



**NINETEENTH CONGRESS OF THE]
REPUBLIC OF THE PHILIPPINES]
First Regular Session]**

'22 AUG -8 A10 :07

SENATE

RECEIVED BY:

S.B. No. 1054

Introduced by SEN. WIN 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 Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. There are 17 SDGs that are integrated—they recognize that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.¹

Of these, SDG 3, *Good Health and Well-Being*, targets (1) the reduction of the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, and (2) end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030; among other goals of SDG 3.²

¹United Nations Development Program, "Sustainable Development Goals".
<https://www.undp.org/sustainable-development-goals>

² National Economic Development Authority, "Goals in Numbers SDG 3".
<https://sdg.neda.gov.ph/goal-3/>

Currently, the Department of Health (DOH) is implementing three major programs to achieve SDG 3, as follows: (1) Public Health Programs (PHP) that would provide interventions on addressing the morbidity caused by infectious diseases; mortality by non-communicable diseases (NCDs); and emerging incidence of injuries, mental health, and alcohol and drug abuse; (2) 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 country who will provide these services; and (3) Health Facilities Enhancement Program (HFEP) which 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 fully complement the current DOH policy in achieving the SDG 3 targets, this bill provides mechanisms that will enhance its PHP, HRH, and HFEP for maternal, neonatal and children under-5 health standards to strengthen the achievement. 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) health-care services on family planning, information and education; and (4) training for traditional birth attendants to become part of the formal health system.

This bill further focuses on providing improved health services for the poor and disadvantaged Filipino women. A 2015 study³ indicated that 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.

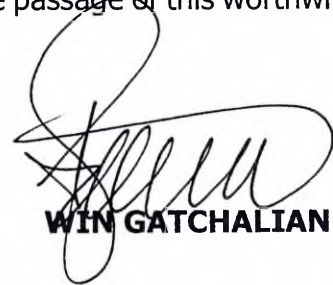
To improve on this concern, home births should still be allowed, except where health clinics and birthing centers are present in the community. In the absence of these facilities, where greater risks and danger to the life of the mother and the unborn is imminent if transport to a health facility is made, midwives and trained traditional

³United Nations Development Program, "Millenium Development Goals 5 Overview for the Philippines". <http://www.ph.undp.org/content/philippines/en/home/mdgoverview/overview/mdg5/>

birth attendants should be allowed to attend to the childbirth to ensure maternal and neonatal safety.

Moreover, this Bill, inspired by a successful United Nations program in Gattaran, Cagayan, proposes an innovation that provides for greater access and affordable childbirth in healthcare facilities through the institution of 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, in line with the targets under the global SDG 3, the immediate passage of this worthwhile initiative must be supported.



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INSTITUTIONALIZING A LAY-AWAY 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
2 in Communities Act".

3

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

10

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

- 1 (a) Ensure that all women and newborns have skilled care during
2 pregnancy, childbirth and the immediate post-natal period;
- 3 (b) Promote pre-natal health education and safe birthing practices;
- 4 (c) Improve the capacity of the local government units (LGUs) to deliver
5 the basic health service delivery from antenatal to post-partum care;
- 6 (d) Upgrade health facilities, both in terms of additional human resource
7 and infrastructure facilities suitably equipped to address basic and emergency
8 services, when necessary;
- 9 (e) Introduce local strategies to improve mechanisms for demand to
10 access or seek care and health interventions in health clinics;
- 11 (f) Train health workers, including traditional birth attendants, to deliver
12 quality obstetric and newborn care services;
- 13 (g) Develop incentives to entice and promote antenatal care in a
14 Barangay Health Station (BHS), Rural Health Unit (RHU) and the District and
15 Community Hospitals;
- 16 (h) Establish an effective referral and monitoring system in barangays to
17 monitor maternal and newborn care; and
- 18 (i) Deploy birthing facilities equipped with trained obstetric and newborn
19 care provider in areas where health facilities are unavailable.

20

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

27

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

- 30 a. Birthing Center - a health facility that provides maternity service on
31 pre-natal and post-natal care, spontaneous delivery and care of newborn
32 babies.

1 b. Neonatal Mortality - number of deaths within the first 28 days of life
2 per 1,000 live births in a given period.

3 c. Maternal Mortality - number of women who die from any cause related
4 to or aggravated by pregnancy or its management during pregnancy and
5 childbirth or within 42 days of termination of pregnancy.

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

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

10 f. Health Care Practitioner - refers to a physician, nurse, midwife, nursing
11 aide and traditional birth attendant.

12 g. Certification - a process and procedure of external assessment or
13 examination by which an individual or facility is determined to possess a
14 minimally acceptable body of knowledge and/or skills or the capacity to provide
15 the standard of care with adequate resources.

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

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

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

28

29 **SEC. 6. *Role of the Local Government Unit*** - The LHB of every province,
30 city or municipality, in accordance with its mandate, shall make an inventory of
31 its existing facilities and ensure that health clinics shall be compliant with DOH
32 standards in terms of strategic location, facility requirement and manpower.

1 These facilities must be constructed in locations most accessible to women. It
2 must upgrade existing infrastructures to accommodate improvements in
3 facilities and equipment.

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

9
10 *SEC. 7. Role of the Department of Health.* - The DOH shall ensure that
11 the LGU RHUs, BHS, District Hospitals, and Birthing Centers are fully compliant
12 with the physical facilities requirements set by the DOH.

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

17 The conduct of these trainings shall be made every two (2) years
18 hereafter to facilitate the training of new ones upon the retirement of the other
19 TBAs. A certification by the DOH of compliance with this requirement shall give
20 the TBAs the authority to work alongside healthcare practitioners of the LGU.

21
22 *SEC. 8. Birthing Centers.* - There shall be established birthing facilities
23 that shall address obstetric care and delivery in GIDA, where distance and
24 transportation make travelling to a health facility unsafe and poses greater risk
25 and danger to the mother and her unborn child. These birthing facilities shall
26 be required to operate twenty-four hours for seven days (24/7) or on an on call
27 or as needed basis, depending on the pregnancy tracking.

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

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

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

13
14 *SEC. 9. Lay-Away Program.* - In order to make these birthing centers
15 sustainable, expectant mothers shall, during pre-natal visits, pay in portions the
16 cost for her delivery. The scheme shall cover expenses for electricity and water
17 bills, as well as payment for attending health workers. The cost shall be minimal
18 and implementable through socialized user fees.

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

23
24 *SEC. 10. Home-Births.* - Pursuant to the objectives of this Act, home
25 births shall be disallowed where health clinics and birthing centers are present
26 in the community, and where there is absence of the risk contemplated under
27 Section 8 paragraph 1.

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

32

1 SEC. 11. *Incentives to Barangays.* - The commitment to reduce maternal
2 and neonatal mortality must generate the coordinated effort of the community,
3 hence, the local health board shall assess and recommend economic incentives
4 to promote the initiative and make zero maternal and neonatal death possible.
5

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

16 SEC. 13. *Implementing Rules and Regulations (IRR).* - Within ninety (90)
17 days from the approval of this Act, the Secretary of Health and the Secretary
18 of the Interior and Local Government shall promulgate the necessary IRR for
19 the effective implementation of this Act. The IRR shall cover the implementation
20 of performance-based incentive of rural communities toward achieving zero
21 maternal and neonatal mortality and the program of training for the traditional
22 birth attendants.

23 The DOH shall provide the manual for the minimum requirements in
24 terms of physical facilities and human resources for an efficient health clinic or
25 birthing center in communities.
26

27 SEC. 14. *Separability Clause.* - If any provision of this Act is declared
28 invalid or unconstitutional, the provisions not affected thereby shall remain in
29 full force and effect.
30

31 SEC. 15. *Repealing Clause.* - All laws, presidential decrees, executive
32 orders, presidential proclamations, rules and regulations or parts thereof

1 contrary to or inconsistent with this Act are hereby repealed or modified
2 accordingly.

3

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

Approved,