



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ANNEX – F
A.O. No. 2012-0012

ANNUAL STATISTICAL REPORT FOR BIRTHING HOMES
For the year _____

Name of Health Facility: _____

Complete address: _____

Region: _____

Contact No.: _____ Fax No.: _____ e-mail add: _____

(PLEASE FILL-OUT ALL ITEMS, PUT N/A IF NOT APPLICABLE)

A. GENERAL INFORMATION

1. Nature of Ownership

Government	[]	
	National	[]
	Local	[]
	Others, please specify	_____
Private	[]	
	Single Proprietorship	[]
	Partnership	[]
	Corporation	[]
	Civic Organization	[]
	Religious	[]
	Foundation	[]
	Others, please specify	_____

2. Institutional Character

Hospital Based	[]
Non Hospital Based	[]

B. BED CAPACITY

1. Authorized Bed Capacity _____beds

2. Bed Occupancy Rate _____%

(Total Inpatient service days for the period)**

(Total number of Authorized beds) x (Total days in the period) X 100

- Inpatient Service days: Unit of measure denoting the services received by one in-patient in one 24 hour period.



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C. STAFFING PATTERN

Profession/Position	Full Time		Part Time		On-Call	Total
	Permanent	Contractual	Permanent	Contractual		
1. Clinical Service						
a. Obstetrician						
b. Pediatrician						
c. Family Medicine/ MHO/ GP						
d. Nurse						
e. Midwife						
2. Administrative Service						
a. Administrator						
b. Support Staff						
c. Driver						
d. Others, specify:						

Legend:

- Full Time – refers to an employee with a fixed working time of eight (8) business hours a day, five (5) days a week, Monday through Friday or during business hours of clinic operations.
- Part Time – refers to an employee without a fixed working time.
- GP – General Practitioner
- MHO – Municipal Health Officer

D. BIRTHING HOME OPERATIONS

1. Summary of Patients in the Birthing Home

Inpatient Care	Number
Total number of inpatients (admissions, including newborns)	
Total Discharges (Alive)	
Total number of inpatients transferred FROM THIS FACILITY to another facility with higher capability for inpatient care	



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2. Number of Deliveries

Deliveries	Number	ICD-10 Code
Total number of in-facility deliveries		
Total number of live-birth vaginal deliveries (normal)		
Number of term live births		
Number of preterm live births		

Definition of Terms:

- Live birth – occurs when a fetus, whatever its gestational age, exits the maternal body and subsequently show any signs of life, such as voluntary movement, heartbeat or pulsation of the umbilical cord, for however brief a time and regardless of whether the umbilical cord or placenta are intact. (WHO, 1950)
- Term birth - birth of a baby after 37 weeks. (Wikipedia)
- Preterm or premature birth – birth of a baby of less than 37 weeks gestational age. (Wikipedia)

3. Number of Outpatient Visits

Outpatient visits	Number
Number of antenatal care visits	
Number of postnatal care visits	

E. DEATHS

Types of deaths	Number
Total deaths	
Total number of fetal deaths	
Total number of neonatal deaths	
Total number of maternal deaths	



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Definition of Terms:

- Fetal death/ Stillbirth – means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions, respirations are to be distinguished from fleeting respiratory efforts or gasps. (WHO)
 - Early fetal death – death of a fetus occurring between 20-27 weeks gestational age.
 - Late fetal death – death occurring from 28 weeks gestational age onwards.
- Antenatal (ante-partum) death – death prior to labor.
- Intra-natal (intra-partum) death – death during labor.
- Neonatal death – death of a live born baby within the first 28 days of life.
 - Early neonatal death – within the first 7 days of life
 - Late neonatal death – covers the time after the 7 days until before the 28 days of life
- Maternal death – is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO)

CAUSES OF MATERNAL / NEONATAL DEATHS	NUMBER	ICD 10 CODE
1.		
2.		

F. ADVERSE / SENTINEL EVENTS (Maternal and Neonatal): Specify, if any

Sentinel event" refers to injuries caused by medical management (not necessarily the disease process) that either caused death, prolonged hospitalization or produced a disability during the time of confinement or by the time of discharge.

ADVERSE / SENTINEL EVENTS	NUMBER
1.	
2.	



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G. EXPENSES

Report all money spent by the facility on each category. Fill out all that apply.

Expenses	Amount in Pesos
Amount spent on personnel salaries and wages	
Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance)	
Allowances provided to employees at this facility (Allowances are in addition to wages/salaries. Allowances include for example: clothing allowance, PERA, vehicle maintenance allowance and hazard pay.)	
TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS)	
Total amount spent on medicines funded by the Revolving Fund	
Total amount spent on medicines funded by the Government of the Philippines (from any level of government, including the central, provincial and municipal governments)	
Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals)	
Total amount spent on utilities	
Total amount spent on non-medical services (For example: security, food service, laundry, waste management)	
TOTAL amount spent on maintenance and other operating expenditures (MOOE)	
Amount spent on infrastructure (i.e. installation of ramps)	
Amount spent on equipment (i.e. x-ray machine).	
TOTAL amount spent on capital outlay (CO)	

H. REVENUES

Please report the total revenue this facility collected last year. This includes all monetary resources acquired by this facility from all sources, and for all purposes. Fill out all that apply.

Revenues	Amount in Pesos
Total amount of money received from the Department of Health	
Total amount of money received from the local government	
Total amount of money received from donor agencies (for example JICA, USAID, and others)	



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Total amount of money received from private organizations (donations from businesses, NGOs, etc.)	
Total amount of money received from Phil Health	
Total amount of money received from direct patient/out-of-pocket charges/fees	
Total amount of money received from other sources (PDAF, PCSO, etc.)	
TOTAL revenue	

Report prepared by: _____

Designation: _____ Date: _____

REPORT APPROVED BY:

Head of the Facility Date _____

ANNEX – F of A.O. No. 2012-0012 was prepared by:

**STANDARDS DEVELOPMENT DIVISION
BUREAU OF HEALTH FACILITIES AND SERVICES
DEPARTMENT OF HEALTH**

Approved by:

ATTY. NICOLAS B. LUTERO III, CESO III
Assistant Secretary of Health