POLICY ON REFERRAL SYSTEM

POLICY NO. : **COM - 0010**
DIVISION : OB-GYNE, NICU, PEDIA
CLASSIFICATION : COMPREHENSIVE
SECTION : LACTATION AND BREASTFEEDING
POLICY REVIEWED DATE: May 2014

Reviewed By:		
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OBJECTIVES:

- To inform mothers the availability of follow-up and support after discharge.
- For sustaining breastfeeding for the second year or longer.

POLICY:

1. **Before a mother leaves the hospital, she needs to:**
    - Be able to feed her baby
    - Understand the importance of exclusive breastfeeding for 6 months and continued breastfeeding after introduction of complementary foods to two years and beyond.
    - Be able to recognize that feeding is going well.
    - Find out how to get the on-going support that she needs.
2. **Primary Care and Community Health Workers**
    - Any time a health worker is in contact with a mother and young child, the health worker can help and support the mother in feeding and caring for her baby. If the health worker cannot do so themselves, they may be able to refer the mother to someone else who can provide support.
    - Community health workers are often nearer to families than are hospital-based health workers and may be able to spend more time with them.

- Community health centers can have “lactation clinics” which means that there are trained staff who will help a breastfeeding mother at the time that she contacts the clinic rather than waiting for an appointment.

Implementation Date:

This policy has been implemented since 1995, revised February 17, 2011, November 17, 2011 reviewed May 2, 2014, revised March 30, 2013

Schedule for Policy Review:

This policy shall be reviewed every three (3) years or as deemed necessary.

HOSPITAL POLICY ON BREASTFEEDING WITH MOTHERS WHO ARE HIV POSITIVE

POLICY NO. : **COM - 0011**
DIVISION : OB-GYNE, NICU, PEDIA
CLASSIFICATION : COMPREHENSIVE
SECTION : LACTATION AND BREASTFEEDING
POLICY REVIEWED DATE: May 2014

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OBJECTIVES:

- To provide policies and guidelines on the prevention of mother to child transmission of HIV that shall be used by health care providers.
- To describe the different components of prevention of mother to child transmission (PMTCT) at all levels of health care.
- To define the roles and responsibilities of the different health care providers in the implementation of the PMTCT guidelines.

COVERAGE:

All hospital personnel, women and their partners.

RESPONSIBILITIES:

All hospital personnel should promote the policy on the prevention of mother to child transmission of HIV and serve as a guide for health care providers.

DEFINITION OF TERMS:

Antiretroviral ARV) – drugs that are given to people living with HIV infection in order to improve or maintain their immune function.

HIV Counseling and Testing – a confidential process that enables individuals to examine their knowledge and behavior in relation to their personal risks of acquiring or transmitting HIV. Counseling helps an individual decide on whether or not to undergo HIV testing and provides support to an individual receiving his or her test result.

Prevention of Mother to Child Transmission (PMTCT) – set of interventions with an aim of preventing the spread of HIV among infants and children.

POLICY:

1. All hospital staff shall be oriented on the **Prevention of Mother to Child Transmission (PMTCT)** of HIV policies.
2. All nursing staff especially those involve in the care of mother and infants shall be given basic and essential information on STI, HIV and AIDS including PMTCT.
3. Require all pregnant mothers and their husband to attend mother's class and give basic and essential information on STI, HIV and AIDS including PMTCT through either individual or group education. They shall also be given information on the availability of HIV counseling and testing services.
4. All pregnant women and those with complaints pertaining to the reproductive tract shall undergo risk assessment. The health service provider shall interview the client and ask the following question:
    a. Does client or partner have history of multiple sex partners?
    b. Does client or partner have or in the past suffered from symptoms of STI (genital tract symptoms such as dysuria, discharge or sores)?
    c. Does client or partner have history of injecting drugs?
    d. Does client or partner have history of undergoing voluntary HIV counseling and testing?
5. All women and partners identified with having one or more risk factors shall be offered HIV counseling and testing. For women who refused to undergo HIV testing, health care provider shall offer HIV test on her subsequent visits. Once the client has agreed to undergo the test, the principles of counseling and testing such as informed consent and confidentiality shall be observed at all times.
6. Women who tested HIV-negative shall be given counseling on risk reduction interventions, focusing mainly on how to maintain their HIV-negative status.
7. All women who tested positive shall receive counseling on available PMTCT services, including family planning options. Likewise, all partners of women infected with HIV shall be offered HIV counseling and testing.
8. All women and partners who tested positive for HIV shall be referred to the nearest treatment hub in order to access proper treatment and care such as antiretroviral (AVR) prophylaxis and treatment.

9. HIV infected pregnant women who are about to deliver should be referred and admitted to the nearest treatment hub. The attending physician should consider vaginal delivery if the following criteria are satisfied:
    a. HIV medications have been taken during pregnancy
    b. No previous uterine surgery or elective cesarean section
    c. No signs and symptoms of STI
    d. No indication of prolonged labor

    Cesarean section is recommended if vaginal delivery cannot be performed due to presence of contraindications. Cesarean section should be scheduled prior to the rupture of the membrane.
10. HIV infected pregnant women need **NOT** be isolated during labor and delivery because of their HIV status. Hospital staff must use standard precautions in all regardless of their status.
11. Counseling of HIV infected mothers should include information about the risk and benefits of exclusive breastfeeding and exclusive replacement feeding and guidance in selecting the most suitable option in their circumstances.

    Exclusive breastfeeding is recommended for HIV infected for the first six (6) months of life unless replacement feeding is acceptable, feasible, affordable sustainable and safe (AFASS) for them and their infants before that time. Mixed feeding must be avoided. Breastfeeding mothers of infants and young children who are known to be HIV infected should be strongly encouraged to continue breastfeeding with regular assessment of both mother and baby.
12. The hospital health care provider shall work in coordination with Local Health Department in the provision of treatment care and support for people living with HIV/AIDS and their families.

IMPLEMENTATION DATE:

This policy has been implemented since 2009 as **Administrative Order No. 2009-0016** by the Department of Health, revised and reviewed May 2, 2014

SCHEDULE FOR POLICY REVIEW

This policy shall be reviewed every three (3) years or as deemed necessary.