



SENATE

'19 AUG -8 P4:52

S. No. 882

RECEIVED BY

Introduced by SEN. SHERWIN T. GATCHALIAN

**AN ACT
PROVIDING FOR THE IMPROVEMENT OF MATERNAL AND CHILDBIRTH SERVICES BY
ESTABLISHING BIRTHING CENTERS AND TRAINING TRADITIONAL BIRTH
ATTENDANTS, AND APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The commitment of the Philippines to the Millennium Development Goals (MDG) of reducing maternal mortality rate (MMR) has not been achieved and the decline appears to have stalled, making the target reduction in MMR of 52 deaths per 100,000 live births by 2015 highly improbable. The high rate of maternal deaths may be attributed to inadequate access to integrated reproductive health services by women, including poor adolescents and men. For one, significant number of Filipino women lack access to qualified reproductive health services. Over half of births in the country occurred at home, and a third of them were assisted by traditional birth attendants. Poor women are greatly disadvantaged with around 75 percent of the poorest quintile having no access to skilled birth attendants compared to only 20 percent of the richest quintile.¹

The filing of this bill was spurred by several calls for the ban of home births and the practice by many in the urban areas to avail of the services of traditional birth attendants or "hilots" because of the relative ease and accessibility which they bring to expectant mothers. It

¹<http://www.ph.undp.org/content/philippines/en/home/mdgoverview/overview/mdg5/>

is the humble proposal of this representation to improve maternal and newborn care by establishing birthing facilities as well as the training of traditional birth attendants to become part of the formal health system. It seeks the improvement of local health facilities towards services that can provide the underserved or underprivileged women with comprehensive care and access to safe maternal and newborn care delivery system.

Instead of a complete ban, home births should be allowed, except where health clinics and birthing centers are present in the community. In the absence of these facilities, where greater risks and danger to the life of the mother and the unborn is imminent if transport to a health facility is made, midwives and trained traditional birth attendants should be allowed to attend to the childbirth to ensure maternal and neonatal safety. In order to ensure the competency of traditional birth attendants in assisting during childbirth, the Department of Health will conduct the necessary training to properly equip them with the skills to provide proper care during pregnancy, childbirth and postnatal periods in health clinics or birthing stations.

Inspired by a successful United Nations program in Gattaran, Cagayan, this bill proposes an innovation to provide greater access and affordable childbirth in healthcare facilities by instituting a lay-away program where a pregnant woman shall pay in portions the fees to cover for the expenses in delivery.

In view of the necessity to complement the efforts of the DOH and the local government units to contribute in the improvement of maternal and neonatal care, we urge the support of the legislature in the immediate passage of this worthwhile initiative.



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*Be it enacted by the Senate and the House of Representatives of the Philippines in
Congress assembled:*

1 SECTION 1. *Declaration of Policy.* – It is the duty of the State to protect the life of the
2 mother and the life of the unborn from conception. Towards this end, the State shall endeavor
3 to provide quality health interventions and appropriate facilities as well as services that shall
4 address maternal and neonatal mortalities and ensure efficient strategies to lessen the risk that
5 continuously occur during pregnancy and childbirth, especially of the underprivileged.

6
7 SEC. 2. *Objective.* – To emphasize the government’s commitment to improve maternal
8 and newborn health interventions, this Act shall undertake the following objectives:

9 (a) Ensure that all women and newborns have skilled care during pregnancy,
10 childbirth and the immediate post-natal period;

11 (b) Promote pre-natal health education and safe birthing practices;

12 (c) Improve the capacity of the local government units (LGUs) to deliver the basic
13 health service delivery from antenatal to post-partum care;

14 (d) Upgrade health facilities, both in terms of additional human resource and
15 infrastructure facilities suitably equipped to address basic and emergency services, when
16 necessary;

1 (e) Introduce local strategies to improve mechanisms for demand to access or seek
2 care and health interventions in health clinics;

3 (f) Train health workers, including traditional birth attendants, to deliver quality
4 obstetric and newborn care services;

5 (g) Develop incentives to entice and promote antenatal care in a Barangay Health
6 Station (BHS), Rural Health Unit (RHU) and the District and Community Hospitals;

7 (h) Establish an effective referral and monitoring system in barangays to monitor
8 maternal and newborn care; and

9 (i) Deploy birthing facilities equipped with trained obstetric and newborn care
10 provider in areas where health facilities are unavailable.

11
12 SEC. 3. *Scope and Coverage.* – This Act aims to improve maternal and newborn care by
13 establishing birthing facilities as well as the training of the traditional birth attendants to
14 become part of the formal health system. It seeks the improvement of local health facilities
15 towards services that can provide comprehensive care in order to encourage underserved or
16 underprivileged women access to safe maternal and newborn care delivery system.

17
18 SEC. 4. *Definition of Terms.* – As used in this Act, the following shall mean:

19
20 a. Birthing Center - a health facility that provides maternity service on pre-natal and
21 post-natal care, spontaneous delivery and care of newborn babies.

22 b. Neonatal Mortality – number of deaths within the first 28 days of life per 1000 live
23 births in a given period.

24 c. Maternal Mortality – number of women who die from any cause related to or
25 aggravated by pregnancy or its management during pregnancy and childbirth or
26 within 42 days of termination of pregnancy.

27 d. Traditional Birth Attendants (TBAs) – independent, non-formally trained community-
28 based providers of care during pregnancy, childbirth, and postpartum period using
29 conventional method.

30 e. Newborn – a child from the time of complete delivery to 30 days old.

31 f. Health Care Practitioner – refers to a physician, nurse, midwife, nursing aide and
32 traditional birth attendant.

- 1 g. Certification – a process and procedure of external assessment or examination by
2 which an individual or facility is determined to possess a minimally acceptable body
3 of knowledge and/or skills or the capacity to provide the standard of care with
4 adequate resources.
- 5 h. Local Health Board – its creation and composition are mandated under R.A. 7160 or
6 the Local Government Code of 1991.
- 7 i. Geographically Isolated and Disadvantaged Areas (GIDA) – refer to communities
8 with marginalized population physically and socio-economically separated from the
9 mainstream society and characterized by physical factors (distance, weather
10 conditions, transportation difficulties) and socio-economic factors (high poverty
11 incidence, recovering from situation of crisis or armed conflict).
- 12 j. Department of Health Physical facility requirement for Birthing Home – Annex D,
13 DOH Administrative Order No. 2012-0012.
- 14

15 *SEC. 5. Role of the Local Government Unit.* – The Local Health Board of every province,
16 city or municipality, in accordance with their mandate, shall make an inventory of its existing
17 facilities and ensure that health clinics shall be compliant with DOH standards in terms of
18 strategic location, infrastructure and manpower. These facilities must be constructed in locations
19 most accessible to women. It must upgrade existing infrastructures to accommodate
20 improvements in facilities and equipment. With the support of the Department of Health, it shall
21 provide technical assistance and advisory services in the continuous training of health workers
22 or to contract out skilled health practitioners for an integrated system that addresses the risks
23 identified with maternal and childbirth mortality, in terms of capability of health service
24 providers.

25

26 *SEC. 6. Role of the Department of Health.* – The DOH shall ensure that the LGU Rural
27 Health Units, Barangay Health Stations, District Hospitals, Birthing Centers are fully compliant
28 with the amenities and infrastructure requirements set by the DOH.

29 The DOH shall, within two (2) years after the effectivity of this Act, train the traditional
30 birth attendants with the modern method of delivery, to properly equip them with the skill to
31 provide care during pregnancy, childbirth and postnatal periods in health clinics or birthing
32 stations. The conduct of these trainings shall be made every two (2) years hereafter to facilitate

1 the training of new ones upon the retirement of the other TBAs. A certification by the DOH of
2 compliance with this requirement shall give the TBAs the authority to work alongside healthcare
3 practitioners of the LGU.

4
5 SEC. 7. *Birthing Centers.* – There shall be established birthing facilities that shall address
6 obstetric care and delivery in Geographically Isolated and Disadvantaged Areas (GIDA), where
7 distance and transportation makes travelling to a health facility unsafe and poses greater risk
8 and danger to the mother and her unborn child. These birthing facilities shall be required to
9 operate twenty-four hours for seven days (24/7) or on an on call or as needed basis, depending
10 on the pregnancy tracking.

11 These centers shall be compliant with the Physical Facility requirements of the DOH with
12 regards to the General Administrative and Clinical services. The facility shall likewise be
13 supported by competent health care practitioners including DOH-trained traditional birth
14 attendants.

15 Clinical services to be rendered in these centers shall include pre-natal and post-natal
16 care, normal spontaneous delivery for low-risk pregnant women, care of newborn and other
17 similarly-related health care.

18 There shall be barangay health workers formed into teams who shall regularly check on
19 pregnant women in the community. They shall continuously advocate quality health care by
20 accessing the maternal care delivery system established by the government and disseminate
21 educational tools to facilitate the shift from basic societal dynamics of home-deliveries to
22 childbirth in these centers equipped with facilities and skilled personnel.

23 These ante-natal check-ups must identify at-risk pregnancies or anticipate complications
24 in deliveries, which should directly be referred to clinics or tertiary hospitals with well-equipped
25 facilities to handle emergencies.

26 SEC. 8. *Lay-Away Program.* – In order to make these birthing centers sustainable,
27 expectant mothers shall, during pre-natal visits, pay in portions the cost for her delivery. The
28 scheme shall cover expenses for electricity and water bills, as well as payment for attending
29 health workers. The cost shall be minimal and implementable through socialized user fees.

30 Nothing in this Section shall however prevent the city, municipality or barangay with the
31 capacity to provide full subsidies to its constituents to forego user fees, or seek for private

1 partnerships, aid or donations to cut costs or subsidize the expenses for the deliveries in
2 birthing centers.

3
4 SEC. 9. *Home-Births.* – Pursuant to the objectives of this Act, home births shall be
5 disallowed where health clinics and birthing centers are present in the community, and where
6 there is absence of the risk contemplated under Section 7 paragraph 1. In cases where greater
7 risk and danger to the life of the mother and the unborn is imminent if transport to a health
8 facility is made, midwives and trained traditional birth attendants shall attend to the childbirth to
9 ensure maternal and neonatal safety.

10
11 SEC. 10. *Incentives to Barangays.* – The commitment to reduce maternal and neonatal
12 mortality must generate the coordinated effort of the community, hence, the local health board
13 shall assess and recommend economic incentives to promote the initiative and make zero
14 maternal and neonatal death possible.

15
16 SEC. 11. *Appropriations.* – The primary source of funding for the operation, maintenance
17 and improvement of the health facilities shall be the LGU. It shall likewise cover the salaries and
18 other benefits of the local human resource including the incentives for the barangay health
19 workers and other community volunteer workers.

20 The capital outlay for the birthing centers, additional health clinics, improvements of
21 existing health facilities in terms of equipment and the amount to be expended for the training
22 of the traditional birth attendants shall be included in the budget of the DOH in the year
23 following the effectivity of this Act.

24
25 SEC. 12. *Implementing Rules and Regulations.* – Within ninety (90) days from the
26 approval of this Act, the Secretary of Health and the Secretary of the Interior and Local
27 Government shall promulgate the necessary implementing rules and regulations (IRR) for the
28 effective implementation of this Act. The IRR shall cover the implementation of performance-
29 based incentive of rural communities toward achieving zero maternal and neonatal mortality
30 and the program of training for the traditional birth attendants. The DOH shall provide the
31 manual for the minimum requirements in terms of facilities and human resource for an efficient
32 health clinic or birthing center.

1

2 SEC. 13. *Separability Clause.* – If any section or provision of this Act is held
3 unconstitutional or invalid, the remaining sections or provisions not affected shall remain in full
4 force and effect.

5

6 SEC. 14. *Repealing Clause.* – All laws, presidential decrees, executive orders and rules
7 and regulations, or parts thereof, inconsistent with the provisions of this Act are hereby
8 repealed or modified accordingly.

9

10 SEC. 15. *Effectivity.* – This Act shall take effect fifteen (15) days from the date of its
11 complete publication in at least two (2) newspapers of general circulation.

Approved,