



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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Case No. \_\_\_\_\_

**Annex “G – Preterm and small baby”**

**ESSENTIAL INTRAPARTUM NEWBORN CARE PROTOCOL CHECKLIST**

(Adopted from the Harmonized Modules on Basic Emergency Obstetric and Newborn Care Training for Midwives)

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|--|
| HEALTH CARE INSTITUTION (HCI)  |
| ADDRESS OF HCI   |
| PATIENT (Last name, First name, Middle name, Suffix)   |
| PHILHEALTH ID NUMBER OF PATIENT <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"/> <input type="text"/> - <input type="text"/>                     |
| MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)  |
| PHILHEALTH ID NUMBER OF MEMBER <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"/> <input type="text"/> <input type="text"/> - <input type="text"/> |

Place a (✓) in the status column if DONE or NA if not applicable.

| <b>I. STANDARD PROCEDURES</b>  | <b>Status</b> |
|--|---------------|
| <b>A. Recommended obstetric practices</b>  |               |
| 1. Antenatal steroids for mothers in preterm labor and mothers at risk for preterm birth such as those with antenatal bleeding (placenta previa), hypertension, preterm prelabor rupture of membranes  |               |
| 2. Allowing a companion of choice  |               |
| 3. Mobility and position of choice during labor  |               |
| 4. Use of partograph to monitor the course of labor  |               |
| 5. Non-routine practice of perineal shaving, enema, NPO, IV fluid administration, episiotomy   |               |
| 6. Active management of the 3 <sup>rd</sup> stage of labor   |               |
| <b>B. Recommended maternal care practices that improve neonatal outcome most especially for preterm births</b>   |               |
| 1. Antenatal steroids given to the mother at risk for preterm labor or preterm delivery  |               |
| 2. Maintain thermoregulation (room temperature at 25-28°C)   |               |
| 3. Performance of the four core steps of the EINC Protocol <ul style="list-style-type: none"> <li>a. Immediate thorough drying at delivery</li> <li>b. Skin-to-skin contact of mother and baby</li> <li>c. Properly-timed cord clamping within 1-3 minutes of birth or when cord pulsations stop. No additional “cord care” with trimming and application of alcohol or povidone iodine</li> <li>d. Non-separation of mother and baby to encourage early breastfeeding initiation</li> </ul> |               |

Place a (✓) in the status column if DONE or NA if not applicable.

| <b>II. PROCEDURES FROM ANTENATAL TO PERINEAL BULGING</b>  | <b>Status</b> |
|---|---------------|
| A. Antenatal  |               |
| 1. At least four antenatal visits done  |               |
| 2. Iron and folate supplementation given  |               |
| 3. Tetanus toxoid vaccine administered  |               |
| 4. Prepared a birth plan including Unang Yakap  |               |
| B. Upon arrival at facility   |               |
| 1. Identified the mother in preterm labor or the mother who might give birth to a preterm newborn at point of entry |               |
| 2. History  |               |
| 3. Physical exam  |               |
| 4. Vital signs  |               |
| 5. Obtained birth plan  |               |
| 6. Determined companion of choice   |               |
| C. During labor   |               |
| 1. Allowed position of choice   |               |
| 2. Used partograph to monitor labor   |               |
| 3. Allowed the mother to have oral fluids and light snacks  |               |
| 4. IV fluid and NPO only when indicated   |               |
| D. Prior to delivery  |               |
| 1. Checked room temperature   |               |
| 2. Arranged all instruments in a linear sequence  |               |
| 3. Discussed care in the first hours  |               |
| 4. Checked resuscitation area and equipment   |               |
| E. Perineal bulging   |               |
| 1. Performed proper handwashing   |               |
| 2. Put on two pairs of sterile gloves (if solitary birth attendant)   |               |
| 3. No routine episiotomy or fundal pressure done  |               |
| <b>III. PROCEDURES FROM DELIVERY TO TIME SIX HOURS POSTPARTUM</b>   |               |
| A. Delivery   |               |
| 1. Supported the perineum of the mother with controlled delivery of the head  |               |
| 2. Called out time of birth and sex of the baby   |               |
| B. First 30 seconds   |               |
| 1. Dried thoroughly and checked breathing of the baby   |               |
| 2. Assisted in skin to skin contact   |               |

Place a (✓) in the status column if DONE or NA if not applicable.

| <b>III. PROCEDURES FROM DELIVERY TO TIME SIX HOURS<br/>POSTPARTUM (Continuation)</b> | <b>Status</b> |
|--|---------------|
| C. One minute to three minutes   |               |
| 1. Gave the mother oxytocin IM after excluding a 2 <sup>nd</sup> baby                |               |
| 2. Did controlled traction of cord of the mother with counter-traction               |               |
| 3. Massaged uterus of the mother gently  |               |
| 4. Examined the birth canal for lacerations, bleeding                                |               |
| 5. Examined the placenta and membranes   |               |
| 6. Removed soiled pair of gloves (if double gloving done)                            |               |
| 7. Felt for cord pulsations, clamped, cut cord                                       |               |
| 8. Returned baby to prone position   |               |
| D. 15 to 90 minutes  |               |
| 1. Supported first full breastfeed   |               |
| 2. Monitored as a DYAD every 15 minutes  |               |
| 3. Continued uterine massage of the mother   |               |
| 4. Monitored the mother every 15 minutes   |               |
| 5. Eye care done   |               |
| 6. Did thorough physical exam of baby including weight, anthropometric measurements  |               |
| 7. Injected vitamin K IM   |               |
| 8. Injected hepatitis B vaccine IM   |               |
| 9. Injected BCG vaccine ID   |               |
| 10. Transported the mother and her baby to room together                             |               |
| E. >Six hours  |               |
| 1. Breastfeeding support on positioning and atment provided                          |               |
| 2. Bathing done (optional)   |               |

|   |   |   |  |
|---|---|---|--|
| Certified correct by:                               |   | Conforme by:                                    |  |
| (Printed name and signature)<br>Attending Physician |   | (Printed name and signature)<br>Parent/Guardian |  |
| PhilHealth<br>Accreditation No.                     | - | Date signed (mm/dd/yyyy)                        |  |
| Date signed (mm/dd/yyyy)                            |   |   |  |