



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

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**DEPARTMENT CIRCULAR**  
No. 2021- 0005

**TO: DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), HEAD OF THE REGULATION, LICENSING AND ENFORCEMENT DIVISION (RLED), BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM) MINISTER OF HEALTH (MOH), PHILIPPINE HEALTH INSURANCE CORPORATION AND OTHER STAKEHOLDERS CONCERNED**

**SUBJECT: Adherence to the Definition of Low Risk Pregnancy and High Risk Pregnancy in the Implementation of Administrative Order No. 2012-0012**

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The *Rules and Regulations Governing the New Classifications of Hospitals and other Health Facilities in the Philippines* was issued as Administrative Order 2012-0012. The Order classified health facilities and set the standards for each class of facility; its Annex C details the Licensing Requirements for Birthing Homes. Relative to Clinical Service, the Order allows Birthing Homes to provide *spontaneous vaginal delivery including essential intrapartum care and immediate postpartum care for the low risk pregnant* or women who are low for risk of complications during pregnancy, among others. The term "low risk" was not however operationally defined resulting to different interpretation and level of compliance, that can compromise the health of women and their unborn or newborn.

This circular is being issued as a supplement to AO 2012-0012 providing for the operational definition of *Low Risk Pregnancy and High Risk Pregnancy* towards better compliance to health regulations and service quality by primary care birthing homes:

- I. **Low Risk Pregnancy** also known as *uncomplicated pregnancy* refers to a pregnancy state where, after thorough routine evaluation (guided by Administrative Order 2016-0035, *National Policy on the Provision of Quality Antenatal Care in All Birthing Centers and Health Facilities Providing Maternal Care Services*), **no risk factors** are identified on the woman and no signs and symptoms of pregnancy complications are noted.

A **low risk classification may change any time during pregnancy**. Thus, a woman initially classified as *low-risk during the regular antenatal (ANC) check-up* maybe classified as *high-risk* during her succeeding ANC check-ups depending on the clinical findings and succeeding assessment of her condition by the doctor or maternal care service provider.

**II. High Risk Pregnancy** refers to a pregnancy state where potential complications are noted on medical examination that could affect the mother, the baby, or both. High-risk pregnancies require management by a specialist to help ensure the best outcome for the mother and baby.

Pregnant women are classified as *high-risk* when they are found to possess any of the following characteristics:

A. Manifest any of the warning signs and symptoms of pregnancy –

1. Vaginal spotting or bleeding
2. Severe nausea and vomiting
3. Significant decline in fetal movement (less than 10 in 12 hours during the second half of pregnancy)
4. Contractions in the third trimester
5. Leaking bag of water or premature rupture of the bag of water
6. A persistent severe headache, dizziness or blurring of vision
7. Abdominal pain or epigastric pain
8. Edema of the hands, feet or face
9. Fever and Pallor
10. Seizures or loss of consciousness
11. Difficulty of breathing
12. Painful urination
13. Elevated Blood Pressure

B. Known to suffer from pre-pregnancy conditions


1. Hypertension
2. Anemia
3. Diabetes mellitus
4. Cardiovascular disease
5. Obstructive or restrictive pulmonary diseases
6. Cancer
7. Tuberculosis
8. Malaria
9. Thyroid disorders
10. Hematologic disorders (thalassemia)
11. Connective tissue disorders
12. Musculoskeletal disorders
13. Renal diseases
14. HIV
15. Infections such as STIs, TORCH and other systemic infections, e.g. hepatitis B
16. Malnutrition
17. Previous caesarian section or other abdominal surgeries
18. Others such as:
  - a. seizure disorders
  - b. mental health conditions

- c. asthma
  - d. poor obstetrical history characterized by: habitual abortion (2 consecutive abortions and 3 or more repeated abortions) and previous complicated pregnancy (prior preterm delivery, prior pregnancy resulting in stillbirth or neonatal death, previous birth of a fetus with congenital anomaly, patients with anti-phospholipid syndrome).
- C. Primigravid (G1) or grand-multigravid (G5 or more)
  - D. Adolescent pregnancy (pregnancy among girls 10 -19 years old) regardless of parity
  - E. Pregnancy among women who are more than 35 years old regardless of parity
  - F. Patients with problems of fetal aging, structure and size
    - 1. Age of gestation is greater than or equal to 40 weeks
    - 2. Fetal growth restriction
    - 3. Macrosomia
    - 4. Unsure of LMP or discrepancy in aging
    - 5. Fetal congenital anomalies
    - 6. Multiple gestation
    - 7. Patients with disorders of amniotic fluid volume
  - G. Patients in preterm labor
  - H. Alcohol and substance abuse
  - I. Absence of antenatal care

All CHDs and BARMM-MOH are hereby directed to disseminate this information to all maternity care service providers in the public and private sector in their area of jurisdiction.

For prompt and strict compliance.

By Authority of the Secretary of Health:

  
**MYRNA C. CABOTAJE, MD, MPH, CESO II**  
Undersecretary of Health  
Public Health Services Team