Heat stable carbetocin

Other drugs specify:

Baby's gender ONE: Female · Male (X) · Ambiguous

Baby MULTI: Vit K (X) · TEO (X) · CHX 7.1% (X)

Other drugs, specify

Cord care: Apply Chlorhexidine digluconate gel (CHX 7.1%) once daily for 7 days. Stop application if cord drops off before 7 days. **NB: DO NOT APPLY CHX ON EYES**

Baby Weight (g) 123: 3600 · Head circumference (cm) 123: 35.1 · Baby Length (cm) 123: 52.

Breaths/min 123: 50 · Baby Temp 123: 36.8

Baby HIV exposed: NVP/AZT/3TC prophylaxis

Sp02% (hand) 123: 98 · Sp02% (foot) 123: 98

If HIV positive: HAART (Highly Active Antiretroviral Therapy)

Specify Regimen ONE: TDF+3TC +DTG · TDF+3TC +EFV · AZT+3TC +ATV/r · AZT+3TC + LPV/r · ABC+3TC +DTG · Other, specify

Specify

or Specify ART prophylaxis given D4E

Baby's condition

Place of childbirth ONE: Health Facility (X) · Home · Born before arrival · Other

If other, specify

Early initiation of breastfeeding within 1 hour after childbirth ONE: Yes (X) · No

Note:
- Keep the baby warm, uninterrupted skin to skin for at least one hour immediately after childbirth
- Delay bathing the baby for at least 24 hours after birth
- If preterm or low birth weight less than 2500 gms, initiate kangaroo mother care at least 18 hours per day

Take your child to the health facility every month until he/she is 5 years old   NOT FOR SALE

DEMO

MCH - CHILDBIRTH

ScanForm

MCH CHILDBIRTH 2.2

KMHFL Code 123: 1 4 1 5 0 | Date (dd/mm/yyyy) 123: 29/4/2023 | Time 123: 10:40

Mode of delivery ONE: Vaginal (X) · Caesarean elective · Caesarean emergency · Forceps · Vacuum · Other

Pregnancy outcome ONE: Live birth (X) · Stillbirth macerated · Stillbirth fresh · Stillbirth unspecified · Miscarriage · Induced abortion

Number of fetuses 123: 1

Infant ID ABC: A

Conducted by ONE: Nurse (X) · Midwife · Clinical Officer · Doctor

Duration of pregnancy in weeks 123: 40

Apgar score 123: 1 min 10 · 5 min 10 · 10 min 10

Blood loss Millilitres (mls): 0

Meconium stained liquor (grade) 0,1,2,3 123: 0

Other childbirth complications MULTI: Pre-eclampsia · Eclampsia · PPH · None (X) · Sepsis · Cord prolapse · Nuchal cord · Retained placenta · Other

Blood Pressure 123: 65/40

Temp 123: 36.8 · Pulse 123: 110

Resuscitation done ONE: Yes · No (X)

Obstructed labour ONE: Yes · No (X)

HIV tested?: Yes · No · NA (X)

If HIV test not done or Negative at ANC, counsel and test: Reactive · Non-reactive (X) · Not Tested

Condition of mother

Place baby on mother's abdomen immediately the baby is born ONE: Yes (X) · No

Drugs administered at childbirth

Mother MULTI: Oxytocin/ syntocin · Misoprostol · Heat stable carbetocin

Other drugs specify:

Baby's gender ONE: Female · Male (X) · Ambiguous

Baby MULTI: Vit K (X) · TEO (X) · CHX 7.1% (X)

Other drugs, specify

Cord care: Apply Chlorhexidine digluconate gel (CHX 7.1%) once daily for 7 days. Stop application if cord drops off before 7 days. NB: DO NOT APPLY CHX ON EYES

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Breaths/min 123: 50 · Baby Temp 123: 36.8

Baby HIV exposed: NVP/AZT/3TC prophylaxis

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If HIV positive: HAART (Highly Active Antiretroviral Therapy)

Specify Regimen ONE: TDF+3TC +DTG · TDF+3TC +EFV · AZT+3TC +ATV/r · AZT+3TC + LPV/r · ABC+3TC +DTG · Other, specify

Specify

or Specify ART prophylaxis given D4E

Baby's condition

Place of childbirth ONE: Health Facility (X) · Home · Born before arrival · Other

If other, specify

Early initiation of breastfeeding within 1 hour after childbirth ONE: Yes (X) · No

Note:
- Keep the baby warm, uninterrupted skin to skin for at least one hour immediately after childbirth
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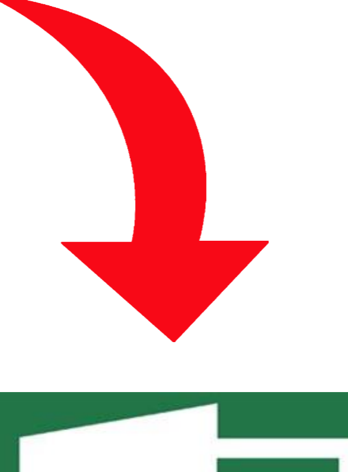
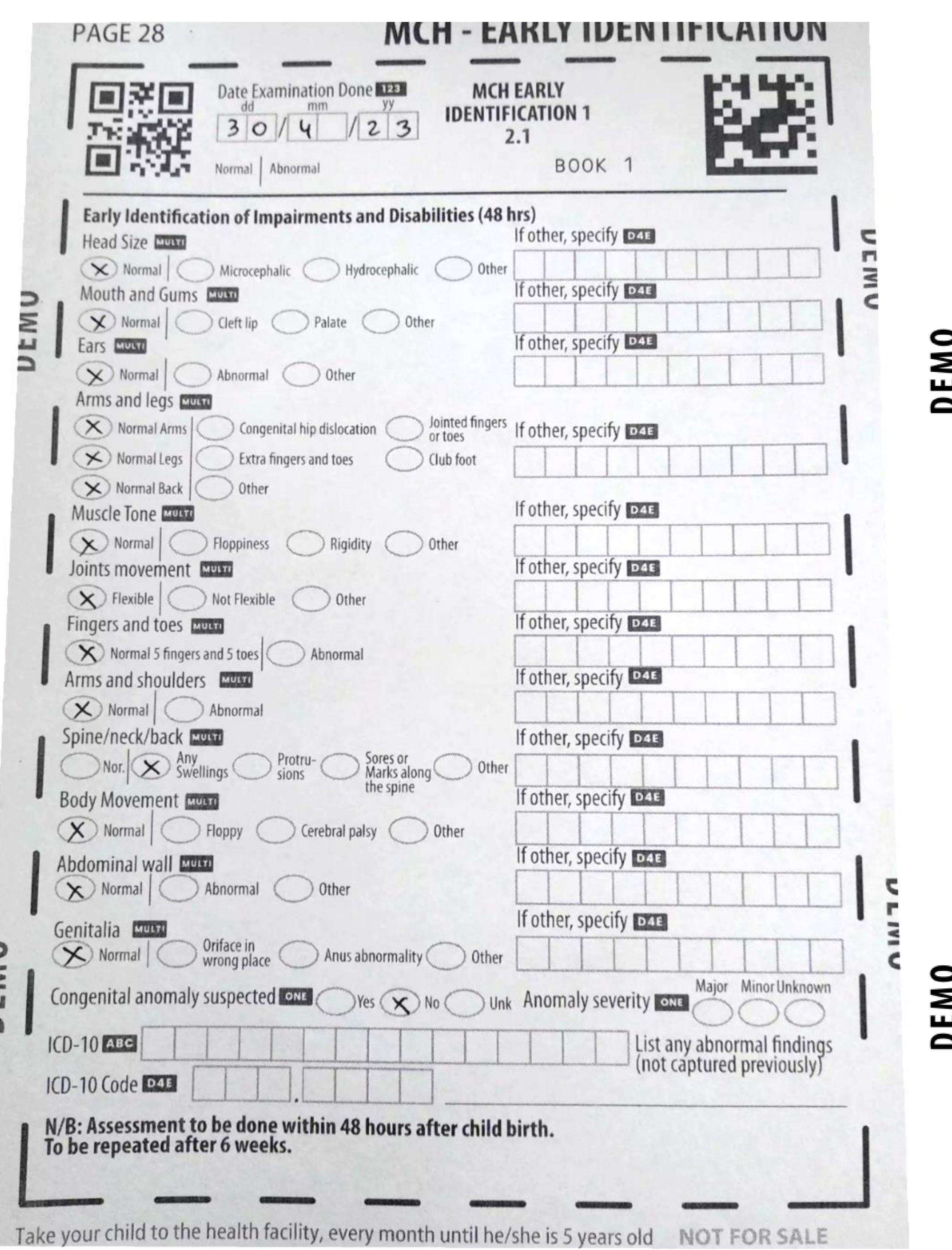
Data Matrix ID here

DEMO



Early Identification (48 hrs)



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MCH - EARLY IDENTIFICATION

Date Examination Done (dd / mm / yy): 3 0 / 4 / 2 3

MCH EARLY IDENTIFICATION 1
2.1

BOOK 1

Normal | Abnormal

Early Identification of Impairments and Disabilities (48 hrs)

- Head Size: (X) Normal | Microcephalic | Hydrocephalic | Other — If other, specify
- Mouth and Gums: (X) Normal | Cleft lip | Palate | Other — If other, specify
- Ears: (X) Normal | Abnormal | Other — If other, specify
- Arms and legs: (X) Normal Arms | Congenital hip dislocation | Jointed fingers or toes; (X) Normal Legs | Extra fingers and toes | Club foot; (X) Normal Back | Other — If other, specify
- Muscle Tone: (X) Normal | Floppiness | Rigidity | Other — If other, specify
- Joints movement: (X) Flexible | Not Flexible | Other — If other, specify
- Fingers and toes: (X) Normal 5 fingers and 5 toes | Abnormal — If other, specify
- Arms and shoulders: (X) Normal | Abnormal — If other, specify
- Spine/neck/back: Nor. | (X) Any Swellings | Protrusions | Sores or Marks along the spine | Other — If other, specify
- Body Movement: (X) Normal | Floppy | Cerebral palsy | Other — If other, specify
- Abdominal wall: (X) Normal | Abnormal | Other — If other, specify
- Genitalia: (X) Normal | Oriface in wrong place | Anus abnormality | Other — If other, specify

Congenital anomaly suspected: Yes | (X) No | Unk — Anomaly severity: Major | Minor | Unknown

ICD-10 — List any abnormal findings (not captured previously)

ICD-10 Code

N/B: Assessment to be done within 48 hours after child birth.
To be repeated after 6 weeks.

Take your child to the health facility, every month until he/she is 5 years old   NOT FOR SALE

MCH - EARLY IDENTIFICATION

Date Examination Done (dd / mm / yy): 3 0 / 4 / 2 3

MCH EARLY IDENTIFICATION 1
2.1

Data Matrix ID here

Normal | Abnormal

DEMO

Early Identification of Impairments and Disabilities (48 hrs)

- Head Size: (X) Normal | Microcephalic | Hydrocephalic | Other — If other, specify
- Mouth and Gums: (X) Normal | Cleft lip | Palate | Other — If other, specify
- Ears: (X) Normal | Abnormal | Other — If other, specify
- Arms and legs: (X) Normal Arms | Congenital hip dislocation | Jointed fingers or toes; (X) Normal Legs | Extra fingers and toes | Club foot; (X) Normal Back | Other — If other, specify
- Muscle Tone: (X) Normal | Floppiness | Rigidity | Other — If other, specify
- Joints movement: (X) Flexible | Not Flexible | Other — If other, specify
- Fingers and toes: (X) Normal 5 fingers and 5 toes | Abnormal — If other, specify
- Arms and shoulders: (X) Normal | Abnormal — If other, specify
- Spine/neck/back: Nor. | (X) Any Swellings | Protrusions | Sores or Marks along the spine | Other — If other, specify
- Body Movement: (X) Normal | Floppy | Cerebral palsy | Other — If other, specify
- Abdominal wall: (X) Normal | Abnormal | Other — If other, specify
- Genitalia: (X) Normal | Oriface in wrong place | Anus abnormality | Other — If other, specify

Congenital anomaly suspected: Yes | (X) No | Unk — Anomaly severity: Major | Minor | Unknown

ICD-10 — List any abnormal findings (not captured previously)

ICD-10 Code

N/B: Assessment to be done within 48 hours after child birth.
To be repeated after 6 weeks.

Early Identification (6 weeks)

PAGE 29

MCH - EARLY IDENTIFICATION

Date Examination Done (dd/mm/yy): 1 0 / 6 / 2 3

MCH EARLY IDENTIFICATION 2 2.1

Normal | Abnormal

BOOK 1

DEMO

Early Identification of Impairments and Disabilities (6 weeks)

Head Size MULTI — (X) Normal | ( ) Microcephalic ( ) Hydrocephalic ( ) Other — If other, specify D4E

Mouth and Gums MULTI — (X) Normal | ( ) Cleft lip ( ) Palate ( ) Other — If other, specify D4E

Ears MULTI — (X) Normal | ( ) Abnormal ( ) Other — If other, specify D4E

Arms and legs MULTI — (X) Normal Arms | ( ) Congenital hip dislocation ( ) Jointed fingers or toes; (X) Normal Legs | ( ) Extra fingers and toes ( ) Club foot; (X) Normal Back | ( ) Other — If other, specify D4E

Muscle Tone MULTI — (X) Normal | ( ) Floppiness ( ) Rigidity ( ) Other — If other, specify D4E

Joints movement MULTI — (X) Flexible | ( ) Not Flexible ( ) Other — If other, specify D4E

Fingers and toes MULTI — (X) Normal 5 fingers and 5 toes | ( ) Abnormal — If other, specify D4E

Arms and shoulders MULTI — (X) Normal | ( ) Abnormal — If other, specify D4E

Spine/neck/back MULTI — (X) Nor. | ( ) Any Swellings ( ) Protru-sions ( ) Sores or Marks along the spine ( ) Other — If other, specify D4E

Body Movement MULTI — (X) Normal | ( ) Floppy ( ) Cerebral palsy ( ) Other — If other, specify D4E

Abdominal wall MULTI — (X) Normal | ( ) Abnormal ( ) Other — If other, specify D4E

Genitalia MULTI — (X) Normal | ( ) Oriface in wrong place ( ) Anus abnormality ( ) Other — If other, specify D4E

Congenital anomaly suspected ONE ( ) Yes (X) No ( ) Unk — Anomaly severity ONE ( ) Major ( ) Minor ( ) Unknown

ICD-10 ABC — List any abnormal findings (not captured previously)

ICD-10 Code D4E

N/B: Assessment to be done within 48 hours after child birth. To be repeated after 6 weeks.

Take your child to the health facility, every month until he/she is 5 years old — NOT FOR SALE

MCH - EARLY IDENTIFICATION

Date Examination Done 123 (dd/mm/yy): 1 0 / 6 / 2 3

MCH EARLY IDENTIFICATION 2 2.1

Data Matrix ID here

Normal | Abnormal

DEMO

Early Identification of Impairments and Disabilities (6 weeks)

Head Size MULTI — (X) Normal | ( ) Microcephalic ( ) Hydrocephalic ( ) Other — If other, specify D4E

Mouth and Gums MULTI — (X) Normal | ( ) Cleft lip ( ) Palate ( ) Other — If other, specify D4E

Ears MULTI — (X) Normal | ( ) Abnormal ( ) Other — If other, specify D4E

Arms and legs MULTI — (X) Normal Arms | ( ) Congenital hip dislocation ( ) Jointed fingers or toes; (X) Normal Legs | ( ) Extra fingers and toes ( ) Club foot; (X) Normal Back | ( ) Other — If other, specify D4E

Muscle Tone MULTI — (X) Normal | ( ) Floppiness ( ) Rigidity ( ) Other — If other, specify D4E

Joints movement MULTI — (X) Flexible | ( ) Not Flexible ( ) Other — If other, specify D4E

Fingers and toes MULTI — (X) Normal 5 fingers and 5 toes | ( ) Abnormal — If other, specify D4E

Arms and shoulders MULTI — (X) Normal | ( ) Abnormal — If other, specify D4E

Spine/neck/back MULTI — (X) Nor. | ( ) Any Swellings ( ) Protru-sions ( ) Sores or Marks along the spine ( ) Other — If other, specify D4E

Body Movement MULTI — (X) Normal | ( ) Floppy ( ) Cerebral palsy ( ) Other — If other, specify D4E

Abdominal wall MULTI — (X) Normal | ( ) Abnormal ( ) Other — If other, specify D4E

Genitalia MULTI — (X) Normal | ( ) Oriface in wrong place ( ) Anus abnormality ( ) Other — If other, specify D4E

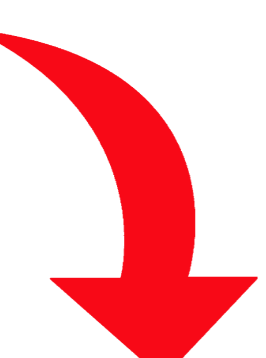
Congenital anomaly suspected ONE ( ) Yes (X) No ( ) Unk — Anomaly severity ONE ( ) Major ( ) Minor ( ) Unknown

ICD-10 ABC — List any abnormal findings (not captured previously)

ICD-10 Code D4E

N/B: Assessment to be done within 48 hours after child birth. To be repeated after 6 weeks.

DEMO



Postnatal

ScanForm: MCH Demo - Childbirth

mode_of_delivery	pregnancy_outcome	apgar_1min	apgar_5min	apgar_10min	gender	birth_weight	birth_length
Vaginal	Live	10	10	10	Male	3,600	52

ScanForm: MCH Demo - Milestones

milestone
1. Social smile/follows a colourful object dangled before their eyes - 0-2 months
2. Holds the head unpright/follows the object or face with their eyes/turns the head or responds in any other way to sound/smiles when you speak - 2-4 months
3. Rolls over/reaches for and grasps objects with hand/takes objects to her mouth/babbles (makes sounds) - 4-6 months
4. Sits without support/moves object from one hand to the other/repeats syllables (bababa, mamama) - 6-9 months
5. Takes steps with support/picks up small object or string with 2 fingers/says 2-3 words/imitates simple gestures (claps hands, bye) - 9 -12 months

ScanForm: MCH Demo - Disabilities 48 hrs

head_size	gums_condition	ears_condition	arms_legs_condition	muscle_tone	joints_movement	fingers_and_toes	arms_and_shoulders	spine_neck_back	body_movement	abdominal_wall	genitalia
normal	normal	normal	normal	normal	normal	normal	normal	swellings	normal	normal	normal

ScanForm: MCH Demo - Disabilities 6 weeks

head_size	gums_condition	ears_condition	arms_legs_condition	muscle_tone	joints_movement	fingers_and_toes	arms_and_shoulders	spine_neck_back	body_movement	abdominal_wall	genitalia
normal	normal	normal	normal	normal	normal	normal	normal	normal	normal	normal	normal

Immunization (page 1)

PAGE 47

MCH - IMMUNIZATION

MCH IMMUNIZATION 1 2.1

ScanForm

BOOK 1

BCG VACCINE: at birth (intra- dermal left forearm)

	Date (dd/mm/yyyy)	Date of Next Visit (dd/mm/yyyy)	KMHFL Code
Dose:(0.05 mls for child below 1 year)	29/4/2023	/ /20	14150
Dose:(0.1 mls for child above 1 year)	/ /20	/ /20	

BCG-Scar Checked	Date checked (dd/mm/yyyy)	KMHFL Code
Present / Absent	/ /20	

BCG Repeated	Date repeated (dd/mm/yyyy)	KMHFL Code
Yes / No	/ /20	

POLIO VACCINE: (Bivalent Oral Polio Vaccine(bOPV) Dose: 2 drops orally

	Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
Birth Dose at birth or within 2 wks	13/5/2023	14150	10/6/2023
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	/ /20

IPV (Inactivated Polio Vaccine)
Intramuscular into the outer aspect of the right thigh 2.5 cm (2 fingers apart) from the site of PCV10 injection
1st Dose: IPV (0.5 mls) Dose at 14 weeks.(2nd Dose below)

Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
13/5/2023	14150	5/8/2023
5/8/2023	14150	/ /20

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/HAEMOPHILUS INFLUENZA Type B

	Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	Dose:(0.5 mls) Intra Muscular left outer thigh

Take your child to the health facility, every month until he/she is 5 years old

NOT FOR SALE

MCH - IMMUNIZATION

MCH IMMUNIZATION 1 2.1

ScanForm

Data Matrix ID here

DEMO

BCG VACCINE: at birth (intra- dermal left forearm)

	Date (dd/mm/yyyy)	Date of Next Visit (dd/mm/yyyy)	KMHFL Code
Dose:(0.05 mls for child below 1 year)	29/4/2023	/ /20	14150
Dose:(0.1 mls for child above 1 year)	/ /20	/ /20	

BCG-Scar Checked	Date checked (dd/mm/yyyy)	KMHFL Code
Present / Absent	/ /20	

BCG Repeated	Date repeated (dd/mm/yyyy)	KMHFL Code
Yes / No	/ /20	

POLIO VACCINE: (Bivalent Oral Polio Vaccine(bOPV) Dose: 2 drops orally

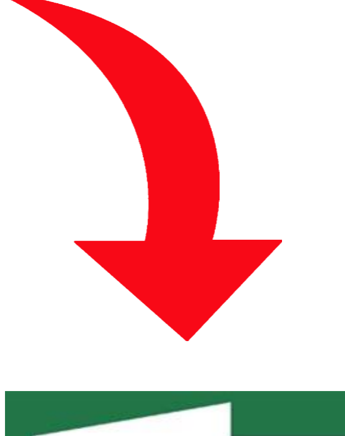
	Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
Birth Dose at birth or within 2 wks	13/5/2023	14150	10/6/2023
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	/ /20

IPV (Inactivated Polio Vaccine)
Intramuscular into the outer aspect of the right thigh 2.5 cm (2 fingers apart) from the site of PCV10 injection
1st Dose: IPV (0.5 mls) Dose at 14 weeks.(2nd Dose below)

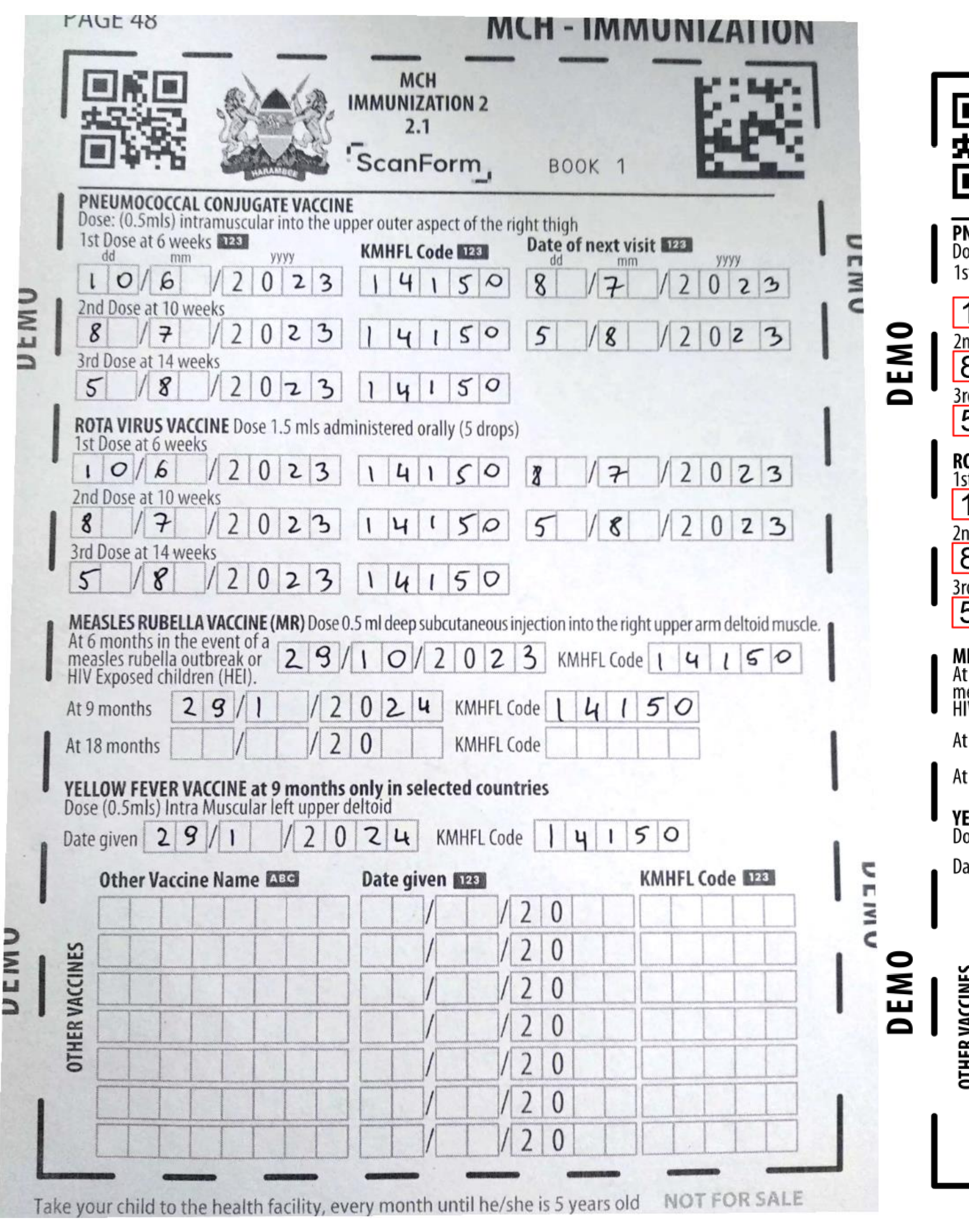
Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
13/5/2023	14150	5/8/2023
5/8/2023	14150	/ /20

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/HAEMOPHILUS INFLUENZA Type B

	Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	Dose:(0.5 mls) Intra Muscular left outer thigh



Immunization (page 2)



PAGE 48 MCH - IMMUNIZATION

MCH IMMUNIZATION 2 2.1

ScanForm BOOK 1

DEMO

PNEUMOCOCCAL CONJUGATE VACCINE
Dose: (0.5mls) intramuscular into the upper outer aspect of the right thigh

	Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	

ROTA VIRUS VACCINE Dose 1.5 mls administered orally (5 drops)

	Date	KMHFL Code	Date of next visit
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	

MEASLES RUBELLA VACCINE (MR) Dose 0.5 ml deep subcutaneous injection into the right upper arm deltoid muscle.

	Date	KMHFL Code
At 6 months in the event of a measles rubella outbreak or HIV Exposed children (HEI).	29/10/2023	14150
At 9 months	29/1/2024	14150
At 18 months	/ /20	

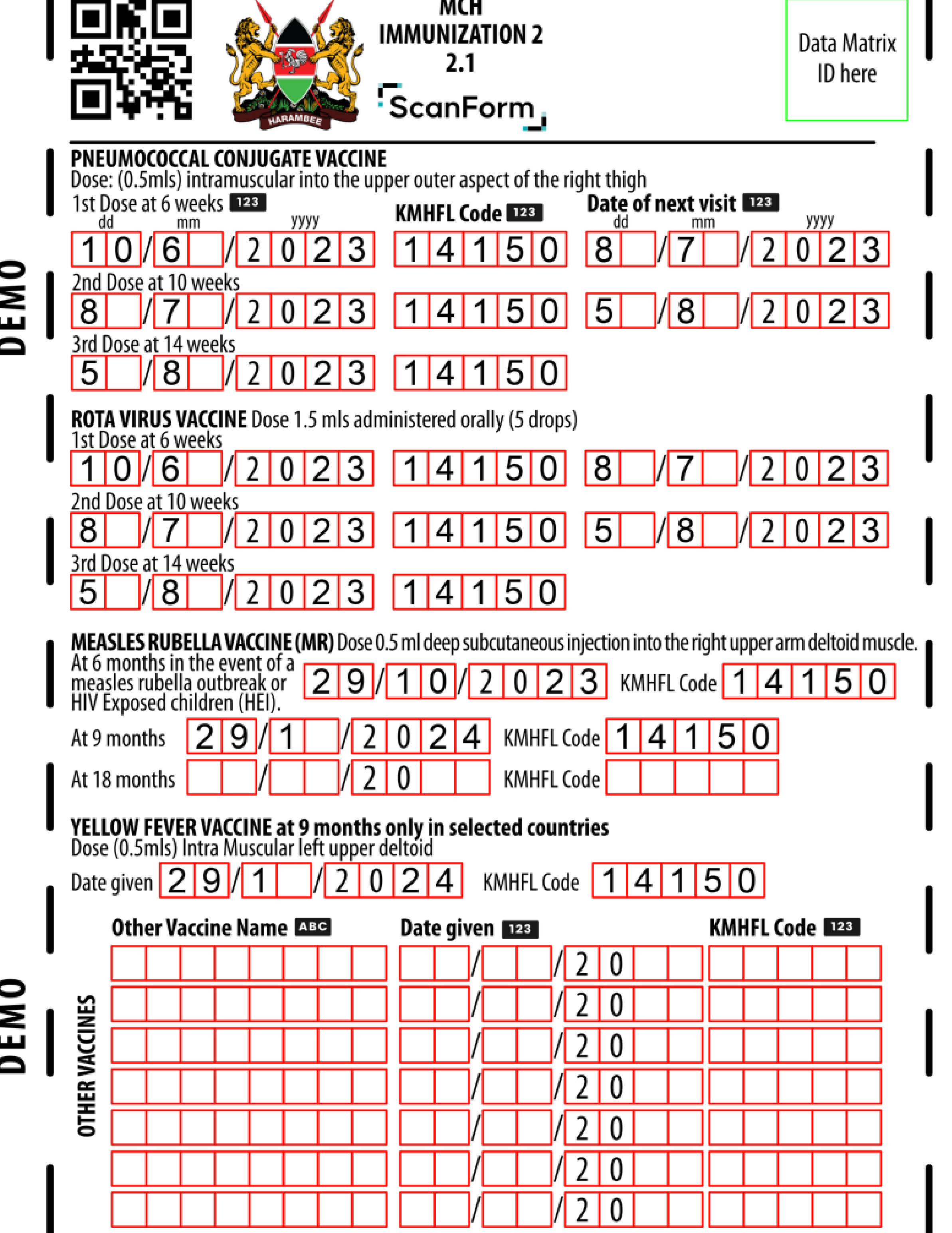
YELLOW FEVER VACCINE at 9 months only in selected countries
Dose (0.5mls) Intra Muscular left upper deltoid

Date given 29/1/2024 KMHFL Code 14150

OTHER VACCINES

Other Vaccine Name	Date given	KMHFL Code
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	

Take your child to the health facility, every month until he/she is 5 years old NOT FOR SALE



MCH - IMMUNIZATION

MCH IMMUNIZATION 2 2.1

ScanForm

Data Matrix ID here

DEMO

PNEUMOCOCCAL CONJUGATE VACCINE
Dose: (0.5mls) intramuscular into the upper outer aspect of the right thigh

	Date (dd/mm/yyyy)	KMHFL Code	Date of next visit (dd/mm/yyyy)
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	

ROTA VIRUS VACCINE Dose 1.5 mls administered orally (5 drops)

	Date	KMHFL Code	Date of next visit
1st Dose at 6 weeks	10/6/2023	14150	8/7/2023
2nd Dose at 10 weeks	8/7/2023	14150	5/8/2023
3rd Dose at 14 weeks	5/8/2023	14150	

MEASLES RUBELLA VACCINE (MR) Dose 0.5 ml deep subcutaneous injection into the right upper arm deltoid muscle.

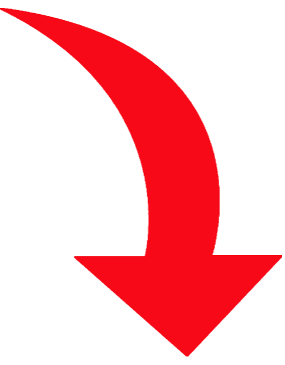
	Date	KMHFL Code
At 6 months in the event of a measles rubella outbreak or HIV Exposed children (HEI).	29/10/2023	14150
At 9 months	29/1/2024	14150
At 18 months	/ /20	

YELLOW FEVER VACCINE at 9 months only in selected countries
Dose (0.5mls) Intra Muscular left upper deltoid

Date given 29/1/2024 KMHFL Code 14150

OTHER VACCINES

Other Vaccine Name	Date given	KMHFL Code
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	



Booklet No.

0001

ScanForm: MCH Demo - Present Pregnancy

contact_no	muac	gestation	weight	foetal_heart_rate	malaria_result
1	23.1	20	76.1	Present	Not tested
2	23.6	26	77.3	Present	Not tested
3	23.7	30	78.1	Present	Not tested
4	23.2	34	79	Present	Neg

Child Immunization

ScanForm: MCH Demo - Immunization

vaccine	doses_given	completeness_message	next_visit	booklet_no
BCG	1	On time	Vaccination completed	0001
DPT	3	On time	Vaccination completed	0001
IPV	2	On time	Vaccination completed	0001
Measles/Rubella	2	On time	Around 2024-10-29	0001
OPV	4	On time	Vaccination completed	0001
Pneumococcal	3	On time	Vaccination completed	0001
Rota	3	On time	Vaccination completed	0001
Yellow Fever	1	On time	-	0001

Growth Monitoring

PAGE 46

MCH - GROWTH MONITORING

MCH GROWTH MONITORING 2.1

ScanForm

BOOK 1

DEMO

Growth Monitoring Returns Dates

Date (dd/mm/yyyy)	Weight (kg)	Length (cm)	KMHFL
29/4/2023	3.6	52	14150
29/5/2023	4.	55	14150
29/6/2023	5.	57	14150
29/7/2023	6.	61	14150
29/8/2023	7.	63	14150
29/9/2023	7.5	65	14150
29/10/2023	8.	68	14150
29/11/2023	8.5	70	14150
28/12/2023	9.	72	14150
29/1/2024	9.2	75	14150
28/2/2024	9.5	76	14150
29/3/2024	9.7	77	14150
29/4/2024	10.	79	14150
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		

Take your child to the health facility, every month until he/she is 5 years old NOT FOR SALE

MCH - GROWTH MONITORING

MCH GROWTH MONITORING 2.1

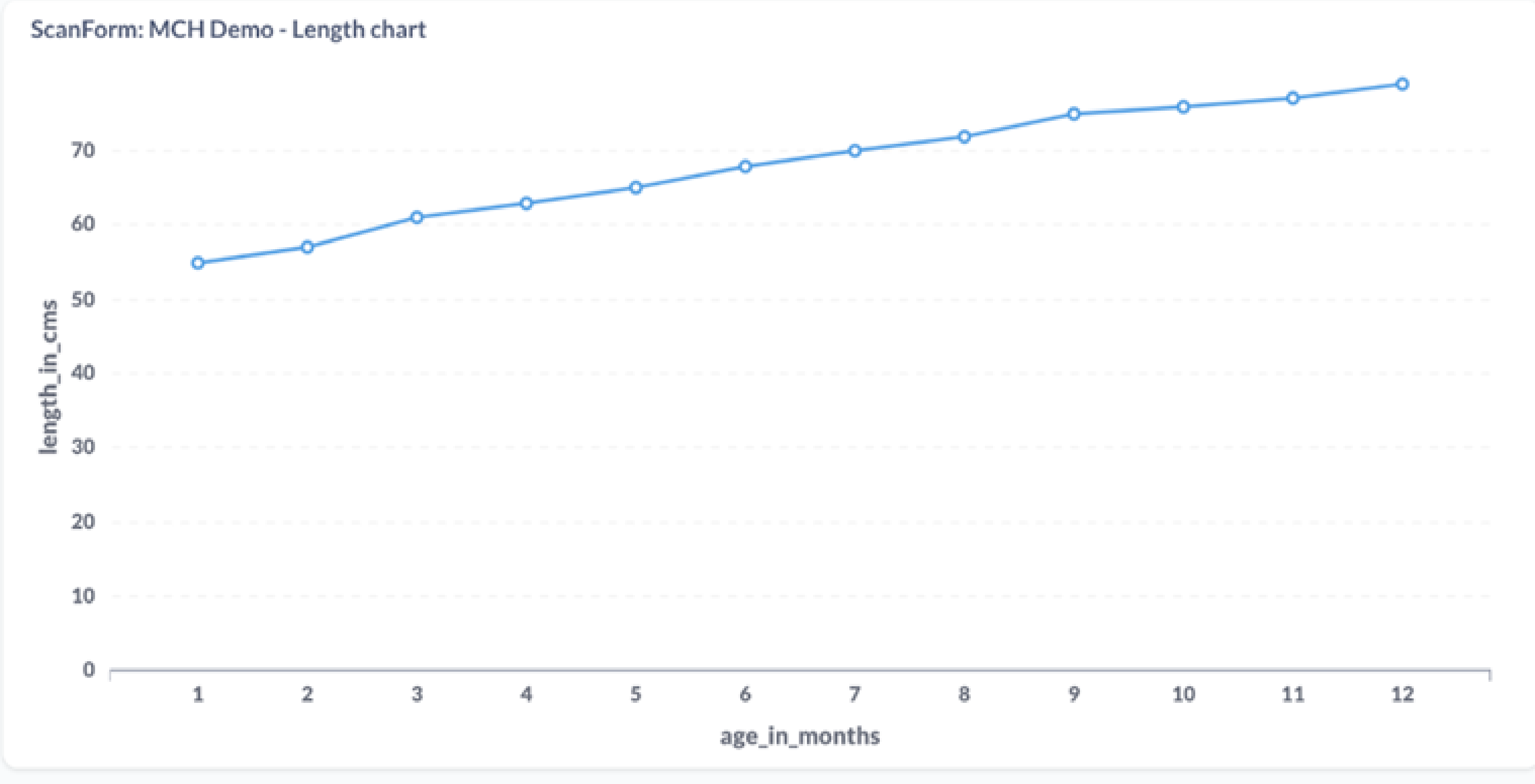
ScanForm

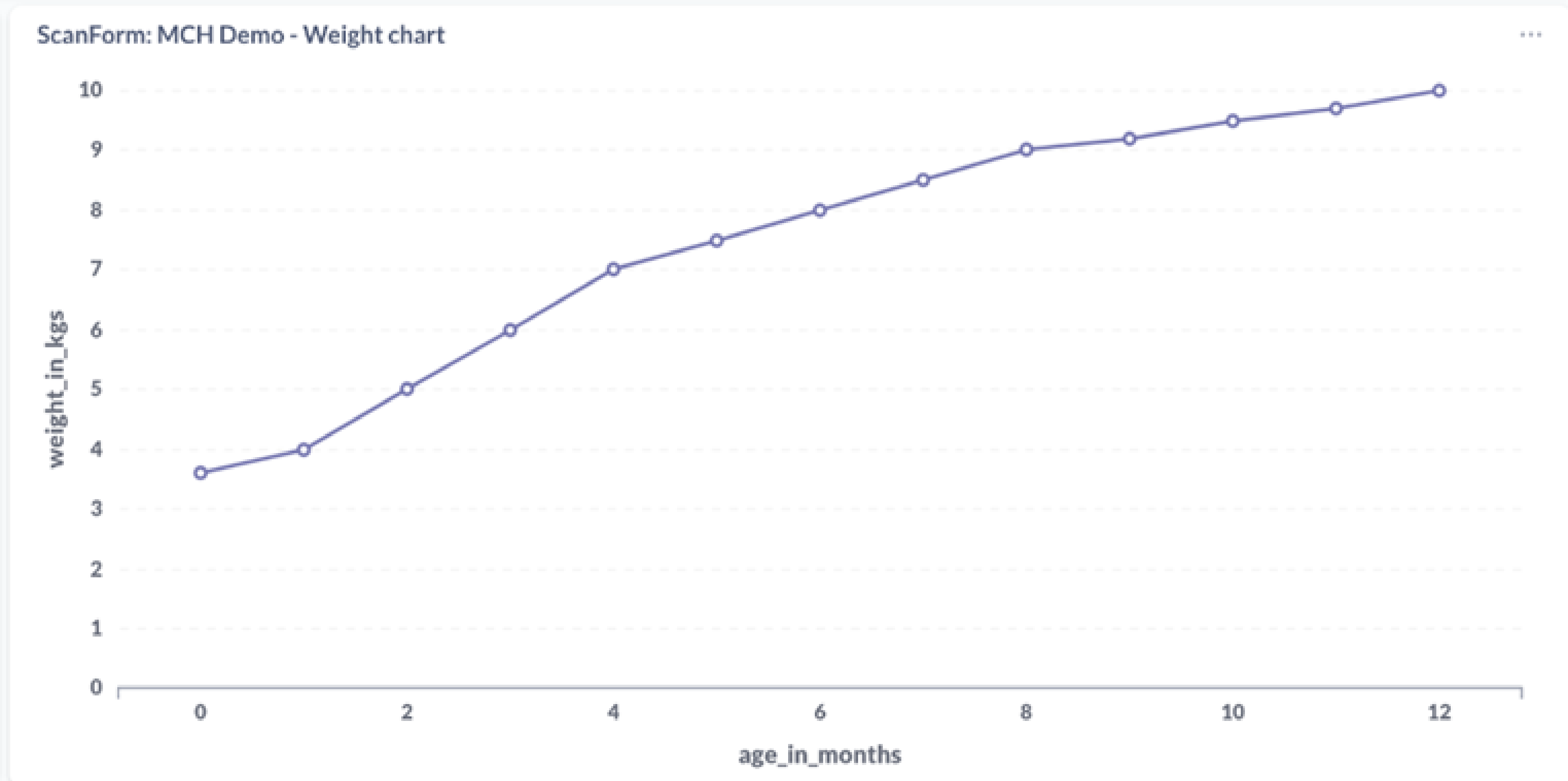
Data Matrix ID here

DEMO

Growth Monitoring Returns Dates

Date (dd/mm/yyyy)	Weight (kg)	Length (cm)	KMHFL
23/4/2023	3.6	52	14150
23/5/2023	4.	55	14150
29/6/2023	5.	57	14150
29/7/2023	6.	61	14150
23/8/2023	7.	63	14150
29/9/2023	7.5	65	14150
29/10/2023	8.	68	14150
29/11/2023	8.5	70	14150
23/12/2023	9.	72	14150
29/1/2024	9.2	75	14150
28/2/2024	9.5	76	14150
29/3/2024	9.7	77	14150
29/4/2024	10.	79	14150
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		
/ /20	.		


ScanForm: MCH Demo - Length chart
length_in_cms
70
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
9
10
11
12
age_in_months


ScanForm: MCH Demo - Weight chart
weight_in_kgs
10
9
8
7
6
5
4
3
2
1
0
0
2
4
6
8
10
12
age_in_months

KENYA
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
UNIVERSITY OF THE PHILIPPINES
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Pilot updates from the field

570

Mothers with unique scannable MCH Handbooks

68

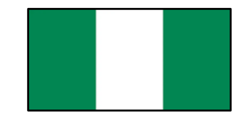
Childbirths captured

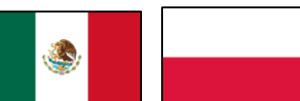
Qualitative Feedback

Facility 2: The reaction is positive and the mothers love the booklet. ***They even joke that they want to get pregnant so that they can be enrolled in the study to get the new scannable booklets.*** *No mother has refused consent so far.*

ScanForm

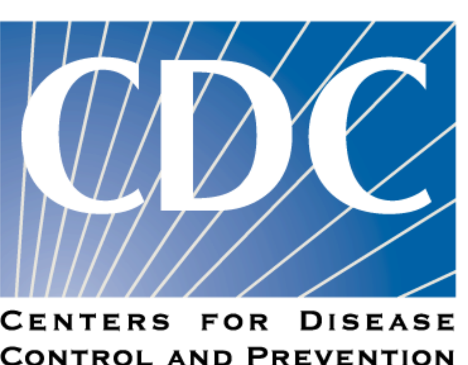
Collaborators



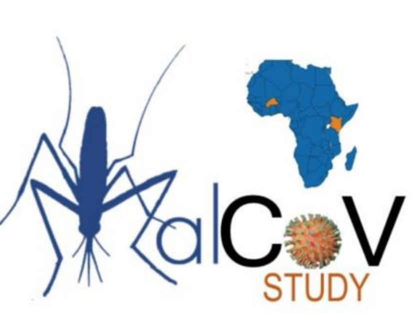


2018, Goalkeepers

LONDON
SCHOOL of
HYGIENE
&TROPICAL
MEDICINE



KENYA MEDICAL RESEARCH INSTITUTE
KEMRI



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QUANTITATIVE ENGINEERING DESIGN
ScanForm
Write to scanform@qed.ai to schedule a live demo! / email Dr. William Wu: w@qed.ai
YouTube video of HTS with ScanForm in Malawi: scanform-movie.qed.ai
Thank you!
Dr. Hellen Barsosio: hbarsosio@kemri.go.ke
REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
CALABARZON
SAFE BEGINNINGS
UNIVERSITY OF THE PHILIPPINES
1908

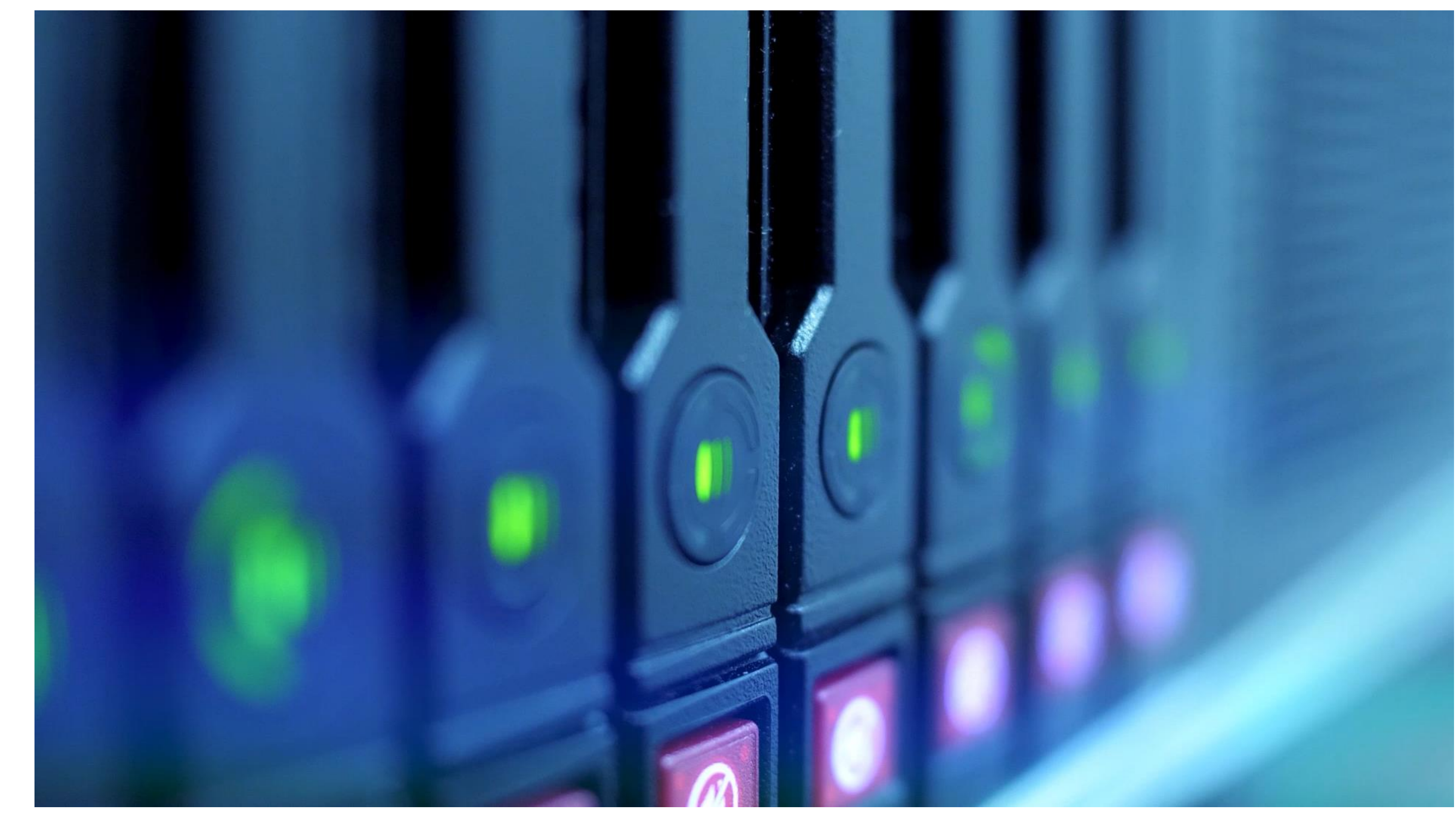
Reproductive Health Philippines

Dr. Mario Philip R. Festin

Director
Institute of Reproductive Health (IRH)
University of the Philippines National Institute of Health (UP NIH)

Dr. Mario Philip R. Festin
Founding Director
Institute of Reproductive Health –
National Institutes of Health
UNIVERSITY OF THE PHILIPPINES
MANILA

Improve Reproductive Health by *Enhancing Antenatal Care Services*



DR. MARIO PHILIP R. FESTIN

- Founding Director, NIH - Institute of Reproductive Health
- Professor in Obstetrics and Gynecology and Clinical Epidemiology, College of Medicine
- University of the Philippines Manila

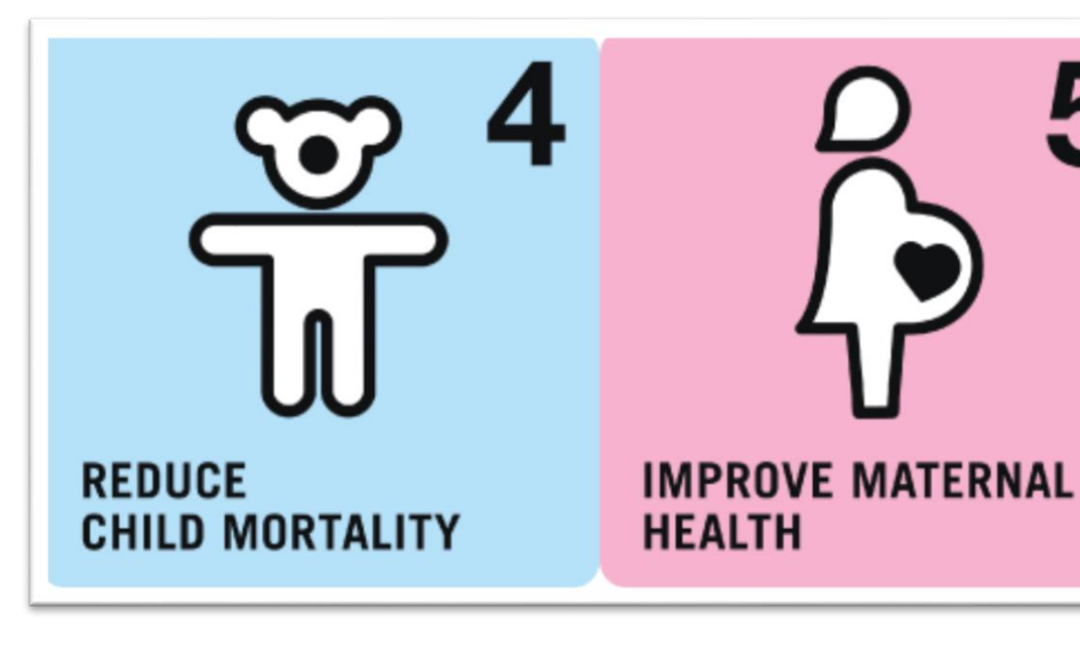
What is Reproductive Health?

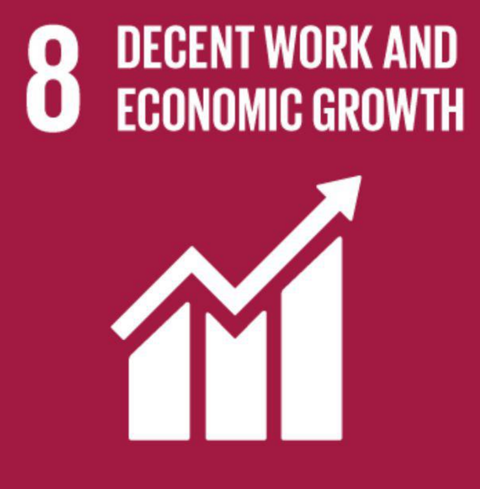
Reproductive health includes the processes related to
a woman and a man and their **sexual needs** for
their planning to and getting **pregnant in a timely manner,**
having a baby growing inside her womb,
avoidance of complications and problems during this pregnancy,
its delivery under safe circumstances,
and the return of the woman to her healthy non-pregnancy state.

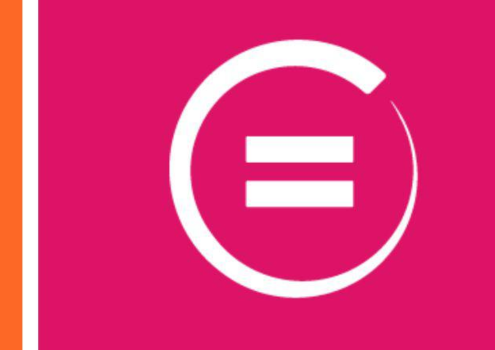
This focuses towards having a **healthy mother and a healthy baby**.

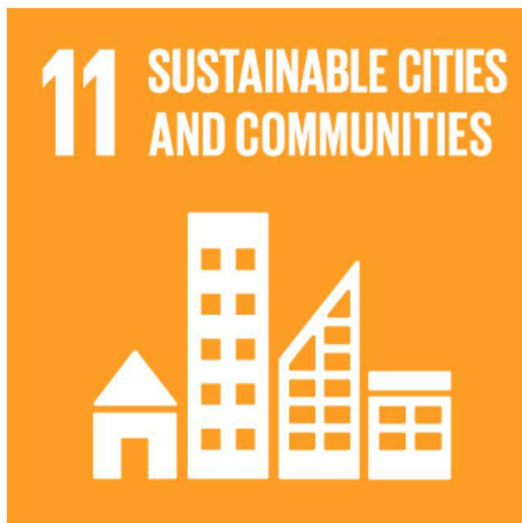
Objectives

- To define Reproductive Health and how it relates to the Sustainable Development Goals
- To list the global initiatives that mandate reproductive health, including maternal health care
- To describe the reproductive health and maternal antenatal health situation in the Philippines,
- To list the important components of antenatal care both globally and locally
- To describe the local materials on maternal and child health promotion





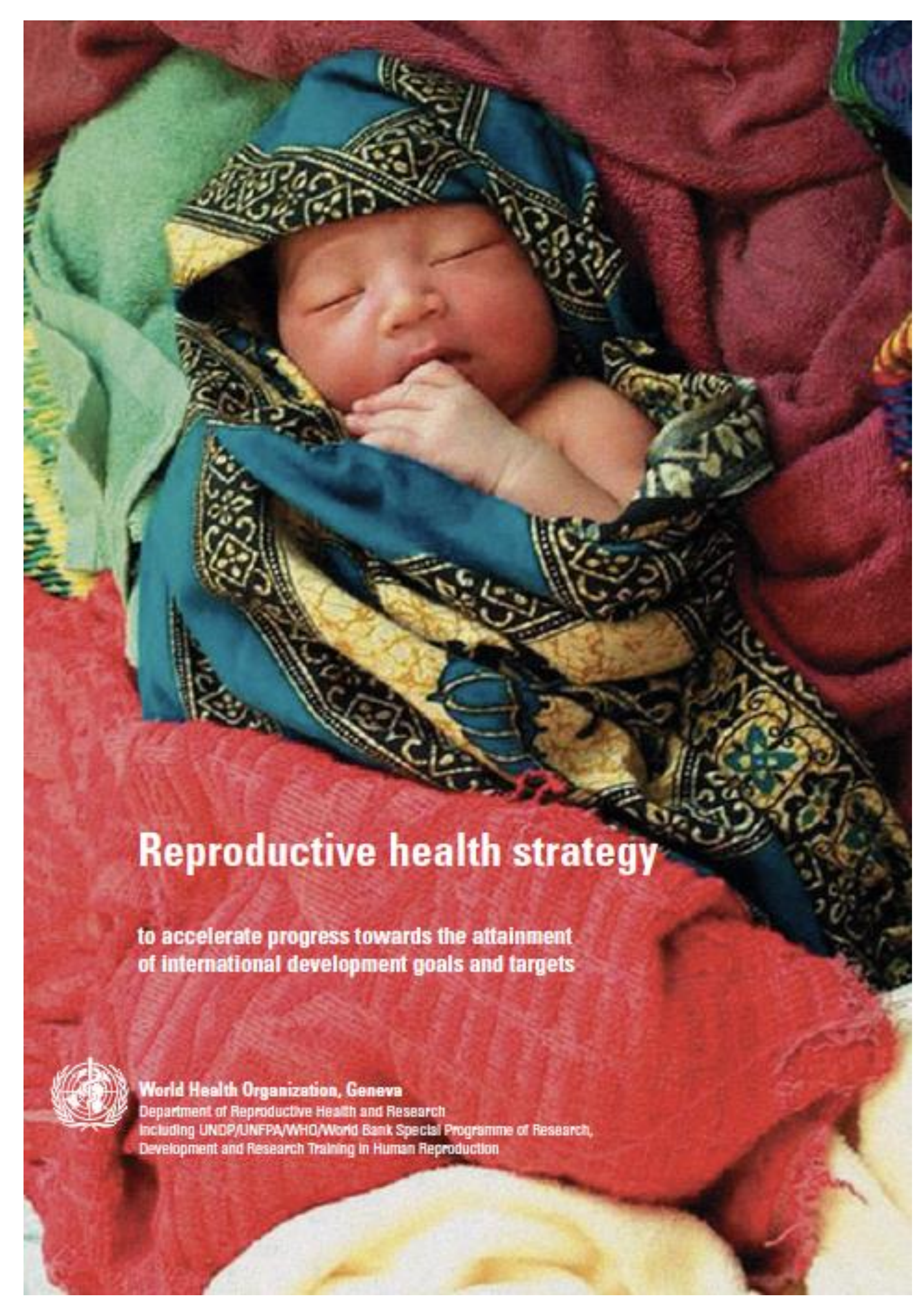




Sexual and Reproductive Health contributes t many of the UN **Sustainable Development Goal 1, 3, 5, 8, 10, 13, 1**

Global Reproductive Health

- In 2004, 57th World Health Assembly adopted resolution WHA55.19 asking WHO to develop a strategy for accelerating progress towards attainment of **international development goals and targets related to reproductive health.**
- **Core Aspects of RH:**
  - **Pregnancy, childbirth and health of newborns**
  - **Family Planning (including infertility)**
  - **Unsafe abortion (and its complications)**
  - **Sexually transmitted infections, including HIV and RTIs**
  - **Violence against women**
  - **Reproductive health of men (and their role in women's RH)**
- **Barriers**
  - **Inequities due to gender**
  - **Adolescents' exposure to risk**
  - **Inequities related to poverty and access to health services**



https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/overview

WHO recommendations on
antenatal care for a
positive pregnancy experience

Guidelines for
PERINATAL
CARE
Eighth Edition

American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

The American College of
Obstetricians and Gynecologists

Para sa ligtas na panganganak,
dapat 4 na beses magpa-pre-natal
check-up sa health center

Sa iyong pagbisita:

Alamin kung paano maging mas handa.
Pumunta sa pinakamalapit na health center.

Regular contact with health services throughout your pregnancy will protect you and your baby's health.

Quality antenatal care will:

- Encourage women to seek **skilled care at childbirth**
- **Reduce stillbirths,** childbirth complications and newborn deaths
- **Help women get care and counselling** for HIV, malaria, TB and other conditions

Quality antenatal care should be available for all women to ensure a positive pregnancy experience.

As soon as you know you are pregnant, seek antenatal care for:

- **Emotional support** and advice
- **Medical care**
- Relevant and **timely pregnancy information**

Respectful care throughout pregnancy will help protect you and your baby's health.

Throughout pregnancy, all women should have 8 contacts with a health provider.

These can happen in settings such as:

- **Health Facilities**
- **Community Outreach Services**

Health systems should ensure that all providers are empowered and equipped with necessary skills and supplies.

AnteNatal Care or Pre-natal Care is CRITICAL !!!!

Through timely and appropriate evidence-based actions related to health promotion, disease prevention, screening, and treatment

- Reduces **complications** from pregnancy and childbirth
- Reduces **stillbirths and perinatal deaths**
- **Integrated care delivery** throughout pregnancy

Antenatal care patterns in the Philippines

- **Nine in ten Filipino women receive antenatal care (ANC)**
  - midwife (50%), doctor (39%), or nurse (4%).
  - Usually with higher levels of education
  - Usually from wealthiest levels of households
- 3 % of women received **no ANC**.
  - 7/10 have their first ANC visit in the first trimester.
- **87% women make 4 or > ANC visits**.

2017 NDHS

Philippines

2017 National Demographic and Health Survey

Key Findings

2022 Philippine National Demographic and Health Survey (NDHS)

Key Indicators Report

ANTENATAL CARE NDHS 2022

Antenatal care (ANC) from a **skilled provider** is important **to monitor pregnancy and reduce morbidity and mortality risks** for the **mother and child during pregnancy, at delivery, and during the postnatal period**.

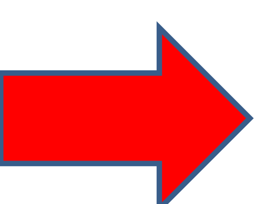
- **86%** of women who had a live birth in the 2 years preceding the survey **received antenatal care from skilled providers**.
- **83%** of women had **four or more ANC visits** during their most recent pregnancy **resulting in a live birth** in the 2 years preceding the survey.
- **86% women** who had a live birth in the 2 years preceding the survey took some **form of iron supplementation** during their pregnancy.

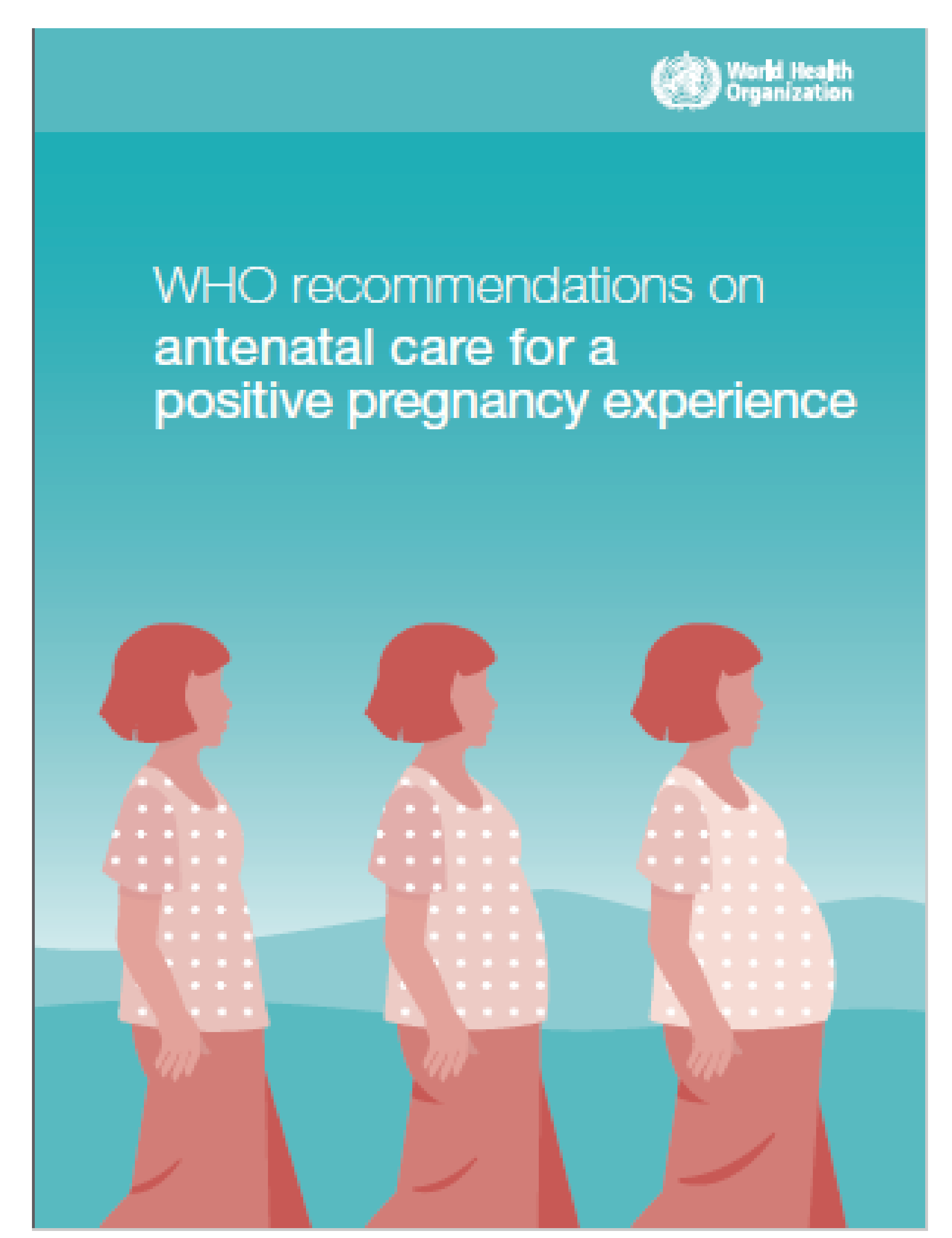
Trends: The percentage of women with a live birth in the 2 years preceding the survey who received **antenatal care from a skilled provider** increased from **84% in 1993 to 95% in 2013 before decreasing to 93% in 2017 and 86% in 2022.**

QUALITY throughout the continuum of care

WHO envisions a world where "every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth and the postnatal period".

- Prioritizes **person-centred health and well-being**:
- Reducing mortality and morbidity
- Providing respectful care that **takes into account woman's views**
- **Optimizing service delivery** within health systems





Women's views

Women want a

Positive Pregnancy Experience

from ANC

- ✓ A **healthy pregnancy for mother and baby** (including preventing or treating risks, illness and death)
- ✓ **Physical and sociocultural normality** during pregnancy
- ✓ **Effective transition to positive labour** and birth
- ✓ Positive motherhood (including maternal **self-esteem, competence and autonomy**)

Medical care; relevant and timely information; emotional support and advice

Downe S et al, 2016

TABLE 10-1. Typical Components of Routine Prenatal Care

	Text Referral	First Visit	Weeks 15–20	Weeks 24–28	Weeks 29–41
History					
Complete	Chap. 10, p. 179	•			
Updated			•	•	•
Physical Examination					
Complete	Chap. 10, p. 180	•			
Blood pressure	Chap. 40, p. 688	•	•	•	•
Maternal weight	Chap. 10, p. 181	•	•	•	•
Pelvic/cervical examination	Chap. 10, p. 180	•			
Fundal height	Chap. 10, p. 180	•	•	•	•
Fetal heart rate/fetal position	Chap. 10, p. 182	•	•	•	•
Laboratory Tests					
Hematocrit or hemoglobin	Chap. 59, p. 1048	•		•	
Blood type and Rh factor	Chap. 18, p. 353	•			
Antibody screen	Chap. 18, p. 353	•		A	
Pap smear screening	Chap. 66, p. 1164	•			
Glucose tolerance test	Chap. 60, p. 1079			•	
Fetal aneuploidy screening	Chap. 17, p. 335	B[a] and/or	B		
Neural-tube defect screening	Chap. 17, p. 338		B		
Cystic fibrosis screening	Chap. 17, p. 342	B or	B		
Urine protein assessment	Chap. 4, p. 68	•			
Urine culture	Chap. 56, p. 996	•			
Rubella serology	Chap. 67, p. 1190	•			
Syphilis serology	Chap. 68, p. 1208	•			C
Gonococcal screening	Chap. 68, p. 1211	D			D
Chlamydial screening	Chap. 68, p. 1212	•			C
Hepatitis B serology	Chap. 58, p. 1037	•			D
HIV serology	Chap. 68, p. 1219	B			D
Group B streptococcus culture	Chap. 67, p. 1195				E
Tuberculosis screening	Chap. 54, p. 966	F			

[a]First-trimester aneuploidy screening may be offered between 10 and 14 weeks.
A Performed at 28 weeks, if indicated.
B Test should be offered.
C High-risk women should be retested at the beginning of the third trimester.
D High-risk women should be screened at the first prenatal visit and again in the third trimester.
E Rectovaginal culture should be obtained between 35 and 37 weeks.
F High-risk women should be screened at the first prenatal visit.
HIV = human immunodeficiency virus.

TABLE 10-1. Typical Components of Routine Prenatal Care

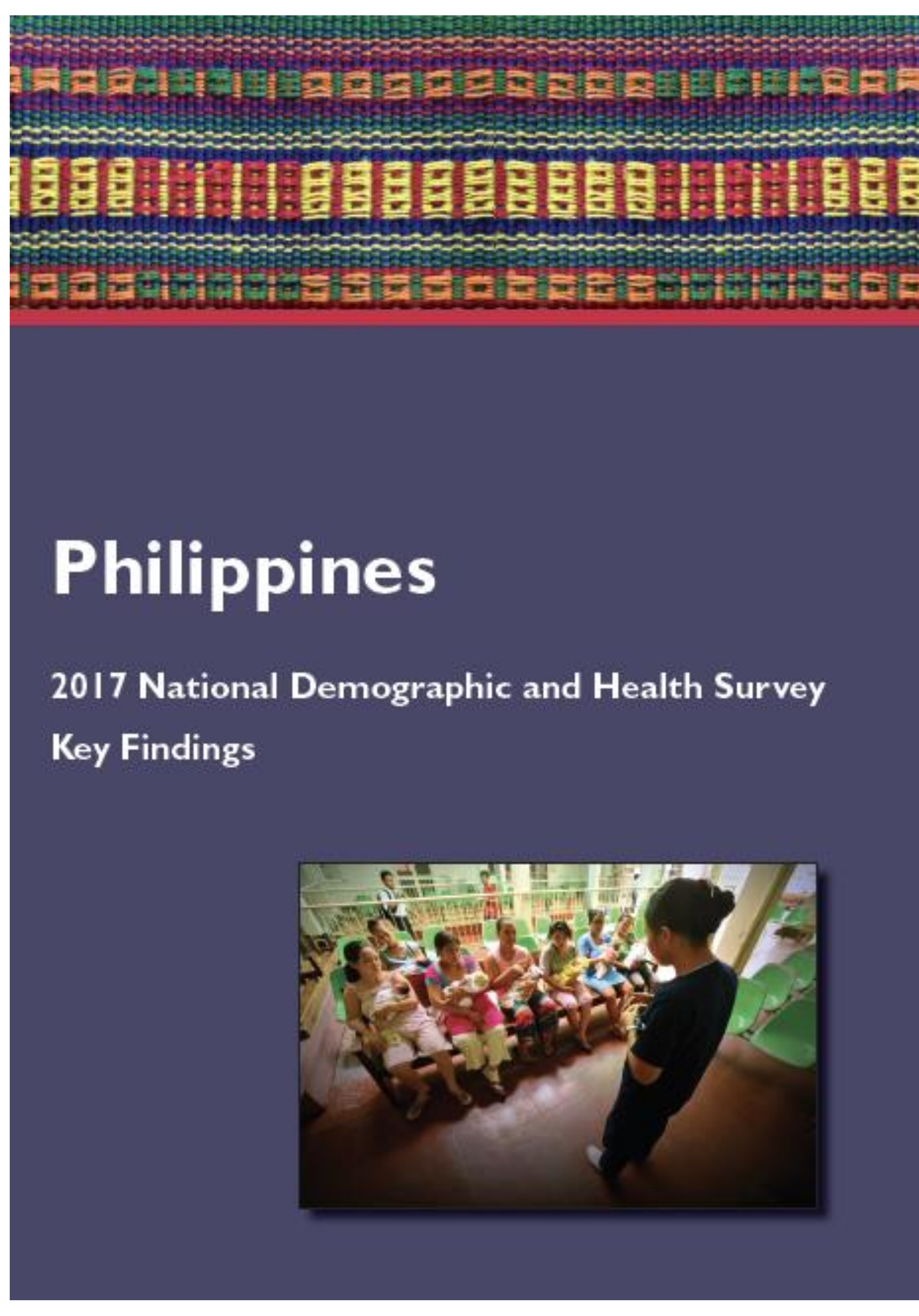
- ✓ Evaluate for anemia at 28 – 32 weeks
- ✓ 75 gram OGTT at 24 – 28 weeks
- ✓ GBS at 35 – 37 weeks
- ✓ High risk: rescreen HIV, Hepatitis, gonococcal infections
- ✓ Williams 26th edition

Antenatal care patterns in the Philippines

In women who had ANC for last birth

- 99% had blood pressure
- 72% had a blood sample taken
- 78% had a urine sample taken.
- 99% of women were weighed
- 87% had height measured.
- 80% women's most recent births are protected against neonatal tetanus.

2017 NDHS

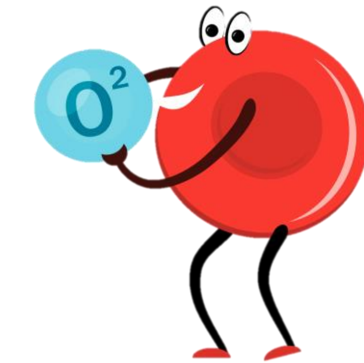


DOH FHSIS Profiles (2022) of Health show incomplete coverage of services

Antenatal care rate was 55.76%

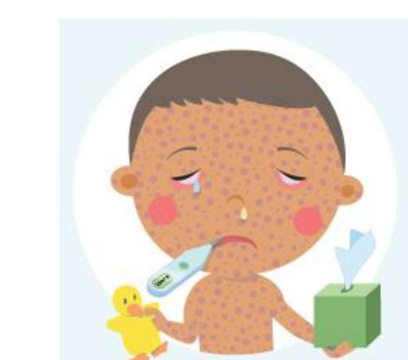
28% testing for hemoglobin.

12.36% were anemic



iron and folic acid supplementation is only at 50.93%

0.55% of babies who died before delivery.



- Tetanus vaccination coverage rate for the two doses is at 25.67%.

2,123,158 deliveries per year (2020)

The Caesarean delivery rate is 9.52%

- Screening for syphilis is at 18.51%. Positive test is 1.79% or about 7000 women per year.

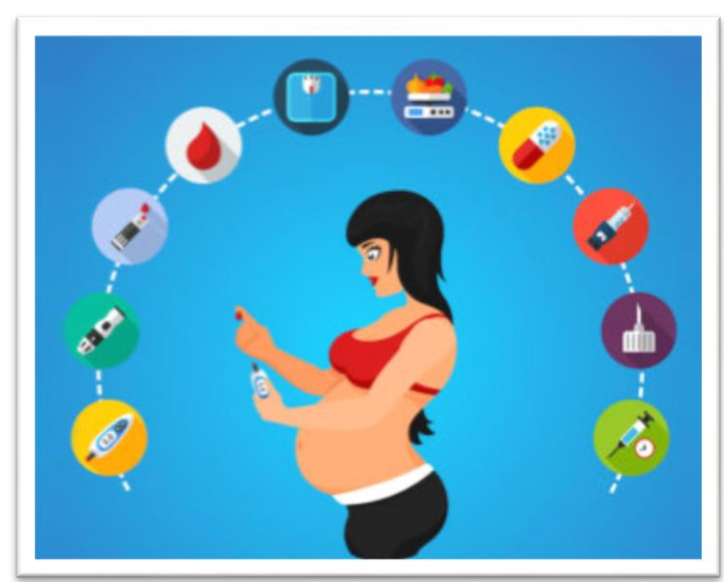
Testing for HIV is only at 12.42%.

6.17% rate for low birth weight infants (or weighing less then 2500 grams)

Post-natal care or the care after delivery or follow up is lower at 57.81%

Low coverage of services shows limited UNIVERSAL HEALTH CARE

2399 pregnancies among
10 to 14 year olds or 0.11%
133751 among
15 to 19 year olds or 6.41%

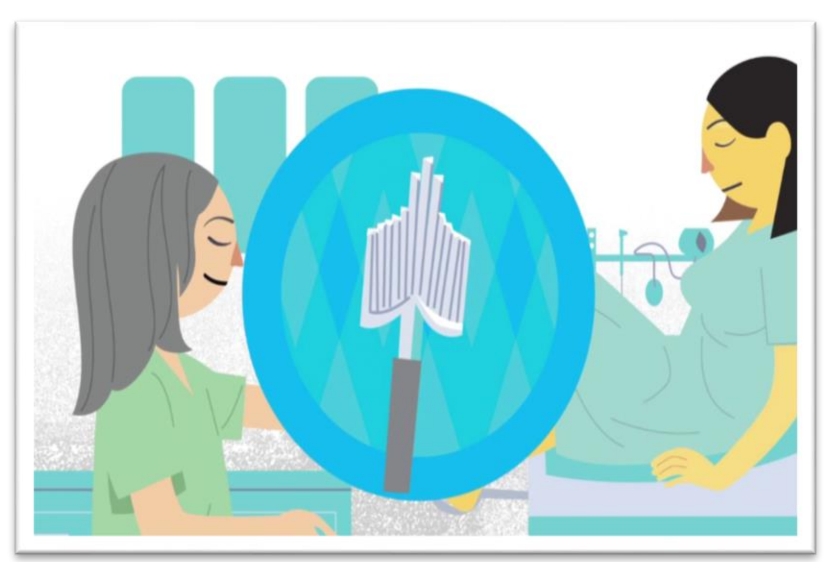


701,738 or 2.51% of women have an unmet need for modern family planning,

Endometriosis is a disease with endometrial tissues outside the uterine cavity; thereby causing pain and heaviness, ranging from 4.2 to 9,6 of hospital admissions.

1 out of 10 Filipino couples suffer from infertility

Cancer of the cervix with 22.5 cases per 100000 women. Screening rates are low at 0.12%



Ovarian cancer at 5.9 cases per 100000 with a high mortality, detection in advanced stages at 59%.

SONOGRAPHY

< 14 weeks

- **Determine AOG**
- **Screening**

1st trimester scan

18 – 22 weeks

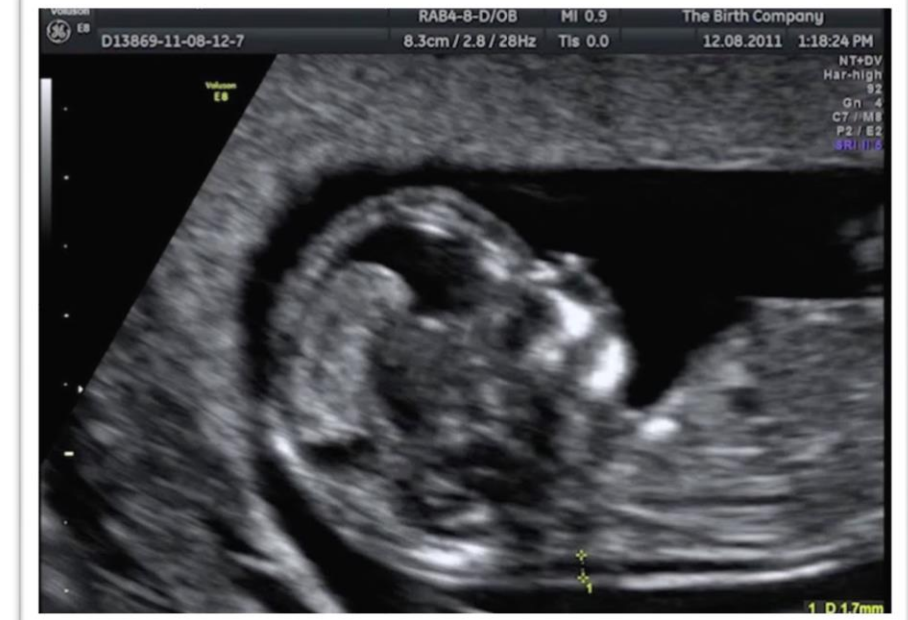
- **Congenital anomalies**
- **Size**
- **AFI**
- **BPP**

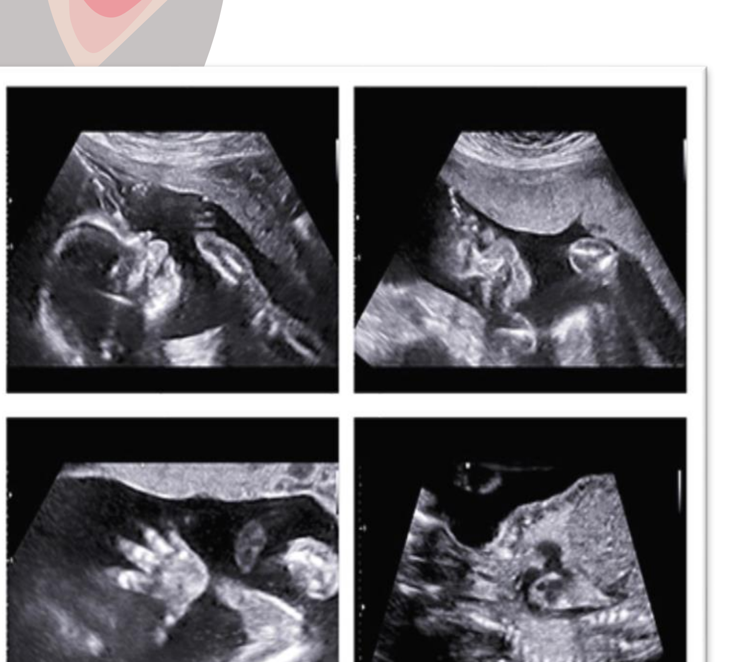
2nd trimester anatomy scan

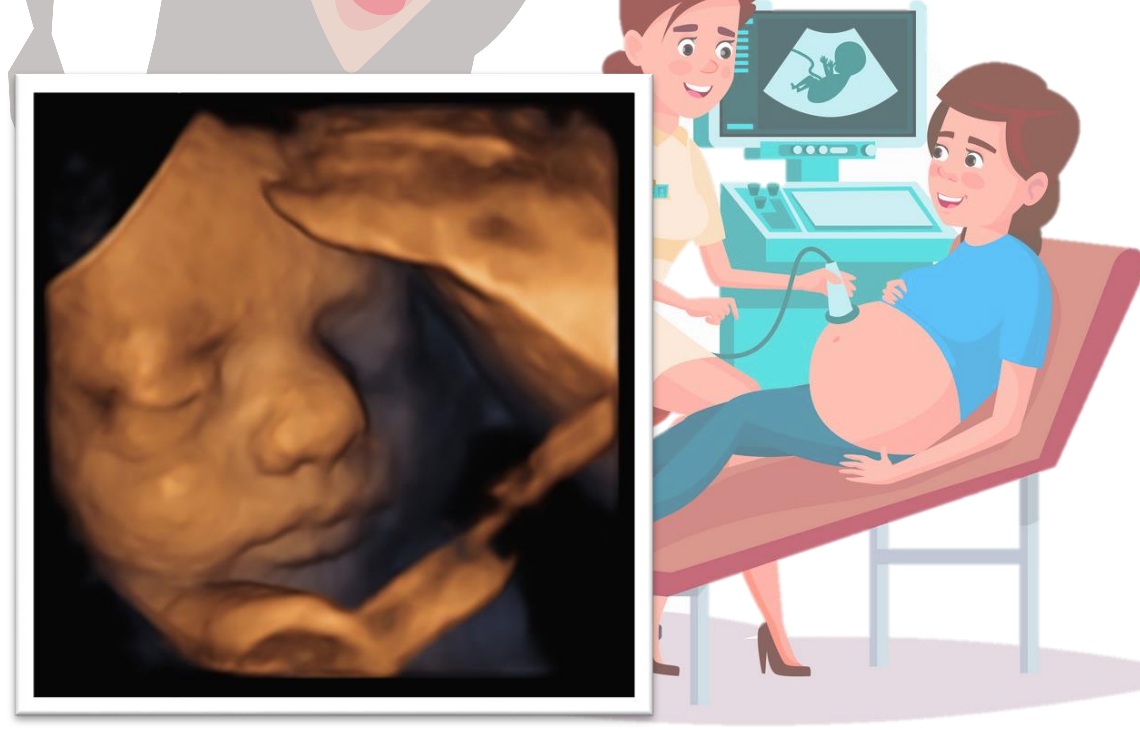
> 28 weeks

- **Size**
- **AFI**
- **BPP**

3rd trimester growth scan







Rates of Obstetric and Gynecologic Admissions at the Philippine General Hospital 2023

1. Myoma - 4212
2. ONG (benign) 1752
3. Ovarian New Growth (malignant) - 1912
4. Cervical Cancer - 2454
5. Endometriosis - 899
6. Uterine prolapse - 925
7. Sexual assault - 94

1. **Preterm labor or delivery. 34%**
2. **Hypertension in pregnancy, 13%**
3. **DM in pregnancy. 36%**
4. **Abnormal labor or dystocia 21% of all CS deliveries**

- Total gynecologic admissions - 1277
- **Total obstetric deliveries or admissions – 4512**

- OPD Consults: 28,677
- **OPD Consults (OB): 10,610**
- OPD Consults (Gyne): 18,067

Previous and 2016 WHO ANC models

From

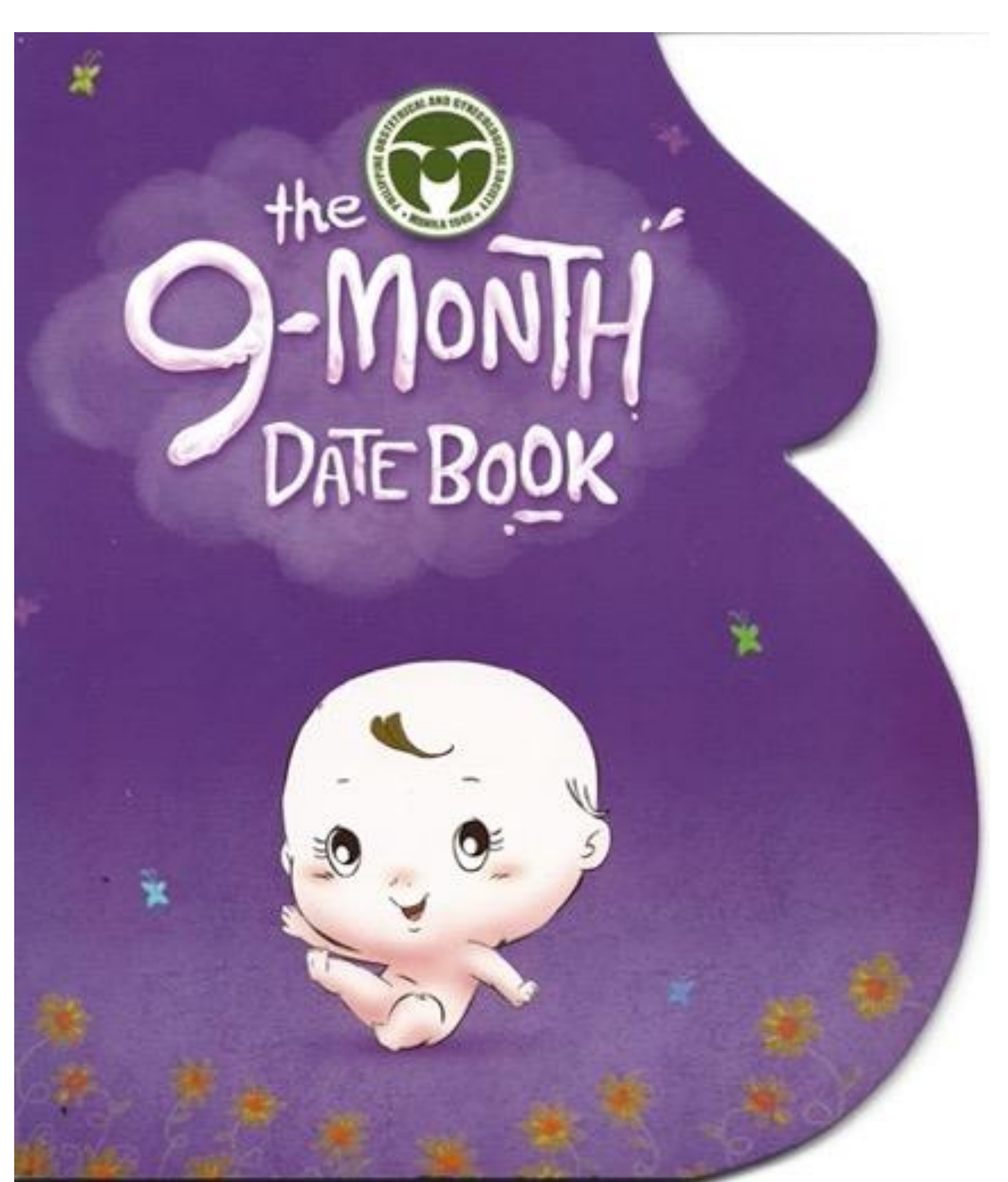
FOUR VISITS

To

EIGHT CONTACTS

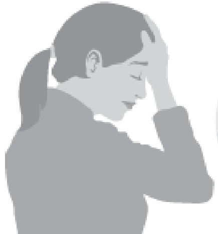
WHO FANC model	2016 WHO ANC model
First trimester	
Visit 1: 8–12 weeks	Contact 1: up to 12 weeks
Second trimester	
Visit 2: 24–26 weeks	Contact 2: 20 weeks Contact 3: 26 weeks
Third trimester	
Visit 3: 32 weeks Visit 4: 36–38 weeks	Contact 4: 30 weeks Contact 5: 34 weeks Contact 6: 36 weeks Contact 7: 38 weeks Contact 8: 40 weeks
Return for delivery at 41 weeks if not given birth.	

Local Antenatal Tools



Pakiramdaman ang iyong katawan at ipagbigay alam sa doktor, nars, o midwife kung may mapansing nakababahala.

Nanay, kung maramdaman o mapansin ang alin man sa mga ito, pumunta agad sa health center!



- Pamamaga o pamamanas ng mga binti, kamay, o mukha
- Sakit ng ulo, pagkahilo, o panlalabo ng paningin
- Pagdurugo ng pwerta
- Pamumutla
- Lagnat
- Pagsusuka
- Hirap na paghinga
- Mahapdi na pag-ihi
- Malabnaw/mala-tubig na lumalabas sa pwerta
- Kombulsyon o pagkawala ng malay
- Pagbagal o hindi paggalaw ng bata sa tiyan sa ikalawang trimester ng pagbubuntis (mas mababa sa 10 sipa sa loob ng 12 oras)

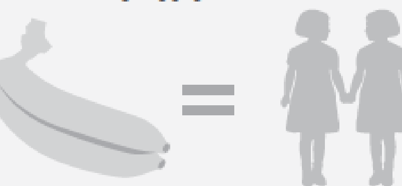
Huwag basta maniwala sa mga sabi-sabi tungkol sa pagbubuntis. Alamin ang totoo at kumonsulta sa mga health service providers.

Nanay, nadinig mo na ba ang iba't ibang pamahiin, kasabihan, at paniniwala tungkol sa pagbubuntis at panganganak? Naku, ang dami niyan! Alamin natin kung totoo ang mga ito.

Sabi-sabi: **Kapag ang leeg at singit ni nanay ay maitim habang buntis, siguradong lalaki ang anak.**

Ang totoo: Ang pangingitim ng leeg, singit, o iba pang bahagi ng katawan ng buntis ay dahil sa mga hormones na nagbabago o mas dumarami habang buntis. Hinahanda ng mga hormones ang katawan ng isang babae para sa dadalhin niyang sanggol sa loob ng siyam (9) na buwan. Hindi ibig sabihin nito na siguradong lalaki ang magiging anak. Panatilihing malinis ang katawan at maligo araw-araw.

Sabi-sabi: **Kapag kumain ng kambal na saging ang buntis, kambal din ang magiging anak.**



Ang totoo: Ang kasarian ng baby ay natutukoy na agad sa sandaling magtagpo ang itlog ng babae at punlay ng lalaki – gayon din kung magiging kambal ang anak o hindi. Ang pagkain ng kambal na saging ay hindi makaaapekto dito. Ang saging, kambal man o hindi, ay mayaman sa potassium na makatutulong sa normal na paggana ng puso, kidney, at iba pang organs ng ina.

Makinig sa mga payong makabubuti sa iyo at sa dinadalang anak.

Maghanda para sa eksklusibong pagpapasuso ng anak. Alamin ang tamang paraan.

Kumain nang tama at siguraduhing may sapat na bitamina.

Umiwas sa mga pagkaing maalat.

Mag-ehersisyo nang angkop.

Huwag iinom ng gamot para sa anumang karamdaman nang walang pahintulot ng doktor.

Siguraduhing may sapat na tulog at pahinga.

'Wag uminom ng anumang may alcohol, tulad ng beer at alak.

Maghanda ng mga sumusunod para sa posibleng emergency : pera, pagkukuhanan ng dugo, at transportasyon.

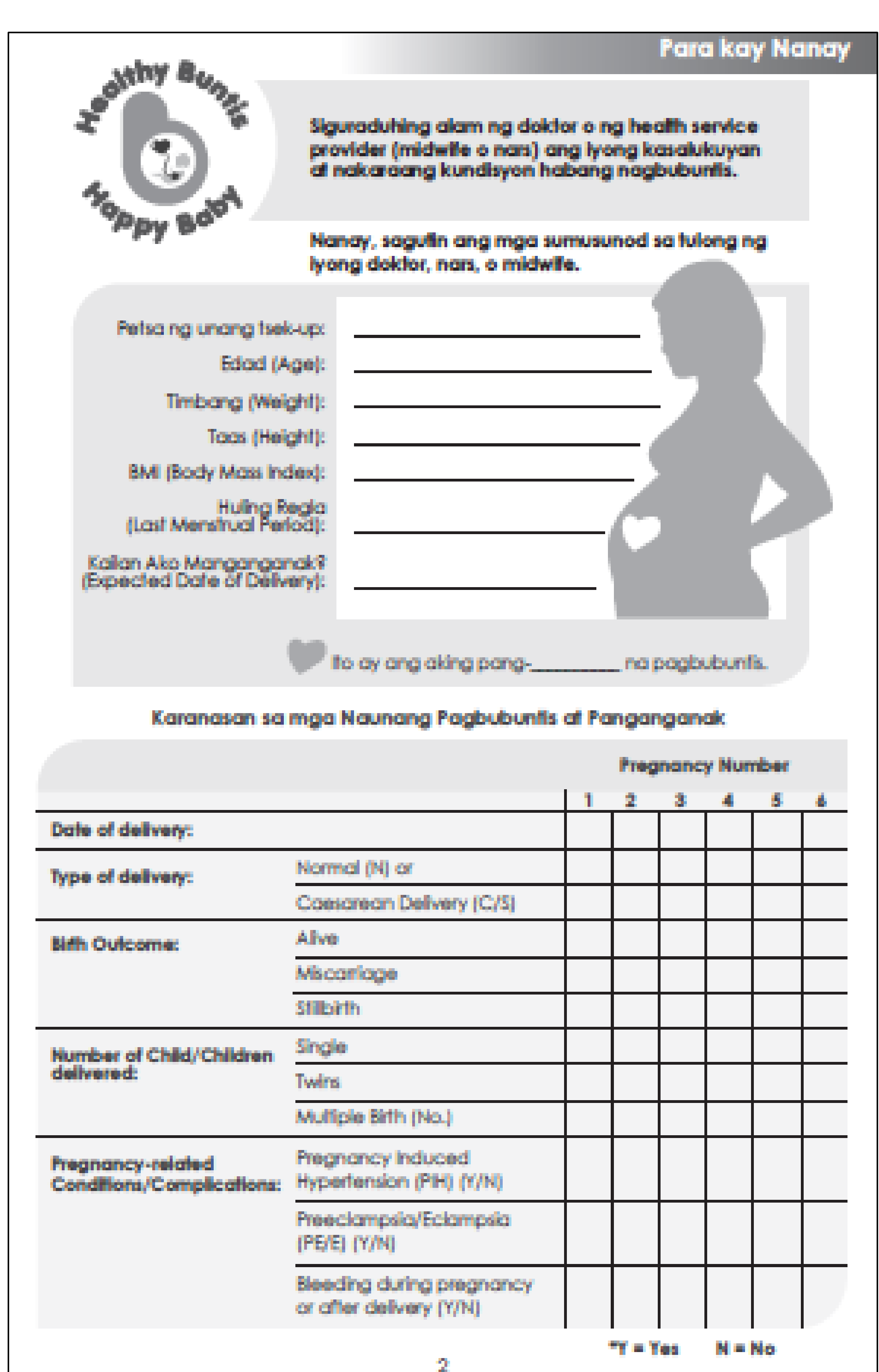
'Wag manigarilyo at umiwas sa usok ng sigarilyo.

Sa Huling Tatlong Buwan (Last Trimester)

Hindi dapat bababa sa dalawang tsek-up.

Unang Tsek-up	Ikalawang Tsek-up	Ikatlong Tsek-up
Petsa:	Petsa:	Petsa:
Timbang:	Timbang:	Timbang:
Taas:	Taas:	Taas:
Age of Gestation:	Age of Gestation:	Age of Gestation:
Blood Pressure:	Blood Pressure:	Blood Pressure:
Body Mass Index:	Body Mass Index:	Body Mass Index:
Laboratory Tests Done:	Laboratory Tests Done:	Laboratory Tests Done:
Urinalysis:	Urinalysis:	Urinalysis:
Complete Blood Count (CBC):	Complete Blood Count (CBC):	Complete Blood Count (CBC):
Blood Typing:	Blood Typing:	Blood Typing:
Pinag-usapan/ Serbisyong ibinigay/ Mga payo ng doktor:	Pinag-usapan/ Serbisyong ibinigay/ Mga payo ng doktor:	Pinag-usapan/ Serbisyong ibinigay/ Mga payo ng doktor:
Petsa ng Pagbalik:	Petsa ng Pagbalik:	Petsa ng Pagbalik:
Pangalan ng Health Service Provider:	Pangalan ng Health Service Provider:	Pangalan ng Health Service Provider:

Referral sa ospital:



Para kay Nanay

Healthy Buntis Happy Baby

Siguraduhing alam ng doktor o ng health service provider (midwife o nars) ang iyong kasalukuyan at nakaraang kundisyon habang nagbubuntis.

Nanay, sagutin ang mga sumusunod sa tulong ng iyong doktor, nars, o midwife.

Petsa ng unang tsek-up: ____________

Edad (Age): ____________

Timbang (Weight): ____________

Taas (Height): ____________

BMI (Body Mass Index): ____________

Huling Regla (Last Menstrual Period): ____________

Kailan Ako Manganganak? (Expected Date of Delivery): ____________

Ito ay ang aking pang-_________ na pagbubuntis.

Karanasan sa mga Naunang Pagbubuntis at Panganganak

		Pregnancy Number 1	2	3	4	5	6
Date of delivery:							
Type of delivery:	Normal (N) or						
	Caesarean Delivery (C/S)						
Birth Outcome:	Alive						
	Miscarriage						
	Stillbirth						
Number of Child/Children delivered:	Single						
	Twins						
	Multiple Birth (No.)						
Pregnancy-related Conditions/Complications:	Pregnancy Induced Hypertension (PIH) (Y/N)						
	Preeclampsia/Eclampsia (PE/E) (Y/N)						
	Bleeding during pregnancy or after delivery (Y/N)						

*Y = Yes N = No

2

Ang Paglaki ni Baby sa Sinapupunan ni Nanay

Nanay, ito ang iyong buwanang patnubay sa paglaki ni baby sa loob ng iyong sinapupunan. Anuman ang iyong kainin at gawin ay maaaring makaapekto sa tamang paglaki at paghubog ni baby.

0-4 na Linggo

Ang sukat ni baby ay 2 milimetro ang haba. Nagsimula nang mahubog ang kanyang utak, gulugod at mukha. **Iwasan ang mga gamot na makakaapekto sa kanya. Tumingin sa magagandang larawan at tanawin.**

4-8 na linggo

Ang puso ay nagsimula nang tumibok at ang iba't iba pang bahagi ng katawan ay nabubuo. Nagsimula nang magkaroon ng hubog ang kanyang mukha, mata, at ang mga daliri sa kamay at paa. **Makinig ng kaaya-ayang musika. Kailangang kumain ng mga pagkaing mayaman sa protina, calcium, iron, zinc, at folate. Anuman ang iyong kainin ay magbibigay ng sustansya kay baby. Subalit huwag kumain nang hihigit sa nararapat sapagkat maaaring sumobra ang iyong timbang.**

8-12 na linggo

Ang mga pangunahing bahagi ng katawan ay nahubog na. Ang ulo ay malaki kung ikukumpara sa katawan upang mabigyang puwang ang paglaki ng utak. Mayroon nang baba, ilong at talukap ng mata. Nakalutang si baby sa tubig ng bahay bata. Si baby ay sumisipa na nang paunti-unti. **Huwag kalimutang uminom ng bitaminang may iron at folate araw-araw, magpahinga, at lumanghap ng sariwang hangin. Iwasan ang maalat na pagkain sapagkat ito ay magdudulot ng manas sa iyong mga binti, paa, at mga daliri.**

FETAL GROWTH INFORMATIO

Healthy Buntis Happy Baby

Ipaalam sa doktor, nars o midwife ang lahat ng mga naging at kasalukuyang sakit, pati na ang mga sakit na mayroon sa pamilya, para malaman ng health service provider kung ano ang mga dapat bantayan at maaaring maging komplikasyon sa pagbubuntis at panganganak.

Past & Present Illness/Health Problems

Please put a check (✓) on the appropriate column.

Health Problems/ Illness/Unhealthy Lifestyle	Personal Y	Personal N	Family History Y	Family History N	Remarks
Tuberculosis (14 days or more of cough)					
Heart Diseases (shortness of breath)					
Diabetes (high blood sugar)					
Hypertension (high blood pressure)					
Bronchial Asthma					
Urinary Tract Infection					
Parasitism					
Goiter					
Anemia (pallor)					
Malnutrition, specify					
Genital Tract Infection, specify					
Other Infectious diseases, specify					
High-Risk Behavior					
Smoking					
Alcohol Intake					

MATERNAL HEALTH CHECKLIST

Nanay, alam mo ba na may malaking epekto ang timing ng pagputol ng umbilical cord na nagbibigkis sa inyo ni baby?

Ito ay karaniwang pinuputol sa loob ng isang minuto pagkapanganak. Pero kung hihintayin ang 2-3 minuto matapos ang panganganak o hanggang tumigil ang daloy ng dugo mula sa inunan at sa sanggol, maaaring maiguro na hindi magkulang sa iron si baby hanggang anim na buwan! Malaking tulong ito sa kalusugan ng inyong anak!

Nanay, gamitin ang tsekilst na ito para siguradong dala ang mga kailangan sa oras ng panganganak.

SIGURADUHING DALA ITONG NANAY BOOK!

Paghandaan nang mabuti ang iyong panganganak.
Dalhin ang mga sumusunod kapag ikaw ay manganganak na.

Para kay Nanay

- ☐ Palda at blusa o kaya'y maluwag na damit na may bukasan sa harapan
- ☐ Mga panty at bra
- ☐ Bathrobe
- ☐ Mga damit
- ☐ Tuwalya
- ☐ Suklay
- ☐ Pasador (sanitary napkin)
- ☐ Shampoo/sabon
- ☐ Toilet paper
- ☐ Sipilyo/toothpaste
- ☐ Tsinelas

Para sa Baby

- ☐ Kumot ng bata
- ☐ Damit ng bata
- ☐ Lampin/Diaper
- ☐ Sombrero/Bonnet
- ☐ Supot sa Kamay (Mittens)
- ☐ Medyas
- ☐ Perdible o clip
- ☐ Sabon na pang baby

Siguraduhing malinis ang bahay bago dumating si baby. Ihanda ang mga sumusunod:

- ☐ Crib/Kuna
- ☐ Unan ng Beybi
- ☐ Kulambo
- ☐ Bimpong pampaligo
- ☐ Cotton balls
- ☐ Lampin/Diapers
- ☐ Kumot/Panapin
- ☐ Medyas
- ☐ Sumbrero/Bonnet
- ☐ Panapin na dinababasa (halimbawa: rubber mat)
- ☐ Paliguan (Palanggana)
- ☐ Malambot na tuwalya
- ☐ Supot ng kamay (Mittens)
- ☐ Damit ng bata
- ☐ Bib
- ☐ Sabong Pambata
- ☐ Cotton buds
- ☐ Perdible o clip

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PREPARATION FOR DELIVERY

ANTENATAL CARE INFORMATION

UPM NIH
Planned Apps development for Indicators and interventions

- **Monitoring APPS** : (7, 3, and 1 day before schedule)
  - Reminder schedules
    - for teleconsult or inperson consultation
    - for laboratory testing
    - for ultrasound testing
    - Information regarding lab results, specifically on normal level results
    - Provision of physical examinations entry
  - Key messages
    - For labor and delivery
    - Advise for post natal care

- **Educational- APPS**
  - RED FLAG for results outside of the normal levels or range
    - Abnormal blood test results
    - Abnormal ultrasound results
    - Abnormal physical exam trends
  - Offer for teleconsult regarding lab results.
  - Quick and short messages on the meaning of the lab tests and their results
  - Q and A's regarding the lab results.
  - Reminder of prenatal check ups
  - Diet and nutrition
  - Facility deliveries
  - Weight gains and monitoring

A project of the NATIONAL TELE HEALTH CENTER, INSTITUTE OF REPRODUCTIVE HEALTH AND INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT AT THE NATIONAL INSTITUTES OF HEALTH

DR. MARIO PHILIP R. FESTIN
Thank you!
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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On addressing maternal mental health**	• How do you plan to address maternal mental health as part of the ongoing efforts of maternal and child health?	• Pass an ordinance for Mental Health to institutionalize Mental Health Service delivery • Coordinate with program coordinator for mental health of pregnant and postpartum women • Strengthen the referral protocol for mental health cases • Creation and promotion of a healthline that women can easily call
Session 1: Addressing Maternal and Child Mortality **On adhering to the nutritional guidelines**	• What are the strategies for mothers to adhere to nutritional guidelines?	• Setting an alarm is a practical strategy • Educate in advance to address the fears and concerns of the patients (e.g. side effects) • Build relationship between the patient and healthcare provider. • WHO guidelines: once a week doses

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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On supplementation reaching far-flung and low-resource areas**	● How can Iron and Folic acid supplementation and MMS be given to low resource and far flung areas? Do you have any recommendations or suggestions for mothers to feel encourages to regularly intake these supplements?	● Nutrition seminars should have good representation where HCWs in far flung areas are invited to address concerns in supply and manpower ● Partnering with vitamin angels is an effective practice for supplements to reach far flung areas ● There should be support coming from local chief executives for essential medicines like IFA and MMS
Session 1: Addressing Maternal and Child Mortality **On side effects of MMS**	● Were there any feedback from users and mothers of severe side effects from taking multiple micronutrient supplements (MMS)	● No severe side effects ● MMS are generally safe ● Cost-effective

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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On baseline monitoring of birthing facilities**	• What are the major findings from the baseline monitoring assessments that you conducted?	• Some birthing facilities are not compliant and not updated on policy • Some professionals are handling deliveries at home • The policies in place are not strengthened • Everyone should help inform people that deliveries should be done in the health facility
Session 1: Addressing Maternal and Child Mortality **On pushing for a policy for a registration system**	• How can you push for policymakers to create a policy for the improvement of the registration system for pregnant women	• Everything starts with data since data is utilized to lobby to leaders • Having a national policy can have a national system in place enabling the policy to reach a wider area • Advocating for the creation of a policy in various fora to heighten the sense of urgency • Vouchers for registered pregnancies

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH · CENTER FOR HEALTH DEVELOPMENT CALABARZON · BAGONG PILIPINAS · FAMILY HEALTH UNIT CALABARZON · Safe Motherhood CALABARZON · UNIVERSITY OF THE PHILIPPINES 1908 · DEPARTMENT OF BEHAVIORAL SCIENCES U.P. MANILA

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On ensuring a referral system that has constant communication**	• How can you ensure a referral system and service delivery network that has constant communication between the referrals	• Creation of a functional management committee • Monitoring and evaluation done every 6 months • There has to be people to sustain and institutionalize SDN
Session 1: Addressing Maternal and Child Mortality **On skin-to-skin contact during birth**	• Up until what age is recommended for skin-to-skin contact or is there a specific age for skin-to-skin contact?	• Kangaroo mother care has no limit as long as the baby can still maintain the position (e.g. until the baby reaches adequate weight)

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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On challenges in the referral system**	• What are the challenges on the referral system and how do you overcome it?	• Referral from other provinces congest the apex hospital. Meeting with other provinces can help facilitate updating their referral system • High volume of referrals in the apex hospital causes congestion. Memo to coordinate from top down in decongesting the apex hospital should be initiated

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On reducing pregnancy complications and the role of preconception healthcare**	• How can a woman reduce her risk of experiencing pregnancy complications and what role does preconception healthcare play in the health of the mother?	• Strengthen prenatal checkup by initiating regular visits by the BHS during 1st trimester • Strengthen efforts on supplementation and vaccination
Session 1: Addressing Maternal and Child Mortality **On best practices of birthing facilities**	• What interventions or innovations that are already being utilized in your areas would you recommend in other localities or other countries	• In Sta. Rosa, Mommy Rosa diary includes mental health program which helped 2 women in postpartum depression • Licensed psychologist and psychiatrist is present in the CHO

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On best practices of birthing facilities**	• What interventions or innovations that are already being utilized in your areas would you recommend in other localities or other countries	• Batangas Healthcare Service Delivery Network is adapted by the Regional Patient Navigation Unit for patient referral • Always ground decisions on data
Session 1: Addressing Maternal and Child Mortality **On the impact of the social determinants of health in maternal health outcomes**	• What role do social determinants of health play in maternal health outcomes and how can these factors be addressed to improve overall maternal health	• Health system fragmentation contributes to inequity of outcomes (e.g. access, education, economic stability, environment) • Sociodemographic factors contribute to the outcome of the pregnancy and therefore to the outcome of the mother and child (e.g. low education delays utilization of antenatal care)

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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On the impact of the social determinants of health in maternal health outcomes**	• What role do social determinants of health play in maternal health outcomes and how can these factors be addressed to improve overall maternal health	• Health promotion and education and behavioral change should be emphasized • Under the UHC, whole of government and whole of society approach should be adapted in addressing social determinants

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On who can access data on pregnancy tracking in Batangas**	• Who can access data on pregnancy tracking? Can tertiary/apex hospital, view that data, and is it current enough to be used by clinicians? Should we balance with the data privacy law?	• National policy is crucial to address the complex nature of the issue • Start with small steps by maximizing data management and sharing within and among LGUs through simple web based sheets
Session 1: Addressing Maternal and Child Mortality **On using the MCH handbook to enhance SDN**	• You mentioned that MCH handbook could be used as a tool to enhance service delivery network, how is it in reality?	• Training of BHWs in using the handbook should be comprehensive • Allot budget to integrate the handbook in the SDN through putting it in the local investment plan • Decisions should always be grounded on data and evidence

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 1: Addressing Maternal and Child Mortality **On using home-based records for pregnancy registry**	• How can home-based records be used for pregnancy registry to be complete?	• Increase efforts to align home based record with the registry • Increase utilization of health centers so that data can be directed to the FHSIS
Session 1: Addressing Maternal and Child Mortality **On creating a policy for the distribution of MMS**	• Can distribution of multiple micronutrient supplement (MMS) be a national policy?	• There is already an existing national policy: Omnibus health Guidelines providing for antenatal care; specifically, the provision of MMS for pregnant mothers • Introduce access of MMS through vitamin angels • Bottleneck of implementation is procurement of supplements (Health Technology Assessment Council)

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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 2: Towards Effective MCH Care **On the coordination with the central government for the creation of the Little Baby Book in Japan**	• Have you started coordinated with the central government to fund or support the production and development of the Little Baby Book	• I have asked if the central government is willing to develop the Little Baby Book and distribute to prefectures • Last year, I have contacted the Japanese ministry handling MCH to discuss about the situation so that each province can develop a regional handbook • Making the Little Baby Book is all about having nice network who understand each other

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 2: Towards Effective MCH Care **On the role of cultural and traditional gender roles in reproductive health**	• What role do cultural and traditional gender roles play in shaping reproductive health attitudes and behaviors in the Philippines ?	• Comprehensive sexuality education should be implemented that includes reproduction and reproductive development • Having a good education campaign • Having policy campaign • Teachers should also be a target audience in education campaigns • Some religions do not allow contraception
Session 2: Towards Effective MCH Care **On the training of health workers for the use of the ScanForms in Kenya**	• Who are the main users of this forms (e.g. LHWs, physicians)? Do they need to be trained?	• The forms are routine registries so everyone interacting in the health facility will use the form • Training is needed before using it (including training the AI)

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SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 2: Towards Effective MCH Care **On the challenges in the implementation of the digital handbook in Kenya**	• What are the challenges in the implementation of the Digital MCH Handbook?	• We just started.
Session 2: Towards Effective MCH Care **On human resource management in the implementation of the ScanForm in Kenya**	• I have a concern about Human Resources management with human resources (HR) limited in relation to demand. As the booklet contains a lot of elements to be filled in the electronic tool. Isn't it difficult to HR, patients and time management? What about data quality since the approach began?	• human resources is limited in relation to demand.

SYNTHESIS

AREA OF INTEREST	QUESTION	SUGGESTIONS / ACTIONS / ISSUES
Session 2: Towards Effective MCH Care **On internet connection when using ScanForm**	• What if the internet is not working, will the ScanForm application still work?	• Yes. Just scan and it will sync when internet goes back
Session 2: Towards Effective MCH Care **On improving healthcare of mothers using the ScanForm**	• How exactly would a scannable MCH handbook improve healthcare for individual mothers?"	• Having complete and up to date data helps guide health professionals how to manage the individual mother's health concern

BAGONG PILIPINAS

Message of Support

Hon. Angelina “Helen” D.L. Tan

Governor
Office of Quezon Province

Pledge of Commitment (Local)

Dr. Ramoncito C. Magnaye

Medical Center Chief II
Batangas Medical Center

CLOSING REMARKS

Dr. Mark Nicholas O. Santos

Medical Officer IV
Family Health Unit Head
Department of Health
Center for Health Development
CaLaBaRZon

1ST REGIONAL CONFERENCE ON MATERNAL AND CHILD HEALTH IN CALABARZON
IN PARTNERSHIP WITH THE
14TH INTERNATIONAL CONFERENCE ON MCH HANDBOOK
MAY 9 - 10, 2024 | LIME HOTEL AND RESORT MANILA
BAGONG PILIPINAS
Supported by:
JICA
HANDS
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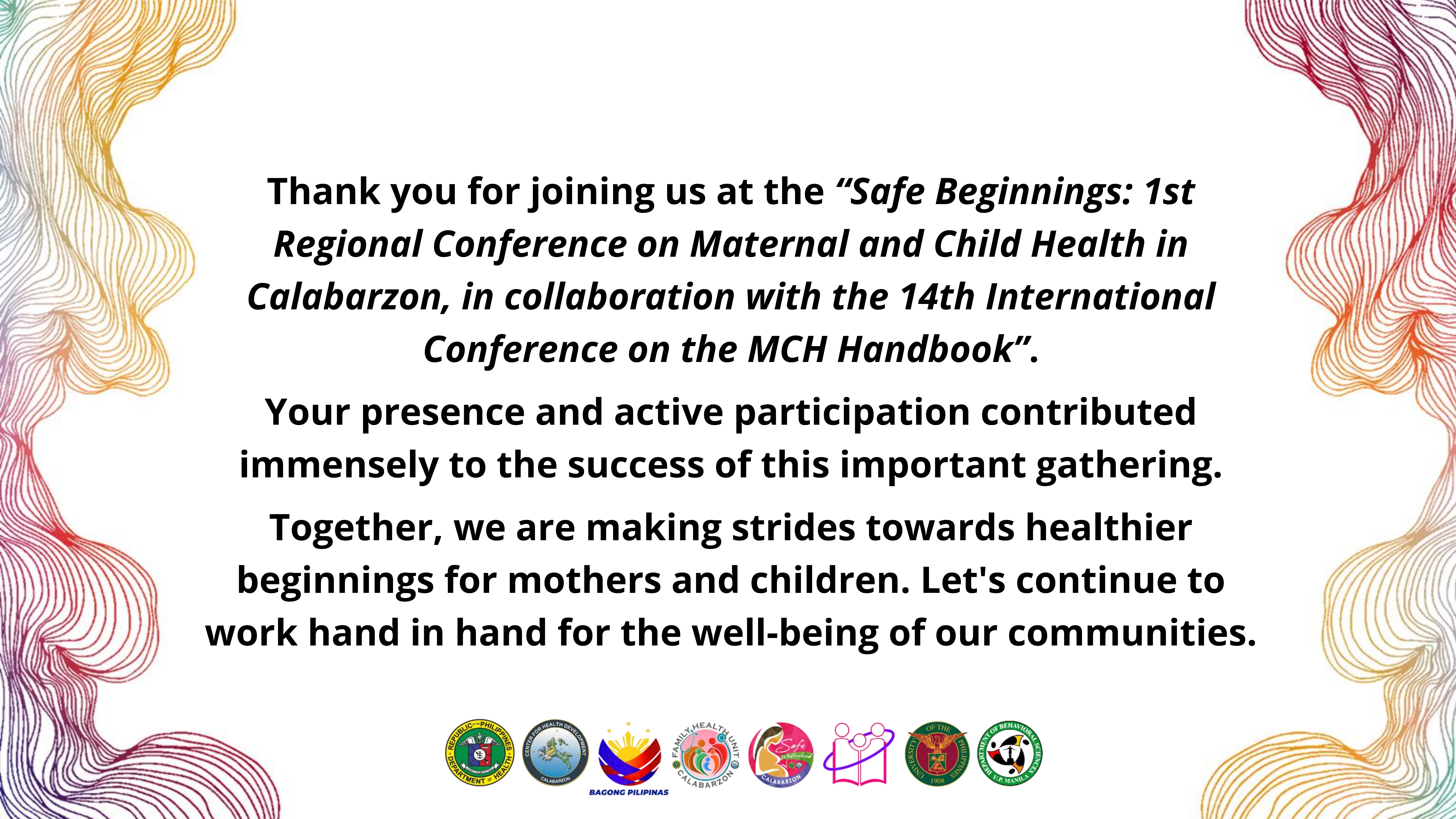
SAFE BEGINNINGS


Thank you for joining us at the *“Safe Beginnings: 1st Regional Conference on Maternal and Child Health in Calabarzon, in collaboration with the 14th International Conference on the MCH Handbook”.*
Your presence and active participation contributed immensely to the success of this important gathering.
Together, we are making strides towards healthier beginnings for mothers and children. Let's continue to work hand in hand for the well-being of our communities.
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