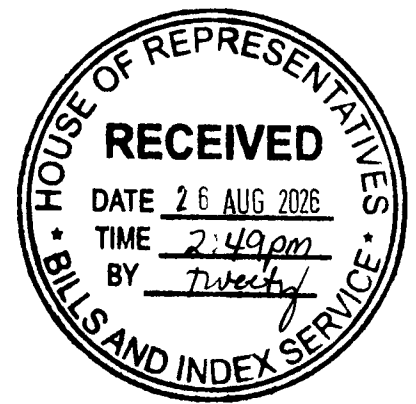


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10978



Introduced by: Kababaihan Kabalikatan para sa Kapakanan at Kaunlaran ng Bayan (4K) Party-list
Representative Iris Marie D. Montes

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

EXPLANATORY NOTE

The Sustainable Development Goals (SDGs) constitute a universal commitment to end poverty, protect the planet, and promote peace, prosperity, and well-being for all by 2030.

Among the 17 integrated Goals, SDG 3—Good Health and Well-Being specifically calls for ensuring healthy lives and promoting well-being for all, including the reduction of the global maternal mortality ratio to less than 70 deaths per 100,000 live births and the prevention of avoidable deaths of newborns and children under five (5) years of age by 2030.

The Philippines continues to face significant challenges in achieving these targets. Data from the Philippine Statistics Authority (PSA) indicate that the country's maternal mortality ratio stood at 138 deaths per 100,000 live births in 2022, while the infant mortality rate was 13.8 deaths per 1,000 live births. These figures underscore the continuing need to strengthen maternal, newborn, and reproductive health services, particularly for women and families who face the greatest barriers to accessing quality healthcare.

The Department of Health (DOH) has undertaken significant programs toward the achievement of SDG 3, including the Public Health Programs, the Human Resources for Health Deployment Program, and the Health Facilities Enhancement Program. These initiatives seek to expand access to health services, strengthen the health workforce, and improve healthcare facilities nationwide.

This measure seeks to complement and strengthen these existing efforts by focusing specifically on maternal and newborn health, particularly among poor, vulnerable, and geographically isolated and disadvantaged communities.

The bill introduces several mechanisms to address persistent barriers to safe and affordable childbirth, including:

- Expanded access to birthing facilities and reproductive health services, particularly in Geographically Isolated and Disadvantaged Areas (GIDAs);
- Integrated reproductive, maternal, and newborn health services for women;
- Strengthened community-based maternal care, including appropriate training and integration of qualified traditional birth attendants into the formal health system, consistent with applicable standards and referral protocols; and
- Affordable childbirth through a lay-away payment mechanism, allowing pregnant women and their families to make advance, incremental payments toward anticipated delivery-related expenses.

The need for these interventions is particularly urgent among poor women. A substantial proportion of births in the Philippines have historically occurred outside health facilities, with many assisted by traditional birth attendants. The burden falls disproportionately on women in poorer communities, who face greater difficulties in accessing skilled birth attendants, transportation, adequately equipped facilities, and timely emergency care.

For this reason, the measure promotes facility-based childbirth whenever a safe and accessible health facility is available, while recognizing that a rigid prohibition on home birth would be inappropriate in communities where such facilities are absent or where transport to a facility would pose a serious and imminent risk to the mother or newborn. In such exceptional circumstances, appropriately trained midwives and qualified birth attendants shall be allowed to provide care in accordance with established health standards, referral mechanisms, and emergency protocols.

The bill further introduces an innovative financing mechanism inspired by a successful United Nations-supported initiative in Gattaran, Cagayan, which demonstrated how advance, incremental payments can help families prepare for the cost of childbirth. By institutionalizing a maternal health lay-away program, the measure seeks to reduce the financial barriers that may prevent women from giving birth in safe and appropriate health facilities.

Ultimately, maternal and newborn deaths are not merely statistics. Behind every preventable death is a mother, a child, a family, and a community bearing a loss that could have been avoided through timely, accessible, and quality care. No woman should be placed at greater risk of death or disability simply because she is poor, lives far from a health facility, or cannot immediately afford the cost of childbirth.

This measure therefore seeks to complement the continuing efforts of the DOH and local government units by bringing safe, accessible, affordable, and quality maternal and newborn healthcare closer to every Filipino woman, particularly those who need it most. It is a concrete step toward advancing the country's commitments under SDG 3 and ensuring that every mother has a safer pregnancy and childbirth and every child has a healthier beginning to life.

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


IRIS MARIE D. MONTES
Kababaihan Kabalikatan para sa Kapakanan
at Kaunlaran ng Bayan (4K) Party-list

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

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

SEC. 2. *Declaration of Policy.* - It is the duty of the State to protect the life of the mother and the life of the unborn.

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 among the underprivileged.

SEC. 3. *Objectives.* - 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 local government units (LGUs) to deliver the basic health services needed for 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) Implement community-based strategies to enhance access to healthcare services and encourage individuals to seek medical care and interventions at 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 Barangay Health Stations (BHS), Rural Health Units (RHUs), and 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 and training 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. *Role of the Local Government Unit.* - The Local Health Board (LHB) of every province, city or municipality, in accordance with its mandate, shall make an inventory of its existing facilities and ensure that health clinics are compliant with DOH standards in terms of strategic location, facility requirements, and manpower.

These facilities must be constructed in locations most accessible to women. The LHB shall likewise facilitate the upgrade of existing infrastructures to accommodate improvements in facilities and equipment, in accordance with this Act.

With the support of the DOH, the LHB shall provide technical assistance and advisory services in the continuous training of health workers or in contracting out skilled health practitioners for an integrated system that addresses the risks identified with maternal and childbirth mortality, particularly in relation to the capability of health service providers.

SEC. 6. *Role of the Department of Health.* - The DOH shall ensure that the RHUs, BHS, District Hospitals, and Birthing Centers are fully compliant with the physical facilities requirements set by the DOH.

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

The conduct of these trainings shall be made every two (2) years hereafter, or as often as may be necessary, to facilitate the training of new Traditional Birth Attendants (TBAs). A certification of compliance shall be issued by the DOH to TBAs who have undergone trainings, which shall be required before they may be authorized to work alongside healthcare practitioners of the LGU.

SEC. 7. *Birth Centers.* - There shall be established birthing facilities that shall address obstetric care and delivery in Unserved and Underserved Areas (UAs), where distance and transportation make travelling to a health facility unsafe and poses 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 a week (24/7), or on an on-call or as needed basis, depending on the pregnancy tracking in the particular UAs.

These centers shall be compliant with the Physical Facility requirements of the DOH. The facility shall likewise be supported by competent health care practitioners, including DOH-trained TBAs.

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.

SEC. 8. *BHW Teams.* - There shall be barangay health workers (BHWs) 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 births 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.

SEC. 9. *Integrated Maternal and Newborn Health Services.* — All birthing centers established or supported under this Act shall, to the extent practicable, provide or facilitate an integrated continuum of maternal and newborn health services, including:

- (a) preconception and reproductive health counseling;
- (b) antenatal and prenatal care;
- (c) maternal nutrition and health education;
- (d) birth preparedness and complication readiness;
- (e) skilled care during labor and childbirth;
- (f) immediate essential newborn care;
- (g) postnatal and postpartum care;
- (h) breastfeeding and infant feeding support;
- (i) family planning and postpartum contraceptive counseling;
- (j) screening and early identification of high-risk pregnancies and newborn conditions; and

(k) timely referral and coordination with higher-level health facilities for cases requiring specialized or emergency care.

The DOH shall establish minimum service standards and clinical protocols to ensure that such services are integrated into the local health system and consistent with applicable national health policies.

SEC. 10. *Emergency Referral and Transport System.* — Every birthing center established under this Act shall maintain an appropriate referral and emergency transport mechanism, in coordination with the LGU, nearby hospitals, emergency medical services, and other competent authorities.

The DOH and LGUs shall establish protocols for the immediate referral and transfer of mothers and newborns requiring services beyond the capability of the birthing center.

Priority shall be given to ensuring timely access to emergency obstetric and newborn care, particularly for women residing in UUAs.

The cost of emergency transport for indigent or otherwise financially vulnerable pregnant women and newborns shall, subject to existing laws and availability of funds, be covered or subsidized through appropriate national or local government programs.

SEC. 11. *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.

SEC. 12. *Home Births.* - Pursuant to the objectives of this Act, home births shall be discouraged where health clinics and birthing centers are present in the community, and where there is absence of the risk contemplated under Section 7 of this Act.

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

SEC. 14. *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 BHWs 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 TBAs shall be included in the budget of the DOH in the year following the effectivity of this Act.

SEC. 15. *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 TBAs.

The DOH shall issue guidelines on the minimum requirements for physical facilities and human resources in health clinics or birthing centers in communities.

SEC. 16. *Separability Clause.* - If any provision of this Act is declared invalid or unconstitutional, the provisions not affected thereby shall remain in full force and effect.

SEC. 17. *Repealing Clause.* - All laws, presidential decrees, executive orders, presidential proclamations, rules and regulations or parts thereof contrary to or inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 18. *Effectivity.* -This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,