



ASSESSMENT TOOL FOR LICENSING A BIRTHING HOME

I. FACILITY INFORMATION

Name of Facility : _____

Complete Address : _____

No. & Street Barangay

City/Municipality Province Region

Contact Number : _____ E-mail Address: _____

Name of Owner : _____

Name of Head of the Facility : _____

Latest DOH License Number (if renewal): _____

Authorized Bed Capacity: _____

Classification According to

Ownership: Government Private

Institutional Character: Free-standing Institution-Based

II. TECHNICAL REQUIREMENTS

Instruction: In the appropriate box, place a check mark (✓) if the birthing home is compliant or x mark (X) if it is not compliant.

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
A. PERSONNEL		
A birthing facility shall be managed and supervised by healthcare professional(s) who have complied with the minimum and valid licensing requirements. Every birth must be attended by skilled birth attendants.		
1. Physician		
a. Valid PRC license		
b. Certificate of Completed Training from an institution with an Accredited Residency Program (<i>for Obstetrician and Gynecologist, and Pediatrician</i>)		
c. A valid certificate of Good Standing from the Accredited Professional Organization (APO) of Physicians of PRC and/or any DOH recognized association of physicians (<i>for Family Medicine Physicians, Municipal Health Officers and General Practitioners</i>)		
d. Certificate of Training on BEmONC (<i>for Family Medicine Physicians, Municipal Health Officers and General Practitioners</i>)		
e. Notarized Contract of Employment/Appointment/Designation (for employees)		
2. Nurse		
a. Valid PRC License		
b. Certificate of good standing from the Accredited Professional Organization (APO) of Nurses of PRC and/or any DOH recognized association of nurses.		
c. Notarized Contract of Employment (for employees)		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
3. Midwife		
a. Valid PRC License		
b. Valid Certificate of Good Standing from the Accredited Professional Organization (APO) of Midwives of PRC and/or any DOH recognized association of midwives		
c. Certificate of Training on BEmONC (not required for those who finished the four (4) year Midwifery Course)		
d. Certificate of Training in Basic Life Support		
e. Notarized Contract of Employment (for employees)		
4. Administrator		
a. Notarized Contract of Employment (for employees)		
5. Clerk		
a. Notarized Contract of Employment (for employees)		
6. Utility Worker (1/5 beds/shift)		
a. Notarized Contract of Employment (for employees)		
7. Driver (on call 24/7) or MOA with a transport provider		
a. Notarized Contract of Employment (for employees)		
B. EQUIPMENT, INSTRUMENTS/SUPPLIES, BASIC MEDICINES (Refer to List of Equipment, Instruments/Supplies, Basic Medicines) Every health facility shall have available medicines and operational equipment and instruments consistent with the services it shall provide.		
C. PHYSICAL FACILITY Every health facility shall have physical facility with adequate areas in order to safely, effectively, and efficiently provide health services to patients.		
1. DOH Approved Permit to Construct (PTC)		
2. DOH Approved Floor Plan		
3. Business Permit		
4. Posted in conspicuous area		
a. License to Operate (for renewal)		
b. Local Permits		
c. Vision and Mission		
d. Organizational Chart		
5. Signages		
a. Information		
b. Direction		
c. Prohibition and Warning		
d. No Smoking Sign		
e. Evacuation Plan		
f. Process Flow of Clinical Services		

III. FACILITY OPERATIONS

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
A. MANUAL OF OPERATIONS/STANDARD OPERATING PROCEDURES		
1. Vision and Mission		
2. Organizational Chart		
3. Documented policies and procedures on provision of clinical services in the facility		
a. Antepartum Care		
b. Spontaneous vaginal delivery including essential intrapartum care		
c. Postpartum Care		
d. Newborn Care		
d.1 Essential Newborn Care based on A.O. No. 2009-0025		
d.1.1 Time Bound interventions		
d.1.2. Non time bound interventions including birth doses of recommended vaccines (BCG and first dose Hepa B)		
d.1.2.1 Routine newborn care		
d.1.2.2 Postnatal care		
e. Detection of high risk pregnancies and early referral		
f. Family Planning		
f.1 Natural Family Planning Methods pursuant to A.O. No. 132 s. 2004		
f.2 Artificial Family Planning Methods		
g. Health Education		
g.1 Birth Planning and Preparedness		
g.2 Maternal and Newborn Care (Unang Yakap)		
g.3 Infant and Young Child Feeding and Lactation Management (Breastfeeding Tsek)		
g.4 Hygiene		
4. Documented Policies and procedures on transfer/referral system to a health facility of higher capability		
5. Documented policies and procedures on administration of life-saving medications such as magnesium sulphate, oxytocin, steroids, and oral antibiotics pursuant to A.O. No. 2010-0014.		
6. Documented policies and procedures on Infection Control		
7. Healthcare Waste Management		
Documented policy and procedures on proper collection, segregation, treatment and disposal of generated waste.		
a. Written policy and procedures on waste Management		
b. Proper collection, segregation, coding, storage and disposal of wastes (for both solid and liquid wastes)		
c. Use of protective equipment and clothing appropriate for handling, storage, and disposal of wastes.		
d. Wastes are properly segregated, coded and labelled as follows:		
d.1 General/Non-infectious/Dry – Black		
d.2 General/Non-infectious/Wet – Green		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
d.3 Infectious/Pathological – Yellow		
d.4 Sharps – Sharps container		
8. Preventive maintenance program for equipment.		
a. Plan for essential equipment replacement in case of breakdown		
b. Record of equipment		
c. Operational manuals of all equipment and instruments		
9. Documented policies and procedure for handling complaints, reporting and analysis of incidents, adverse events, etc.		
10. Pest and vermin control program		
a. Documented policies for pest and vermin control Program		
11. Medical Records		
a. Confidentiality of patient information		
b. Policy and procedures for retention and disposal of medical records in accordance with Department Circular No. 70 S. 1996		
B. RECORDS/FILES		
Each patient record shall be kept confidential and shall contain sufficient information to identify the patient and to justify the diagnosis and treatment.		
1. Patient's Clinical Record		
a. Maternal Clinical Charts with duly accomplished Partograph		
Contents of Maternal Clinical Chart:		
a.1 Identification Data		
a.2 History of Present Condition		
a.3 Physical Examination		
a.4 Admitting Diagnosis		
a.5 Physician's Order Sheet (if seen by a physician)		
a.6 Clinical Laboratory Report and results of other diagnostic procedures done, if any		
a.7 Consultation/Referral Notes		
a.8 Medication/Treatment Record		
a.9 Postpartum Monitoring		
a.10 Informed Consent		
a.11 Final Diagnosis, if seen by a physician		
b. Newborn Clinical Chart		
b.1 Identification data		
b.2 APGAR Scoring/Ballard's Maturational Score		
2. Logbooks for Consultations, Admissions, Discharges, Deliveries and Sentinel Events (For sentinel events, include correction, corrective and preventive actions done)		
3. Copies of Birth/Death Certificates (including Fetal Deaths) submitted to local civil registrar		
4. Copies of Annual Birthing Home Statistical Report received by the regional office		
5. Records of transfer/referral of patient to another health facility		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
6. Certificate (from UPNIH) as a Newborn Screening Facility pursuant to RA No. 9288 and AO No. 2008-0026		
7. Assurance and notarized certification (from a Notary Public) that the birthing facility does not perform Dilatation and Curettage.		
8. Assurance and notarized certification (from a Notary Public) that the birthing facility does not perform permanent sterilization procedures such as Bilateral Tubal Ligation (BTL) and vasectomy.		
9. Notarized Memorandum of Agreements for outsourced services		
a. Patient Transport service provider (if outsourced)		
b. Waste management service (if outsourced)		
c. Pest and vermin control service (if outsourced)		
10. Notarized Memorandum of Agreement if birthing home is manned by:		
d.1. Obstetrician – MOA with Pediatrician or Medical practitioners and/or local government physicians trained on BEmONC		
d.2 Pediatrician – MOA with Obstetrician or Medical practitioners and/or local government physicians trained on BEmONC		
d.3 Nurse – MOA with Obstetrician and Pediatrician or a General Physician with a Certificate of Completion of a training on BEmONC		
d.4 Midwife – MOA with Obstetrician and Pediatrician or a General Physician with Certificate of Completion Training on BEmONC		

Checklist of Requirements on Equipment, Instruments/Supplies, and Basic Medicines for Birthing Home

A. General Administrative Service

	MINIMUM REQ.	COMPLIANT		MINIMUM REQ.	COMPLIANT
EQUIPMENT/INSTRUMENTS					
1. Bench	1		7. Fire Extinguisher	1	
2. Cabinet	1		8. Open Shelf	1	
3. Calculator	1		9. Standby Generator or (battery operated rechargeable emergency light)	1	
4. Chair	1/staff		10. Transport vehicle or MOA with a service provider	1	
5. Desk	1/staff		11. Typewriter/Computer	1	
6. Electric Fan	1		12. Refrigerator/ cooler (for breast milk, medications and vaccines such as Hepatitis B and BCG)	1	

B. Clinical Service

	MINIMUM REQ.	COMPLIANT		MINIMUM REQ.	COMPLIANT
EQUIPMENT/INSTRUMENTS					
<i>Sterilization Area</i>					
1. Autoclave/Steam sterilizer or its equivalent	1		2. Soaking or decontaminating solution	1	
<i>Treatment Room (same as Outpatient Area)</i>					
1. Clinical weighing scale (adult)	1		5. Stethoscope	1	
2. Examining table	1		6. Tape measure	1	
3. Foot stool	1		7. Vaginal speculum	2	
4. Gooseneck/ examining light	1				
<i>Ward (includes Labor Room and Recovery Room)</i>					
1. Lubricant (water-based)	1		5. Thermometer (non-mercurial)	1	
2. Sphygmomanometer (non-mercurial)	1		6. Wall clock with second hand	1	
3. Sterile gloves	2		7. Bed with guard rail	1	
4. Stethoscope	1		8. Bed sheets	Depends on the number of beds	

	MINIMUM REQT.	COMPLIANT		MINIMUM REQT.	COMPLIANT
EQUIPMENT/INSTRUMENTS					
Birth Room					
1. Delivery set	1 per 2 beds		6. Instrument table	1	
a. Hemostatic/Kelly Forceps, curve or straight	2		7. Instrument cabinet	1	
b. Kidney basin	1		8. IV stand	1	
c. Needle holder, 8 inches	1		9. Kelly pad	1 (optional)	
d. Surgical scissors (straight mayo)	1		10. Oxygen unit (with humidifier and regulator, min. 5 lbs.)	1	
e. Bandage scissors	1		11. Pail	1	
f. Thumb forceps	1		12. Stool	1	
g. Tissue forceps (with teeth)	1		13. Suction apparatus (not for routine suctioning, may be used for newborns whose airway may be blocked)	1	
h. Sterile plastic umbilical cord clamp(s) or ties	1		14. Pair(s) of slippers (exclusive for birthing room use)	2 pairs	
i. Umbilical cord scissors	1		15. Room thermometer (non-mercurial), maintain room temperature between 25-28 degrees Celsius	1	
2. Delivery table with stirrups and with provision for semi-upright position of the birthing mother	1		16. Gowns or patients' gown	for Birthing Room use	
3. Emergency light/ flashlight	1		17. Linen for drying newborns	1 per bed	
4. Foot stool	1		18. Sterile drapes	1 per bed	
5. Gooseneck/ examining lamp	1		19. Scrub suits	1 per staff	

	MINIMUM REQT.	COMPLIANT		MINIMUM REQT.	COMPLIANT
EQUIPMENT/INSTRUMENTS					
Newborn Resuscitation Area					
1. Emergency kit or cart/ Portable kit or trolley (should contain the basic medicines, equipment and supplies listed)	1				
Basic Medicines			Basic Supplies		
a. Atropine 1mg/ml ampule	1		a. Intravenous catheter set (adults and newborns)	1 each	
b. BCG vaccines (stored inside ref at temp between 2-8° Celsius)	1		b. 70% Isopropyl alcohol	1 bottle	
c. Betamethasone (Diprosan)7mg per ampule (preferred) or Dexamethasone (Scancortin) 5mg/ml per ampule (alternative)	1		c. Disposable syringes (1 cc, 3 cc, 5 cc, 10 cc) with needles	1 each	
d. Calcium gluconate 10 mg/ampule	1		d. IV tubings (macro and micro-drip sets)	1 each	
e. Diphenhydramine 50 mg/ampule	1		e. Nasal cannulas or plastic face masks	1	
f. Epinephrine 1 mg/ml ampule	1		f. Plaster	1	
g. Erythromycin ophthalmic ointment 0.5% or Oxytetracycline ophthalmic ointment	1		g. Povidone-iodine solution	1 bottle	
h. Hepatitis B vaccines (stored inside ref at temp. between 2°-8° Celsius)	1		h. Sterile absorbable sutures	1	
i. IV fluids (stand by) such as: i. D5 LR or Plain LR 1 L per bottle ii. Plain NSS 1 L per bottle	3 bottles 2 bottles		i. Sterile cotton balls	1 pack	
j. Local anesthetic such as Lidocaine 2% solution 50ml vial or 5ml carpule	1 vial if 50ml, 5 pcs. if carpules		j. Sterile cotton pledgets	1 pack	
k. Magnesium Sulfate ampule	1		k. Sterile gauzes	1 pack	
l. Oxytocin 10 units per ampule or Oxytocin in pre-filled, single- dose, non-reusable injection	2		l. Sterile gloves	1 box	
m. Tetanus toxoid containing vaccines	2		m. Surgical caps	1 box	
n. Tranxenamic acid ampule	1		n. Surgical masks	1 box	
o. Vitamin K ampules	2		o. Sharps container	1	
Basic Equipment			p. Suction catheters (adult and newborn sizes)	1 per bed	
a. Self-inflating bag-valve-mask devices (one for adult, one for newborn) or masks for adult and masks for the newborn (one size 1 for term and one size 0 for pre-term)	1 each				
b. Stethoscope	1-adult 1-pediatric				
c. Sphygmomanometer (non-mercurial) with adult cuff and neonatal cuff	1				
d. Thermometer (non-mercurial)	1				
e. Weighing scale for newborn	1				

Name of Health Facility: _____

Date of Inspection: _____

RECOMMENDATIONS:

A. For Inspection Process:

[] For issuance of License as Birthing Home.

Validity from _____ to _____

[] Issuance depends upon compliance to the recommendations given and submission of the following within _____ days from the date of inspection:

[] Non-Issuance: Specify reason/s. _____

Inspected by:

Printed Name

Signature

Position/Designation

Received by:

Signature _____

Printed Name _____

Position/Designation _____

Date _____

Name of Health Facility: _____

Date of Monitoring: _____

RECOMMENDATIONS:

A. For Monitoring Process:

Issuance of Notice of Violation

Non-issuance of Notice of Violation

Others (Specify)

Monitored by:

Printed Name

Signature

Position/Designation

Received by:

Signature _____

Printed Name _____

Position/Designation _____

Date _____