SAFE MOTHERHOOD
TECHNICAL WORKING GROUP

Chairperson: Head, Center for Family Health
Co-Chair: Focal Person, Women's Health & Development
          Focal Person, Reproductive Health
          Focal Person, Nutrition
          Focal Person, Dental Health
          Focal Person, Center for Health Promotion

Representative from:
External Affairs Cluster
Unified PMO
Local Health Assistance Cluster
Retained Hospital
NGO
Other GOs & partner agencies on Safe Motherhood Concerns
Foreign Assisted Projects: UNICEF, UNFPA

Department of Health
San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila
Telephone No.: 743-8301 loc. 2350
Preparing for pregnancy

A woman should be in good health before becoming pregnant.

- A sick woman needs more nutrients and rest. Although pregnancy is a normal event, it may be an additional burden for her body. Her condition may become worse.
- A sick woman is more likely to have a miscarriage or a premature birth.
- A sick woman is more likely to become anemic and is prone to infection.
- A sick woman is more likely to give birth to a low-birth-weight baby.

Every woman who is planning to become pregnant should have a health check-up to:

- Ensure that she is physically ready
- Detect any medical problems that need treatment
- Find out if she has to observe any special precautions during pregnancy and childbirth.

A woman who intends to become pregnant should build up her nutritional iron reserves because she will need more iron during her pregnancy.

Sources of iron:

- Meat, fish, poultry - the iron they contain can be absorbed easily in the body
- Green and leafy vegetables, cereals, and legumes - Vitamin C is needed to enhance absorption of iron from these foods.

A woman who intends to become pregnant should avoid exposure to substances that may be harmful to her and her baby.

- Active or passive smoking, alcohol, intake of some drugs, x-rays and exposure to harmful chemicals such as pesticides used in the home or farm can result in abortion, congenital abnormalities, stillbirth or an unhealthy baby.
- A woman should always consult a health worker if she is sick and should never resort to self-medication.

A couple wanting to have a child may experience a delay in pregnancy.

- Most couples will eventually have a child within two years.
- The cause of not being able to have a child is attributable 50 percent to the woman and 50 percent to her partner.
- If the woman is not able to conceive within two years, both the woman and her partner should see an obstetrician who can help them find out if there is a problem and advise them on what they can do.

Prenatal care

Prenatal care is important because it can uncover risk conditions that may result in maternal complications and deaths.

- The most common maternal complications and/or causes of maternal deaths are bleeding, infection, hypertensive disease of pregnancy and obstructed labor.
- Prenatal care may identify women who are at risk for bleeding, infection, hypertensive disease of pregnancy, obstructed labor and other conditions.
- If a woman at risk is identified, measures can be taken to avoid or treat any problems early, before the condition becomes serious or life-threatening.

Some problems may arise during labor and delivery even if a woman is not at risk.

- The services of a trained birth attendant, who will know what to do in case there is a problem, should be arranged.
- Emergency transport to a facility where essential obstetric services are available should be prepared in case it will be needed.

Regular prenatal check-ups are important. One or two visits are not enough to identify problems. Only regular monitoring, will enable early detection and management of most problems. Prenatal check-ups include various activities that are intended to identify and/or prevent problems that may develop during pregnancy, delivery and postpartum. These include:

- Taking the client’s medical history and doing a physical examination to identify conditions in the mother and her baby that will need closer follow-ups and/or treatment.
- Giving iron/folate supplement to prevent or treat anemia.
- Giving tetanus toxoid immunization to prevent neonatal tetanus.
- Giving malaria prophylaxis, if needed.
- Giving advice on nutrition, hygiene, breastfeeding, avoidance of unhealthy practices during pregnancy,
preparations for delivery, neonatal care, family planning and other related concerns.

- Managing diseases and other problems that may affect the pregnancy
- Referring the client to another facility if there are problems that need further intervention.

**Risk conditions and danger signs in pregnancy.**

The most frequent risk conditions in pregnancy include:

- Maternal age younger than 20 years or older than 35 years. A primigravida whose height is less than 145 cm.
- Less than two years between deliveries.
- More than four deliveries
- A previous difficult delivery
- A previous caesarean section
- A previous miscarriage or stillbirth
- A previous premature or low-birth-weight baby
- A history of, or current, bleeding
- A history of, or current, hypertension history of, or current, multiple pregnancy or abdomen too large for age of gestation
- Maternal illness such as anemia, tuberculosis, heart disease, diabetes, malaria, liver disease and kidney disease
- Malnutrition

**The presence of a risk condition means that:**

- The woman is more likely to have problems during pregnancy and delivery.
- The baby is more likely to be born unhealthy or dead. The woman will need close follow-up during the entire period of pregnancy and delivery.
- The woman needs to be referred to a physician who can give advice on the appropriate place for delivery.
- She may need surgery or a special intervention that is not possible in some settings.

A woman who has certain risk condition such as previous caesarian section or maternal illness like heart and liver diseases should avoid another pregnancy or take extra precautions if she decides to become pregnant.

- There are different birth control methods that a couple can use to avoid unwanted pregnancy.
- If the couple decides to have a child despite the risk, they should consult a physician before the woman becomes pregnant.

The danger signs during pregnancy are:

- Vaginal bleeding
- Severe headache, dizziness and blurring of vision
- Puffiness of the face, hands and feet
- High fever
- Pallor

**What do we want mothers to know?**

**I. On Prenatal check-up:**

- There is a need for early and regular prenatal check-up for risk assessment and prevention of complications before they develop. This will help mothers prepare and cope with pregnancy; will identify mothers who are at risk and who will need close monitoring or referral.

- It is important for mothers to submit for prenatal check-up once during the first trimester, twice during the second trimester and four times during the third trimester and as often when needed.

- Submit for tetanus toxoid immunization during their pregnancy. When they receive at least two (2) doses of tetanus toxoid immunization, they protect their children against neonatal tetanus.

- Five (5) doses of TT immunization are needed to protect a mother and her baby against the disease, during her pregnancy and for lifetime immunity.

- Have blood pressure monitored as often as possible but at least once a month.

The schedule is as follows:

1. As early as possible during pregnancy.
2. At least 4 weeks after TT1.
3. At least six (6) months after TT2.
4. At least one (1) year after TT3.
5. At least one (1) year after TT4.

**II. Nutrient Needs During Pregnancy:**

Encouraging mothers to increase their food nutrient intake during pregnancy.

**Protein** will make the mother’s body and baby grow. Example of food sources are fish, meat, beans, eggs and milk.

**Calcium** will keep gums and teeth healthy, and help in the growth and development of bones and hair. Example of food sources are cheese, dilis and shellfish.
iodine will prevent goiter, promote proper mental and physical development of the growing fetus. Example of food sources are seafoods like seaweeds, alamang, fish, tahong, halaan, tulya and iodized salt.

Iron will prevent anemia, increase production of red blood cells. Sources of iron are dried dilis, tulingan, alamang, seaweeds, tahong, liver, internal organs, malunggay, camote tops, gabi leaves, petchay, saluyot, alugbati, kangkong, whole grain cereal.

Carbohydrates will provide energy needed by the mother in her daily activities. Foods rich in carbohydrates are rice, corn, cassava, camote, bread, and other bakery products such as cakes, cookies, bread and other “kakanin”, such as suman, puto, biko, kutsinta, and others. Foods rich in fats are butter, oil, margarine, lard and coconut milk.

Decrease intake of carbohydrates when there is:
- Frequent vomiting
- Swelling of legs
- Abdominal rapid increase in weight.

Eat enough carbohydrate-rich foods to maintain the ideal weight increase for certain trimester of pregnancy.

Vitamin A-rich foods will increase resistance against infection, prevent blindness, make hair and skin healthy, and prevent death from pneumonia, diarrhea, and measles. Good source of vitamin A are:

a) green and leafy vegetables such as leaves of malunggay, sili, gabi, kangkong, alugbati and other leafy vegetables found in your area.

b) yellow fruits and vegetables such as carrots, squash, mango, ripe papaya, melon and tesa.

c) liver, meat, poultry and eggs

Vitamin C-rich foods will increase body resistance against common illnesses like coughs and colds, keep gums and teeth healthy. Good sources of vitamin C are guava, tomatoes, mango, pineapple, papaya, calamansi, and other fruits and green leafy vegetables like malunggay, camote tops, petchay and kangkong.

1. Plant vitamins A and C-rich vegetables and fruit trees to ensure continuous supply of vitamins A and C for you and your family.

2. Breastfeeding mothers should take plenty of fluids (such as soup, fruit juices, milk, and water) and calcium-rich foods (like kuhol, tulya, dilis, malunggay, mango and saluyot). These foods are necessary for production of breastmilk.

III. Self-care practices

- Good hygiene is important during pregnancy and after delivery. Taking a bath daily prevents infection and refreshes the body.

- Mothers should take a bath after delivery to freshen herself and feel comfortable. To prevent infection of the perineum or abdominal wounds, wash the area using cooled boiled water.

- Mothers should wear loose and clean garments to allow proper circulation of the blood and for comfort.

- Mothers should have regular exercise. Take a walk before sunrise and after sunset. Regular exercise helps in the circulation of the blood and body fluids.

- Mothers should maintain an ideal weight increase of:
  - 2 lbs within the first trimester
  - 11 lbs in the second trimester.
  - 11 lbs in the third trimester.

The total weight gain is 24 lbs throughout pregnancy. Mothers should monitor her weight monthly.

- Mothers should submit for dental examination. The gums of pregnant women usually become tender and can bleed easily during brushing. Eat vitamin C-rich foods to keep teeth and gums healthy.

- Mothers should brush their teeth every after meal.

- Mothers should avoid cigarettes, alcoholic drinks, too much coffee, excessive softdrinks and sweets.

- They should avoid taking any medicine not prescribed by their doctor.

- Excessive softdrinks and sweets may lead to rapid weight increase which may endanger the mother and her child.

- Cigarettes may result in the baby’s low birth weight, while use of unprescribed medicine or alcohol may cause congenital deformities or even death of the child.

Discomforts of Pregnancy

A woman may experience some of these discomforts during pregnancy:

- Constipation
- Hemorrhoids
- Heartburn
- Morning sickness/nausea and vomiting
- Varicose veins
- Vaginal discharge
• Leg cramps
• Backache

The health worker should reassure her that these are normal and recommend the following:

**Constipation**

- Increase her usual fluid intake by 2-4 glasses per day
- Eat lots of fruits and vegetables
- Walk
- Avoid straining during bowel movements.

**Hemorrhoids**

- Sit only on hard surfaces
- Avoid constipation
- Lie with hips up

**Heartburn or indigestion**

- Eat small, frequent meals instead of three large ones
- Limit spicy or greasy foods
- Avoid lying down right after eating
- Eat papaya
- Don’t drink with meals; try to drink 30 minutes before and after a meal

**Morning Sickness/Nausea and Vomiting**

- Eat small, frequent meals instead of three large ones.
- Don’t drink with meals; try to drink 30 minutes before and/or after a meal.
- Eat bread or crackers before getting up in the morning.
- Suck on cracked ice or ice chips.

If the woman gets so ill that she becomes dehydrated or the condition persists for more than the first trimester, she may have hyperemesis gravidarum. Give her sips of Oresol and refer her to hospital.

**Varicose Veins**

- Keep legs up when sitting.
- Walk and try to move around.
- Avoid socks or stockings with elastic tops.

**Vaginal Itchiness/White Cheesy Discharge**

- Wear cotton and loose underwear.
- Frequently change underwear.
- Avoid sweets.
- Avoid wearing tight pants, especially jeans.
- Wash the vagina with water + vinegar solution (1 part vinegar to 1 part water) three times a day for 1 week.
- If condition persists despite the previously mentioned remedies refer her to RHU physician.

**Leg Cramps**

- Keep feet and legs elevated whenever possible.
- Lightly massage the lower legs.
- If leg cramps occur, let the mother straighten her knee and bend her foot back towards her leg or suggest that she stand up on the cramping leg.
- Drink lots of fluid.

**Backache**

- Always straighten back when standing or sitting, do not slouch.
- Wear low-heeled shoes.
- Massage the affected area.
- Do pelvic rocks for exercise.

**How to Do Pelvic Rock**

- Start from any of these positions; standing with legs slightly apart; lying supine, with knees flexed and slightly apart; or getting down on your hands and knees.
- Curl the lower back and hold it for a few seconds.
- Straighten the lower back.
- Repeat the movement 20-25 times.

**Abdominal Pain in Pregnancy**

This is not always related to pregnancy; it may have a medical or surgical cause. If a pregnant woman comes to you with abdominal pain, look for any other signs and symptoms mentioned in Table 1 and manage accordingly.

**Vaginal Bleeding**

This is always abnormal. Make sure you give the mother fluid replacement. Do not allow her to go into shock. If a pregnant woman has vaginal bleeding, look for any of the other signs or symptoms in Table 2, and then manage accordingly.

**Notes:**

**Abruptio placenta:** This occurs when the placenta separated from the wall of the uterus before the baby is born, causing bleeding and severe pain. This is often seen in mothers with eclampsia. The baby is usually stillborn.
Table 1

<table>
<thead>
<tr>
<th>Other Signs/Symptoms</th>
<th>Probable Causes</th>
<th>Action</th>
</tr>
</thead>
</table>
| Abdomen is painful when touched (even when touched very lightly) | • Ectopic pregnancy  
• Abruptio placenta  
• Ruptured uterus  
• Non-obstetric conditions such as appendicitis, ruptured ovarian cyst, etc | • Fluid replacement  
• Refer immediately to the hospital  
• Have a friend or relative go with the mother. She needs an operation and may also need a blood transfusion. |
| Diarrhea and vomiting                                    | Gastroenteritis                                       | • Advice the mother to drink plenty of fluids, such as ORS, boiled water, home fluids.  
• See her again the following day. If she is not better, refer her to the RHU physician. |
| The woman is in the third trimester and the pain comes and goes | Labor                                                  | • If she is not AT RISK: Look after her at home in the usual way  
• If she is AT RISK: refer her immediately |
| Painful urination                                         | Urinary tract infection                               | • Advise her to drink plenty of fluids |

Table 2

<table>
<thead>
<tr>
<th>Other Signs/Symptoms</th>
<th>Probable Causes</th>
<th>Action</th>
</tr>
</thead>
</table>
| The mother is over 20 weeks or 5 months pregnant          | • Placenta previa  
• Abruptio placenta | • DO NOT do an internal exam. |
| Fever and/or foul-smelling vaginal discharge              | Septic abortion                                       | • Give amoxicillin 1 g PO.  
• Fluid replacement  
• Give paracetamol 500 mg PO if there is fever.  
• Refer to the hospital immediately |
| Profuse bleeding with passage of clots                    | • Incomplete abortion  
• Molar pregnancy | • Give ergometrine 0.2 mg  
• Fluid replacement  
• Refer to hospital immediately with a friend or relative willing to donate blood |
| Profuse bleeding which has has stopped                    | Completed abortion                                    | • Advise rest for 3 days.  
• Fluid replacement  
• Give ferrous sulfate 60 mg with folic acid; 2 tablets daily for 2 months.  
• Advise her to practice family planning.  
• If the mother is very pale, refer her to the hospital. She may need a blood transfusion. |
| Spotting only                                             | Threatened abortion                                  | • Advice bed rest until 3 days after the bleeding has stopped  
• Advice avoidance of sexual intercourse for 1 week after the bleeding has stopped.  
• Refer to the hospital if bleeding and/or pain gets worse or if bleeding continues. |
**Placenta previa:** This occurs when the placenta is attached to the wrong site in the uterus. It lies below the baby. There is bleeding, but usually no pain. Caesarean section is usually necessary, and the baby may be premature and will need special care.

**Abortion:** When the woman returns home, make sure she is using a family planning method. She should not get pregnant again for at least 3 months. If she gets pregnant again too soon, she is more likely to have another miscarriage. If a woman has had 3 abortions or more, REFER her to the RHU physician, as soon as she becomes pregnant again.

**Molar pregnancies:** This may turn into cancer, so it is very important that the woman is treated by a physician in a hospital. The physician should follow her up afterwards. You should advise the woman about this and make sure she sees the physician regularly for several months. The woman should avoid getting pregnant for at least one year, she should use a family planning method.

**Preterm Rupture of the Bag of Water**
This is when the bag of water ruptures before the onset of painful regular uterine contractions. The pregnant woman will complain of a watery vaginal discharge which is not urine. The uterus and the baby inside may become infected.

**Cause:** Usually not known. There are some conditions which may predispose to preterm rupture of the bag of water. These include:
- Incompetence of the cervix
- Vaginal infection
- Malpresentation
- Multi-fetal pregnancy
- Too much amniotic fluid. Women having one or more of the previously mentioned conditions are at risk of preterm rupture of the bag of waters.

**Actions:**

### Table 3.

<table>
<thead>
<tr>
<th>Other Signs/Symptoms</th>
<th>Probable Causes</th>
<th>Action</th>
</tr>
</thead>
</table>
| • BP is 140/90 or higher  
• She is having convulsions  
• She may have pitting edema and/or generalized edema | Eclampsia | • If she has denture, remove them  
• Keep the airway open.  
• Put a tongue guard between her teeth.  
• Place her in a semi-prone position.  
• Give diazepam 10 mg.  
• REFER IMMEDIATELY to the hospital. |
| • BP is below 140/90  
• She is having convulsions | • Epilepsy  
• Cerebral malaria  
• Meningitis  
• Schistosomiasis | • Give diazepam 10 mg.  
• REFER IMMEDIATELY to the hospital. |
| • BP is higher than 160/100  
• She may have epigastric pain  
• She may have pitting edema | Severe pre-eclampsia | • Give diazepam 10 mg.  
• Give hydralazine 10 mg.  
• REFER IMMEDIATELY to the hospital.  
• Keep her very quiet. Make her lie on her left side during transport |
| • BP is between 140/90 and higher but not more than 160/100  
• She may have pitting edema and/or generalized edema | Mild pre-eclampsia | • REFER IMMEDIATELY to the hospital.  
• Keep her very quiet. Make her lie on her left side during transport |

**Notes:**
Hydralazine is a powder and has to be mixed with sterile water before use.
Referral: When bringing her to a hospital, bring along a relative, friend or health worker who will make sure her airway is clear and she can breathe during the journey. The physician is likely to induce labor or deliver her by Caesarean section.
Other causes: if the blood pressure is normal, look for other causes of convulsions such as cerebral malaria and meningitis (there will be high fever and the woman will have a stiff neck) or epilepsy; REFER her immediately to the hospital.
Drugs Mentioned in the Treatment Guideline

This index lists drugs/drug classifications mentioned in the treatment guideline. Prescribing information of these drugs can be found in PPD reference systems.

<table>
<thead>
<tr>
<th>Drugs Mentioned in the Treatment Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy &amp; Lactation Multivitamins</td>
</tr>
<tr>
<td>Clusivol OB</td>
</tr>
<tr>
<td>Elevit Pronatal</td>
</tr>
<tr>
<td>Feovit</td>
</tr>
<tr>
<td>Fergon OB</td>
</tr>
<tr>
<td>Folart</td>
</tr>
<tr>
<td>Genalin-OD</td>
</tr>
<tr>
<td>Hemarate</td>
</tr>
<tr>
<td>Iberet-Folic-500</td>
</tr>
<tr>
<td>Martham</td>
</tr>
<tr>
<td>Materna 1.60</td>
</tr>
<tr>
<td>Molvite-OB</td>
</tr>
<tr>
<td>Natalac</td>
</tr>
<tr>
<td>Natalins M</td>
</tr>
<tr>
<td>Natalins M w/ Flouride</td>
</tr>
<tr>
<td>OB Smart SG</td>
</tr>
<tr>
<td>OB-Max</td>
</tr>
<tr>
<td>Obimin-AF</td>
</tr>
<tr>
<td>Pregnamin</td>
</tr>
<tr>
<td>Reprogen</td>
</tr>
<tr>
<td>Usanatal</td>
</tr>
<tr>
<td>Vitamin A</td>
</tr>
<tr>
<td>Afaxin</td>
</tr>
<tr>
<td>Vitamin A/D</td>
</tr>
<tr>
<td>Rhea Cod Liver Oil Forte</td>
</tr>
<tr>
<td>Vitamin A/E</td>
</tr>
<tr>
<td>Rovigon</td>
</tr>
<tr>
<td>Vitamin C</td>
</tr>
<tr>
<td>Bescee</td>
</tr>
<tr>
<td>Carezee</td>
</tr>
<tr>
<td>Cetrasol</td>
</tr>
<tr>
<td>Cetrin Concentrate</td>
</tr>
<tr>
<td>DLI Ascorbic Acid</td>
</tr>
<tr>
<td>Esvicee</td>
</tr>
<tr>
<td>Harcee</td>
</tr>
<tr>
<td>Jorvic-C</td>
</tr>
<tr>
<td>Ped Cee</td>
</tr>
<tr>
<td>Poten-Cee</td>
</tr>
<tr>
<td>Quest Ascorbic Acid</td>
</tr>
<tr>
<td>Rhea Ascorbic Acid</td>
</tr>
<tr>
<td>RiteMED Ascorbic Acid</td>
</tr>
<tr>
<td>Sanvit-C</td>
</tr>
<tr>
<td>UL Ascorbic Acid</td>
</tr>
<tr>
<td>United Home Ascorbic Acid</td>
</tr>
<tr>
<td>Nutritional Products</td>
</tr>
<tr>
<td>Anmum Plain</td>
</tr>
<tr>
<td>Anmum Chocolate</td>
</tr>
<tr>
<td>Athena Hi-Calcium Non-Fat</td>
</tr>
<tr>
<td>Milk for Women</td>
</tr>
<tr>
<td>Enfamama</td>
</tr>
<tr>
<td>Gerber for Mom</td>
</tr>
<tr>
<td>Mamacare</td>
</tr>
<tr>
<td>Iron Preparations</td>
</tr>
<tr>
<td>Calcebone</td>
</tr>
<tr>
<td>Calci-Aid</td>
</tr>
<tr>
<td>Calcium Sandoz</td>
</tr>
<tr>
<td>Calcium Sandoz + Vit C</td>
</tr>
<tr>
<td>Calcium-D-Redoxon</td>
</tr>
<tr>
<td>Calsan</td>
</tr>
<tr>
<td>Caltrate Plus</td>
</tr>
<tr>
<td>Intervit</td>
</tr>
<tr>
<td>Miracal</td>
</tr>
<tr>
<td>Rhea Calcium Lactate</td>
</tr>
<tr>
<td>Tridin</td>
</tr>
<tr>
<td>United Home Calactate</td>
</tr>
<tr>
<td>Rhea Ferrous Sulfate</td>
</tr>
<tr>
<td>Sangobion</td>
</tr>
<tr>
<td>Terraferron</td>
</tr>
<tr>
<td>Trev-Iron</td>
</tr>
<tr>
<td>Trihemic</td>
</tr>
<tr>
<td>UL Ferrous Fumarate</td>
</tr>
<tr>
<td>United Home Fersulfate Iron</td>
</tr>
<tr>
<td>Fluids for Replacement Therapy</td>
</tr>
<tr>
<td>Colloids</td>
</tr>
<tr>
<td>Albumin</td>
</tr>
<tr>
<td>Albuman Berna</td>
</tr>
<tr>
<td>Albuminar-25</td>
</tr>
<tr>
<td>Albutein</td>
</tr>
<tr>
<td>Buminate</td>
</tr>
<tr>
<td>Gelatin</td>
</tr>
<tr>
<td>Gelafundin</td>
</tr>
<tr>
<td>Hydroxyethyl starch</td>
</tr>
<tr>
<td>Haes-Steril 6%/10%</td>
</tr>
<tr>
<td>Dextran/dextrose</td>
</tr>
<tr>
<td>Onkovertin 70 in Dextrose 5%</td>
</tr>
<tr>
<td>Fluids for Replacement Therapy</td>
</tr>
<tr>
<td>Crystalloids</td>
</tr>
<tr>
<td>B. Braun 5% Dextrose in Lactated Ringer's Solution</td>
</tr>
<tr>
<td>B. Braun 5% Dextrose in Water</td>
</tr>
<tr>
<td>B. Braun 10% Dextrose in Water</td>
</tr>
<tr>
<td>B. Braun 50% Dextrose Injection</td>
</tr>
<tr>
<td>B. Braun Dextrose 5% in 0.33% NaCl</td>
</tr>
<tr>
<td>B. Braun Dextrose 5% in 0.9% NaCl</td>
</tr>
<tr>
<td>LVP D_10W</td>
</tr>
<tr>
<td>LVP D_1LR</td>
</tr>
<tr>
<td>LVP D_3S_1</td>
</tr>
<tr>
<td>LVP D_5S</td>
</tr>
</tbody>
</table>

233
### Oral Electrolytes/Hydrating Solutions
- Cholyte-50
- Dehydrasol
- Glucolyte
- Glucost
- Hydrite
- Orhydate Concentrate Syrup

### Potassium chloride
- Kalium Durules

#### Parenteral Electrolytes
- Addamel N
- B. Braun Lactated Ringer's Soln

#### Calcium gluconate
- B. Braun 10% w/v Calcium Gluconate
- Hizon Calcium Gluconate

#### Potassium chloride
- B. Braun Potassium Chloride
- Elin Potassium Chloride
- Ion-O-Trate Potassium Chloride

#### Sodium chloride
- B. Braun 5.85% NaCl
- B. Braun NaCl 0.9% Soln
- B. Braun NaCl 0.9% Soln for Inj
- Elin Sodium Chloride 2.5 mEq Injection
- Hizon 0.9% Sodium Chloride
- LVP S

### Analgesics
#### Paracetamol
- Afebrin
- Aldep
- Aminoferin
- Baropyrine
- Biogenerics Paracetamol
- Biogesic
- Carperact
- Crocin
- Delgin
- DLI-Paracetamol
- Dolexpel
- Drugmaker's Biotech
- Paracetamol
- Europharma Paracetamol
- Franciphen
- Gendol Tab

### Anti-infectives
#### Amoxicillin
- Aldemox
- Amoxil
- Amoxysterly
- Amoxtrex
- Amusa
- Apamax/Apamax Forte
- Athenalyn
- Axmel
- Bacixhal
- Biogenerics Amoxicillin
- Cartrimox
- Cilfam
- Curamox
- Daisamox
- DLI-Amoxicillin
- Drugmaker's Biotech
- Amoxicillin
- Eleomox
- Emilex
- Europharma Amoxicillin
- Glamox
- Globamox
- Globapen
- Harvimox
- Himox
- IHC-Amoxicillin
- Intermox

### Analgesics
#### Paracetamol
- Genpyra
- Gifaril-P
- Lenor
- Medgenol
- Medicol-A
- Metagesic
- Myremol
- Naprinol
- Nopain Forte
- Octagesic/Octagesic Forte
- Opigesic
- Pacigesic
- Paracetamol
- Pynal
- Rexidol
- Reximed
- RiteMED Paracetamol
- Rufenal
- Saridon
- Tempain
- Temperal
- Tempra/Tempra Forte
- Tylenol

### Anticonvulsants
#### Diazepam
- Anxionil
- Trazepam
- UL Diazepam
- Valium

### Vasodilators
#### Hydralazine
- Apresoline

### Progestogens
#### Allylestrenol
- Turinal

#### Hydroprogesterone caproate
- Duphaston

#### Medroxyprogesterone acetate
- Provera

#### Norethisterone
- Primolut N