 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS- MC - 122
	TOPIC	ISSUE NO. 2
	COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	REVISION NO. 1
	SUB-TOPIC	EFFECTIVE DATE
	GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	PAGE 1 of 12

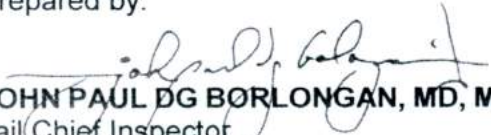


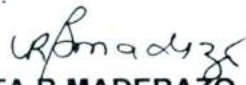
Meigen Yves C Diaz
Jail Officer 1
Ass. Document Controller


1.0 REFERENCES

- a. United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules);
- b. United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (The Bangkok Rules);
- c. Commission on Human Rights Recommendations on Existing Policies on Pregnant PDL and Those Who Have Given Birth and Their Infants, dated November 24, 2020;
- d. World Health Organization, UNICEF and Global Breastfeeding Collective Brief re: Breastfeeding and Family-Friendly Policies, July 2019;
- e. BJMP Memorandum re: Reiteration on Application for Exemption of Lactation Station in Jails, dated January 8, 2019;
- f. BJMP Memorandum Circular (BJMP-DIWD-MC-010) re: Revised Comprehensive Policy on the Treatment of Female Inmates in the Bureau of Jail Management and Penology, dated September 11, 2015;
- g. Civil Service Commission Memorandum Circular No. 12, series of 2015 dated August 15, 2015;
- h. BJMP Memorandum Circular No. 2010-02 re: Policy on Pregnant Inmates and Their Infants, dated August 12, 2010;
- i. Republic Act No. 10028: Expanded Breastfeeding Promotion Act of 2009; and
- j. DOH Administrative Order No. 2006-0012 re: Revised Implementing Rules and Regulations of Executive Order No. 51, otherwise known as the "Milk Code," Relevant International Agreements, Penalizing Violations Thereof, and for Other Purposes, dated May 15, 2006.

2.0 RATIONALE

The Bureau of Jail Management and Penology treats all PDL without prejudice regardless of sex or sexual orientation as it is mandated to provide their humane safekeeping and development in all district, city, and municipal jails nationwide.

Prepared by:  JOHN PAUL DG BORLONGAN, MD, MPA Jail Chief Inspector OIC, Deputy Director, Directorate for Health Service	Reviewed by:  DENNIS U ROCAMORA, CESE Jail Chief Superintendent Deputy Chief for Operations of the Jail Bureau/ Quality Management Representative	Approved by:  ALLAN S IRAL, CESE Jail Director Chief, BJMP
Noted by:  ILNA RITA B MADERAZO, MD, TLPE Jail Senior Superintendent OIC, Directorate for Health Service		

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS - MC - 122
	TOPIC	ISSUE NO. 2
	COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	REVISION NO. 1
	SUB-TOPIC	EFFECTIVE DATE
GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	PAGE 2 of 12	

Meilgen Yves C Diaz
Jail Officer 1
Document Controller

At the end of 2020, approximately 11% of PDL population are women and about 0.45% of these women were pregnant upon their commitment. It is relevant to review the Bureau's existing policies to align with international standards in order to address current issues and concerns and attend to the basic needs of PDL who are pregnant and recently gave birth, to include their infants.

In 2015, the United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as the Nelson Mandela Rules, and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, also known as the Bangkok Rules, were adopted and incorporated in the Bureau's revised comprehensive policy on the treatment of female PDL. The Nelson Mandela Rules include provisions for the promotion of the right to health of pregnant and lactating women, and the Bangkok Rules paved the way for heightened sensitivity towards the need for pregnant and lactating PDL to have access to proper care. The Bangkok Rules recognizes the additional needs of pregnant women, breastfeeding mothers, and mothers with infants and young children in prison to receive health advice from qualified healthcare professionals and to be given opportunities to meet their needs.

It is relevant to reformulate policies set in place for this disadvantaged and marginalized population to ensure continuous access to proper health care and maternal nutrition services during detention. Part of educating mother-PDL is to provide information on the importance of infant's nutrition including the value of breastmilk or exclusive breastfeeding especially during the first six months of life. Ultimately, the best interest of the child must be taken into account in decisions about possible detention or imprisonment during pre-trial and post-trial phases of the mother-PDL. The government is cognizant of the detrimental effects of family separation due to parental incarceration as well as the impact on the infant from deprivation of parental care in the absence of a mother or primary caregiver.

This policy is consistent with both standard minimum rules for treatment of pregnant PDL, as well as existing national and international issuance on maternal and infant healthcare and management.


3.0 OBJECTIVES

3.1 General

This policy prescribes the guidelines on the treatment of pregnant PDL, postpartum, breastfeeding, and their infants in compliance with international laws and rules.

3.2 Specific

- 3.2.1 Establish minimum standards and specific guidelines for the protection of the right to health of pregnant PDL, postpartum and breastfeeding, as well as their infants; and

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS- MC - 122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	REVISION NO. 1
		EFFECTIVE DATE
		PAGE 3 of 12

3.2.2 Protect and promote the health and general well-being of PDL who are pregnant and have recently given birth or postpartum through comprehensive healthcare and social services, including timely and continuous access to reproductive health services, mental health, and psychological support.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

4.0 SCOPE/COVERAGE

This policy shall apply to all PDL who are pregnant, postpartum or recently given birth and breastfeeding (collectively referred as "mother-PDL"), as well as their infants who should remain under their mother's care and guidance for the protection and promotion of their health and general well-being.

5.0 DEFINITION OF TERMS

The following terms as used in this Circular shall have the following operational definition, unless otherwise stipulated:

Antenatal care - care provided by skilled healthcare professionals to pregnant women to ensure the best health conditions for both mother and baby during pregnancy.

Anthropometric assessment - quantitative measurements to assess the composition of the body. This includes assessment of height, weight, body mass index, body circumferences (waist, hip and limbs), and mid-upper arm circumference (MUAC).


Birth plan – information provided to pregnant PDL pertaining to pregnancy which outlines events that may transpire from the first signs of a contraction or labor until the first few days from date of discharge from a hospital or health facility. This information will be indicated in the PDL Health Record.

Breastfeeding - the method of feeding an infant directly from the human breast.

Breastmilk substitute - any type of milk, in either liquid or powdered form, including soy milk, follow-up formula, and growing-up milks, that are specifically marketed for feeding infants.

Court order – direction of a court or judge made or entered in writing, and not included in a judgement, which determines some point or directs some step in the proceedings.

Designated guardian - identified family/relative of the mother-PDL who will take care of the infant in the event that the infant will need a medical and/or hospital attention while allowed in the care of his/her mother. The designated guardian should be pre-identified even during the period of pregnancy or before expected time of delivery.

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS- MC - 122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
		REVISION NO. 1
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	EFFECTIVE DATE
PAGE 4 of 12		

Family planning - the ability of individuals or couples to anticipate and attain their desired number of children through spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility.

Meileen Yves C Diaz
Jail Office 1
Asst. Document Controller

Health education - learning experiences designed to promote, maintain and/or restore health among individuals and communities.

Healthcare facilities or institutions - hospitals, health infirmaries, health centers, lying-in centers, or puericulture/childcare centers with obstetrical and pediatric services.

Healthcare provider - professionals and workers who manage and/or administer the entire operations of health institutions and/or who are involved in providing maternal and child health services.

Infant - a child within zero (0) to twelve (12) months of age.

Intrapartum care - care of women and their babies during childbirth, from the onset of labor through delivery of the placenta.

Labor - childbirth; the process of delivering a baby and the placenta, membranes, and umbilical cord from the uterus.


Lactation management - the general care of a mother-infant nursing dyad during the mother's antenatal, immediate postpartum and postnatal period. This deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantages of breastfeeding, the risks associated with breastmilk substitutes such as, but not limited to, condensed milk and evaporated milk, the monitoring of breastfeeding mothers by healthcare workers and breastfeeding peer counselors for service patients to ensure compliance with the DOH, WHO, and the UNICEF on the implementation of breastfeeding policies, the physiology of lactation, the establishment and maintenance of lactation, the proper care of breasts and nipples and such other matters that would contribute to successful breastfeeding.

Mother-PDL - collective term that refers to PDL who are pregnant, postpartum or recently given birth and breastfeeding.

Non-separation - keeping the mother and the baby in an uninterrupted skin-to-skin contact to facilitate breastfeeding initiation, especially during the first hours of life and be allowed to at least four weeks.

Nutrition counselling - a process by which a trained health staff promotes healthy eating behaviors among individuals in order to correct nutritional imbalances, strengthen resistance against infection and prevent recurrence of disease.

Nutritionally-at-risk - individuals at risk for undernutrition or overnutrition, detectable by anthropometric, biochemical, clinical or dietary measures. This is due to dietary deficiencies,

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS - MC - 122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	REVISION NO. 1
		EFFECTIVE DATE
		PAGE 5 of 12

health conditions that predispose persons to inadequate nutritional intake or physiological states that require increased nutrient intake.

Postpartum – the period just after delivery; this also refers to the mother who just gave birth.

Postpartum care - care for a mother and newborn during the first six weeks after childbirth.

Qualified personnel - jail officers with proper training on prenatal and post natal care.

Restraints - any physical or mechanical device used to control the movement of a detainee's body or limbs, including handcuffs, leg shackles, and belly chains, placed around the wrists, ankles or stomach.

Unang Yakap - also Essential Intrapartum and Newborn Care; a series of time-bound and evidence-based interventions for newborn babies and their mothers from the labor and delivery period until the first few hours and days after birth.

Weaned - means that a child no longer nurses from his/her mother or a bottle; weaning may start from four to six months after birth.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.0 PROCEDURES AND GUIDELINES

Jail Administration Functions:

6.1 Accommodation and Other Special Concern

6.1.1. Allocate an area in the jail facility that is convenient for all necessary prenatal and post natal care and treatment. Taking always in consideration the best interest of the child, this area can also be utilized as nursery conducive for nursing infants born to a mother-PDL, which should be staffed with qualified personnel.


6.1.2. Arrangement shall be made wherever practicable for children to be born in a hospital or health facility outside the jail. If a child is born in the jail premises, this fact shall not be mentioned in the birth certificate.

6.2 Antenatal, Intranatal and Postpartum Management

6.2.1. Antenatal Care

6.2.1.1. Allocate an area in the facility which is conducive to pregnant PDL as necessary, particularly for women who are nearly on their term of pregnancy (7-9 months pregnant).

6.2.1.2. Provide basic/essential services during pregnancy. A pregnant PDL should also have a birth plan even if she is in detention (see Annex).

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS - MC - 122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	REVISION NO. 1
		EFFECTIVE DATE
		PAGE 6 of 12

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.2.1.3. Educate the PDL regarding the DOH guidelines, specifically with regard to non-separation of newborn from mother after birth. Should the mother still opt for separation, ensure that the mother is adequately informed regarding associated additional costs and risks and alternate caregivers should be informed, appointed and provided the same education and information as the mother prior to birth. The mother and caregivers should be given the option for and counseled regarding feeding the infant with expressed breast milk.

6.2.1.4. Procure a written court order for scheduled antenatal and postpartum care and coordinate with health care providers to be able to complete recommended antenatal as well as postpartum care appointments.

6.2.1.5. Provide an emergency vehicle for the transportation of the PDL in case of emergency.

6.2.2. Essential Intrapartum Care


6.2.2.1. Guarantee timely access to appropriate health care facilities and personnel and provision of transportation as need arises.

6.2.2.2. Observe no restraints before, during and after labor as these are not in line with the standards of care for women who are about to give birth.

6.2.3. Essential Newborn Care

6.2.3.1. Proceed with the implementation and sequence of the four core steps of the essential newborn care protocol such as: (1) immediate and thorough drying; (2) early skin-to-skin contact; (3) followed by properly-timed clamping and cutting of the cord after 1 to 3 minutes; and (4) non-separation of newborn from the mother for early breastfeeding initiation within at least 90 minutes after birth and rooming-in, if the mother-PDL prefers non-separation with the newborn, provided that she was previously advised by her healthcare provider regarding the risks and benefits of non-separation.

6.2.3.2. Provide health education done through videos or in person, care of qualified health professionals. Proceed with the implementation and sequence of the four core steps of the essential newborn care protocol with the early initiation of breastfeeding within at least 90 minutes after birth if the mother-PDL prefers non-separation with the newborn, provided

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS- MC - 122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
		REVISION NO. 1
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	EFFECTIVE DATE
PAGE 7 of 12		

that she was previously advised by her healthcare provider regarding the risks and benefits of non-separation.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.2.4. Postpartum Care

6.2.4.1. Allow mother to breastfeed exclusively and on demand for the first 6 months.

6.2.4.2. Provide an adequate source of clean water.

6.2.4.3. In the allocated area as temporary nursery, provide trash receptacle/s and personal protective equipment as necessary and make arrangements for the provision of adequate supply of tissue paper, sanitary towel, maternity napkins and trash bin.

6.3. Protect, Promote and Support Optimal Breastfeeding Practices

6.3.1. There should be no promotion, distribution, donation, advertisement or selling of breast milk substitutes, feeding bottles and teats or pacifiers in any part of the jail or detention facility or by any of the staff as stated in the Philippine Milk Code of 1986 or the EO 51 s.1986 and its revised IRR.


6.3.2. If feasible, provide a lactation room or area, nursery or separate area wherein the mother-PDL can exclusively breastfeed her child during the first six months of life. As much as possible, the jail or the designated area should have a small refrigerator where expressed breast milk can be stored.

6.3.3. Discourage donation of milk of any kind to the mother anytime during pregnancy and postpartum period, except for mother-PDL who cannot produce breastmilk or with current breast health issues.

6.3.4. Make arrangements for the provision of breastmilk substitute or formula milk as necessary and when advised by a specialist if the mother-PDL is not capable of expressing milk. A designated WD personnel may facilitate the coordination with the DSWD if they can provide breastmilk substitute/formula milk.

6.3.5. Mother-PDL with HIV, shall be given feeding guidance and emotional support for exclusive breastfeeding for the first 6 months of life and continue breastfeeding for at least 24 months, with the addition of complementary foods. These mothers should be given anti-retroviral therapy (ART) to reduce the risk of transmission through breastfeeding.

6.3.6. Provide lactation management information as needed (e.g., infographics, through videos or mother’s classes).

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS-MC-122
	TOPIC	ISSUE NO. 2
	COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	REVISION NO. 1
	SUB-TOPIC	EFFECTIVE DATE
GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	PAGE 8 of 12	

6.3.7. Facilitate the establishment and support activities of breastfeeding support groups.

6.3.8. If feasible, provide facilities exclusively to support the expression and storage of breast milk which is recommended to have an area/space for comfortable seating, readily available breast pump, functioning sink with running water and soap.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.4. Promote and Support Maternal Nutrition

6.4.1. Screen and manage nutritionally at risk mother-PDL and their infants by jail nurse or health staff trained-dietitian, including regular anthropometric assessment and nutrition counselling.

6.4.2. Provide safe drinking water and nutritious yet economical food and food supplements rich in protein, essential fatty acids, vitamins and minerals (such as iron, calcium, ascorbic acid, iodine, vitamin B complex, zinc, selenium, among other vitamins and minerals). These are essential for maternal nutrition that will eventually help for child development.

6.4.3. Provide a (tobacco) smoke-free environment.

6.5. Regulate Discipline and Punishment

6.5.1. Mother-PDL and their infants must be protected from violence, trauma, and harmful situations at all times.


6.5.2. Disciplinary segregation of mother-PDL and their infants is prohibited, regardless of the status.

6.6. Provide Care for Separated Infants

6.6.1. An infant born while the mother is detained in jail may be allowed to stay with the mother-PDL for at least six months to allow exclusive breastfeeding (in accordance with RA 10028) to a maximum of twelve months taking always in consideration the well-being and best interests of the child within the scope of relevant domestic laws.

6.6.2. An infant can only be separated from the mother-PDL once he/she has been weaned and when specific alternative care arrangements have been made (e.g., with husband, relatives, friends, etc.) as stated in Bangkok Rule 52 No. 3.

6.6.3. An infant can be separated from the mother and transferred to the care of the father or guardian even before the 12 month period, provided, the mother has consented after ensuring the arrangements for the infant's breastfeeding and mother-child bonding after his/her turnover. However, if that option fail, the

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS; MC-122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	REVISION NO. 1
		EFFECTIVE DATE
		PAGE 9 of 12

warden through WD or health staff shall make arrangement with the DSWD or other authorized social welfare agency for the infant's care.

Meilyn Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.6.4. Infants separated from their mothers are allowed to be brought for a visit on an agreed/coordinated time and stay for agreed/coordinated length of time within visiting hours to facilitate mother-child bonding and protected breastfeeding.

6.6.5. Allow PDL to express breastmilk for her separated newborn or infant and provide a storage facility (freezer) for the expressed breastmilk.

6.6.6. Mother-PDL must be able to communicate with their family and friends at regular intervals through regular visits or "e-dalaw" especially during the pregnancy and the postpartum phase, provided that the public safety is not compromised.

6.7. No Restraints While Giving Birth

Instruments of restraint must not be used during transport to the hospital and during delivery in order to promote the welfare of mother-PDL and the unborn child.

6.8. Provide Health Consults and Medical Care

6.8.1. Antenatal and Postpartum/Postnatal Care


Apply the following recommended guidelines for antenatal, perinatal, intrapartum, and postnatal:

6.8.1.1 Provide healthcare for all mother-PDL through available means such as telemedicine, telepsychology or face-to-face consultation;

6.8.1.2 Provide the mother-PDL with health and nutrition advice from qualified professionals, including assistance to access HIV, syphilis and Hepatitis B tests;

6.8.1.3 Secure a single standing written court order or inform the court beforehand to implement a pre-scheduled and recommended antenatal and postnatal check-ups or any necessary obstetrical appointments to ensure no delays given the overstretched courts;

6.8.1.4 Provide postpartum family planning information and services; and

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS-MC-122
	TOPIC COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	ISSUE NO. 2
	SUB-TOPIC GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	REVISION NO. 1
		EFFECTIVE DATE
		PAGE 10 of 12

6.8.1.5 Ensure adequate staffing of healthcare professionals and proper coordination among facilities through referral systems.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.8.2. Infant Care (Expanded Program on Immunization, Sick Baby Visits)

Provide appropriate healthcare to infants who are residing with mother-PDL (e.g. routine well baby checkups, breastfeeding counselling, growth monitoring, immunizations, developmental surveillance and sick baby visits), with special consideration and support for infants of mother-PDL who cannot breastfeed.

6.8.3. Reproductive Health

Provide access to family planning, contraceptives and reproductive health services consistent with the standards set under Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health Act of 2012.

6.9. Support and Harm Reduction Services for Mother-PDL who Used Illegal Drugs prior to their Commitment to Jail Facility

6.9.1. The healthcare services provided to mother-PDL and their infants must not be denied on account of their drug use or incarceration for drug-related offenses.

6.9.2. Provide harm reduction services consistent with WHO, UNODC, and UNAIDS recommendations for mother-PDL who has been an illegal drug user.


6.9.3. Provide harm reduction education to mother-PDL who used drugs in order to promote healthy pregnancy, general health, and well-being.

6.9.4. Require and respect the informed consent of mother-PDL who used drugs before any medical intervention, including drug-related interventions and management, consistent with the principle of patient autonomy.

6.9.5. Provide a friendly, supportive, non-judgmental and non-stigmatizing environment to women who use drugs. Law enforcement officers, including jail and prison personnel, must be trained to avoid use of derogatory and stigmatizing terms and treatment of PDL.

6.10. Access to Mental Health Support Services

6.10.1. Provide individualized mental health services and development program for mother-PDL who have been subjected to coercive arrest proceedings for management of psychological trauma.

 <p>CERTIFIED COPY:</p>	MEMORANDUM CIRCULAR	Document NO. BJMP-DHS-MC-122
	TOPIC	ISSUE NO. 2
	COMPREHENSIVE POLICY ON THE TREATMENT OF PREGNANT PDL	REVISION NO. 1
	SUB-TOPIC	EFFECTIVE DATE
GUIDELINES ON THE TREATMENT OF PREGNANT PDL AND PDL WHO HAVE GIVEN BIRTH, AND THEIR INFANTS	PAGE	11 of 12

6.10.2. Develop and implement strategies to prevent suicide and self-harm among mother-PDL.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

6.10.3. Train custodial staff to detect mental healthcare needs and risk of self-harm and suicide of mother-PDL.

6.10.4. Assist mother-PDL in filing complaints against any personnel or PDL who have committed sexual harassment, physical and mental abuses against them.

6.11. Continuity of Care

6.11.1. Coordinate the transfer of mother-PDL (and their infant as applicable), from one setting to another, e.g., transfer to other jails or transfer to other institution (BuCor-CIW), taking into account the health needs of the mother-PDL and their infants.

6.11.2. There should be uninterrupted provision of health care needs and services despite the transfer. Proper referrals and transfers of care must be done to ensure continuity of care.

6.11.3. The jail administration shall coordinate and turn over the care to the designated guardian from the family/relatives of the mother-PDL in the event that the infant will be medically compromised or will need medical attention outside the jail facility.

6.12. Creating a suitable environment

Continuous training or seminar of Bureau's personnel on gender sensitivity in concurrence with Gender Awareness and Development (GAD) focal point system through its TWG to raise awareness and promote a non-discriminatory environment, equality of rights and respect for human dignity.

Needs Assessment is substantial for jail design to take cognizant on the importance of creating an environment suitable to the welfare of pregnant, mother-PDL and their infants. This will ensure that needs are taken into consideration during the jail design phase to provide efficient, effective, and responsive jail services.

7.0 MONITORING AND EVALUATION

The Directorate for Health Service shall ensure the monitoring of this Memorandum Circular.

8.0 FINANCIAL CLAUSE

No financial requirement is needed in the implementation of this policy.

9.0 SEPARABILITY CLAUSE



CERTIFIED COPY:

MEMORANDUM CIRCULAR

Document NO.
BJMP-DHS-MC-122

TOPIC

**COMPREHENSIVE POLICY ON THE
TREATMENT OF PREGNANT PDL**

ISSUE NO.

2

REVISION NO.

1

SUB-TOPIC

**GUIDELINES ON THE TREATMENT OF
PREGNANT PDL AND PDL WHO HAVE
GIVEN BIRTH, AND THEIR INFANTS**

EFFECTIVE DATE

PAGE

12 of 12

In the event that any provision or part of this policy be declared illegal or rendered invalid by a competent authority, provisions not affected shall remain valid and effective.

Meileen Yves C Diaz
Jail Officer 1
Asst. Document Controller

10.0 REPEALING CLAUSE


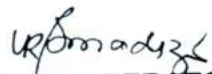


All other existing BJMP issuances which are inconsistent with the provisions of this Memorandum Circular (MC) are hereby rescinded or modified accordingly.

11.0 EFFECTIVITY

This MC shall take effect fifteen (15) days from filing thereof at the University of the Philippines Law Center (UPLC) in accordance with Sections 3 and 4, Chapter II, Book VII of Executive Order No. 292, otherwise known as the "Administrative Code of 1987."

12.0 Annex

Birth Plan (lifted from "Healthy Buntis, Happy Baby" booklet).

<p>Prepared by:</p> <p> JOHN PAUL DG BORLONGAN, MD, MPA Jail Chief Inspector OIC, Deputy Director, Directorate for Health Service</p> <p>Noted by:</p> <p> ILNA RITA B MADERAZO, MD, TLPE Jail Senior Superintendent OIC, Directorate for Health Service</p>	<p>Reviewed by:</p> <p> DENNIS UROCAMORA, CESE Jail Chief Superintendent Deputy Chief for Operations of the Jail Bureau/ Quality Management Representative</p>	<p>Approved by:</p> <p> ALLAN S IRAL, CESE Jail Director Chief, BJMP</p>
--	---	--

Siguraduhing Handa ang pamilya sa pagdating ng bagong baby.



Ang Aking Pamilya

NANAY: _____ BIRTHDAY: _____
 Cell phone (kung meron): _____ Landline: _____
 Blood Type: _____ Trabaho: _____
 TATAY: _____ BIRTHDAY: _____
 Cell phone (kung meron): _____ Landline: _____
 Blood Type: _____ Trabaho: _____
 BRITHDAY: _____
 BIRTHDAY: _____
 BIRTHDAY: _____
 Address: _____

MAAARING TAWAGAN SAKALING MAY EMERGENCY:

Pangalan: _____
 Kaugnayan: _____ Birthday: _____

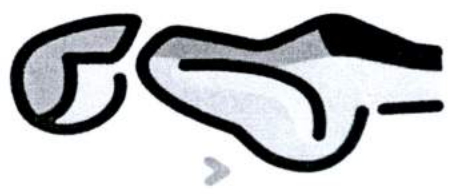
(ILAGAY ANG LITRATO NG PAMILYA DITO)

Siguraduhing alam ng doctor o health service provider (midwife o nars) ang iyong kasalukuyan at nakaraang kundisyon habang nagbubuntis.



Nanay, Sagutin ang mga sumusunod sa tulong ng iyong dokto, nars o midwife.

Petsa ng unang tsek-up: _____
 Edad: _____
 Timbang (Weight): _____
 Taas (Height): _____
 BMI (Body Mass Index): _____
 Huling Regla (Last Menstruational Period): _____
 Kailan Ako Manganganak? (Expected Date of Delivery): _____



Ito ang ang aküing Pang-_____ na pagbubuntis.
Karanasan sa mga naunang mga pagbubuntis at Panganganak

Date of Delivery:	Number of Pregnancy
Type of Delivery :Normal(N) or Caesarean Delivery (C/S)	
Birth Outcome: Alive/ Miscarriage/ Stillbirth	
Number of Child/ Children Delivered: Single/Twins/ Multiple Birth (No.)	
Pregnancy-related Conditions/ Complications:	
Pregnancy induced Hypertension(PIH) / Preeclampsia/Eclampsia (PE/E)/ Bleeding during pregnancy or after delivery	

CERTIFIED COPY:


 Meileen Yves C Diaz
 Jail Officer 1
 Asst./Document Controller



Maghanda nang maaga at mabuti para sa panganganak.

Nanay, siguraduhing ang talaan na ito ay mapunan mo sa tulong ng iyong asawa at ng midwife, nars, o doctor, bago ang takdang araw ng panganganak.

Alam kong anumang komplikasyon ay maaaring misngyari sa aking bagong silang na sangol sa sandali ng aking panganganak. Alam ko ring dapat sa isang ospital o lying-in clinic ako manganganak at midwife, nars, o doctor ng facility ang magpapaanak sa akin. Ito'y dahil sila ay may kakayahang tulongan kami ng aking baby.

Ako ay paaanakin ni _____ Pangalan ng Doktor/midwife/nars

Ako ay manganganak sa _____ Pangalan ng ospital/ Health center o clinic

Ito ay isang Philhealth-accredited facility _____ Oo _____ Hindi

Ako ay Philhealth member _____ Oo _____ Hindi

Ang halaga ng aking mother/newborn package ay humigit kumulang sa _____ pesos.

Ang pambayad ko ay (_ Cash, _ Philhealth, _ Insurance). Ang sasakyang maghahatid sa akin sa health facility kung saan ako manganganak ay _____.

Ako'y nakipagkasundo na kay (pangalan at tel. no.) _____ na _____ na health facility. Sasamahan ako sa health facility ni (pangalan ng BHW at tel. No.) _____. Ang mga anak ko ay babantayan ni (pangalan at tel. no.) _____ habang ako ay nasa health facility pa.

Kung may emergency, ipagbigay alam kay _____ (address) _____ sa telepono/ address na ito (tel No.) _____ (address) _____

Kung ako'y kailangang Salinan ng dugo, ang mga nakapangalan ay maaaring magbigay ng dugo:

Pangalan	Telepono/ Cellphone	Tirahan
1		
2		
3		
4		
5		

Matapos punasan at masigurong tuyo si baby, hiniling kong ipatong siya sa aking dibdib nang sa ganoon ay maramdaman niya ang aking init at makasuso siya sa aking gatas sa loob ng 30 minute hangang isang oras.

Pagkatapos na mabigyan ng Vitamin K, mabakunahan ng Hepatitis B at BGC, maeksamen, at malinis ang kanyang pusod, pakidala ang aking baby muli sa akin para maipagpatuloy ang aking pagpapasuso.

Pakiusap ko ring huwag siyang bigyan ng bote, tsupon, o anumang tinitimplang gatas o glucose water.

Kung ako'y nakapagdesisyon na, maaari rin akong bigyan ng Family Planning methods na aking napili.

Ako ay babalik sa ospital o Health Center para ma-tsek-up, 2 araw(48hrs) pagkatapos kong manganak.

Lagda ng Nanay/Petsa

Lagda ng HW/BHW/Petsa

CERTIFIED COPY:

Meilyn Yves C Diaz
Jail Officer 1
Asst. Document Controller