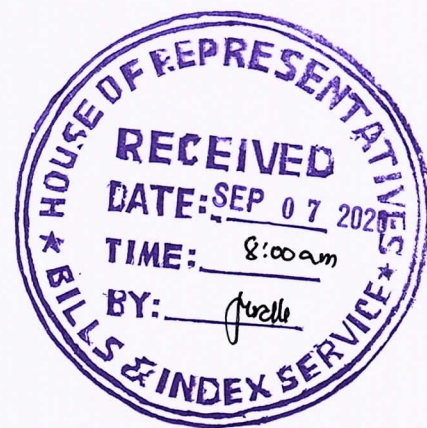


Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
Second Regular Session

House Bill No. 7587



INTRODUCED BY
REP. ALFRED VARGAS

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 delicate condition of pregnancy puts both mothers and their babies at risk. It is a period of utmost and sensitive care not just for one life but at least two. One life lost is one life too many, and it has always been our responsibility as Filipinos and as human beings to care and protect the lives of the mothers and the next generation to come.

In 2018, the Philippine Statistics Authority (PSA) recorded a total of 1,668,120 live births, which is equivalent to a crude birth rate (CBR) of 15.8 or 16 births per thousand population. On the average, there were about 4,570 babies born daily or about 190 babies born per hour or approximately three babies born per minute.¹

Among these births, 78% are deliveries in a health facility as reported by the United Nations International Children's Emergency Fund (UNICEF). This signifies that a number of the population still resort to the traditional "hilot" as a means for birth deliveries.²

The Department of Health (DOH), in its efforts to address these institutional challenges have implemented the National Safe Motherhood Program which envisions Filipino women to have full access to health services towards making their pregnancy and delivery safer. The National

¹ Philippine Statistics Authority. 2019. "Births in the Philippines, 2018" <https://psa.gov.ph/content/births-philippines-2018>

² UNICEF. 2018. "Institutional Deliveries" https://data.unicef.org/indicator-profile/MNCH_INSTDEL/

Safe Motherhood Program is committed to provide rational and responsive policy direction to its local government partners in the delivery of quality maternal and newborn health services with integrity and accountability using proven and innovative approaches.³

The United Nations Inter-agency Group for Child Mortality Estimation report, led by UNICEF, showed that infant deaths in the Philippines dropped from 40 deaths per 1,000 live births in 1990 to 22 deaths in 2018.

But while infant deaths have decreased, recent data reported by the PSA showed that maternal deaths increased from 1,484 in 2017 to 1,618 in 2018 indicating a two year high when maternal deaths reached 1,721 in 2015.⁴

Based on the Sustainable Development Goals, countries must bring down the number of maternal deaths to 70 per 100,000 live births. In the Philippine Development Plan (PDP), the Duterte administration aims to lower its maternal mortality ratio to 90 by 2022. Thus, an institutionalized program and support for maternal and childbirth services is necessary to achieve this vision.

This bill seeks to provide greater access and affordable childbirth in health care facilities by instituting a lay-away program where a pregnant woman shall pay in portions the fees to cover for the expenses in the delivery. Trainings for traditional birth attendants shall also be made available and accessible. This legislation shall humbly complement the efforts of the DOH and local government units in the improvement of maternal and neonatal care in the country, in line with a counterpart measure in the Senate, Senate Bill No. 882 filed by Sen. Sherwin Gatchalian.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



ALFRED VARGAS

³ Department of Health. 2018. "National Safe Motherhood Program" <https://www.doh.gov.ph/national-safe-motherhood-program>

⁴ Business Mirror. 2020. "PSA data show spike in PHL maternal deaths" (February 11, 2020) <https://businessmirror.com.ph/2020/02/11/psa-data-show-spike-in-phl-maternal-deaths/>

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

SECTION 1. Short Title. – This Act shall be known as the "*Safer Maternal and Childbirth Services Act.*"

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

SECTION 3. Objective. – To emphasize the government's commitment to improve maternal and newborn health interventions, this Act shall undertake the following objectives:

- (a) Ensure that all women and newborns have skilled care during pregnancy, childbirth and the immediate post-natal period;
- (b) Promote pre-natal health education and safe birthing practices;
- (c) Improve the capacity of the local government units (LGUs) to deliver the basic health service delivery from antenatal to post-partum care;
- (d) Upgrade health facilities, both in terms of additional human resource

and infrastructure facilities suitably equipped to address basic and emergency services, when necessary;

- (e) Introduce local strategies to improve mechanisms for demand to access or seek care and health interventions in health clinics;
- (f) Train health workers, including traditional birth attendants, to deliver quality obstetric and newborn care services;
- (g) Develop incentives to entice and promote antenatal care in a Barangay Health Station (BHS), Rural Health Unit (RHU) and the District and Community Hospitals;
- (h) Establish an effective referral and monitoring system in barangays to monitor maternal and newborn care; and
- (i) Deploy birthing facilities equipped with trained obstetric and newborn care provider in areas where health facilities are unavailable.

SECTION 4. *Scope and Coverage.* - This Act aims to improve maternal and newborn care by establishing birthing facilities as well as the training of the traditional birth attendants to become part of the formal health system. It seeks the improvement of local health facilities towards services that can provide comprehensive care in order to encourage underserved or underprivileged women access to safe maternal and newborn care delivery system

SECTION 5. *Definition of Terms.* - As used in this Act, the following shall mean:

- (a) Birthing Center - a health facility that provides maternity service on pre-natal and post-natal care, spontaneous delivery and care of newborn babies.
- (b) Neonatal Mortality - number of deaths within the first 28 days of life per 1000 live births in a given period.
- (c) Maternal Mortality - number of women who die from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth or within 42 days of termination of pregnancy.
- (d) Traditional Birth Attendants (TBAs) - independent, non-formally trained community-based providers of care during pregnancy, childbirth, and postpartum period using conventional method.
- (e) Newborn - a child from the time of complete delivery to 30 days old.
- (f) Health Care Practitioner - refers to a physician, nurse, midwife, nursing aide and traditional birth attendant.

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

SECTION 6. Role of the Local Government Unit – The Local Health Board of every province, city or municipality, in accordance with their mandate, shall make an inventory of its existing facilities and ensure that health clinics shall be compliant with DOH standards in terms of strategic location, infrastructure and manpower. These facilities must be constructed in locations most accessible to women. It must upgrade existing infrastructures to accommodate improvements in facilities and equipment. With the support of the Department of Health, it shall provide technical assistance and advisory services in the continuous training of health workers or to contract out skilled health practitioners for an integrated system that addresses the risks identified with maternal and childbirth mortality, in terms of capability of health service providers.

SECTION 7. Role of the Department of Health. – The DOH shall ensure that the LGU Rural Health Units, Barangay Health Stations, District Hospitals, Birthing Centers are fully compliant with the amenities and infrastructure requirements set by the DOH.

The DOH shall, within two (2) years after the effectivity of this Act, train the traditional birth attendants with the modern method of delivery, to properly equip them with the skill to provide care during pregnancy, childbirth and postnatal periods in health clinics or birthing stations. The conduct of these trainings shall be made every two (2) years hereafter to facilitate the training of new ones upon the retirement of the other TBAs. A certification by the DOH of compliance with this requirement shall give the TBAs the authority to work alongside healthcare practitioners of the LGU.

SECTION 8. Birthing Projects. – There shall be established birthing facilities that shall address obstetric care and delivery in Geographically Isolated and Disadvantaged Areas (GIDA), where distance and

transportation make travelling to a health facility unsafe and pose greater risk and danger to the mother and her unborn child. These birthing facilities shall be required to operate twenty-four hours for seven days (24/7) or on an on call or as needed basis, depending on the pregnancy tracking.

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

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

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

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

SECTION 9. *Lay-Away Program.* – In order to make these birthing centers sustainable, expectant mothers shall, during pre-natal visits, pay in portions the cost for her delivery. The scheme shall cover expenses for electricity and water bills, as well as payment for attending health workers. The cost shall be minimal and implementable through socialized user fees.

Nothing in this Section shall however prevent the city, municipality or barangay with the capacity to provide full subsidies to its constituents to forego user fees, or seek for private, partnerships, aid or donations to cut costs or subsidize the expenses for the deliveries in birthing centers.

SECTION 10. *Home-Births.* – Pursuant to the objectives of this Act, home births shall be disallowed where health clinics and birthing centers are present in the community, and where there is absence of the risk contemplated under Section 7 paragraph 1. In cases where greater risk 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 shall attend to the childbirth to ensure maternal and neonatal safety.

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

SECTION 12. Appropriations. – The primary source of funding for the operation, maintenance and improvement of the health facilities shall be the LGU. It shall likewise cover the salaries and other benefits of the local human resource including the incentives for the barangay health workers and other community volunteer workers.

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

SECTION 13. Implementing Rules and Regulations. – Within ninety (90) days from the approval of this Act, the Secretary of Health and the Secretary of the Interior and Local Government shall promulgate the necessary implementing rules and regulations (IRR) for the effective implementation of this Act. The IRR shall cover the implementation of performance-based incentive of rural communities toward achieving zero maternal and neonatal mortality and the program of training for the traditional birth attendants. The DOH shall provide the manual for the minimum requirements in terms of facilities and human resource for an efficient health clinic or birthing center.

SECTION 14. Separability Clause. – If any section or provision of this Act is held unconstitutional or invalid, the remaining sections or provisions not affected shall remain in full force and effect.

SECTION 15. Repealing Clause. – All laws, presidential decrees, executive orders and rules and regulations, or parts thereof, inconsistent with the provisions of this Act are hereby repealed or modified accordingly

SECTION 16. Effectivity. – This Act shall take effect fifteen (15) days from the date of its complete publication in at least two (2) newspapers of general circulation.

Approved,