



Office of the Secretary

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

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**SENATE**

S.B. No. 1196

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**Introduced by SEN. WIN GATCHALIAN**

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**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.<sup>1</sup>

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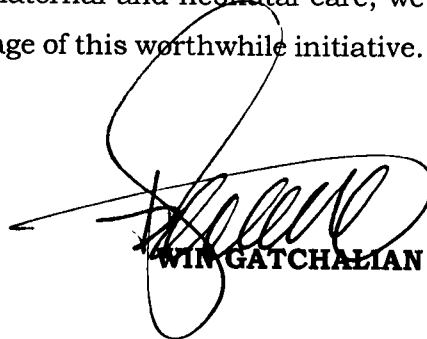
<sup>1</sup><http://www.ph.undp.org/content/philippines/en/home/mdgoverview/overview/mdg5/>

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 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.



WIN GATCHALIAN

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SERVICES BY ESTABLISHING BIRTHING CENTERS AND TRAINING TRADITIONAL  
BIRTH ATTENDANTS, AND APPROPRIATING FUNDS THEREFOR

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

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

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

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

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

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

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

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

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

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

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

17  
18 SEC. 3. **Scope and Coverage.** – This Act aims to improve maternal and newborn  
19 care by establishing birthing facilities as well as the training of the traditional birth  
20 attendants to become part of the formal health system. It seeks the improvement of local  
21 health facilities towards services that can provide comprehensive care in order to  
22 encourage underserved or underprivileged women access to safe maternal and newborn  
23 care delivery system.

24  
25 SEC. 4. **Definition of Terms.** – As used in this Act, the following shall mean:

26  
27 a. Birthing Center - a health facility that provides maternity service on pre-natal  
28 and post-natal care, spontaneous delivery and care of newborn babies.

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

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

- 1 d. Traditional Birth Attendants (TBAs) – independent, non-formally trained  
2 community-based providers of care during pregnancy, childbirth, and  
3 postpartum period using conventional method.
- 4 e. Newborn – a child from the time of complete delivery to 30 days old.
- 5 f. Health Care Practitioner – refers to a physician, nurse, midwife, nursing aide  
6 and traditional birth attendant.
- 7 g. Certification – a process and procedure of external assessment or examination  
8 by which an individual or facility is determined to possess a minimally  
9 acceptable body of knowledge and/or skills or the capacity to provide the  
10 standard of care with adequate resources.
- 11 h. Local Health Board – its creation and composition are mandated under R.A.  
12 7160 or the Local Government Code of 1991.
- 13 i. Geographically Isolated and Disadvantaged Areas (GIDA) – refer to  
14 communities with marginalized population physically and socio-economically  
15 separated from the mainstream society and characterized by physical factors  
16 (distance, weather conditions, transportation difficulties) and socio-economic  
17 factors (high poverty incidence, recovering from situation of crisis or armed  
18 conflict).
- 19 j. Department of Health Physical facility requirement for Birthing Home – Annex  
20 D, DOH Administrative Order No. 2012-0012  
21

22 **SEC. 5. *Role of the Local Government Unit.*** – The Local Health Board of every  
23 province, city or municipality, in accordance with their mandate, shall make an  
24 inventory of its existing facilities and ensure that health clinics shall be compliant with  
25 DOH standards in terms of strategic location, infrastructure and manpower. These  
26 facilities must be constructed in locations most accessible to women. It must upgrade  
27 existing infrastructures to accommodate improvements in facilities and equipment.  
28 With the support of the Department of Health, it shall provide technical assistance and  
29 advisory services in the continuous training of health workers or to contract out skilled  
30 health practitioners for an integrated system that addresses the risks identified with  
31 maternal and childbirth mortality, in terms of capability of health service providers.  
32

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

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

11  
12           **SEC. 7. *Birthing Centers.*** – There shall be established birthing facilities that  
13 shall address obstetric care and delivery in Geographically Isolated and Disadvantaged  
14 Areas (GIDA), where distance and transportation makes travelling to a health facility  
15 unsafe and poses greater risk and danger to the mother and her unborn child. These  
16 birthing facilities shall be required to operate twenty-four hours for seven days (24/7)  
17 or on an on call or as needed basis, depending on the pregnancy tracking.

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

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

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

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

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

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

10  
11           SEC. 9. **Home-Births.** – Pursuant to the objectives of this Act, home births shall  
12 be disallowed where health clinics and birthing centers are present in the community,  
13 and where there is absence of the risk contemplated under Section 7 paragraph 1. In  
14 cases where greater risk and danger to the life of the mother and the unborn is imminent  
15 if transport to a health facility is made, midwives and trained traditional birth  
16 attendants shall attend to the childbirth to ensure maternal and neonatal safety.

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

22  
23           SEC. 11. **Appropriations.** – The primary source of funding for the operation,  
24 maintenance and improvement of the health facilities shall be the LGU. It shall likewise  
25 cover the salaries and other benefits of the local human resource including the  
26 incentives for the barangay health workers and other community volunteer workers.

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

31  
32           SEC. 12. **Implementing Rules and Regulations.** – Within ninety (90) days from  
33 the approval of this Act, the Secretary of Health and the Secretary of the Interior and

1 Local Government shall promulgate the necessary implementing rules and regulations  
2 (IRR) for the effective implementation of this Act. The IRR shall cover the implementation  
3 of performance-based incentive of rural communities toward achieving zero maternal  
4 and neonatal mortality and the program of training for the traditional birth attendants.  
5 The DOH shall provide the manual for the minimum requirements in terms of facilities  
6 and human resource for an efficient health clinic or birthing center.

7  
8 SEC. 13. **Separability Clause.** – If any section or provision of this Act is held  
9 unconstitutional or invalid, the remaining sections or provisions not affected shall  
10 remain in full force and effect.

11  
12 SEC. 14. **Repealing Clause.** – All laws, presidential decrees, executive orders  
13 and rules and regulations, or parts thereof, inconsistent with the provisions of this Act  
14 are hereby repealed or modified accordingly.

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

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21 *Approved,*