

ISA 85874

**FLOWCHART REPORT--DOH/PHILIPPINES**

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International Development  
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## **PURPOSE:**

This assignment was undertaken by the consultant in order to continue to provide technical assistance to staff members of the MCH Division, Department of Health in the Philippines to upgrade the quality of midwifery care in the Philippines.

## **ACTIVITIES:**

The consultant conceptualized, designed and produced additional flowcharts for obstetrical emergencies for inclusion in the MCH Midwifery Manual of Operations.

As agreed upon during the consultant's trip to the Philippines in November and December of 1992, the flow charts were faxed to the MCH office for approval or revisions. Dr. Camilla Habacon, Division Chief, MCH and Under Five, has faxed back that there are no major changes necessary in these documents.

## **WORK PRODUCT:**

Attached are the completed flowcharts and copies of the ones developed in the Philippines in hard copy plus a 3.5" diskette in PageMaker (IBM).

# HOW TO USE FLOW CHARTS

Use these flow charts at home or in the health unit when there is a problem. It is better to follow the steps on the flow chart than to try to rely on your memory in an emergency.

Flow charts are maps that can be used to identify problems, take action to treat those problems, or to refer problems that cannot be handled by the midwife.

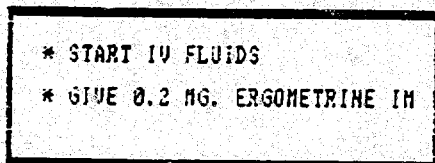
The boxes with curved corners stand for observations or signs and symptoms that a pregnant or laboring woman might have.

For example :



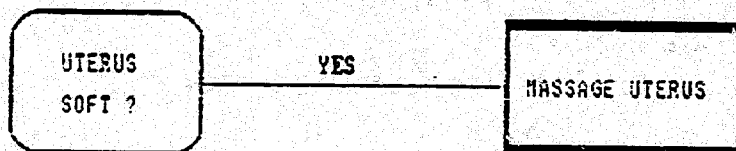
The dark heavy boxes stand for treatments or actions that the midwife should take once she has made the observation.

For example :



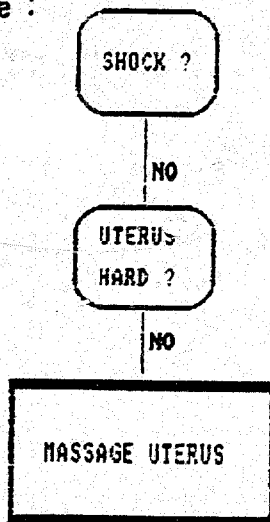
If the answer to the question (s) in the observation box is YES, that means the patient has those symptoms. Follow the YES line across to the correct treatment or action box.

For example :



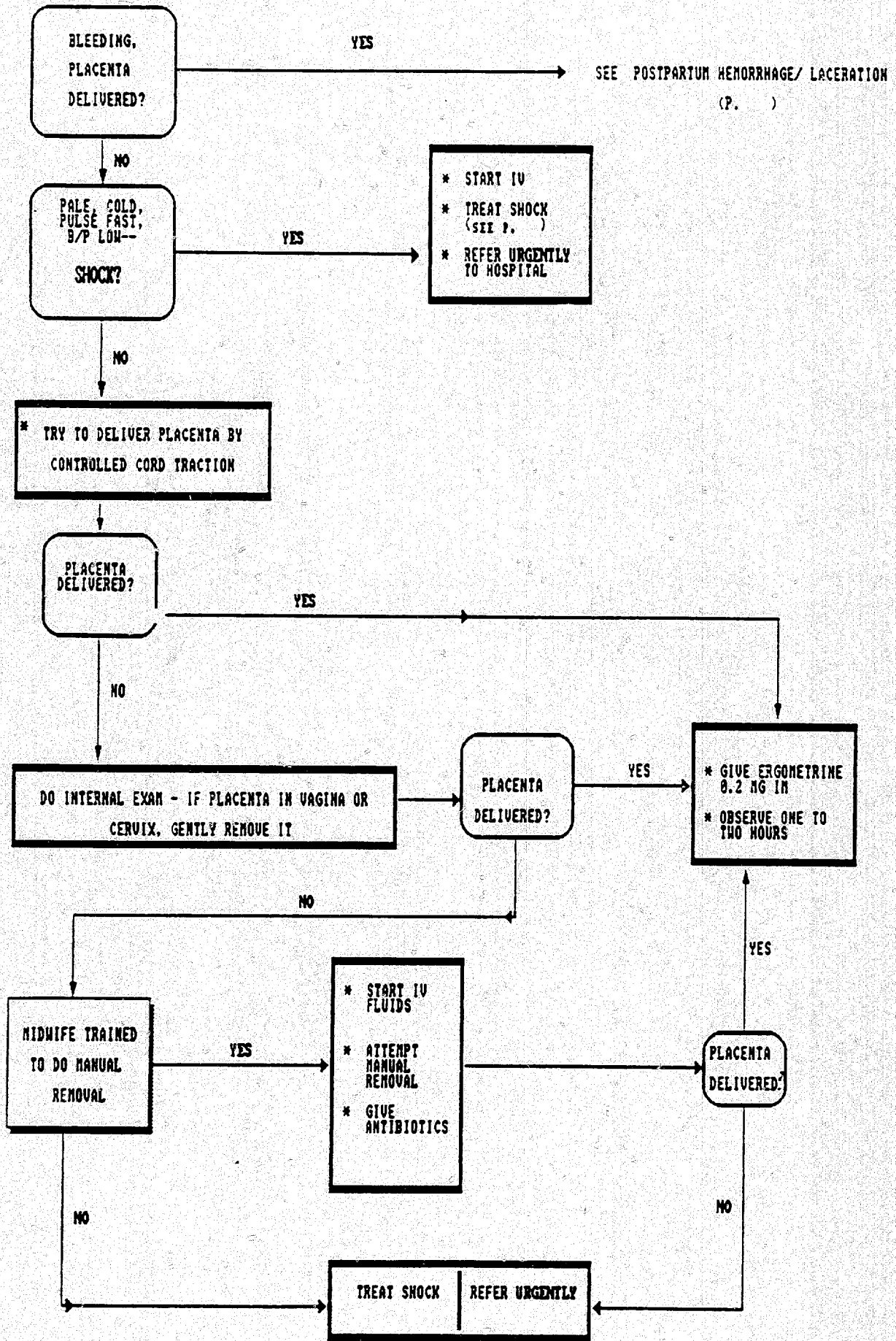
If the answer to the question (s) is NO, that means the patient does not have those symptoms. Follow the NO line down to the next question or to the next treatment or action box.

For example :



# POST PARTUM HEMORRHAGE - RETAINED PLACENTA

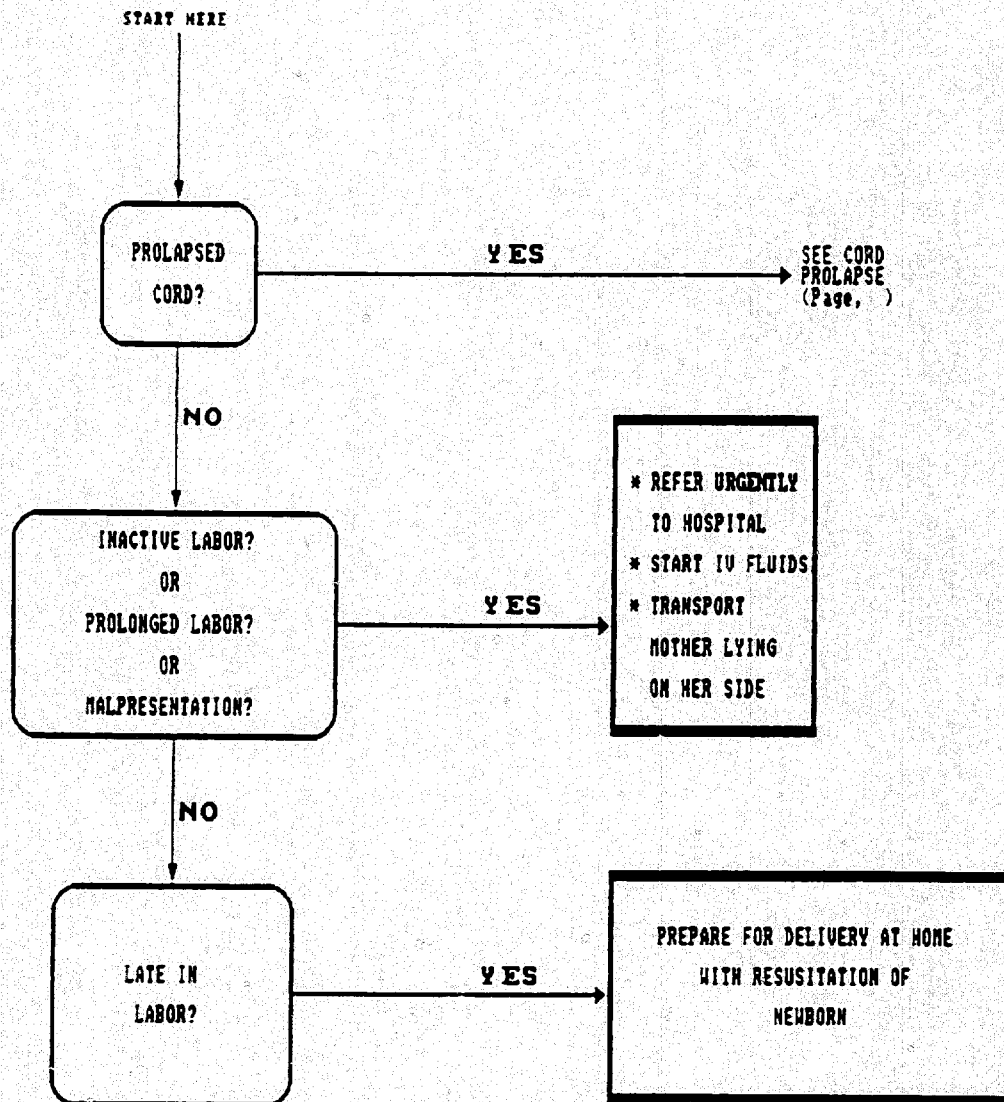
FOR ALL REFERRALS TO HOSPITAL SEND A FRIEND OR RELATIVE TO DONATE BLOOD



h'

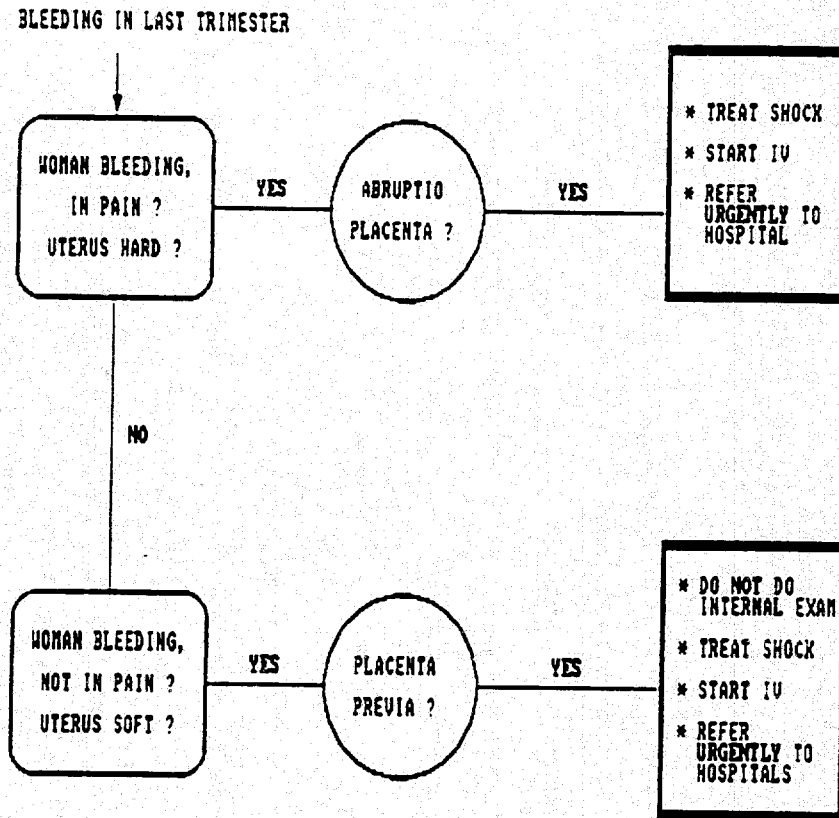
# FETAL DISTRESS

Dx: FHT < 120/min. or  
> 160 and/or  
Brown or Green Amniotic fluid

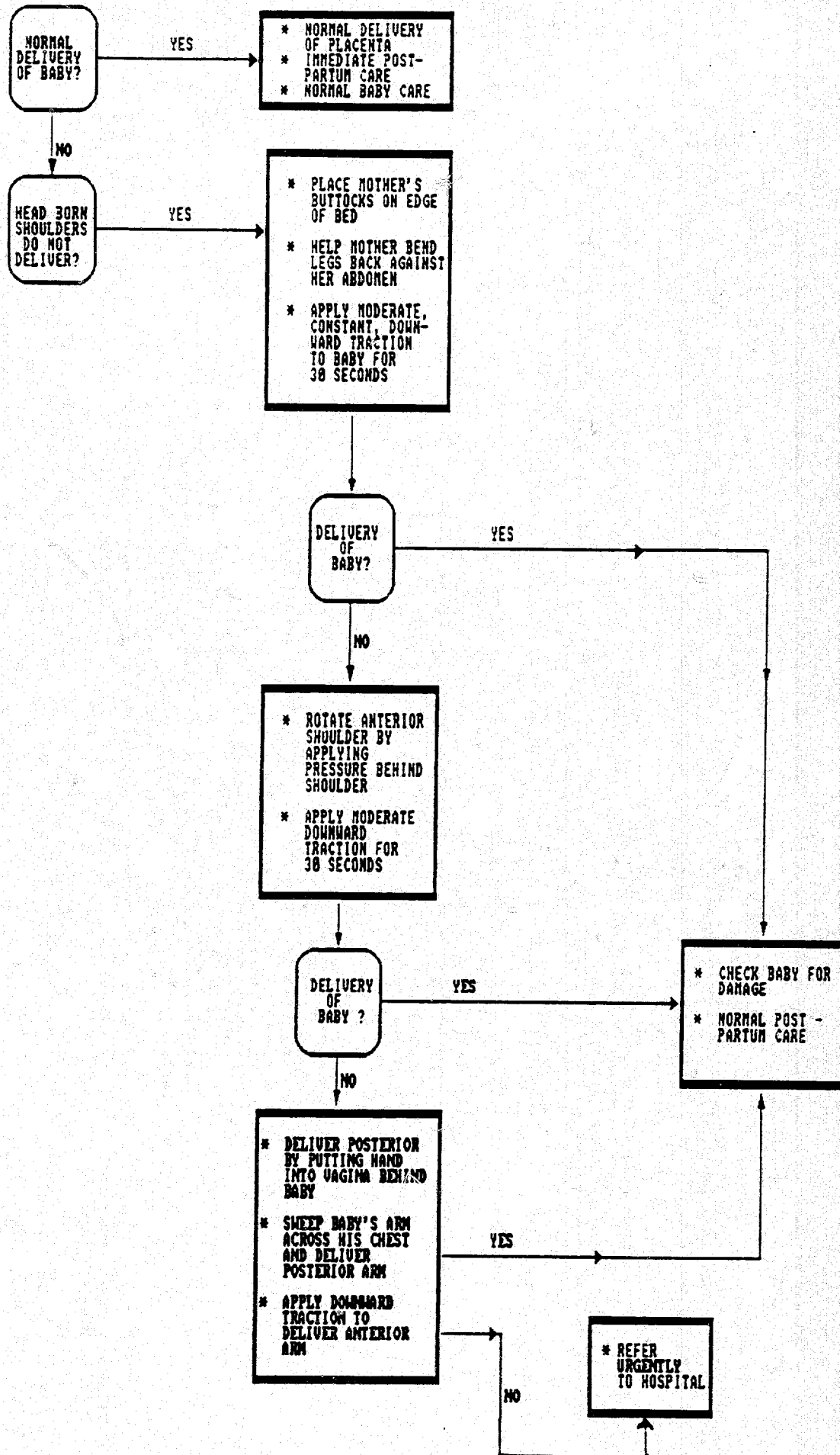


# ANTEPARTUM HEMORRHAGE

(APH - BLEEDING IN LATE PREGNANCY)  
FOR ALL REFERRAL TO HOSPITAL SEND A FRIEND OR RELATIVE TO DONATE BLOOD

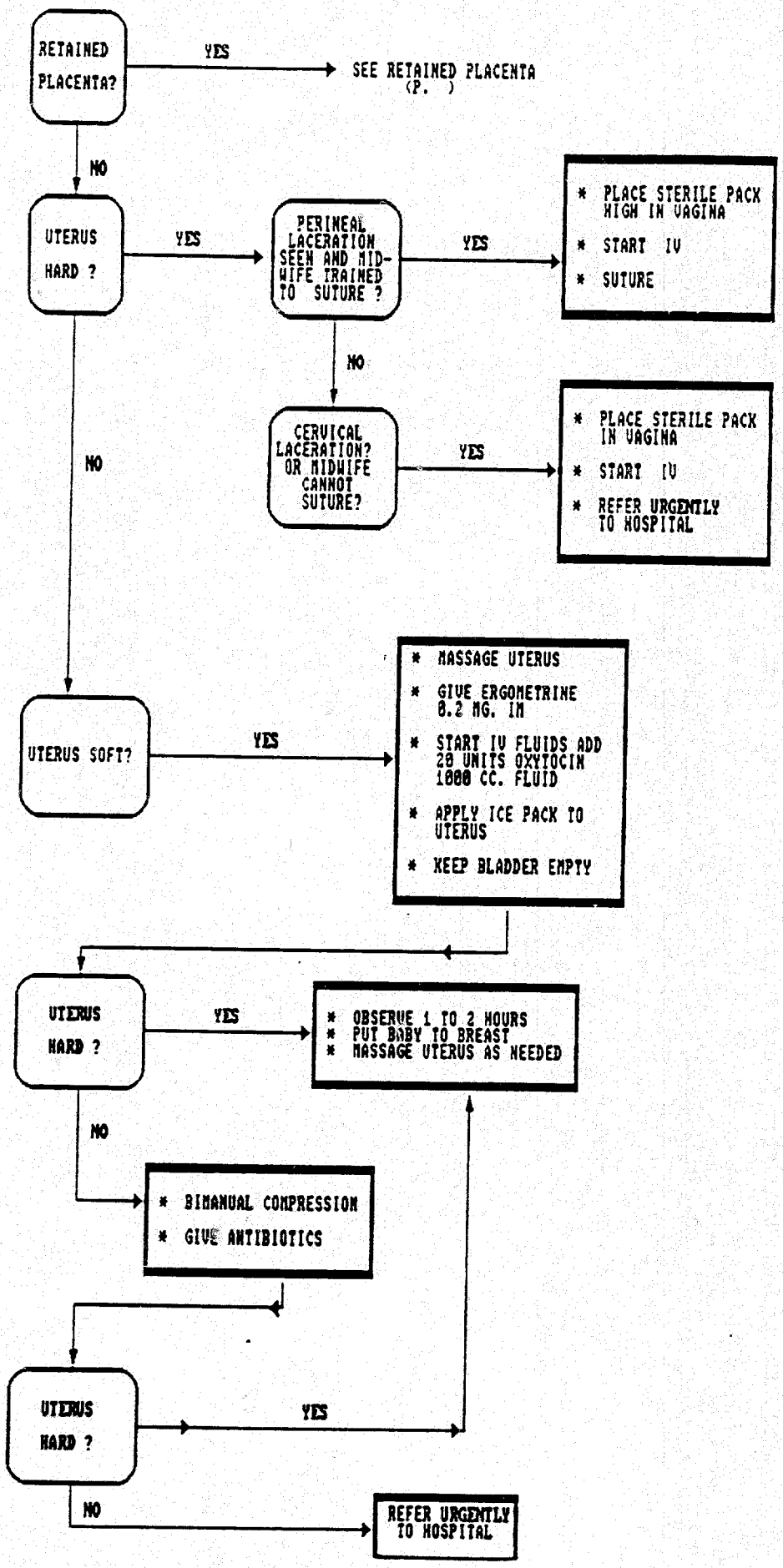


# SHOULDER DYSTOCIA



# POST PARTUM HEMORRHAGE - ATONY/ LACERATIONS

FOR ALL REFERRALS TO HOSPITAL SEND A FRIEND OR RELATIVE TO DONATE BLOOD



RETAINED PLACENTA?

YES

SEE RETAINED PLACENTA (P.)

NO

UTERUS HARD ?

YES

PERINEAL LACERATION SEEN AND MIDWIFE TRAINED TO SUTURE ?

YES

\* PLACE STERILE PACK HIGH IN VAGINA  
\* START IV  
\* SUTURE

NO

CERVICAL LACERATION? OR MIDWIFE CANNOT SUTURE?

YES

\* PLACE STERILE PACK IN VAGINA  
\* START IV  
\* REFER URGENTLY TO HOSPITAL

NO

UTERUS SOFT?

YES

\* MASSAGE UTERUS  
\* GIVE ERGOMETRINE 0.2 MG. IM  
\* START IV FLUIDS ADD 20 UNITS OXYTOCIN 1000 CC. FLUID  
\* APPLY ICE PACK TO UTERUS  
\* KEEP BLADDER EMPTY

UTERUS HARD ?

YES

\* OBSERVE 1 TO 2 HOURS  
\* PUT BABY TO BREAST  
\* MASSAGE UTERUS AS NEEDED

NO

\* BIPANUAL COMPRESSION  
\* GIVE ANTIBIOTICS

UTERUS HARD ?

YES

\* OBSERVE 1 TO 2 HOURS  
\* PUT BABY TO BREAST  
\* MASSAGE UTERUS AS NEEDED

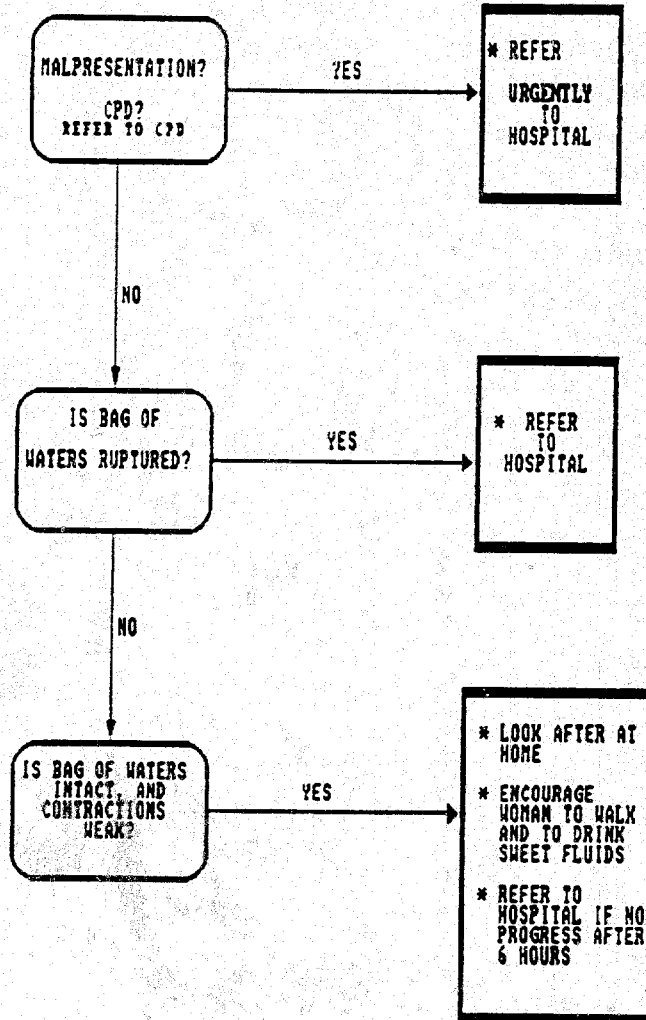
NO

REFER URGENTLY TO HOSPITAL

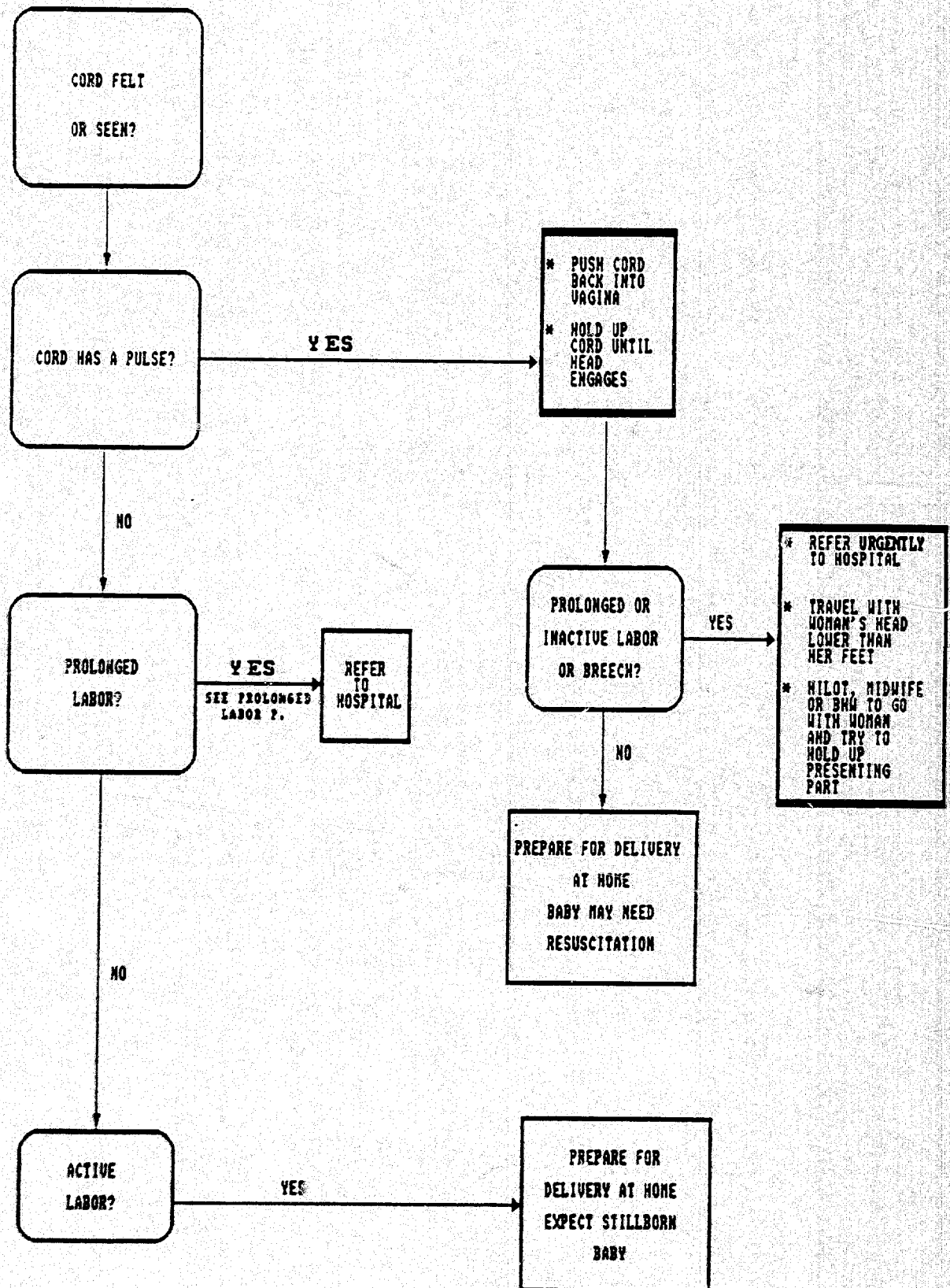


# PROLONGED LABOR

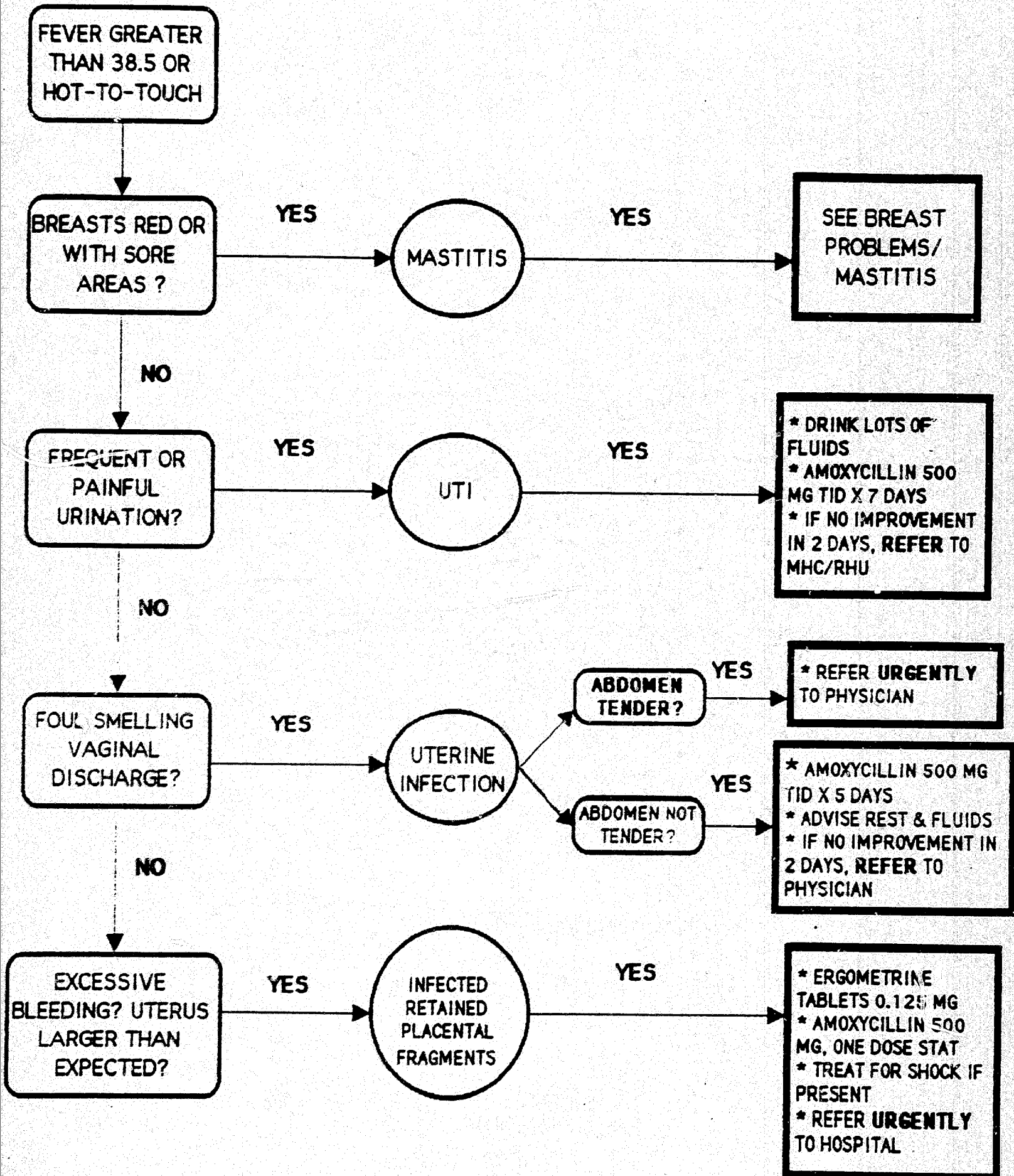
Definition: More than 24 hours in labor for a primi, and more than 12 hours in labor for a multi



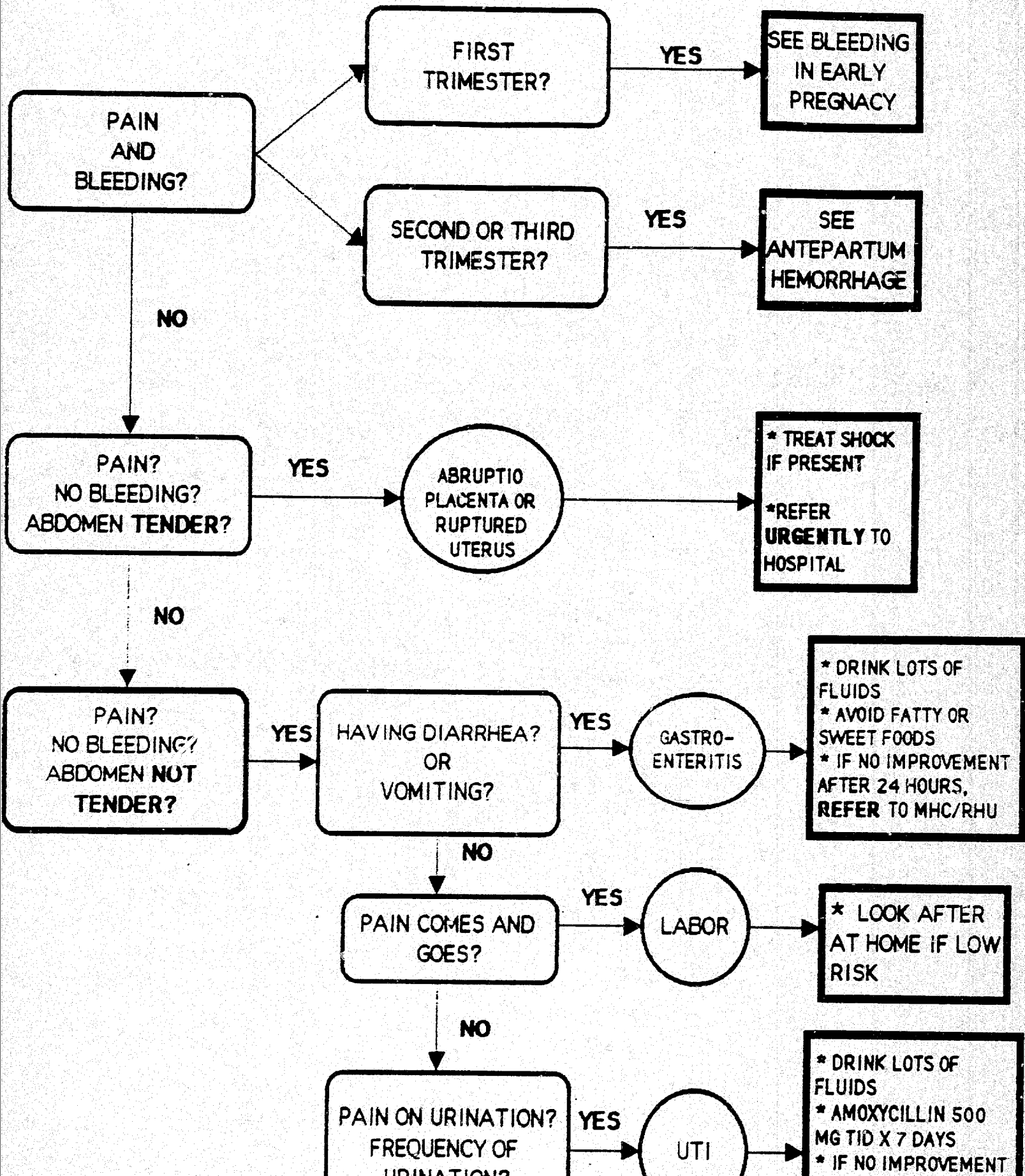
# CORD PROLAPSE



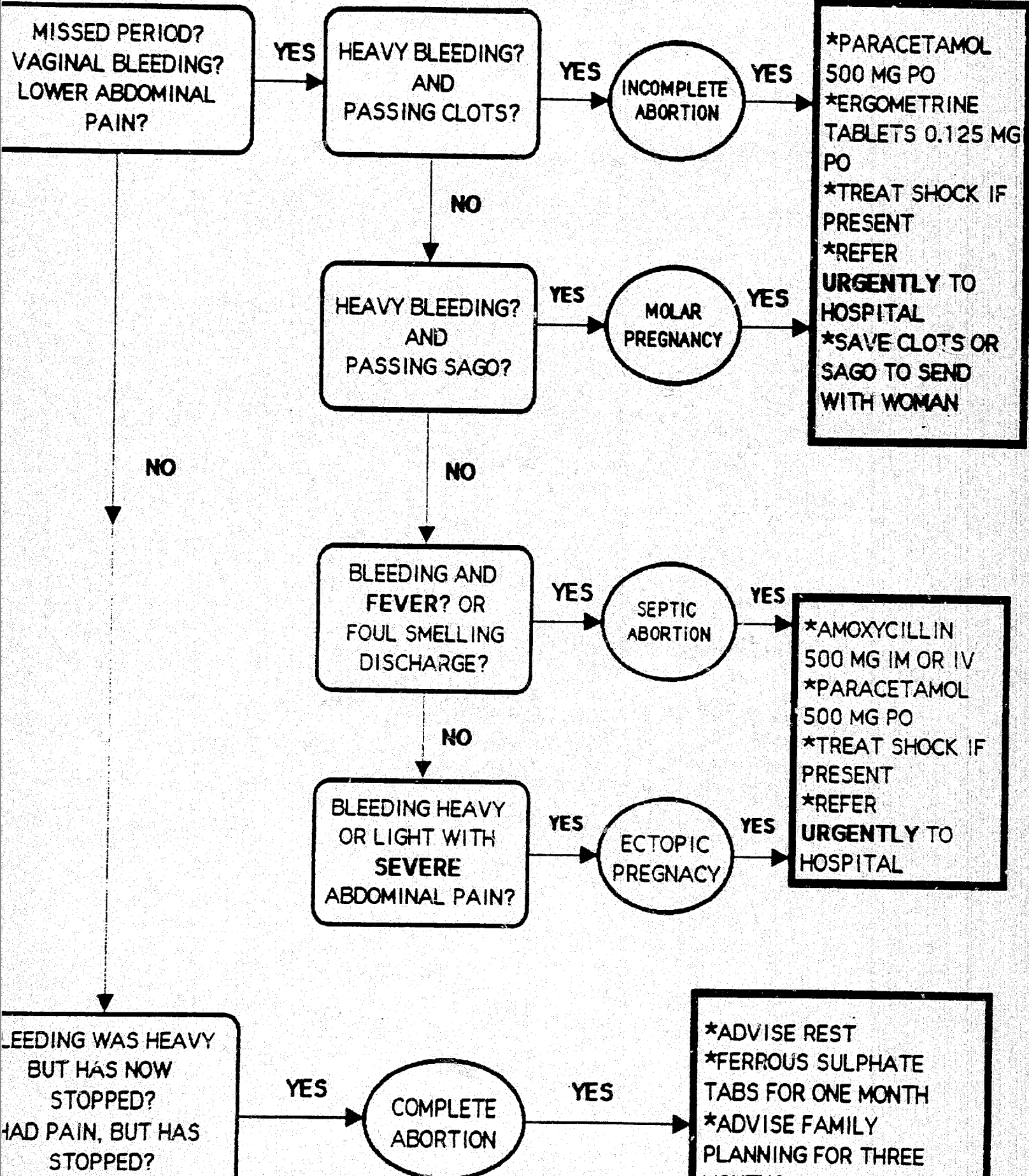
# POSTPARTUM FEVER



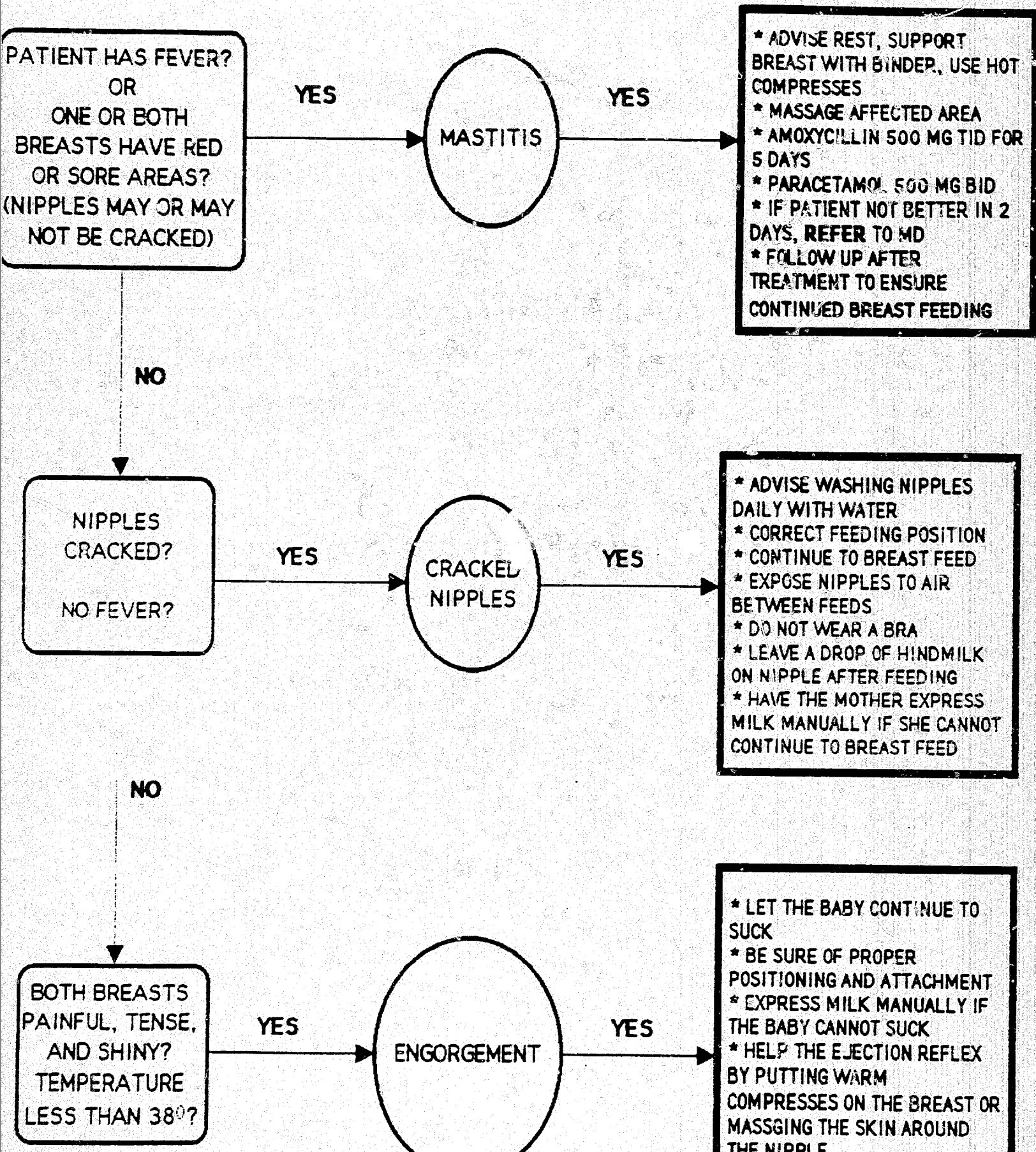
# ABDOMINAL PAIN IN PREGNANCY



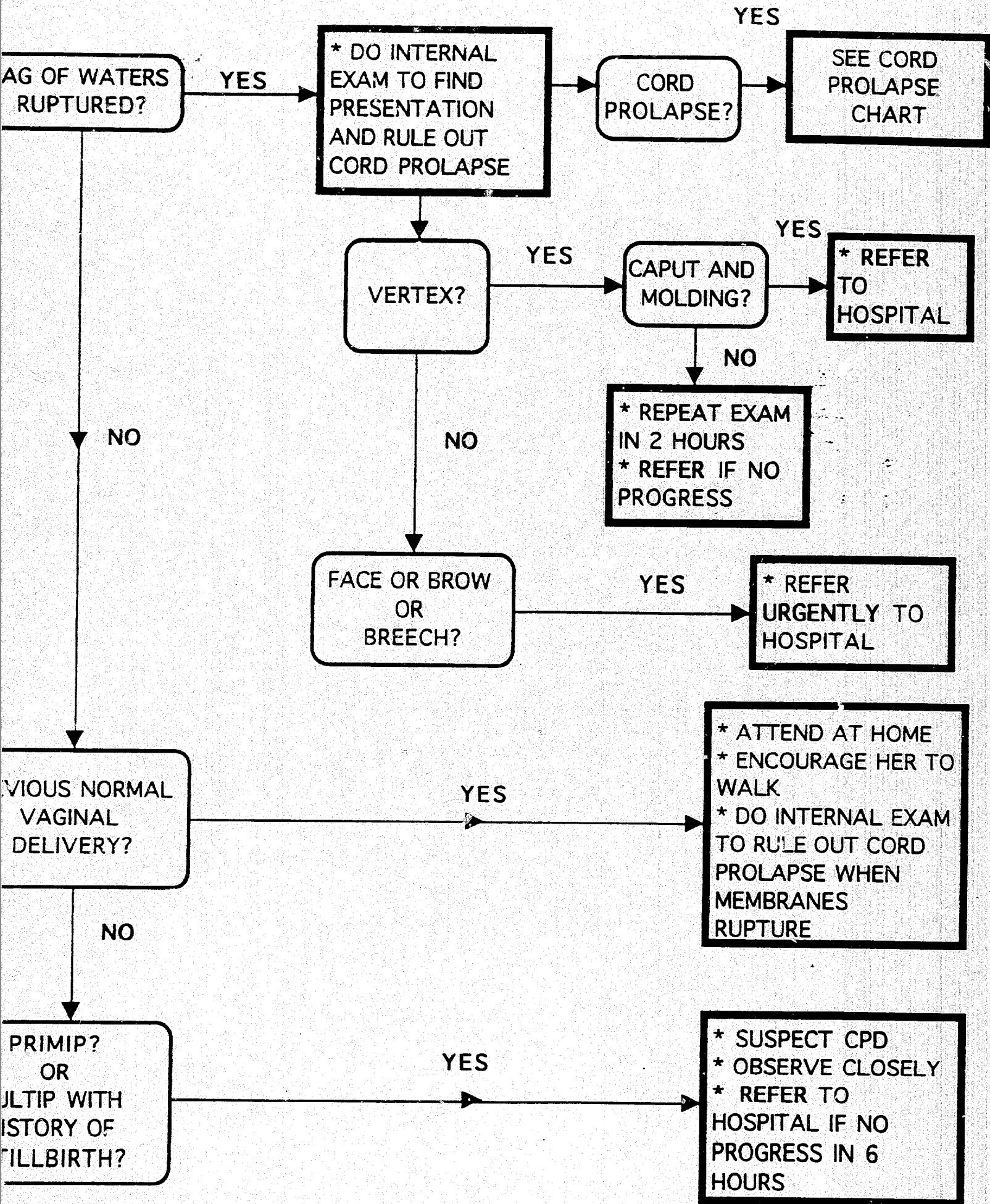
# VAGINAL BLEEDING IN EARLY PREGNANCY



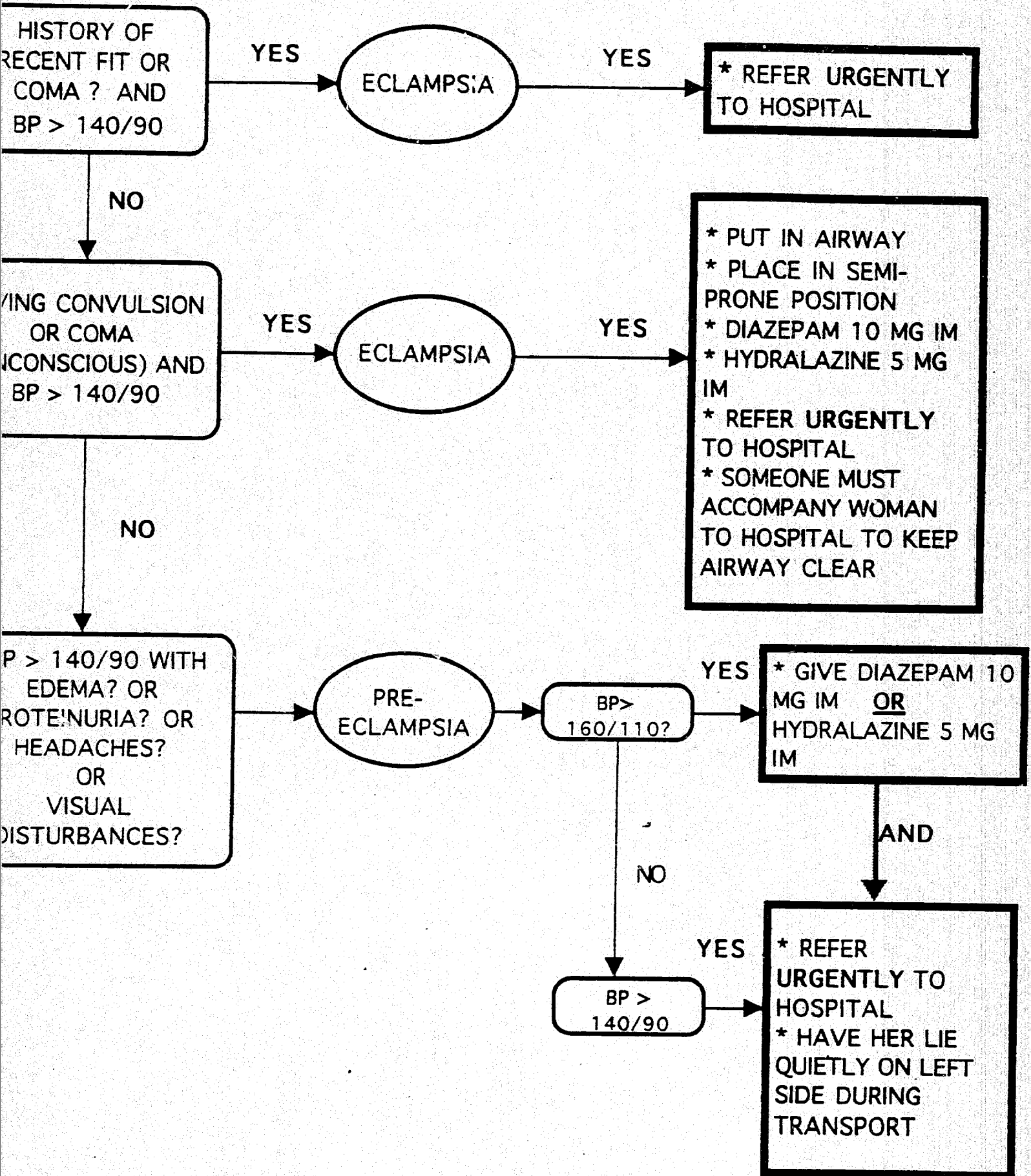
# BREAST PROBLEMS



# FLOATING (NON-ENGAGED) HEAD IN LABOR

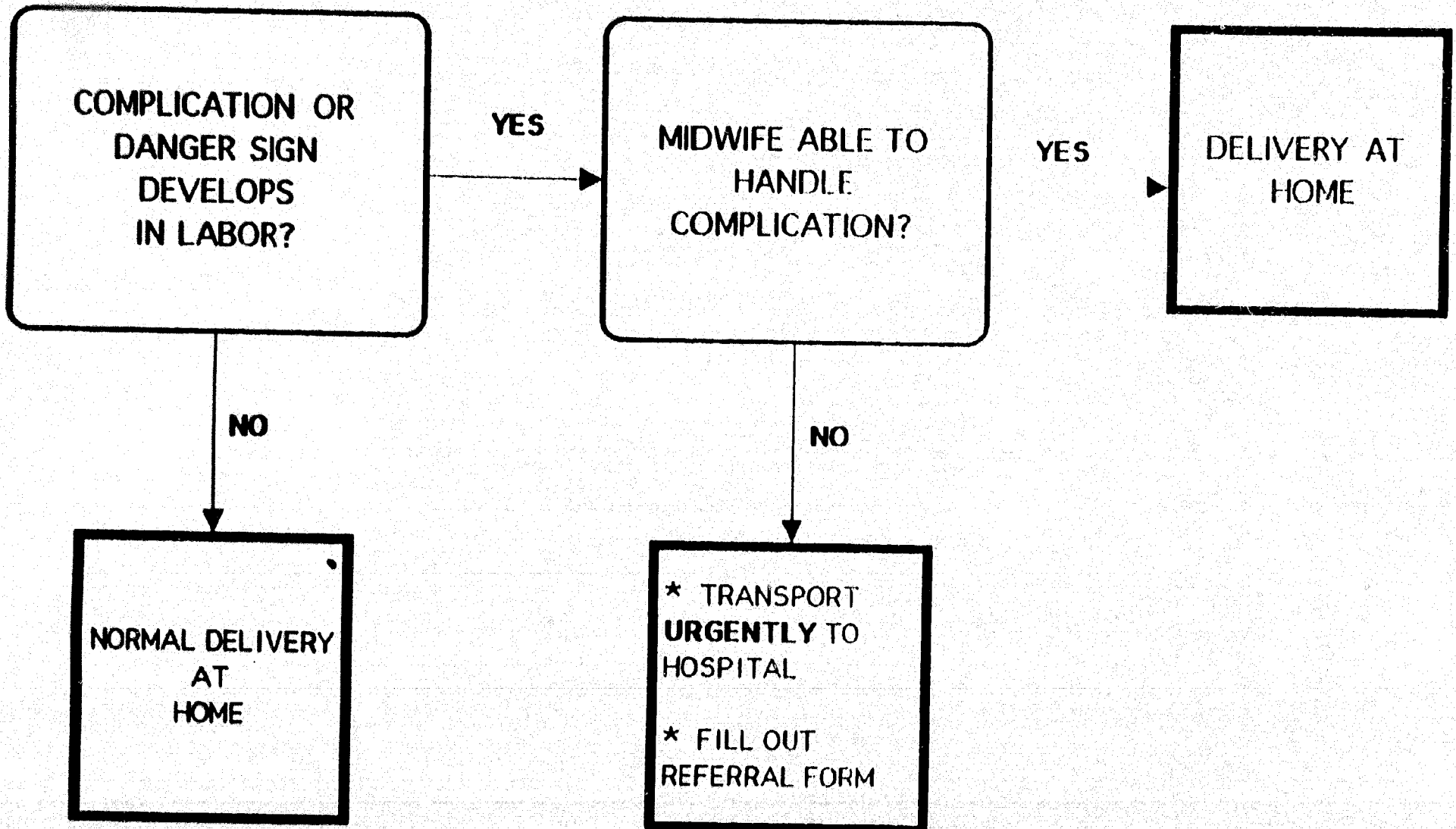


# HYPERTENSION OR ECLAMPSIA IN LABOR





# REFERRALS IN LABOR



# USE OF HBMR IN PREGNANCY

