



Republic of the Philippines
Department of Health *MO: 6-23-1*
OFFICE OF THE SECRETARY

June 17, 2010

DEPARTMENT CIRCULAR
NO. 2010 - 0181

FOR: ALL UNDERSECRETARIES; ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, CENTERS FOR HEALTH DEVELOPMENT, SERVICES AND SPECIALTY HOSPITALS, CHIEFS OF MEDICAL CENTERS, HOSPITALS AND TREATMENT AND REHABILITATION CENTERS; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; EXECUTIVE DIRECTORS OF OTHER ATTACHED AGENCIES AND OTHERS CONCERNED

SUBJECT: Provision of Blood Services under the Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy

I. BACKGROUND

In the Philippines, eleven mothers die at childbirth everyday, many from preventable causes and it is well known that the survival of the newborn is adversely affected by the mother's death. Postpartum hemorrhage accounts for 15.2% of maternal deaths in the Philippines (Philippine Health Statistics, 2005). The prevention of maternal deaths from postpartum hemorrhage is largely a function of the availability of blood and blood transfusion services. Thus, there is a need to address with urgency the provision of blood products and services for both the mother and the newborn in order to improve the outcomes of pregnancy and childbirth.

To complement Administrative Order 2008-0029 dated September 9, 2008 on "Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality" and the "Operational Guidelines for Blood Services Network in Support to the Implementation of the National Voluntary Blood Services Program for Blood Safety and Adequacy, Quality Care and Patient Safety" (Department Circular No. 2010-0013) in providing safe, adequate and quality transfusion services to women during pregnancy, labor, delivery and postpartum and to their newborn, this Department Circular is hereby promulgated.

II. OBJECTIVE

To provide blood products and services for obstetric patients and their neonates requiring blood transfusion.

III. SCOPE AND PURPOSE

This Department Circular shall apply to all hospitals and health facilities providing obstetric services in the government and private sector to complement the operational guidelines stated in the Department Circular for the Blood Services Network under the National Voluntary Blood Service Program in support of Administrative Order No. 2008-0029.

IV. DEFINITION OF TERMS

Please refer to the Definition of Terms under AO 2008-0029 dated September 9, 2008.

V. PROVISION OF BLOOD FOR PREGNANT WOMEN

A. Pregnant women are usually required by their attending health professionals to secure properly typed and cross-matched blood on a standby order for childbirth. Also, under the MNCHN Strategy, pregnant women are required to have in their Birth Plans a source of blood in case it will be needed. However, many women still die from lack of blood because they are unable to source it at the time it is needed. To address this urgent need for adequate and safe blood for pregnant women, the following shall be implemented:

1. All pregnant women and their husbands shall undergo blood typing during one of their prenatal visits unless they have had previous blood typing done and can present a record of the result. Blood types of both the pregnant woman and her husband shall be recorded in the Birth Plans.
2. After passing the donor selection and screening standards, the husband and/or relative(s) of a pregnant woman shall donate blood in community-based blood collection activities or at a blood collection facility. Their blood donation(s) shall go to the pool of blood supply. Priority access to the blood pool shall be given to the pregnant women in their time of need.
3. Units of blood shall be reserved for pregnant women in the identified blood bank or blood station following the policies, standards and guidelines for the implementation of the National Voluntary Blood Services Program for Blood Safety and Adequacy, Quality Care and Patient Safety (AO 2010-0001 and Dept Circular 2010-0013). The blood service facility shall ensure the availability of the blood when needed. It is advisable that one (1) week prior to the Expected Date of Confinement (EDC) of the pregnant woman, arrangements had been made with the Blood Service Facility for the provision of blood.

- 4: Detailed supplementary guidelines shall be issued by each CHD on the procedure for the provision of blood for pregnant women, to include location of blood service facilities (i.e. blood collection units, blood centers, hospital blood banks and blood stations) in relation to the Basic/Comprehensive Emergency Obstetrical and Neonatal Care (B/CEmONC) facilities.

B. In addition to the previously listed items in Department Circular 2010-0013 concerning the provision of blood during emergency cases, the following conditions will be included to specifically address obstetric and neonatal emergencies:

1. Obstetrical hemorrhage arising from conditions occurring during the antepartum, intrapartum, and immediate postpartum period, such as, but not limited to the following: placenta previa, abruptio placenta, uterine atony, bleeding due to genital tract injuries, uterine rupture, uterine inversion, placenta accreta, placenta increta and placenta percreta.
2. Neonatal conditions such as, but not limited to hypovolemic shock secondary to severe acute blood loss, severe anemia, transfusion syndromes (e.g. fetomaternal and twin-to-twin transfusion), hemorrhagic disease of the newborn and conditions needing exchange transfusion or emergency surgical procedures requiring emergency transfusion, among others.

VI. SPECIFIC SUPPORT TO PREGNANT WOMEN

1. All indigent families with pregnant women who are not enrolled in PhilHealth shall be enrolled in PhilHealth as soon as they present for prenatal care to enable their health care to be reimbursed by PhilHealth. Payment for the PhilHealth premium should be shouldered by the concerned LGUs or through financial arrangements made by the CHD. Indigency shall be determined using the DSWD National Household Targeting Poverty Reduction Proxy Means Test.
2. The Center for Health Development (CHDs) shall allocate budget for the reimbursement of blood service fees which includes testing of blood units, cross-matching, ABO and Rh grouping, and blood transfusion set or paraphernalia for obstetric patients and their neonates coming from allocations to the CHD maternal, neonatal and child health programs.

VII. EFFECTIVITY

This Department Circular shall take effect fifteen (15) days after posting in a newspaper of general circulation.


ESPERANZA I. CABRAL, MD
Secretary of Health