



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



Case No. _____

Annex “C – Prevention of Preterm Delivery”

**CHECKLIST OF MANDATORY AND OTHER SERVICES
Prevention of Preterm Delivery**

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 (<i>if patient is a dependent</i>) (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"/>

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

MANDATORY SERVICES	Status
A. Antenatal steroid <input type="checkbox"/> dexamethasone IM; OR <input type="checkbox"/> betamethasone IM	
B. Anticonvulsant for severe pre-eclampsia and/or for neuroprotection of preterm brain (magnesium sulfate IM)	
C. Antibiotic for pPROM <input type="checkbox"/> erythromycin IV; OR <input type="checkbox"/> ampicillin IV; OR <input type="checkbox"/> others: (specify) _____	
D. Assessment of progression of labor and stage using the WHO simplified partograph	
E. Tocolytic agent, as needed <input type="checkbox"/> nifedipine <input type="checkbox"/> others: (specify) _____	
F. Calcium gluconate, as needed	
G. Coordinated referral and transfer from a lower level facility	

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