



Senate
Office of the Secretary

**TWENTIETH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES**
First Regular Session

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25 AUG -7 P2:53

SENATE

RECEIVED BY: 

S.B. No. 1104

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 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. SDG 3 similarly seeks to end preventable deaths of newborns and children under five (5) years of age, with all countries aiming to reduce neonatal mortality to 12 per 1,000 live births and under-5 mortality to 25 per 1,000 live births by 2030.² Philippine Statistics Authority (PSA) data shows that maternal mortality ratio in the Philippines as of 2022 is 138 per 100,000 live births, while the infant mortality ratio is 13.8 per 1,000 live births.

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 (3) 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 across the country; and (3) Health Facilities Enhancement Program (HFEP) which aims to improve public health facilities by constructing new and upgrading or rehabilitating existing public health facilities nationwide.

This bill aims to complement the current programs of the DOH geared towards the achievement of SDG 3, focusing on maternal and newborn health interventions. More specifically, this bill introduces the following mechanisms: (1) improving access to birthing facilities and reproductive health services, especially in Geographically Isolated and Disadvantaged Areas (GIDAs); (2) integrated reproductive health services for women; and (3) training for traditional birth attendants to become part of the formal health system.

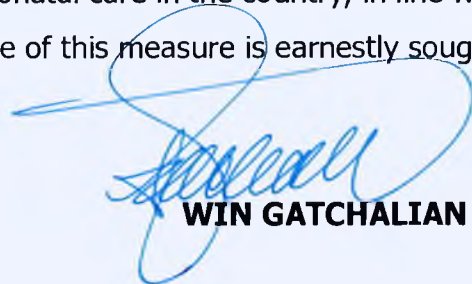
This bill further focuses on providing improved health services for the poor and disadvantaged Filipino women. A 2015 study³ indicated that over half of births in the country occurred at home, and a third of them were assisted by traditional birth attendants. Poor women are greatly disadvantaged with 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 be disallowed 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 shall be allowed to attend to the childbirth to ensure maternal and neonatal safety.

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

Finally, 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 in improving maternal and neonatal care in the country, in line with the targets under SDG 3, the immediate passage of this measure is earnestly sought.



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TRAINING TRADITIONAL BIRTH ATTENDANTS, AND
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
2 Centers 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 the moment of conception.
6 Towards this end, the State shall endeavor to provide quality health
7 interventions and appropriate facilities as well as services that shall address
8 maternal and neonatal mortalities and ensure efficient strategies to lessen the
9 risk that continuously occur during pregnancy and childbirth, especially among
10 the underprivileged.

11
12 SEC. 3. *Objectives.* – To emphasize the government's commitment to
13 improve maternal and newborn health interventions, this Act shall undertake
14 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 local government units (LGUs) to deliver the
5 basic health services needed for 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) Implement community-based strategies to enhance access to
10 healthcare services and encourage individuals to seek medical care and
11 interventions at health clinics;

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

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

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

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

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

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

1 a. Birthing Center - a health facility that provides maternity service on
2 pre-natal and post-natal care, spontaneous delivery and care of newborn
3 babies.

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

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

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

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

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

15 h. Local Health Board (LHB) - its creation and composition are mandated
16 under Section 102 of R.A. 7160 or the Local Government Code of 1991. It shall
17 be established in every province, city or municipality, to act as an advisory body
18 on health-related matters, including local appropriations for public health,
19 among others.

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

26

27 SEC. 6. *Role of the Local Government Unit* - The LHB of every province,
28 city or municipality, in accordance with its mandate, shall make an inventory of
29 its existing facilities and ensure that health clinics are compliant with DOH
30 standards in terms of strategic location, facility requirements, and manpower.
31 These facilities must be constructed in locations most accessible to women. The
32 LHB shall likewise facilitate the upgrade of existing infrastructures to

1 accommodate improvements in facilities and equipment, in accordance with
2 Section 12 of this Act.

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

8

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

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

16 The conduct of these trainings shall be made every two (2) years
17 hereafter to facilitate the training of new TBAs. A certification of compliance
18 shall be issued by the DOH to TBAs who have undergone trainings, which shall
19 be required before they may be authorized to work alongside healthcare
20 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 GIDAs, 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 a week (24/7), or on
27 an on-call or as needed basis, depending on the pregnancy tracking in the
28 particular GIDAs.

29 These centers shall be compliant with the Physical Facility requirements
30 of the DOH, as provided in Annex C of DOH Administrative Order No. 2016-
31 0042 or any guidelines issued thereafter. The facility shall likewise be supported
32 by competent health care practitioners, including DOH-trained TBAs.

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 births 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 TBAs shall attend to the childbirth to ensure maternal and neonatal
31 safety.

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 LHB shall assess and recommend economic incentives to promote
4 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 TBAs shall be included in the budget of
13 the DOH in the year following the effectivity of this Act.

14
15 SEC. 13. *Implementing Rules and Regulations (IRR).* – Within ninety (90)
16 days from the approval of this Act, the Secretary of Health and the Secretary
17 of the Interior and Local Government shall promulgate the necessary
18 implementing rules and regulations (IRR) for the effective implementation of
19 this Act. The IRR shall cover the implementation of performance-based
20 incentive of rural communities toward achieving zero maternal and neonatal
21 mortality and the program of training for TBAs.

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

25
26 SEC. 14. *Separability Clause.* – If any provision of this Act is declared
27 invalid or unconstitutional, the provisions not affected thereby shall remain in
28 full force and effect.

29
30 SEC. 15. *Repealing Clause.* – All laws, presidential decrees, executive
31 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,