

FORM 2A: Health Plan Implementation for NEWBORN HEALTH (Ages 0-28 days)

Part 1: HEALTH RISK ASSESSMENT & KEY HEALTH MESSAGES (Indicate Y, if 'yes'; N if 'no')

A1. Was the baby provided with any of the following? (please check if Yes)

- Newborn assessment/screening
- BCG
- Hepatitis B

(Deliver Message for A1 then go to Question A2)

A2. Do you only give breast milk (exclusive breastfeeding) to your baby?

(Deliver Message for A2 then go to Question A3)

A3. Does your baby have any of the following danger signs? (please check)

- Convulsions
- Stopped breastfeeding/poor sucking
- Feels hot or cold
- Foul smelling discharge or blood from cord
- Yellowish soles/eyes/skin
- No or less movement
- Fast or difficult breathing

(Deliver Message for A3 then go to Part 2)

Message for A1

- Newborn screening (NBS) is important because it can help in the early detection of diseases like mental retardation
- Bring your baby to a doctor, nurse, midwife or any skilled health provider for newborn screening 24-72 hrs after delivery
- NBS is free for dependents of PhilHealth-sponsored members in accredited government facilities. (Refer to Section A on INPATIENT COVERAGE, p. 7 and Table 2, p. 8 of the Family Guide on PhilHealth)
- Have your baby immunized with BCG and Hepatitis B vaccines to protect him/her from TB and Hepatitis B.
- Refer to your **Booklet ni Nanay at ni Baby - "Ang Aking Mga Pangangailangan sa Unang Linggo ng Aking Pagsilang"**, p. 24

Message for A2

- Breast milk is adequate for your baby's needs for the first 6 months (exclusive breastfeeding)
- Breastfeed starting at birth up to 2 years and beyond
- Breastfeeding for the first 6 months (without milk formula, water or other foods) will protect your baby from ear infections, diarrhea and respiratory illnesses respiratory illnesses.
- See **Booklet ni Nanay at ni Baby - "Tagubilin sa Pagpapakain"**, p. 26 for more information

Message for A3

- Bring your baby to a health provider if you observe any of these signs.
- Bring with you Form 2A, your PhilHealth card, Member Data Record (MDR) and the baby's birth certificate.
- On your way to the health facility
 - Keep your baby warm
 - Breastfeed your baby every two hours (If the baby is able to breastfeed)

*For more information, see **Family Health Guide Health, A. Health Messages. Caring for Newborn**, p. 6

Part 2: GENERAL INFORMATION (to be filled out with the help of the CHT partner)

Name of Respondent (Last name, first name, mother's maiden name)	NHTS HH ID: □□□□□□□□□□-□□□□-□□□□□□
Name of Newborn (Last name, first name, mother's maiden name)	Date of Birth of Newborn (mm/dd/yy):
Name of CHT partner (Last name, first name, mother's maiden name)	Date of Visit when Health Plan was developed (mm/dd/yy):

Part 3: HEALTH PLAN (to be filled out with the help of the CHT partner)

3.1 Plan for REGULAR Cases

Health Goal	Referral Provider/s (name and address) (use the list of health providers in the Family Health Guide)	Date of planned visit (mo/day/year)
<input type="checkbox"/> To bring my baby to health provider for newborn screening, BCG and Hepa B immunization		
<input type="checkbox"/> To exclusively breastfeed my baby		
<input type="checkbox"/> Others:		

3.2 Plan for EMERGENCY Cases

Reasons for Emergency Referral	Emergency transport providers (name and contact no.)	Health Service Providers (name and address) Refer to your List of Health Providers
<input type="checkbox"/> Consultation for immediate assessment and management of danger signs		

I/we understand the health risks and needs of our family and I/we have decided to develop this health plan.

(Name and signature of respondent)

Part 4: ACTIONS TAKEN (to be filled out by the midwife, nurse or doctor; (Please accomplish/update the Immunization Schedule in the Booklet ni Nanay at ni Baby)

Name and address of health provider:

Services provided: (specify newborn services and vaccines as well as the date when these were given)	Date of consultation (mm/dd/yy) Schedule of next check-up(mm/dd/yy):
Instruction of the provider:	

