

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City

SEVENTEENTH CONGRESS  
First Regular Session

HOUSE BILL NO. 5485



---

Introduced by Representative Ruby M. Sahali

---

AN ACT PROVIDING FOR CREATION OF BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE UNIT IN EVERY RURAL HEALTH UNIT IN THE AUTONOMOUS REGION OF MUSLIM MINDANAO AND APPROPRIATING FUNDS THEREFOR

#### EXPLANATORY NOTE

In 2010, the Department of Health (DOH) recorded 1,719 maternal deaths. These deaths were due to complication related to pregnancy that occur in the course of labor, delivery and puerperium, hypertension complicating pregnancy, and childbirth and puerperium according to the DOH. The Maternal Mortality Rate (MMR) in the country although it decreased from 221 per 100,000 livebirths in 2011 to 149 per 100,000 livebirths in 2015, Philippines still did not meet its MDG target of 51 per 100,000 livebirths. Many women still do not go to hospitals for birth delivery or avail of prenatal check-ups.

Autonomous Region of Muslim Mindanao (ARMM) lags behind most of the regions in the Philippines in terms of social services with the lowest percentage of women accessing maternal health care; has the highest percentage (87%) of delivery at home, and only one in five births benefitted from the services of health professionals based on National Demographic Health Survey 2013.

The ARMM has one of the highest MMR in the country. DOH ARMM reported that there was an improvement in maternal health care when the MMR decreased from 245 per 100,000 livebirths in 2008 to 66 per 100,000 livebirths in 2013. This improvement according to the DOH ARMM, was attributed to Active Management of Third Stage Labor (AMTFL), a technique that does not use sophisticated machines; deployment of additional health personnel, rehabilitation and construction of health infrastructures, delivery of equipment and enhancement of skills through training.

However, MMR rose to 71,000 per 100,000 livebirths in 2014. This goes to show that despite the efforts of the regional DOH these are not enough to consistently improve maternal

health care and reduce maternal mortality. There are limitations to the current techniques being used.

Republic Act 10354 otherwise known as "The Responsible Parenthood and Reproductive Health Act" of 2012 mandates that there should be hospitals and facilities with adequate and skilled personnel, equipment and supplies for provision of emergency obstetric and newborn care services. The DOH has issued standards for Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services that hospitals and facilities, including Rural Health Units have to meet. Sec. 5 of Republic Act 10354 states that people in geographically isolated or highly populated and depressed areas should have the same level of access to these health care facilities.

This proposed bill aims to ensure the implementation of Section 6 of R.A. 10354 in ARMM by providing for essential support to barangay health stations, rural health units, district and community hospitals in ARMM so they can meet the standards of BEMONC and CEMONC through provision of additional funds for operation; equipment, including steady power supply, training, and hiring of health care personnel.

This proposed bill is also consistent with the priority of President Rodrigo Roa Duterte to fully implement "The Responsible Parenthood and Reproductive Health Act of 2012."

In view of the foregoing, approval of this bill is earnestly sought.



RUBY M. SAHALI  
Lone District, Tawi-Tawi

HOUSE OF REPRESENTATIVES  
Quezon City

SEVENTEENTH CONGRESS  
First Regular Session

HOUSE BILL NO. 5485

---

Introduced by Honorable **Ruby M. Sahali**

---

*An Act Providing For Creation of Basic Emergency Obstetric and Newborn Care Unit in Every Rural Health Unit in The Autonomous Region of Muslim Mindanao and Appropriating Funds Therefor*

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

Section 1. *Short Title* - This Act shall be known as "The Emergency Obstetric and Newborn Care in ARRM Act"

Section 2. *Declaration of Policy* – It is a declared policy of the State to protect and promote the right to health of women, especially mothers and those in geographically isolated, highly populated and depressed areas, in fulfillment of the mandate of the Republic Act 10354 otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012" and that prevention of maternal deaths require that women are attended to by skilled health professionals in well-equipped facilities,

The State commits to promote the right of women to access a range of maternal health services, including emergency obstetrics and newborn care.

The State also recognizes that pregnancy and birth delivery can pose threat to the life of a woman and her child thus, maternal health and newborn care programs of the Department of Health (DOH) shifted to risk approach to pregnancy management that gives emphasis to the importance of access to emergency obstetrics and newborn care.

Toward this end, the State shall ensure that mothers and expectant mothers in ARMM shall have access to emergency obstetrics and newborn care by mandating the establishment of Basic Emergency Obstetric and Newborn Care unit in every Rural Health Unit in the ARMM.

Section 3: *Definition of Terms*

1. *Basic Emergency Obstetric and Newborn Care (BEMONC)* refers to lifesaving services for emergency maternal and newborn conditions/complications being provided by a

health facility or professional to include the following services: administration of parenteral oxytocic drugs, administration of dose of parenteral anticonvulsants, administration of parenteral antibiotics, administration of maternal steroids for preterm labor, performance of assisted vaginal deliveries, removal of retained placental products, and manual removal of retained placenta. It also includes neonatal interventions which include at the minimum: newborn resuscitation, provision of warmth, and referral, blood transfusion where possible.

2. Basic Emergency Obstetric and Newborn Care (BEmONC) Unit can perform the following six signal obstetric functions: (1) parenteral administration of oxytocin in the third stage of labor; (2) parenteral administration of loading dose of anti-convulsants; (3) parenteral administration of initial dose of antibiotics; (4) performance of assisted deliveries (Imminent Breech Delivery); (5) removal of retained products of conception; and (6) manual removal of retained placenta. These facilities are also able to provide emergency newborn interventions, which include the minimum: (1) newborn resuscitation; (2) treatment of neonatal sepsis/infection; and (3) oxygen support. It shall also be capable of providing blood transfusion services on top of its standard functions.
3. *Rural Health Unit* refers to the main health center either at municipal or barangay level with doctor, nurse, and midwife, and performs public health functions of the Department of Health.

*Section 4: Creation of Basic Emergency Obstetric and Newborn Care Unit* As part of the risk approach to pregnancy management, there is hereby created a BEmONC unit in every rural health unit in ARMM.

The BEmONC Unit shall be provided with adequate equipment and supplies, including steady power supply, emergency transport and communication facilities, to meet the standards of Basic Emergency Obstetric and New Born Care (BEmONC). Provided that priority shall be given to geographically isolated and depressed areas regardless of the number of population.

*Section 5 Implementing Rules and Regulations.* Within 60 days upon the effectivity of this Act, DOH shall formulate the rules and regulations for the effective implementation of this Act.

*SECTION 7: Appropriations:* The amount necessary for the implementation of this Act shall be included in the General Appropriations Act of the DOH. Funds may also be sourced from international organizations provided the disbursement of funds shall be in accordance with the Republic Act 9184 otherwise known as "The Government Procurement Reform Act".

**SECTION 10.** This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,

