



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 28, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0261

FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH-BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES, NATIONAL NUTRITION COUNCIL, PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION, DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND OTHER CONCERNED

SUBJECT: Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 Pandemic

I. BACKGROUND

The Philippines was placed under a State of Public Health Emergency due to the acceleration in the increase of COVID-19 cases.

Inadequate care in pregnancy can compromise the health of both mothers and newborns. Hence, there is a need to ensure that pregnant mothers are appropriately managed, especially during the COVID-19 pandemic.

In light of the current situation, the Department of Health issues the following interim guidelines on the continuous provision of maternal health services within health care provider networks (HCPN).

II. IMPLEMENTING GUIDELINES

A. Strengthening health system response within the HCPN

1. Province-wide and city-wide HCPNs, which include both private and public health care providers, facilities and institutions, shall designate facilities where COVID-19 and non-COVID-19 pregnant women can access maternal health services, including delivery.
2. The primary care facility shall serve as the main navigator or first contact in the HCPN and determine the appropriate facility for suspect, probable and confirmed COVID-19 pregnant patients. Telemedicine shall be used as appropriate to facilitate the provision of these services.
3. All primary care facilities with basic emergency obstetric and newborn care (BEmONC) capabilities shall have a referral arrangement with a comprehensive

emergency obstetric and newborn care (CEmONC) facility and/or partner Obstetrician and Pediatrician to ensure non-refusal of patients within their HCPN.

- a. If a CEmONC facility is a designated COVID-19 referral facility, the said facility shall inform their partner providers of their unavailability for non-COVID-19 pregnant patients to prevent unnecessary consumption of time in referral.
 - b. If there is only one CEmONC facility within the HCPN, coordination with CEmONC facilities within other HCPNs may be arranged.
4. All birthing centers and providers of BEmONC shall strictly adhere to the following referral protocol:
- a. Attach a brief history, reason for referral, partograph, antenatal record and the woman's birth plan;
 - b. Notify the ambulance or patient transport vehicle driver;
 - c. Assign a midwife or nurse to accompany and properly endorse the patient to the referral facility;
 - d. While the patient is in transit, communicate (via call or SMS) with the referral facility to alert of the patient's arrival;
 - e. Follow up of the referred patient's condition on a daily basis; and
 - f. Endorse the patient back to the primary care facility once for discharge for reintegration to the community and ensure continuity of care.
5. Patient navigation and referral shall follow the HCPN pathway for close contacts, suspect, probable or confirmed COVID-19 pregnant women as stipulated in DM 2020-0178: Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic (*See Annex A*).
6. All pregnant women who are about to deliver and those who have delivered but manifesting signs of complication shall not be under any circumstance be refused admission by the health facility. However, infection control protocols shall be strictly followed, including use of appropriate personal protective equipment (PPE).

B. Ensuring continuous provision of maternal health services

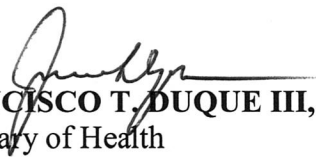
1. Antenatal, delivery and postpartum care services of low risk pregnant women shall be provided by primary care facilities with BEmONC capabilities.
2. Antenatal, delivery and postpartum of high risk pregnant women shall be referred to a hospital with CEmONC capacity.
3. If referral to CEmONC may pose further risk to the patient due to any difficulties, BEmONC facilities may cater patients regardless of their parity as long as the pregnant mother has no comorbidities, provided the following conditions: 1) BEmONC trained physician is present; 2) emergency transport vehicle is on standby; and 3) referral hospital is available in cases of emergency complications (*See Annex B*).
4. Health care workers in public and private clinics shall continue to provide antenatal, delivery and postnatal services with strict adherence to infection prevention and control measures, including but not limited to temperature checking and assessment for signs and symptoms prior to entry, frequent

handwashing, proper cough etiquette, wearing of appropriate PPEs, social distancing, and cleaning and disinfection of frequently touched surfaces.

C. Maximizing teleconsulting and teleprescription platforms for antenatal and postpartum care.

1. HCPNs shall consolidate and harmonize current teleconsulting or teleprescription platforms available within their network. If none exists, HCPNs shall organize healthcare professionals in the network to develop a mechanism for interim telehealth solutions.

For strict compliance.


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Secretary of Health

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Annex A. Service Provision according to COVID-19 Status of Pregnant Women

Type of Pregnant Patient	Recommended Facility
All pregnant patients	Primary care facility for triaging, via telemedicine, if available
Asymptomatic pregnant with close contact	Home quarantine for 14 days OR Temporary Treatment and Monitoring Facility for quarantine for 14 days
Symptomatic pregnant, mild classified as Suspect, Probable, or Confirmed COVID-19 case	Temporary Treatment and Monitoring Facility for isolation of 14 days OR Level 1 Hospital or Infirmary OR Home isolation provided with clearance from the patient's attending physician
Symptomatic pregnant, severe, or critical classified as Suspect, Probable, or Confirmed COVID-19 case Symptomatic pregnant, mild classified as Suspect, Probable, or Confirmed COVID-19 case plus any co-morbidities	COVID-19 Referral Hospital OR COVID-19 Accepting Level 2 or Level 3 Hospital
Clinically recovered pregnant Suspect, Probable, or Confirmed COVID-19 case awaiting completion of quarantine period	Level 1 hospital, Infirmary, or Temporary Treatment and Monitoring Facilities selected for Step-down care.

Annex B. Risk Stratification to Guide Service Provision among Pregnant Women

	ANTENATAL CARE	DELIVERY & POSTNATAL CARE
Low Risk Pregnant Women	<p>Provided by primary care facilities (BHS, RHUs, lying-in clinics, birthing homes, district hospitals)</p>	<p>Provided by primary care facilities that are BEmONC facilities (ie. RHUs, DOH-licensed birthing home and infirmary) within the health care provider network;</p> <p>For complicated cases, refer to CEmONC facility (DOH-licensed Levels 2 and 3 general hospitals or Apex Hospitals) within the health care provider network</p>
<p>High Risk Pregnant Women i.e. Gravida 1, Gravida 5 or more; Pregnancy with co-morbidities</p>	<p>Provided by primary care facilities (BHS, RHUs, lying-in clinics, birthing homes, district hospitals);</p> <p>For emergency and complicated cases, refer to CEmONC facility (DOH-licensed Levels 2 and 3 general hospitals or Apex Hospitals) within the health care provider network.</p>	<p>Provided by CEmONC facility (DOH-licensed Levels 2 and 3 General Hospitals or Apex Hospitals) within the healthcare provider network;</p> <p>If referral to CEmONC may pose further risk to the patient due to challenges to access, BEmONC provider facilities may cater patients regardless of their parity as long as the pregnant mother has no comorbidities with provisions of BEmONC trained physician is present, emergency transport vehicle is on standby and a referral hospital is available in cases of emergency complications</p> <p>For complicated cases, refer to Regional CEmONC facility within the health care provider network.</p>