**BACHELOR OF SCIENCE IN NURSING: COMMUNITY HEALTH NURSING**

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| **COURSE MODULE** | **COURSE UNIT** | **WEEK** |
| **CM2** | **CM2-CT5** | **10** |
| **Basic Emergency Obstetric and Newborn Care BEmONC/**  **Comprehensive Emergency Obstetric and Newborn Care CEmONC** | | |



* Read course and unit objectives
* Read study guide prior to class attendance
* Read required learning resources; refer to unit terminologies for jargons
* Proactively participate in classroom discussions
* Participate in weekly discussion board (Canvas) Answer and submit course unit tasks



At the end of this unit, the students are expected to:

Cognitive:

1. Define BEmONC/ CEmONC
2. Identify the personnels
3. Discuss the difference between CEmONC & BEmONC

Affective:

* 1. Listen attentively during discussion.
  2. Demonstrate tact and respect when challenging other people’s opinion and idea

Psychomotor:

1. Take part in discussion and group activities.

2. Confidently express personal opinion about the topic.



Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

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Public Health Nursing in the Philippines 10th Edition National League of Philippine Government Nurses



Basic Emergency Obstetric and Newborn Care (BEmONC) provider Facilities

A BEmONC provider facility is a primary level health facility tasked to provide the integrated MNCHN service package that include basic emergency obstetric and newborn care (BEmONC) and is either a –

a. Barangay health station (BHS),

b. Rural health unit (RHU),

c. Lying-in clinic,

d. Birthing home,

e. District hospital, or

f. Any other similar structure.

To enable the BHS and RHU BEmONC providers to respond to the access factors and function effectively, the following amenities should be considered in its structural design:

a. Delivery room

b. At least a 2-bed capacity Ward: 1 bed for the mother and newborn and another bed with a “pull-a-bed” feature for the birth companion and small children. The ward also doubles as a labor room.

c. A small kitchen appropriately furnished.

d. A toilet and bath with appropriate fixtures.

e. A sleeping quarter for health staff.

f. A waste management facility that includes a placenta pit.

Hospital BEmONCs Hospital BEmONC providers shall offer the same amenities except for the structural design which should include:

a. Labor room appropriately furnished

b. Delivery room

c. A scrub room for the doctors and nurses

d. A maternity ward with rooming-in feature for the newborn

e. A toilet and bath with appropriate fixtures

f. A sleeping quarter for health staff

g. A waste management system that includes a placenta pit

BEmONC provider facilities are made attractive and comfortable with privacy and space for an accompanying “birth companion” (family member, friend, TBA or BHW) as well as for minor children in cases where leaving them at home is not possible.

CEmONC provider facilities are departmentalized according to medical specialties and are usually large, adequately and appropriately equipped and staffed by competent CEmONC Teams (CTs). Clients referred from BEmONC facilities can reach these facilities within 1-hour travel time.

The CEmONC Teams and the Itinerant Teams (ITs) are based in these facilities. Its structural design features the following amenities:

a. Emergency Room

b. Admission Room

c. Pharmacy

d. Well equipped laboratory

e. Blood station appropriately equipped and furnished

f. Labor room

g. Delivery room

h. An obstetric operating room

i. Sterilization or autoclave room

j. A recovery room

k. A Newborn Intensive Care Unit

l. A breastfeeding lounge

m. A scrub room for the doctors and nurses

All health facilities providing emergency obstetric and newborn care (BEmONC and CEmONC) should be equipped with:

a. Radio or telephone for easy contact with a designated higher-level facility should advice or referral be needed

b. An emergency transport system that is based at the facility or community for a reasonable fee.

Since CEmONC and hospital BEmONC providers also caters to other cases, small children are not allowed to accompany their mothers to the hospital. This is to protect them from hospital- acquired infections. In this regard, an arrangement should be made with the concerned C/WHTs for either a TBA or BHW to take care of the small children at home while their mother is giving birth in the hospital.

B. Equipment Requirements Emergency Obstetric and Newborn Care (EmONC) provider facilities should have the required vital equipment to enable them to deliver quality WHSM services to clients. Vital equipment are the most basic equipment needed to operate BEmONC and CEmONC provider facilities in accordance with the standards of the service delivery model and are considered “first priority” in judging the operational capability of the facility.

Basic Emergency Obstetric and Newborn Care Equipment

a. Vital Equipment

1) Vaginal speculum set of 6

2) NSD Kit (that contains: artery forceps or clamp, dissecting forceps, needle holder, scissors, sterile disposable gloves, urinary catheter, sponge forceps, vaginal speculum, sterile blade, absorbable sutures, sterile cord clamp, plastic sterile disposable sheet for the mother)

3) Adult ambubag

4) Pediatric ambubag + mask

5) Simpson’s forceps (optional)

6) Suction machine portable 2 L capacity

7) Oxygen tank with regulator/gauge

8) Spare oxygen gauge

9) Kelly pad

10) Bassinet

11) Cervical inspection set

12) NSV (no scalpel vasectomy) set

13) IUD (intra-uterine device) kit

14) Cut down or minor surgical set

15) Microscope

16) Nebulizer

17) Pediatric stethoscope

18) Doppler

19) Baby weighing scale

20) Non-mercury pediatric sphygmomanometer

21) Non- mercury body thermometer

22) Mucus extractor (bulb suction apparatus)

b. Furniture and Fixtures

1) Delivery bed with stirrups

2) Bassinet

3) Revolving stool

4) Droplight

5) Emergency light

6) Ward beds with side railings

7) IV stand

Comprehensive Emergency Obstetric and Newborn Care Equipment

1.) Vital Equipment

1.) Vaginal speculum set of 6

2.) Laparotomy pack (caesarian section kit)

3.) Portable anesthesia machine

4.) Incubator

5.) Transport incubator (optional)

6.) Curettage set

7.) NSD kit (that contains: artery forceps or clamp, dissecting forceps, needle holder, scissors, sterile disposable gloves, urinary catheter, sponge forceps, vaginal speculum, sterile blade, absorbable sutures, sterile cord clamp, plastic sterile disposable sheet for the mother)

8.) Adult ambubag

9.) Suction machine (portable 2 L capacity)

10.)Pediatric ambubag + mask

11.)Simpsons forceps

12.) Suction machine (mobile 6 L capacity)

13.) Oxygen tank with regulator /gauge

14.) Nitrous oxide with regulator/gauge

15.) Cervical inspection set

16.) BTL (bilateral tubal ligation) set

17.) IUD (intra-uterine device) kit

18.) Microscope

MNCHN Staffing Requirement

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| Community Level: BHS and RHU | BEmONC Provider Facility |
| 1 Midwife per Barangay Health Station (BHS) | 3 BEmONC Teams per hospital BEmONC provider (1 Team per 8-hour shift) 1 BEmONC Team per RHU/BHS: |
| 1 Community/Women’s Health Team (WHT) per barangay. Composition of the C/WHT:  • Midwife  • Barangay Health Workers (BHWs)  • Traditional Birth Attendants (TBAs) | Composition of the BEmONC Team: Hospital:  • 3 doctors (1 per shift)  • 3 nurses (1 per shift)  • 3 midwives (C/WHT) (1 per shift)  • 1 medical technologist on call per ILHZ or CEmONC-BEmONC Cluster  For RHU:  1 doctor,  1 nurse,  3 midwives (1 per 8-hour shift).  For BHS:  1 RHU doctor and  1 PHN “on call,”  1 midwife with WHT members as assistants (TBAs and BHWs) |

CEmONC provider facilities staffing requirement

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| CEmONC Provider Facility |
| Composition of the CEmONC Team:  • 3 doctors preferably obstetric – gynecology specialist or GP trained in CEmONC (1 per shift)  • 1 anesthesiologist or GP trained in anesthesiology (on call) 29  • 1 pediatrician (on call)  • 3 OR nurses (1 per shift)  • Maternity ward nurses (2 per shift)  • 3 Medical technologists (1 per shift) |
| Composition of the Itinerant Team  • 1 doctor (surgeon)  • 2 nurses (or 1 nurse 1 midwife) |



Website:

https://www.doh.gov.ph

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**BEmONC-** list of services that can save the lives of women and newborns with obstetric and neonatal complications

**CEmONC-** is a tertiary level regional hospital or medical center, provincial hospital or an appropriately upgraded district hospital.

**Childbirth** – the action of giving birth to a child.

**Emergency -** a serious, unexpected, and often dangerous situation requiring immediate action.

**Normal Spontaneous Delivery –** that happens on its own, without requiring doctors to use tools to help pull the baby out.



Study Question:

Tabulate the comparison between BEmONC and CEmONC.



*Books*

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*Websites*

EBSCOhost.com