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PHILHEALTH CIRCULAR

No. 2026-0004

TO : ALL HEALTH FACILITIES, INCLUDING DIAGNOSTIC FACILITIES AND HEALTHCARE PROFESSIONALS, PHILHEALTH REGIONAL OFFICES, PHILHEALTH MEMBERS, AND ALL OTHERS CONCERNED

SUBJECT : Expansion of Maternity Care Benefits for Non-Hospital and Outpatient Facilities

I. RATIONALE

Maternal health remains a national priority in the Philippines, aligned with the United Nations Sustainable Development Goal of reducing maternal mortality to 70 deaths per 100,000 live births by 2030. Despite recording over 1.3 million deliveries in 2024, preventable maternal deaths persist due to gaps in timely access to quality care.

Pregnancy presents a critical opportunity to promote healthy behavior, parenting skills, and continuous engagement with the formal health system. Properly delivered maternal care follows a continuum, from antenatal consultations to delivery to postpartum monitoring.

PhilHealth has continuously covered maternal services through its Maternity Care Package (MCP) benefit. This policy advances that commitment by unbundling expanded benefits and introducing care coordination as a strategic public health investment, reducing financial barriers and accompanying the expectant mother throughout her journey to motherhood. This expansion of benefits has been approved through Board Resolution No. 3089, s. 2026.

II. OBJECTIVES

This PhilHealth Circular provides for the availment and reimbursement guidelines, benefit schedules, service coverage and limits, financial responsibilities, and other provisions essential to certain selected maternity care services in a non-hospital and outpatient setting, including birthing facility, primary care facility, and hospital outpatient department, as follows:

- A. Clinic services - antenatal care and postpartum care;
- B. Birthing services - normal spontaneous delivery and emergency referral system, and;
- C. Diagnostic services - routine antenatal work-up.

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III. SCOPE

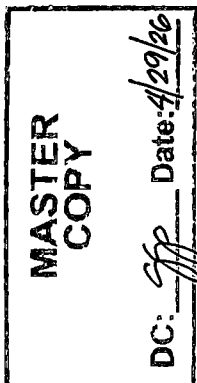
This PhilHealth Circular shall cover:

- A. Rules on health facility engagement;
- B. Benefit schedules for clinical and diagnostic services on antenatal care, intrapartum care, and postpartum care;
- C. Rules on member availment;
- D. Responsibilities of a care coordinator; and
- E. Rules for claims filing and reimbursement.

This policy shall apply to all PhilHealth-accredited healthcare facilities authorized to reimburse for maternity care services, such as primary care facilities (e.g., infirmaries, health centers and rural health units), non-hospitals with birthing services, (e.g., birthing homes/lying-in clinics, infirmaries), hospital outpatient departments, and diagnostic laboratories.

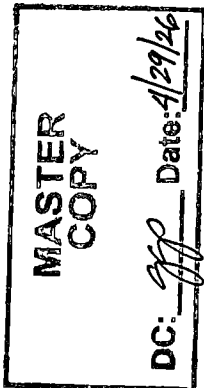
IV. DEFINITION OF TERMS

- A. **Antenatal Care (ANC)** – also known as prenatal care, is a type of preventive healthcare accorded to pregnant persons with the goal of providing regular checkups that allow health care providers to identify, prevent, and treat potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child.
- B. **Antenatal Care (ANC) Benefit** – a PhilHealth benefit that covers antenatal care services of expectant mothers. The services include pre-natal check-ups to screen, detect and manage complications of pregnancy; maternal nutrition; immunizations; screening for the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus (HBV); and counseling for healthy lifestyle, breastfeeding, and family planning.
- C. **Birthing Facility** – a non-hospital health facility, capable of providing maternity care services including normal spontaneous delivery.
- D. **Care Coordination** – the deliberate organization of patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care. The main goal of care coordination is to meet patients' needs and preferences in the delivery of high-quality, high-value health care. This means that the patient's needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate, and effective care.
- E. **Care Coordinator** – a designated individual, who may be a physician, nurse, midwife, social worker, community health worker, or other qualified personnel,



assigned by a healthcare provider of maternity care services to carry out the care coordination functions.

- F. **Continuum of Maternal Care** – the integrated delivery of maternal health services including antenatal care, intrapartum care, postpartum care, and referral services as needed.
- G. **Emergency Stabilization** – initial management provided to a patient experiencing complications prior to referral to an appropriate healthcare facility.
- H. **High-Risk Pregnancy**¹ – 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.
- I. **Low-Risk Pregnancy**² – the pregnancy state where, after thorough routine evaluation, no risk factors are identified on the woman and no signs and symptoms or pregnancy complications are noted.
- J. **Maternal Care Provider** – a Health Care Institution accredited by PhilHealth to provide the benefits listed in this Circular.
- K. **Normal Spontaneous Delivery (NSD) Benefit**³ – a PhilHealth benefit that covers only health services in the intrapartum period and immediate postpartum period for normal delivery, regardless of the type of healthcare institution. The services include monitoring and management of labor, assistance in normal delivery and immediate post-partum care prior to discharge.
- L. **Postpartum Care (PoPC) Benefit** – a PhilHealth benefit that covers maternity services provided to the mother after delivery to monitor her recovery, and provide counseling on family planning, lactation and nutrition management, and mental health.
- M. **Primary Care Facility (PCF)**⁴ – an institution that primarily delivers primary care services and is licensed or registered by the DOH.
- N. **Step-up Referral** – facilitation of transfer of a patient to a hospital for more intensive management due to complications of labor and delivery.



¹ DOH Department Circular No. 2021-0005 (Adherence to the Definition of Low-Risk Pregnancy and High-Risk Pregnancy in the implementation of Administrative Order No. 2012-0012)

² Ibid.

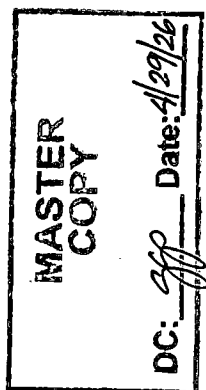
³ Ibid.

⁴ PhilHealth Circular No. 2022-0032 (Governing Policies of Konsulta +)

V. POLICY STATEMENTS

A. General Statements

1. The Expanded Maternity Care Package (MCP) has been unbundled into:
 - a. antenatal care (ANC)
 - b. intrapartum care (IPC)
 - c. postpartum care (PoPC), and
 - d. emergency stabilization and step-up referral (ESSR)
2. The effective delivery of maternity care services is dependent on the coherent navigation of pregnant persons through the full continuum of care and not solely a function of individual benefit availability. Hence, care coordination shall be an emphasis in the expanded MCP. Care coordination shall contribute to broader maternal and child health outcomes, including reduction of low birth weight and early childhood stunting, and shall inform policy development and benefit design.
 - a. Care coordination shall be an essential and integral competency expected from accredited providers.
 - b. Care Coordinator/s shall be designated by all providers, who shall carry out the coordination needed for a pregnant person to receive the full range of service required across the continuum of care.
 - c. Care coordination data collected shall serve as a primary source of evidence linking PhilHealth investments in maternity care to improvements in national maternal health indicators, including but not limited to maternal mortality, skilled birth attendance, completion of antenatal care, low birth weight incidence, and early childhood stunting.
3. Maternity Care Providers shall comply with all applicable DOH Administrative Orders, clinical practice guidelines, and related issuances governing maternity care, primary care facilities, and diagnostic laboratories.
4. In case of findings that indicate a potential complication of pregnancy or delivery, the health facility shall not delay prompt referral to a hospital for further management.
5. The No Co-Payment policy shall be enforced in all participating facilities for essential health services and basic accommodation, as indicated in succeeding sections. Co-payment for additional room amenities requested by the patient or antenatal and postpartum consultations beyond the number of visits covered by this policy shall be subject to this policy.



B. Member Eligibility and Availment

1. All pregnant persons enrolled in the National Health Insurance Program (NHIP) shall be immediately eligible to avail of PhilHealth benefits, in accordance with the Universal Health Care Act (UHC Act). Pregnant

persons below twenty-one (21) years old and their infants shall be eligible to avail of the benefits in accordance with existing PhilHealth policies on membership and eligibility.

2. The entitlement of pregnant persons availing of benefits under the expanded maternity care shall be governed in accordance with PhilHealth Circular No. 2022-0013 (Granting of Immediate Eligibility to Filipino Citizens).
3. All pregnant persons shall endeavor to register and be empaneled to a PhilHealth YAKAP clinic. If not accredited as a maternal care provider, the YAKAP clinic shall refer them to an accredited provider of antenatal care services.
4. Newborns shall be automatically covered under the National Health Insurance Program. They shall be issued a unique PhilHealth Identification Number (PIN) upon registration or claims processing. PhilHealth benefits for newborn care shall be issued in a separate Circular. The provider shall ensure the timely assignment of the newborn to a primary care or YAKAP provider.

C. Health Care Provider Engagement and Participation

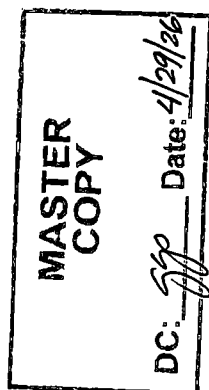
1. PhilHealth shall engage the following health facilities to provide the services covered by this policy:
 - a. DOH-Licensed Birthing Homes/Lying-In Clinics and Infirmaries, Birthing Home as part of a DOH-Licensed Primary Care Facility with One Stop Shop (OSS);
 - b. Existing accredited Maternity Care Package Providers;
 - c. Outpatient clinics of accredited infirmaries or hospitals;
 - d. Outpatient clinics of DOH-licensed but not accredited infirmaries or hospitals;
 - e. Currently accredited health facilities with an appropriate DOH license as laboratory facility that can provide any or all of the following diagnostic services:
 - e.1. Pregnancy test;
 - e.2. Blood typing;
 - e.3. Complete blood count (CBC);
 - e.4. Urinalysis;
 - e.5. Hepatitis B screening (HBsAg);
 - e.6. HIV screening;
 - e.7. Syphilis screening (RPR or EIA); and
 - e.8. Oral glucose tolerance test (OGTT).
 - f. Currently accredited health facilities with FDA-licensed ultrasound devices capable of providing pelvic and transvaginal ultrasound services;



- g. Accredited YAKAP providers that are capable of providing antenatal and postpartum care based on the standards as provided in Annex A of this issuance;
 - h. Non-accredited but DOH-licensed clinical laboratory with permanent physical structures, including those with limited service capability, that can provide clinical microscopy and hematology (urinalysis, complete blood count, and blood typing) and with medical technologists who are DOH-trained on HIV, STI, and hepatitis B screening using Rapid Diagnostic Tests (RDTs) or other testing methods.
2. Currently accredited facilities that intend to provide the expanded maternity care benefits shall submit the following documents to their nearest Local Health Insurance Office (LHIO):
- a. Letter of Undertaking (Annex B - Template for Letter of Undertaking);
 - b. For HF with ultrasound services: Proof of Completion of Residency Training on Obstetrics and Gynecologist and/or Radiology of the accredited health care professional performing ultrasound ;
 - c. Appointment/Designation letter with the complete name and contact details of the Care Coordinator duly signed by the Head of Facility/Facility Owner/LCE;

PhilHealth shall not charge additional accreditation fees to health facilities that are already accredited as of the effectivity of this Circular.

3. New facilities that intend to seek accreditation to provide the Expanded Maternity Care Benefits shall submit the following documents to their nearest LHIO:
- a. Fully accomplished Provider Data Record;
 - b. Performance Commitment;
 - c. Copy of valid DOH License to Operate (LTO);
 - d. Copy of the following proofs of identity:
 - d.1. For privately owned corporations, a copy of the Securities and Exchange Commission (SEC) Registration, Articles of Incorporation/Partnership, and General Information Sheet (GIS);
 - d.2. For facilities that are not incorporated, a copy of the current business / mayor's permit; and
 - d.3. For cooperatives, a copy of the Cooperative Development Authority Certificate of Registration.
 - e. Copy of PhilHealth Accreditation for accredited Head of Facility for Birthing Homes, Infirmaries, PCF;
 - f. Appointment/Designation letter with the complete name and contact details of the Care Coordinator duly signed by the Head of Facility/Facility Owner; and



g. Accreditation Fee, depending on the facility:

Facility Type	Accreditation Fee
DOH Licensed Infirmaries	P3,000
DOH Licensed Birthing Home/Lying In Clinics	P1,500
DOH Licensed PCF with OSS as Birthing Home	P1,500
DOH Licensed Laboratories	P1,000
Outpatient clinics of DOH-licensed but not accredited infirmaries or hospital	P1,500

Table 1: Accreditation Fee Schedule

4. Only complete applications shall be accepted.
5. Health facilities applying as providers for the Expanded Maternity Care Benefits are exempted from the Three Year in Operation rule.
6. Antenatal care and postpartum care benefits do not form part of the capitation mechanism under the YAKAP. These benefits shall be reimbursed separately by the accredited primary care benefit provider under these guidelines.

D. Care Coordinators

1. All Maternal Care Providers shall designate at least one (1) Care Coordinator. The Care Coordinator is responsible for:
 - a. Registration and enrollment of the pregnant persons into the maternity care benefit system upon confirmation of pregnancy, including facilitation of membership verification and, where applicable, emancipation and enrollment of pregnant minors;
 - b. Navigation and scheduling of the complete antenatal visit sequence in accordance with DOH guidelines, including referral to accredited diagnostic laboratories and ultrasound facilities for the required routine workup;
 - c. Monitoring of visit completion and follow-through across trimesters, including identification of at-risk pregnancies requiring escalation or referral to a higher-level facility;
 - d. Facilitation of the birth plan, including advance coordination with an accredited birthing facility or hospital for the intrapartum period;
 - e. Linkage to postpartum care services and newborn registration following delivery, including navigation back to the member's enrolled primary care facility for subsequent or follow-up care, return to family planning, and other primary care services; and;
 - f. Documentation of the complete care journey in the prescribed Antenatal Care Record and Postpartum Care Record, which shall serve as the primary audit trail for care coordination activities.

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2. All facilities shall submit the name and contact details of their Care Coordinator/s during application (initial, renewal, reaccreditation). They must also notify Philhealth of any change/s within thirty (30) calendar days from effectivity of the change/s in Care Coordinator.
3. Care coordination is a service included in the benefit rates for providers accredited as providers of the Expanded MCP. For YAKAP facilities, a Care Coordination Performance Payment shall be established as a separate payment stream, distinct from capitation and maternity benefit rates, subject to guidelines to be issued in a supplemental PhilHealth Circular.
4. All non-YAKAP-accredited Maternal Care Providers shall endeavor to link to a YAKAP clinic for easier referral of pregnant persons.

E. Services Covered

The maternity care benefits shall consist of the following components:

1. **Antenatal Care Services** - clinical and diagnostic services during pregnancy:
 - a. Clinical Antenatal Care (CANC) Services
 - a.1. In conformance with the DOH guidelines, there will be at least eight (8) antenatal visits distributed as follows:
 - a.1.1. 1st trimester - at least one (1) visit
 - a.1.2. 2nd trimester - at least two (2) visits
 - a.1.3. 3rd trimester - at least five (5) visits
 - a.2. Each set of antenatal visits shall be claimable at the end of each trimester. Additional visits in a trimester, if warranted, may be chargeable to the patient in private ANC providers, provided that the maximum chargeable co-payment of the patient is PhP 900.00 per pregnancy of the beneficiary.
 - a.3. The following are the minimum mandatory services shall be complied with in every scheduled visit:

Clinical Antenatal Care Visit	Mandatory Services
First (1 st) Trimester Antenatal Visit (ANV1)	<ol style="list-style-type: none"> 1. Consultation 2. Medical history taking and physical examination 3. Provision of supplements (Iron, Folic Acid (IFA) or Multiple micronutrient supplementation (MMS)) 4. Patient health education 5. Written birth plan attached to a duly-provided ANCR

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Clinical Antenatal Care Visit	Mandatory Services
Second (2 nd) Trimester Antenatal Visits (ANV2)	<ol style="list-style-type: none"> 1. Consultation 2. Vital Signs 3. Fetal growth monitoring 4. Provision of supplements (IFA or MMS, Calcium) 5. Deworming 6. Tetanus vaccination, if indicated
Third (3 rd) Trimester Antenatal Visits (ANV3)	<ol style="list-style-type: none"> 1. Consultation 2. Vital Signs 3. Fetal growth monitoring 4. Provision of supplements (IFA or MMS, Calcium) 5. Tetanus vaccination, if indicated
Tetanus Vaccination (TD1 up to TD2)	<ol style="list-style-type: none"> 1. Tetanus Vaccine and supplies 2. Administration of the vaccine

Table 2: Mandatory Services for Clinical Antenatal Care (CANC)

a.4. The benefit schedule for these services are as follows:

Benefit Code	Description	Age of Gestation (AOG)	Frequency	Benefit Rate (per visit)
ANV01	First (1 st) Trimester Visit	1 to 12 weeks	1	1,100.00
ANV02	Second (2 nd) Trimester Visit	13 to 26 weeks	2	1,500.00
ANV03	Third (3 rd) Trimester Visit	28 to 40 weeks	5	3,750.00
TDAP1	Tetanus Vaccine (1 st dose)	20 to 36 weeks	1	150.00
TDAP2	Tetanus Vaccine (2 nd Dose)	27 to 36 weeks	1	150.00

Table 3: Schedule of Services

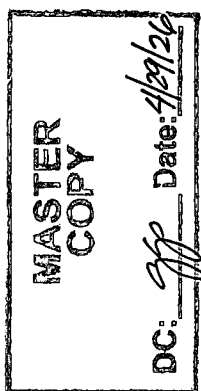
a.5. Tetanus vaccination shall only be reimbursable to private facilities providing antenatal services. It may be claimed as the second (2nd) case rate up to twice during the woman's pregnancy.

At least one tetanus vaccination is indicated in every pregnancy. It shall be reimbursable at the end of the third trimester as TD1. Where warranted, a second tetanus vaccination may be provided. In this case, the first dose shall be provided in the second trimester

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and claimed as TD1, and the second dose on the third trimester and claimed as TD2.

- a.6. The minimum frequency of ANC visits per trimester shall be complied with, which shall be duly recorded in the Antenatal Care Record (ANCR) (Annex C). The Mother-Baby Book, Mother and Child Book, Rekord ni Nanay, Nanay and Baby Book, or other similar record as prescribed by the DOH under AO No. 2012-0012 or subsequent issuances shall be considered equivalent to the ANCR. The ANC provider should properly advise their patients to bring the ANCR in every visit, during which the attending health professional shall fill out the form.
- a.7. The ANCR shall be filled out, at the least, in duplicates. Both facility and pregnant mother shall retain a duly filled-out copy to ensure documentation of every visit.
- a.8. The Last Menstrual Period (LMP) in the ANCR shall be completely encoded. It shall be pertinent to all computations for the age of gestation (AOG).
- a.9. The Care Coordinator shall ensure completion of the required antenatal visit schedule across all trimesters, facilitate referrals to diagnostic facilities, and monitor compliance with prescribed services.
- a.10. Cases identified as high-risk during the initial assessment or subsequent check-up shall be promptly referred to higher-level facilities by the Care Coordinator for additional services. The MCP provider shall be able to file for reimbursement for the routine antenatal care services provided; the referral facility shall be able to file for reimbursement of claims for the additional services as stated in the relevant PhilHealth Circular on select hospital-based obstetric and gynecological services.
- a.11. The health facility shall procure, stock-up, and dispense supplements (i.e. iron and folic acid (IFA), or MMS, and calcium) to the pregnant persons in quantities enough to last until the next prenatal visit or throughout the trimester. Alternatively, the Care Coordinator shall refer the mother to a YAKAP-facility to obtain a prescription for antenatal care commodities under the Guaranteed and Accessible Medications for Outpatient Treatment (GAMOT) Package.
- a.12. The health facility shall prepare the request form for laboratory work-up as indicated below. The Care Coordinator shall navigate the pregnant persons to a PhilHealth-accredited diagnostic facility for antenatal care. The laboratory request form (LRF) from the CANC shall bear the minimum information:



- a.12.1. Name of the requesting health facility;
 - a.12.2. PhilHealth Accreditation Number of Antenatal Care provider;
 - a.12.3. Patient name and age;
 - a.12.4. Patient PhilHealth ID Number (PIN);
 - a.12.5. Date of request;
 - a.12.6. Itemized list of all of laboratories requested; and
 - a.12.7. Signature and PRC license number of attending Physician/Midwife/Nurse.
- a.13. The clinical laboratory tests (the 1st, 2nd, and 3rd routine diagnostic tests) need not follow the trimestral visits of the pregnant mother. However, they shall be requested following such chronology. For example:
- a.13.1. Case 1: Pregnant client's first prenatal visit was in 16th week AOG (2nd trimester). The 1st routine diagnostics, together with the 2nd routine diagnostics, and even the pelvic ultrasound, may be requested during that visit.
 - a.13.2. Case 2: Pregnant client makes 1st prenatal checkup in 11th week AOG (1st trimester). Only the 1st routine diagnostics and transvaginal ultrasound may be requested.
- a.14. All facilities shall remind the patient that the routine antenatal diagnostic services are bundled and should be at no cost to the patient.
- b. Diagnostic Antenatal Care (DANC) Services - for clinical laboratories and ultrasound facilities.
- b.1. The laboratory shall receive the completed LRF from the pregnant client as provided by their CANC.
 - b.2. The following are the mandatory laboratory inclusions:

Antenatal Diagnostic Services	Mandatory Laboratory Inclusions
Initial antenatal routine diagnostics (AND1)	One set: 1. Pregnancy Test 2. Blood Typing 3. Complete Blood Count (CBC) 4. Urinalysis 5. Hepatitis B Screening (HBsAg) 6. HIV Screening 7. Syphilis Screening

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Antenatal Diagnostic Services	Mandatory Laboratory Inclusions
Second routine follow-up diagnostics (AND2)	Once at any of the 2 visits in 2 nd trimester 1. Oral Glucose Tolerance Test (OGTT)
Third routine follow-up diagnostics (AND3)	Once at any of the 5 visits in 3 rd trimester 1. Complete Blood Count (CBC) 2. Urinalysis
Transvaginal ultrasound in 1 st trimester (ANS1)	Transvaginal ultrasound
Pelvic ultrasound in 2 nd trimester (ANS2)	Pelvic ultrasound

Table 4: Mandatory Services for Diagnostic Antenatal Care (DANC)

b.3. The benefit schedule for the DANC is as follows:

Benefit Code	Description	Frequency	Benefit Rate
AND1	First (1 st) routine DANC	1	2,000.00
AND2	Second (2 nd) routine DANC	1	900.00
AND3	Third (3 rd) routine DANC	1	500.00
ANS1	Transvaginal ultrasound in first 1 st trimester	1	1,000.00
ANS2	Pelvic ultrasound in second (2 nd) OR third (3 rd) trimester	1	1,000.00

Table 5: Benefit Schedule for DANC

- b.4. The bundled diagnostic tests shall be performed as a complete set. Failure to perform at least one (1) test shall render the claim non-reimbursable.
- b.5. There shall be two (2) ultrasound tests reimbursable. The pelvic ultrasound shall be claimed once only at either the second or third trimester.
- b.6. The diagnostic facility that performed the test/s shall be responsible for filing claims. The LRF and laboratory results shall form part of the claim requirements. The laboratory shall

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maintain a log of ANC diagnostics performed based on the LRF, for PhilHealth monitoring purposes.

- b.7. The diagnostic facility that performed the tests shall be responsible for forwarding the result promptly to the patient and their respective Care Coordinator.

2. **Intrapartum Services** - for non-hospital facilities with birthing service capacity.

a. Normal Spontaneous Delivery (NSD)

Benefit Code	Description	Benefit Rate
NSDBF	Normal spontaneous delivery (NSD), managed in a non-hospital birthing facility and immediate post-partum care prior to discharge	14,000.00

Table 6: Benefit Schedule for Intrapartum Services

- a.1. The Care Coordinator shall facilitate the preparation of a birth plan, including coordination with an accredited birthing facility or hospital for delivery.
- a.2. Only low-risk NSD shall be reimbursable in non-hospital facilities with birthing services. The delivery of primigravidas in non-hospital facilities is reimbursable provided that the client possesses no other characteristics that may indicate their pregnancy is high-risk. PhilHealth reiterates that the various DOH guidelines that regulate the types of pregnancies and deliveries allowed in birthing facilities shall be strictly observed.
- a.3. The partograph shall be utilized to monitor the progress of labor. It should properly document the maternal and fetal status at prescribed intervals, by recording the fetal heart rate, uterine contractions, cervical dilatations and maternal vitals, and other critical measures. The partograph shall be a requirement for claims filing.

b. Emergency Stabilization and Step-Up Referral

Benefit Code	Description	Benefit Rate
NSD1L	Referral due to complication during 1 st stage of labor	1,600.00
NSD2L	Referral due to complication during 2 nd stage of labor	8,500.00
NSD3L	Referral due to complication during 3 rd stage of labor and immediate postpartum	14,700.00

Table 7: Benefit Schedule for Emergency Stabilization and Step-up Referral

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- b.1. These Emergency Stabilization and Step-Up Referral benefits shall only be claimed in cases of emergencies detected during labor and delivery. In no instance shall these benefits be claimed for medical conditions of a pregnant person before the onset of labor.
- b.2. Transfer arrangements must be made by the facility while the patient's condition is being stabilized. Recording of time of arrival to birthing facility and time of departure from birthing facility shall be mandatory in the patient's chart and referral letter.
- b.3. Where possible, and particularly in highly urbanized areas, a birthing facility should have a service level agreement with a PhilHealth-accredited ambulance service provider. Reimbursement of the ambulance service provider is covered under PhilHealth Circular No. 2025-0022 (Supplemental Guidelines for the PhilHealth Outpatient Emergency Care Benefit (OECB): Prehospital Emergency).

In case no such ambulance service is available from a nearby facility, a service-level agreement for a patient transport vehicle service, such as those provided for in some local government units, shall be complied with by the birthing facility

- b.4. Annex D provides for a list of conditions that may warrant immediate or emergency referral to a higher-level facility

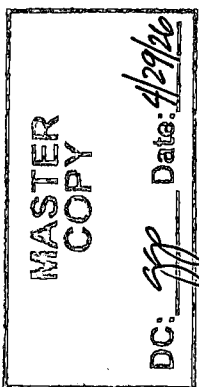
3. Postpartum Care Services (PoPC)

- a. There shall be three (3) postpartum visits reimbursable at the end of the sixth (6) week after delivery.
- b. The following minimum mandatory services shall be provided must be complied with in every visit:
 - b.1. Provision of supplements (IFA or MMS)
 - b.2. Family Planning
 - b.3. Lactation & Nutrition Management
 - b.4. Mental Health screening and support
- c. The benefit rate for PoPC is as follows. This shall be reimbursable after the mandatory services are provided.

Benefit Code	Description	Frequency	Benefit Rate (per visit)
PPCo1	Postpartum visits after discharge	3	1,350.00

Table 8. Benefit Schedule for Postpartum Care (PoPC) Services

- d. There shall be a prescribed Postpartum Care Record (PPCR) (Annex E) that shall be duly filled-out and uploaded with the claim. It shall indicate the dates of visits and services provided.



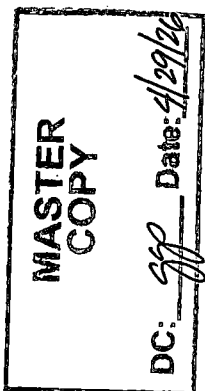
- e. The health facility shall procure, stock-up and dispense supplements (i.e. iron and folic acid (IFA), or MMS) to the postpartum client in quantities to cover at least up to the sixth (6th) week, as well as family planning commodities appropriate for the client's needs (e.g., combined oral contraceptives, progestin-only pills, injectibles). Alternatively, the provider may provide or refer the client to a YAKAP-facility to obtain prescription for postpartum care commodities under the Guaranteed and Accessible Medications for Outpatient Treatment (GAMOT) Package.
- f. The Care Coordinator shall ensure linkage of the client to postpartum care services and facilitate newborn registration and assignment to a primary care provider under YAKAP.

4. IUD Insertion (RVS 58300)

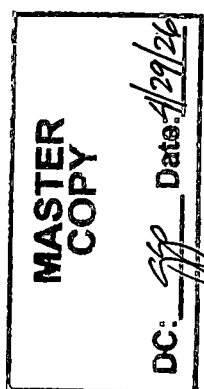
- a. Postpartum IUD insertion may be claimable as second case rate at its current benefit rate of P3,900.00 payable in full amount under the NSD benefit schedule (NSDBF) or Postpartum Care benefit schedule (PPC01), following existing accreditation rules.
 - b. Interval IUD insertion shall be reimbursable as first case rate at its current benefit rate of P3,900.00 from qualified PCFs, and birthing facilities following existing accreditation rules.
 - c. The Care Coordinator shall ensure that HCIs provide the appropriate information and education to women availing of postpartum IUD insertion. Consent and provision of information shall be documented and included in the claims.
5. The health facility shall not charge the patient for essential services listed in this policy. In case of a need for repeat or additional diagnostics due to need for further work-up, the facility may charge the patient for the second repeat onwards. They shall be properly documented in the respective ANCR and PPCR.

F. Claims Filing and Reimbursement

- 1. All claims shall be filed electronically through the PhilHealth eClaims system and shall be reimbursed through the Auto Credit Payment Scheme (ACPS).
- 2. The Electronic Statement of Accounts (eSOA) shall be required in all eClaims transactions. Handwritten filled-out documents should be minimized. The health facilities shall encode or type over all paper documents needed for claim reimbursement.
- 3. Claims filing for Antenatal Care (ANC) and Postpartum Care (PoPC)



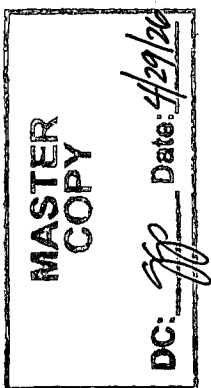
- a. There shall be an automated encoding module for ANCR and PPCR to be included in the eClaims system as part of the claims requirement. The facilities shall be responsible for ensuring accuracy of data encoded in the system.
- b. For CANC and PoPC providers, the claim shall be submitted electronically through the eClaims system, properly encoding data in the CF1, CF2, and eSOA, in addition to the electronic ANCR and PPCR. It shall also upload a scanned copy of the Claim Signature Form (CSF).
- c. The DANC providers shall file claims electronically through the eClaims system, properly encoding data in the CF1, CF2, and eSOA and upload the following:
 - c.1. Claim Signature Form (CSF)
 - c.2. The scanned laboratory request form
 - c.3. Laboratory result of each test
- d. The date of admission/availment for claims bearing ANVo2, ANVo3 and PPCo1 shall be the most recent date of visit.
- e. The DANC facility shall ensure that the patient affixes their signature in the duly-filled out CSF, ANCR and PPCR.
- f. Satellite antenatal and postpartum care among government primary care facilities (i.e. midwives in barangay health stations) shall be recognized. This shall be properly documented in the patient's medical chart and ANCR or PPCR by indicating the venue where such care was provided.
- g. Referral to an outpatient private specialist for further care should be discussed and understood by the patient that it may cost the patient out-of-pocket expenses.
- h. The Final Diagnosis in Item 7 of CF2 shall contain the following ICD-10 codes:
 - h.1. For Clinical Antenatal Care (CANC) visits:
 - h.1.1. Z34.0 – Supervision of normal first pregnancy (if patient is primigravid)
 - h.1.2. Z34.8 – Supervision of other normal pregnancy (if patient is multigravid)
 - h.2. For Diagnostic Antenatal Care (DANC) services:
 - h.2.1. Z36.8 – Other antenatal screening
 - h.3. For Postpartum Care (PoPC) visits:
 - h.3.1. Z39.2 – Routine postpartum follow-up
- i. A Final Diagnosis in Item 7 of CF2 bearing benefit codes shall be returned for correction to reflect the correct ICD code.



- j. A claim for a 3rd trimester antenatal care (ANVo3) that contains less than five (5) visit dates shall require a justification letter attached in order for it to be reimbursable, based on circumstances such as, but not limited to:
 - j.1. Premature Rupture of Membrane
 - j.2. Preterm labor and delivery
 - j.3. Other obstetrical condition or emergency
 - j.4. Fortuitous event
- k. Each accredited provider shall submit a Care Coordination Report for each enrolled pregnant member, documenting the complete care journey including antenatal visits, diagnostics, referrals, delivery outcome, and postpartum care.
- l. Failure to submit complete reports may result in withholding of claims or suspension of accreditation.

4. Claims filing for Intrapartum Services

- a. Birthing facilities shall submit their claims for intrapartum services electronically through the eClaims system, properly encoding data in the CF1, CF2, CF4 and eSOA modules. It shall also upload the following documents:
 - a.1. Claim Signature Form (CSF)
 - a.2. Partograph – photocopy or screenshot
 - a.3. Referral letter – photocopy or screenshot, in case the claim is for a referral benefit
- b. The Claim Form 3 (CF3) shall no longer be required.
- c. The final diagnosis in Item 7 of CF2 for a normal spontaneous delivery shall contain the ICD-10 code O80.0 – Single spontaneous vertex delivery.
- d. The final diagnosis in Item 7 of CF2 for referral benefits shall contain at least one appropriately chosen condition based on ICD-10 codes listed in Annex F (ICD-10 Codes for Complications of Labor and Delivery).
- e. A Final Diagnosis in Item 7 of CF2 bearing the benefit code shall be returned.
- f. For normal deliveries, birthing facilities shall be required to write the state of the delivery in the Final Diagnosis in the prescribed format, which must bear the following details:
 - f.1. OB score: Gravida ___ Para ___ (__, __, __, __),
 - f.2. Pregnancy type: Pregnancy Uterine, Term,
 - f.3. Fetal presentation: Cephalic,
 - f.4. Mode of delivery: delivered via NSVD,
 - f.5. Outcome of fetus and sex: live baby boy, or girl



- f.6. Birthweight (in kilograms)
- f.7. Gestational appropriateness: appropriate (AGA), small (SGA), large (LGA)
- f.8. Date and time of delivery

G. Monitoring and Evaluation

1. PhilHealth shall monitor performance of accredited maternity care providers in accordance with its standard monitoring procedures as stipulated in PhilHealth Circular No. 2018-0019 () or its subsequent revisions.
2. PhilHealth shall regularly review and evaluate the implementation of this policy and ensure its timely adoption of recommended updates in the quality standards, technology advancements and package rates.
3. PhilHealth shall monitor health facility utilization trends and behavior. Findings relating to upcoding/upcasing and other means to gain from the insurance program, may be subject to a further review of documentation, field audits or chart reviews.
4. PhilHealth shall establish a Maternal Care Data Registry, drawing from Care Coordination Reports submitted by accredited providers, to support monitoring of the maternity care continuum, evaluation of provider performance, and development of evidence to inform future benefit design, rate-setting, and policy improvements. PhilHealth shall share relevant aggregate data with the Department of Health, the Philippine Statistics Authority, and such other agencies as may be necessary for national health planning and monitoring, subject to applicable data privacy laws and regulations. The data elements, governance, and reporting of the Registry shall be released in a further issuance.

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H. List of Annexes

1. Annex A: Minimum Standards for Health Facilities Providing Maternal Antenatal Care and Postpartum Care
2. Annex B: Template for Letter of Undertaking
3. Annex C: Antenatal Record Form
4. Annex D: Conditions for Step-up Referral
5. Annex E: Postpartum Care Record
6. Annex F: ICD-10 Codes for Complications of Labor and Delivery

VI. PENALTY CLAUSE

Violations of this PhilHealth Circular shall be penalized in accordance with Republic Act No. 7875 as amended and Republic Act No. 11223, and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

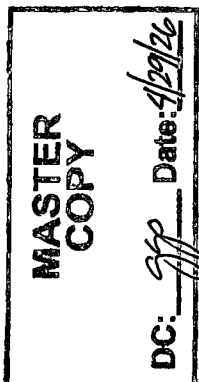
- A. In the event that the Service Provider of the birthing facility does not have the electronic Claim Form 4 (eCF4) and eSOA ready, the accredited birthing facility shall continue to file claims through the eClaims system, and upload a scanned copy of the paper-based CF4 and SOA, in addition to the CSF, partograph and other relevant documents (i.e. referral letter).
- B. While the encoding modules of the ANCR and PPCR are not yet ready, all accredited providers of antenatal care and postpartum care shall upload a scanned copy of the paper-based ANCR or PPCR electronically through the eClaims system, together with the CSF, and other relevant documents, as necessary. A mandatory shift to the electronic modules of these forms shall be announced in a subsequent issuance.
- C. Direct filing by member within the sixty (60) day filing period for reimbursement of diagnostic antenatal services shall be allowed in the interim, upon effectivity of this PhilHealth Circular, based on the date of availment (date of admission). It shall be reimbursed matched to the appropriate DANC benefit.
- D. Service Providers shall be given a maximum of six (6) months from effectivity of this PhilHealth Circular to comply with PhilHealth requirements on the deployment of the eCF4 of the eClaims 3.0.
- E. A training certificate for Hepatitis B screening is not mandatory for accreditation of a clinical laboratory.
- F. Advisories shall be published to inform the health facilities and members of changes in these Transitory Provisions.
- G. YAKAP Clinics shall designate a Care Coordinator and to begin documenting care coordination activities in the ANCR and PPCR for their enrolled pregnant members. Such documentation shall be considered in the evaluation of facility performance for purposes of the forthcoming Care Coordination Performance Payment framework for YAKAP Clinics.

VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular is declared invalid by a court of law or competent authority, the remaining provisions shall remain effective.

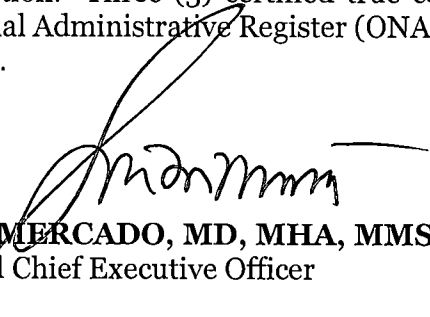
IX. REPEALING CLAUSE

Relevant provisions in PhilHealth Circular No. 025 s.2015 (Social Health Insurance Coverage and Benefits for Women About to Give Birth Revision 1) and all issuances inconsistent with this PhilHealth Circular are hereby repealed.



X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect for all admissions/availment dates immediately after publication in the Official Gazette or in any newspaper of general circulation. Three (3) certified true copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.



EDWIN M. MERCADO, MD, MHA, MMSc
President and Chief Executive Officer

Date signed: 04/28/2024

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COPY
DC: JG Date: 4/29/24

Annex A: Minimum Standards for Health Facilities Providing Maternal Antenatal Care and Postpartum Care

A currently PhilHealth-accredited Health Facility (HF) applying to provide Maternal Antenatal Care (ANC) and Postpartum Care (PPC) shall demonstrate the availability, functionality, and readiness of the minimum personnel, equipment, supplies, and medicines appropriate to the level of care it seeks to provide.

<p>I. SERVICE CAPABILITY</p> <p>A. Able to provide Maternal Antenatal Care and Postpartum Care consultation, assessment, counseling, follow up and referral consistent with its authorized service scope.</p> <p>B. Maintain the minimum medicines and supplements appropriate to the services it renders, as applicable, including:</p> <ol style="list-style-type: none"> 1. Iron and Folic Acid (IFA) or Multiple micronutrient supplementation (MMS) 2. Calcium tablets 3. Deworming medicines 4. Tetanus-containing vaccine 	<p>II. HUMAN RESOURCE</p> <p>An ANC and PPC health facility shall have any or all of the following licensed healthcare professional(s) responsible for the provision of maternal services, consistent with the facility type and scope of service.</p> <p>A. Physician</p> <ol style="list-style-type: none"> a. Valid PRC license b. PhilHealth Accreditation <p>B. Nurse</p> <ol style="list-style-type: none"> a. Valid PRC license b. PhilHealth Accreditation <p>C. Midwife</p> <ol style="list-style-type: none"> a. Valid PRC license b. PhilHealth Accreditation
<p>III. TECHNICAL STANDARDS</p> <p>A. General Infrastructure and Safety</p> <ol style="list-style-type: none"> 1. Permanent physical clinic and clear signage bearing the name of the HF 2. Display of YAKAP or PhilHealth signage, within 2 months after initial accreditation 3. Visible information on available maternal ANC and PPC services 4. Generally clean environment, with prohibition for smoking 5. Adequate lighting/ electric supply 6. Adequate clean water supply 7. Sufficient seating for patients in a well-ventilated area 8. Clearly labeled signages for entrance and exit 9. Functional toilet 10. Non-slippery floor 11. PWD access, where feasible 12. Fire safety measures 13. Sharps disposal 14. Consultation area that ensures privacy and includes an examination area. 	

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III. TECHNICAL STANDARDS (Cont.)

15. Basic ANC/PPC Consultation Room Equipment

- a. Examining Table/ Bed with Stir-ups
- b. Footstool
- c. Examining light
- d. Adult Weighing Scale
- e. Non-mercurial BP apparatus
- f. Non-mercurial Thermometer
- g. Stethoscope
- h. Consultation table and chair
- i. Tape measure
- j. Vaginal speculum

16. Standard Supplies

- a. Povidone-Iodine
- b. 70% isopropyl alcohol
- c. Lubricant
- d. Plaster/ micropore
- e. Sterile cotton balls
- f. Sterile gauze
- g. Sterile gloves

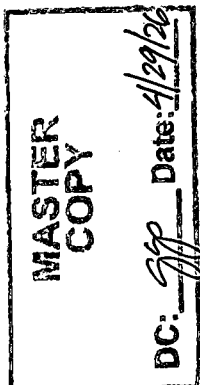
17. Other Requirements

- a. Properly labeled waste segregation
- b. Autoclave or Instrument Sterilizer or its equivalent, if reusable instruments are used
- c. Refrigerator/ Cooler (for the tetanus-containing vaccines)
- d. Portable emergency light or flashlight

B. Records Management

Each patient record shall be kept confidential and shall contain sufficient information to identify the patient and document consultation, assessment, and management provided.

1. Patient's Clinical Record or equivalent record system
2. Consultation logbook or equivalent record system
3. Referral records



Annex B: Template for Letter of Undertaking

Health Facility Logo
Health Facility Name
Health Facility Address

Letter of Undertaking as Provider of the Expanded Maternity Care Benefits for Non Hospital
and Outpatient Facilities

Date: _____

NAME OF RVP
Address of PhilHealth Regional Office

Dear RVP _____:

We, the _____ (Name of Facility), with address at _____, would like to signify our intent to be a PhilHealth Accredited Provider of the Expanded Maternity Care Benefits for Non Hospital and Outpatient Facilities:

1. Our facility has the capability to provide the antenatal mandatory services, emergency referral for complications and postpartum care services as stipulated in this issuance.
2. We acknowledge that PhilHealth shall pay for the services through benefit rate payment as stipulated in this issuance
3. We agree with the set rate and shall apply the no co-payment scheme to all patients availing these services
4. We will comply with PhilHealth implementing guidelines for this issuance

We would also like to signify our intent to provide the following diagnostic services available in our facility: (Please check item/s as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Pregnancy Test (Urine) | <input type="checkbox"/> HIV Screening |
| <input type="checkbox"/> Blood Typing | <input type="checkbox"/> Syphilis Screening (RPR or VDRL) |
| <input type="checkbox"/> Complete Blood Count (CBC) | <input type="checkbox"/> Oral Glucose Tolerance Test (OGTT) |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Transvaginal Ultrasound |
| <input type="checkbox"/> Hepatitis B Screening (HBsAg) | <input type="checkbox"/> Pelvic Ultrasound |

Very truly yours,

NAME OF HEAD OF FACILITY
Name of Facility

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____ in _____ affiant exhibiting to me his/her _____ issued on _____ at _____.

NOTARY PUBLIC
Doc No _____
Page No _____
Book No. _____
Series of 20 _____

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DC: *gfp* Date: 4/29/20

Annex C: Antenatal Record Form

Facility Logo Facility Name Facility Address						
ANTENATAL CARE RECORD						
PART I: PATIENT (MOTHER) INFORMATION						
PhilHealth Accreditation Number (PAN) - Institutional Health Care Provider: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>						
1. Health Facility Name: _____			3. PhilHealth Identification Number (PIN): <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>			
2. Name of Patient: _____		Last Name First Name Middle Name				
4. Address: _____						
House number/Street		Subdivision/Barangay		City/Municipality		Province
ZIP Code						
5. G ___ P ___ (____/____/____)		Last Menstrual Period (LMP): ___/___/___		Expected Date of Confinement (EDC): ___/___/___		
6. Brief History of Present Illness/OB History						
PART II: PHYSICAL EXAMINATION						
7. GENERAL SURVEY (PERTINENT FINDINGS PER SYSTEM)						
ANTENATAL CARE NO.	1 st	2 nd	3 rd	4 th	5 th	6 th
Date of visit: (mm/dd/yy)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
AOG (in weeks):	_____	_____	_____	_____	_____	_____
Fundic Height (cm):	_____	_____	_____	_____	_____	_____
8. VITAL SIGNS:						
BP:	_____	_____	_____	_____	_____	_____
Temperature:	_____	_____	_____	_____	_____	_____
Weight:	_____	_____	_____	_____	_____	_____
9. SERVICES PROVIDED						
Tetanus Immunization:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMS:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Iron:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Folic Acid:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Calcium:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Deworming:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. LABORATORIES REQUESTED						
Blood Typing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OGTT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LDH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SGOT/AST:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SGPT/ALT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBA1C:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine C/S:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. REFERRED						
	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason
12. Certification of Attending Physician/Midwife:						
I certify that the above information given in this form are true and correct.						
SIGNATURE						
PRINTED NAME						
13. PATIENT'S CONFORME						
SIGNATURE						
PRINTED NAME						
14. DATE SIGNED						

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PART II PHYSICAL EXAMINATION CONTINUATION

15. GENERAL SURVEY (PERTINENT FINDINGS PER SYSTEM)

ANTENATAL CARE NO.	7 th	8 th	9 th	10 th	11 th	12 th
Date of visit: (mm/dd/yy)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
AOG (in weeks):	_____	_____	_____	_____	_____	_____
Fundic Height (cm):	_____	_____	_____	_____	_____	_____

16. VITAL SIGNS:

BP:	_____	_____	_____	_____	_____	_____
Temperature:	_____	_____	_____	_____	_____	_____
Weight:	_____	_____	_____	_____	_____	_____

17. SERVICES PROVIDED

Tetanus Immunization:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMS:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Iron:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Folic Acid:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Calcium:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Deworming:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. LABORATORIES REQUESTED

Blood Typing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OGTT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LDH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SGOT/AST:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SGPT/ALT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBA1C:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine C/S:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. REFERRED	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason	<input type="checkbox"/> Reason

20. Certification of Attending Physician/Midwife:

I certify that the above information given in this form are true and correct.

SIGNATURE						
PRINTED NAME						

21. PATIENT'S CONFORME

SIGNATURE						
PRINTED NAME						

22. DATE SIGNED						
-----------------	--	--	--	--	--	--

Reminders:

- Write legibly in BLOCK LETTERS using black or blue ink only.
- Ensure that all required fields are completely filled out; write "N/A" if not applicable.
- Provide accurate and updated personal and medical information at all times.
- Indicate the correct dates (e.g., LMP, EDC, visit dates) using the prescribed format.
- Avoid erasures; if correction is needed, draw a single line over the error, write the correct entry, and affix your initials.
- Record all findings and measurements (e.g., BP, weight, temperature) accurately and in the proper units.
- Check or mark only the appropriate boxes for services provided and laboratory tests requested.
- Specify details when "Others" is selected in any section.
- Ensure that the attending physician or midwife signs the form with the date accomplished.
- Review all entries carefully before submission to ensure completeness and accuracy.

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PhilHealth *YAMAP*

(02) 8662-2588
www.philhealth.gov.ph

PhilHealth



Magsilang sa Social Ang PhilHealth sa komunidad ninyo ngayon!
 Sila ay nagpapaalam sa MALABANGKA AY MAGINDALAYOGA BANTIL
 Inilalathala ang PhilHealth YAMAP
 Libreng konsultasyon sa laboratoryo
 Pinadaming Guro (20 na doktor!)
 Libreng cancer screening

Annex D: Conditions for Step-up Referral

Complications during 1 st Stage of Labor	Complications during 2 nd Stage of Labor	Complications during 3 rd Stage of Labor and Immediate Postpartum
<ul style="list-style-type: none"> • Failure of labor to progress (cervical dilatation lag time) <ul style="list-style-type: none"> ▪ Slow or protracted dilatation ▪ Obstructed labor • Malposition or Malrepresentation detected • Cephalopelvic disproportion suspected • Abnormal fetal status <ul style="list-style-type: none"> ▪ Abnormal fetal heart rate (FHR <110 or 2 ▪ 160 bpm) or persistent decelerations ▪ Meconium-stained (M+++) or blood-stained amniotic fluid • Abnormal maternal vital signs • Maternal medical emergencies during 1st stage <ul style="list-style-type: none"> ▪ Preeclampsia ▪ Significant bleeding ▪ Respiratory distress ▪ Cardiac symptoms ▪ Altered mental status • Premature Rupture of Membranes [PROM] with complications <ul style="list-style-type: none"> ▪ Suspected intra-amniotic infection ▪ Meconium or blood-stained fluid ▪ Prolonged rupture with fever 	<ul style="list-style-type: none"> • Fetal distress detected • Obstructed 2nd stage (Failure of descent) • Prolonged 2nd stage • Malpresentation discovered at full dilatation • Signs of maternal compromise <ul style="list-style-type: none"> ▪ Severe hypertension or signs of preeclampsia ▪ Suspected infection ▪ Cardiac, respiratory or neurologic complications <ul style="list-style-type: none"> ▪ Thromboembolic symptoms, endocrine crisis • Hemorrhage during 2nd stage <ul style="list-style-type: none"> ▪ Placental issues ▪ Cervical tear • Suspected uterine rupture • Preterm or multiple gestation identified unexpectedly 	<ul style="list-style-type: none"> • Postpartum hemorrhage <ul style="list-style-type: none"> ▪ Uterine atony • Retained placenta or suspected retained tissue • Birth canal trauma with heavy bleeding • Uterine inversion • Coagulopathy • Abnormal maternal vital signs • Need for advanced interventions <ul style="list-style-type: none"> ▪ Transfusion ▪ Balloon tamponade

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Annex E: Postpartum Care Record

Facility Logo Facility Name Facility Address				
POSTPARTUM CARE RECORD				
PART I: PATIENT (MOTHER) INFORMATION				
PhilHealth Accreditation Number (PAN) - Institutional Health Care Provider: <input type="text"/> - <input type="text"/>				
1. Health Facility Name: _____				
2. Name of Patient:			3. PhilHealth Identification Number (PIN):	
Last Name	First Name	Middle Name	<input type="text"/>	
4. Address:				
House number/Street	Subdivision/Barangay	City/Municipality	Province	ZIP Code
5. G ___ P ___ (_____)			Date of Delivery (DOD): ___/___/___	
6. Brief History of Present Illness/OB History				
PART II: PHYSICAL EXAMINATION				
7. GENERAL SURVEY (PERTINENT FINDINGS PER SYSTEM)				
ANTENATAL CARE NO.	1 st	2 nd	3 rd	4 th
Date of visit: (mm/dd/yy)	___/___/___	___/___/___	___/___/___	___/___/___
VITAL SIGNS:				
BP:	_____	_____	_____	_____
Temperature:	_____	_____	_____	_____
Weight:	_____	_____	_____	_____
8. SERVICES PROVIDED				
Tetanus Immunization:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM2S:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Iron:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Folic Acid:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Calcium:	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____	<input type="checkbox"/> Qty: _____
Counseling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Counseling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. REFERRED				
<input type="checkbox"/>	Reason	<input type="checkbox"/>	Reason	<input type="checkbox"/>
<input type="checkbox"/>	Reason	<input type="checkbox"/>	Reason	<input type="checkbox"/>
10. Certification of Attending Physician/Midwife:				
<i>I certify that the above information given in this form are true and correct.</i>				
SIGNATURE	_____	_____	_____	_____
PRINTED NAME	_____	_____	_____	_____
11. PATIENT'S CONFORME				
SIGNATURE	_____	_____	_____	_____
PRINTED NAME	_____	_____	_____	_____
12. DATE SIGNED				
_____	_____	_____	_____	_____
Reminders: 1. Write legibly in BLOCK LETTERS using black or blue ink only. 2. Ensure all required fields are completely filled out; write "N/A" if not applicable. 3. Provide accurate and updated patient and delivery information, including correct dates. 4. Avoid erasures; if correction is needed, draw a single line over the error, write the correct entry, and affix your initials. 5. Ensure the attending physician or midwife signs the form and review all entries before submission. 6. This form shall be used upon patient discharge.				

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Annex F: ICD-10 Codes for Complications of Labor and Delivery

CODE	DESCRIPTION
O60	Preterm labour and delivery. <i>Incl.:</i> Onset (spontaneous) of labour before 37 completed weeks of gestation
O60.0	Preterm labour without delivery. Preterm labour: • induced; • spontaneous
O60.1	Preterm spontaneous labour with preterm delivery. Preterm labour with delivery NOS. Preterm spontaneous labour with preterm delivery by caesarean section
O60.2	Preterm spontaneous labour with term delivery. Preterm spontaneous labour with term delivery by caesarean section
O60.3	Preterm delivery without spontaneous labour. Preterm delivery by: • caesarean section (without spontaneous labour); • induction
O61	Failed induction of labour
O61.0	Failed medical induction of labour. Failed induction (of labour) by: • oxytocin; • prostaglandins
O61.1	Failed instrumental induction of labour. Failed induction (of labour): • mechanical; • surgical
O61.8	Other failed induction of labour
O61.9	Failed induction of labour, unspecified
O62	Abnormalities of forces of labour
O62.0	Primary inadequate contractions. Failure of cervical dilatation; Primary hypotonic uterine dysfunction; Uterine inertia during latent phase
O62.1	Secondary uterine inertia. Arrested active phase of labour; Secondary hypotonic uterine dysfunction
O62.2	Other uterine inertia. Atony of uterus during labour; Desultory labour; Hypotonic uterine dysfunction NOS; Irregular labour; Poor contractions; Uterine inertia NOS. <i>Excl.:</i> atonic postpartum haemorrhage (O72.1)
O62.3	Precipitate labour
O62.4	Hypertonic, incoordinate, prolonged uterine contractions. Contraction ring dystocia; Dyscoordinate labour; Hour-glass contraction; Hypertonic dysfunction; Tetanic contractions; Uterine dystocia NOS. <i>Excl.:</i> dystocia-(fetal)(maternal) NOS (O66.9)
O62.8	Other abnormalities of forces of labour
O62.9	Abnormality of forces of labour, unspecified
O63	Long labour
O63.0	Prolonged first stage of labour
O63.1	Prolonged second stage of labour
O63.2	Delayed delivery of second twin, triplet, etc.

CODE	DESCRIPTION
O63.9	Long labour, unspecified. Prolonged labour NOS
O64	Obstructed labour due to malposition and malpresentation of fetus
O64.0	Obstructed labour due to incomplete rotation of fetal head due to incomplete rotation of fetal head. Deep transverse arrest; Obstructed labour due to persistent (position): persistent occipitoiliac, occipitoposterior, occipitosacral, occipitotransverse
O64.1	Obstructed labour due to breech presentation
O64.2	Obstructed labour due to face presentation
O64.3	Obstructed labour due to chin presentation
O64.4	Obstructed labour due to shoulder presentation Prolapsed arm <i>Excl.:</i> impacted shoulders (O66.0) shoulder dystocia (O66.0)
O64.5	Obstructed labour due to compound presentation
O64.8	Obstructed labour due to other malposition and malpresentation
O64.9	Obstructed labour due to malposition and malpresentation, unspecified
O65	Obstructed labour due to maternal pelvic abnormality
O65.0	Obstructed labour due to deformed pelvis
O65.1	Obstructed labour due to generally contracted pelvis
O65.2	Obstructed labour due to pelvic inlet contraction
O65.3	Obstructed labour due to pelvic outlet and mid-cavity contraction
O65.4	Obstructed labour due to fetopelvic disproportion, unspecified <i>Excl.:</i> dystocia due to abnormality of fetus (O66.2-O66.3)
O65.5	Obstructed labour due to abnormality of maternal pelvic organs Obstructed labour due to conditions listed in O34.-
O65.8	Obstructed labour due to other maternal pelvic abnormalities
O65.9	Obstructed labour due to maternal pelvic abnormality, unspecified
O66	Other obstructed labour
O66.0	Obstructed labour due to shoulder dystocia Impacted shoulders
O66.1	Obstructed labour due to locked twins
O66.2	Obstructed labour due to unusually large fetus
O66.3	Obstructed labour due to other abnormalities of fetus • Dystocia due to: • conjoined twins • fetal: ○ ascites ○ hydrops ○ meningomyelocele ○ sacral teratoma ○ tumour • hydrocephalic fetus
O66.4	Failed trial of labour, unspecified

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CODE	DESCRIPTION
	Failed trial of labour with subsequent delivery by caesarean section
O66.5	Failed application of vacuum extractor and forceps, unspecified Failed application of ventouse or forceps, with subsequent delivery by forceps or caesarean section respectively
O66.8	Other specified obstructed labour
O66.9	Obstructed labour, unspecified Dystocia: <ul style="list-style-type: none"> • NOS • fetal NOS • maternal NOS
O67	Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified <i>Excl.:</i> antepartum haemorrhage NEC (O46.-) placenta praevia (O44.-) postpartum haemorrhage (O72.-) premature separation of placenta [abruptio placentae] (O45.-)
O67.0	Intrapartum haemorrhage with coagulation defect Intrapartum haemorrhage (excessive) associated with: <ul style="list-style-type: none"> • afibrinogenaemia • disseminated intravascular coagulation • hyperfibrinolysis • hypofibrinogenaemia
O67.8	Other intrapartum haemorrhage Excessive intrapartum haemorrhage
O67.9	Intrapartum haemorrhage, unspecified
O68	Labour complicated by fetal stress (distress)
O68.0	Labour and delivery complicated by fetal heart rate anomaly Fetal: <ul style="list-style-type: none"> • bradycardia • heart rate irregularity • tachycardia <i>Excl.:</i> with meconium in amniotic fluid (O68.2)
O68.1	Labour and delivery complicated by meconium in amniotic fluid <i>Excl.:</i> with fetal heart rate anomaly (O68.2)
O68.2	Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid
O68.3	Labour and delivery complicated by biochemical evidence of fetal stress Abnormal fetal: <ul style="list-style-type: none"> • acidaemia • acid-base balance
O68.8	Labour and delivery complicated by other evidence of fetal stress Evidence of fetal distress: electrocardiographic ultrasonic
O68.9	Labour and delivery complicated by fetal stress, unspecified
O69	Labour and delivery complicated by umbilical cord complications
O69.0	Labour and delivery complicated by prolapse of cord
O69.1	Labour and delivery complicated by cord around neck, with compression
O69.2	Labour and delivery complicated by other cord entanglement, with compression Compression of cord NOS

CODE	DESCRIPTION
	Entanglement of cords of twins in monoamniotic sac Knot in cord
O69.3	Labour and delivery complicated by short cord
O69.4	Labour and delivery complicated by vasa praevia Haemorrhage from vasa praevia
O69.5	Labour and delivery complicated by vascular lesion of cord Cord: <ul style="list-style-type: none"> • bruising • haematoma Thrombosis of umbilical vessels
O69.8	Labour and delivery complicated by other cord complications Cord around neck without compression
O69.9	Labour and delivery complicated by cord complication, unspecified
O70	Perineal laceration during delivery <i>Incl.:</i> episiotomy extended by laceration <i>Excl.:</i> obstetric high vaginal laceration (O71.4) vaginal sulcus laceration (O71.4)
O70.0	First degree perineal laceration during delivery Perineal laceration, rupture or tear (involving): fourchette labia periurethral tissue skin slight vagina, low vulva during delivery <i>Excl.:</i> periurethral laceration involving urethra (O71.5) that with laceration of: <ul style="list-style-type: none"> • high vaginal wall (middle)(upper third of vaginal wall) (O71.4) • vaginal sulcus (O71.4)
O70.1	Second degree perineal laceration during delivery Perineal laceration, rupture or tear as in O70.0, also involving: pelvic floor perineal muscles vaginal muscles during delivery <i>Excl.:</i> that involving anal sphincter (O70.2)
O70.2	Third degree perineal laceration during delivery Perineal laceration, rupture or tear as in O70.1, also rectovaginal septum sphincter NOS <i>Excl.:</i> that involving anal or rectal mucosa (O70.3)
O70.3	Fourth degree perineal laceration during delivery Perineal laceration, rupture or tear as in O70.2, also involving: anal mucosa rectal mucosa during delivery
O70.9	Perineal laceration during delivery, unspecified
O71	Other obstetric trauma
O71.0	Other obstetric trauma <i>Incl.:</i> damage from instruments
O71.1	Rupture of uterus during labour Rupture of uterus not stated as occurring before onset of labour

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CODE	DESCRIPTION
O71.2	Postpartum inversion of uterus
O71.3	Obstetric laceration of cervix Annular detachment of cervix
O71.4	Obstetric high vaginal laceration Laceration of: • middle or upper third of vaginal wall • vaginal sulcus Excl.: that of the lower vagina (O70.-)
O71.5	Other obstetric injury to pelvic organs Obstetric injury to: • bladder • urethra Excl.: (minor) laceration involving periurethral tissue only (O70.0)
O71.6	Obstetric damage to pelvic joints and ligaments Avulsion of inner symphyseal cartilage Damage to coccyx Traumatic separation of symphysis (pubis)
O71.7	Obstetric haematoma of pelvis • Obstetric haematoma of: • perineum • vagina • vulva
O71.8	Other specified obstetric trauma
O71.9	Obstetric trauma, unspecified
O72	Postpartum haemorrhage
O72.0	Postpartum haemorrhage Incl.: haemorrhage after delivery of fetus or infant
O72.0	Third-stage haemorrhage Haemorrhage associated with retained, trapped or adherent placenta Retained placenta NOS Use additional code, if desired, to identify any morbidly adherent placenta (O43.2)
O72.1	Other immediate postpartum haemorrhage Haemorrhage following delivery of placenta Postpartum haemorrhage (atonic) NOS Haemorrhage associated with retained portions of placenta or membranes Retained products of conception NOS, following delivery
O72.2	Delayed and secondary postpartum haemorrhage
O72.3	Postpartum coagulation defects Postpartum: • afibrinogenaemia • fibrinolysis
O73	Retained placenta and membranes, without haemorrhage
O73.0	Retained placenta without haemorrhage Use additional code, if desired, to identify any morbidly adherent placenta (O43.2)
O73.1	Retained portions of placenta and membranes, without haemorrhage Retained products of conception following delivery, without haemorrhage
O74	Complications of anaesthesia during labour and delivery Incl.: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery
O74.0	Aspiration pneumonitis due to anaesthesia during labour and delivery Chemical pneumonitis due to aspiration Inhalation of stomach contents or secretions NOS Mendelson syndrome

CODE	DESCRIPTION
O74.1	Other pulmonary complications of anaesthesia during labour and delivery Pressure collapse of lung due to anaesthesia during labour and delivery
O74.2	Cardiac complications of anaesthesia during labour and delivery Cardiac: arrest failure due to anaesthesia
O74.3	Central nervous system complications of anaesthesia during labour and delivery Cerebral anoxia due to anaesthesia during labour and delivery
O74.4	Toxic reaction to local anaesthesia during labour and delivery
O74.5	Spinal and epidural anaesthesia-induced headache during labour and delivery
O74.6	Other complications of spinal and epidural anaesthesia during labour and delivery
O74.7	Failed or difficult intubation during labour and delivery
O74.8	Other complications of anaesthesia during labour and delivery
O74.9	Complication of anaesthesia during labour and delivery, unspecified
O75	Other complications of labour and delivery, not elsewhere classified Excl.: puerperal: • infection (O86.-) • sepsis (O85)
O75.0	Maternal distress during labour and delivery
O75.1	Shock during or following labour and delivery Obstetric shock
O75.2	Pyrexia during labour, not elsewhere classified
O75.3	Other infection during labour Sepsis during labour
O75.4	Other complications of obstetric surgery and procedures Cardiac: arrest failure following caesarean or other obstetric surgery or procedures, including delivery Cerebral anoxia NOS Excl.: complications of anaesthesia during labour and delivery (O74.-) obstetric (surgical) wound: • disruption (O90.0-O90.1) • haematoma (O90.2) • infection (O86.0)
O75.5	Delayed delivery after artificial rupture of membranes
O75.6	Delayed delivery after spontaneous or unspecified rupture of membranes Excl.: spontaneous premature rupture of membranes (O42.-)
O75.7	Vaginal delivery following previous caesarean section
O75.8	Other specified complications of labour and delivery
O75.9	Complication of labour and delivery, unspecified

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