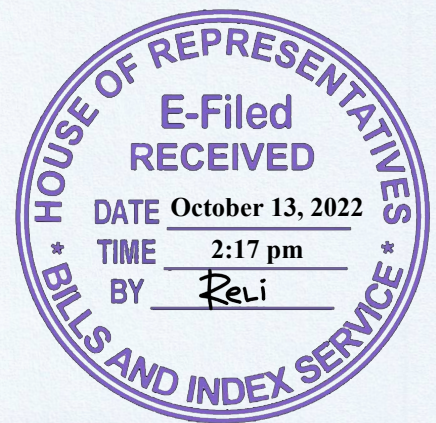


Republic of the Philippines
HOUSE OF REPRESENTATIVES

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5550



Introduced by Representative Rex Gatchalian

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

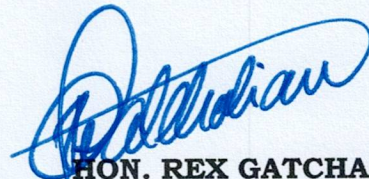
EXPLANATORY NOTE

The Department of Health is currently implementing three major programs to achieve Sustainable Development Goal 3 or Good Health and Well-Being. The first is the Public Health Programs (PHP) that would provide interventions on addressing the morbidity caused by infectious diseases, mortality by non-communicable diseases (NCDs), and emerging incidences of injuries, mental health, and alcohol and drug abuse. The second is the Human Resource for Health (HRH) Deployment Program to improve access to quality basic health services, as there should be adequate healthcare professionals and workers across the country who will provide these services. Finally, the Health Facilities Enhancement Program (HFEP) aims to improve public health facilities by constructing new and upgrading and rehabilitating existing public health facilities across the country such as barangay health stations, rural health units/urban health centers, and LGU hospitals.

To complement these DOH programs, this bill seeks to provide mechanisms that will enhance its PHP, HRH, and HFEP for maternal, neonatal, and "children under 5" health standards. These mechanisms include improving access to (1) birthing facilities and reproductive health services, especially in Geographically Isolated and Disadvantaged Areas; (2) integrated reproductive health services for women, including poor adolescents, and men; (3) healthcare services for family planning, information and education; and (4) training for traditional birth attendants to become part of the formal health system.

This bill further seeks to allow homebirths 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 are imminent if transport to a health facility is made, midwives and trained traditional birth attendants should be allowed to attend to childbirth to ensure maternal and neonatal safety. It also seeks to institutionalize 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 foregoing, approval of this bill is earnestly sought.



HON. REX GATCHALIAN

Representative

1st District, Valenzuela City

Republic of the Philippines
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PROGRAM, AND APPROPRIATING FUNDS THEREFOR**

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

1 **SECTION 1. Short Title.** - This Act shall be known as the "Birthing Centers in
2 Communities Act".
3

4 **SEC. 2. Declaration of Policy.** - It is the duty of the State to protect the life of
5 the mother and the life of the unborn from conception. Towards this end, the State
6 shall endeavor to provide quality health interventions and appropriate facilities as
7 well as services that shall address maternal and neonatal mortalities and ensure
8 efficient strategies to lessen the risk that continuously occur during pregnancy and
9 childbirth, especially of the underprivileged.
10

11 **SEC. 3. Objective.** - To emphasize the government's commitment to improve
12 maternal and newborn health interventions, this Act shall undertake the following
13 objectives:

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

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

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

19 (d) Upgrade health facilities, both in terms of additional human resource and
20 infrastructure facilities suitably equipped to address basic and emergency services,
21 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.

SEC. 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.

SEC. 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 1,000 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

1 acceptable body of knowledge and/or skills or the capacity to provide the standard
2 of care with adequate resources.

3 h. Local Health Board (LHB) - its creation and composition are mandated
4 under R.A. 7160 or the Local Government Code of 1991.

5 i. Geographically Isolated and Disadvantaged Areas (GIDA) - refer to
6 communities with marginalized population physically and socio-economically
7 separated from the mainstream society and characterized by physical factors
8 (distance, weather conditions, transportation difficulties) and socio-economic factors
9 (high poverty incidence, recovering from situation of crisis or armed conflict).

10 j. Department of Health Physical facility requirement for Birthing Homes -
11 refers to the planning and design guidelines for birthing homes contained in Annex
12 C of the DOH Administrative Order No. 2016-0042, or to any guidelines set by the
13 DOH thereafter.

14
15 **SEC. 6. *Role of the Local Government Unit*** - The LHB of every province, city or
16 municipality, in accordance with its mandate, shall make an inventory of its existing
17 facilities and ensure that health clinics shall be compliant with DOH standards in
18 terms of strategic location, facility requirement and manpower. These facilities must
19 be constructed in locations most accessible to women. It must upgrade existing
20 infrastructures to accommodate improvements in facilities and equipment.

21 With the support of the DOH, it shall provide technical assistance and
22 advisory services in the continuous training of health workers or to contract out
23 skilled health practitioners for an integrated system that addresses the risks
24 identified with maternal and childbirth mortality, in terms of capability of health
25 service providers.

26
27 **SEC. 7. *Role of the Department of Health***. - The DOH shall ensure that the
28 LGU RHUs, BHS, District Hospitals, and Birthing Centers are fully compliant with
29 the physical facilities requirements set by the DOH.

30 The DOH shall, within two (2) years after the effectivity of this Act, train the
31 traditional birth attendants with the modern method of delivery, to properly equip
32 them with the skills to provide care during pregnancy, childbirth and postnatal
33 periods in health clinics or birthing stations.

34 The conduct of these trainings shall be made every two (2) years hereafter to
35 facilitate the training of new ones upon the retirement of the other TBAs. A

1 certification by the DOH of compliance with this requirement shall give the TBAs the
2 authority to work alongside healthcare practitioners of the LGU.

3
4 **SEC. 8. Birthing Centers.** - There shall be established birthing facilities that
5 shall address obstetric care and delivery in GIDA, where distance and transportation
6 make travelling to a health facility unsafe and poses greater risk and danger to the
7 mother and her unborn child. These birthing facilities shall be required to operate
8 twenty-four hours for seven days (24/7) or on an on call or as needed basis,
9 depending on the pregnancy tracking.

10 These centers shall be compliant with the Physical Facility requirements of
11 the DOH. The facility shall likewise be supported by competent health care
12 practitioners including DOH-trained traditional birth attendants.

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

16 There shall be barangay health workers (BHW) formed into teams who shall
17 regularly check on pregnant women in the community. They shall continuously
18 advocate quality health care by accessing the maternal care delivery system
19 established by the government and disseminate educational tools to facilitate the
20 shift from basic societal dynamics of home-deliveries to childbirth in these centers
21 equipped with facilities and skilled personnel. These ante-natal check-ups must
22 identify at-risk pregnancies or anticipate complications in deliveries, which should
23 directly be referred to clinics or tertiary hospitals with well-equipped facilities to
24 handle emergencies.

25
26 **SEC. 9. Lay-Away Program.** - In order to make these birthing centers
27 sustainable, expectant mothers shall, during pre-natal visits, pay in portions the cost
28 for her delivery. The scheme shall cover expenses for electricity and water bills, as
29 well as payment for attending health workers. The cost shall be minimal and
30 implementable through socialized user fees.

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

1 **SEC. 10. Home-Births.** - Pursuant to the objectives of this Act, home births
2 shall be disallowed where health clinics and birthing centers are present in the
3 community, and where there is absence of the risk contemplated under Section 8
4 paragraph 1.

5 In cases where greater risk and danger to the life of the mother and the unborn
6 is imminent if transport to a health facility is made, midwives and trained traditional
7 birth attendants shall attend to the childbirth to ensure maternal and neonatal
8 safety.

9
10 **SEC. 11. Incentives to Barangays.** - The commitment to reduce maternal and
11 neonatal mortality must generate the coordinated effort of the community, hence,
12 the local health board shall assess and recommend economic incentives to promote
13 the initiative and make zero maternal and neonatal death possible.

14
15 **SEC. 12. Appropriations.** - The primary source of funding for the operation,
16 maintenance and improvement of the health facilities shall be the LGU. It shall
17 likewise cover the salaries and other benefits of the local human resource including
18 the incentives for the BHWs and other community volunteer workers. The capital
19 outlay for the birthing centers, additional health clinics, improvements of existing
20 health facilities in terms of equipment and the amount to be expended for the
21 training of the traditional birth attendants shall be included in the budget of the
22 DOH in the year following the effectivity of this Act.

23
24 **SEC. 13. Implementing Rules and Regulations (IRR).** - Within ninety (90) days
25 from the approval of this Act, the Secretary of Health and the Secretary of the Interior
26 and Local Government shall promulgate the necessary IRR for the effective
27 implementation of this Act. The IRR shall cover the implementation of performance-
28 based incentive of rural communities toward achieving zero maternal and neonatal
29 mortality and the program of training for the traditional birth attendants.

30 The DOH shall provide the manual for the minimum requirements in terms of
31 physical facilities and human resources for an efficient health clinic or birthing
32 center in communities.

33
34 **SEC. 14. Separability Clause.** - If any provision of this Act is declared invalid
35 or unconstitutional, the provisions not affected thereby shall remain in full force and
36 effect.

1
2 **SEC. 15.** *Repealing Clause.* - All laws, presidential decrees, executive orders,
3 presidential proclamations, rules and regulations or parts thereof contrary to or
4 inconsistent with this Act are hereby repealed or modified accordingly.
5

6 **SEC. 16.** *Effectivity.* - This Act shall take effect fifteen (15) days after its
7 publication in the *Official Gazette* or in a newspaper of general circulation in the
8 Philippines.

Approved,