

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Sixteenth Congress
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HOUSE RESOLUTION NO. 1531



Introduced by Gabriela Women's Party
Representatives Luzviminda C. Ilagan and Emmi A. De Jesus

A RESOLUTION DIRECTING THE HOUSE COMMITTEE ON HEALTH AND COMMITTEE ON WOMEN AND GENDER EQUALITY TO CONDUCT AN INVESTIGATION IN AID OF LEGISLATION ON THE POLICY OF THE DEPARTMENT OF HEALTH PROHIBITING CHILDBIRTH DELIVERIES ASSISTED BY TRADITIONAL BIRTH ATTENDANTS (TBA) DUBBED AS THE "NO HOME-BIRTHING POLICY" AND THE SUBSEQUENT ISSUANCE OF MUNICIPAL AND CITY ORDINANCES OF LOCAL GOVERNMENT UNITS IN COMPLIANCE WITH THE SAID POLICY, AND RECOMMEND MEASURES THAT WOULD TRULY ADDRESS THE HIGH MATERNAL AND INFANT MORTALITY RATES IN THE COUNTRY WITHOUT VIOLATING THE RIGHTS OF MOTHERS

WHEREAS, maternal deaths per 100,000 live births decreased from 209 in 1990 to 162 in 2006. However, according to the Family Health Survey, under the Aquino administration, maternal deaths increased to 221 per 100,000 live births in 2011;

WHEREAS, in response to the high maternal mortality rate, and in order to achieve its commitment to the Millennium Development Goal (MDG) of lowering maternal mortality rate to 52 per 100,000 live births in 2015, the Department of Health (DOH) under the Arroyo administration issued Administrative Order 2008-0029 entitled, "Implementing Health Reforms towards Rapid Reduction in Maternal and Neonatal Mortality," known as the "No Home-birthing Policy";

WHEREAS, in 2011, the DOH updated the policy through the implementation of the Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy, as embodied in the MNCHN Manual of Operations (MOP). This policy is also dubbed as the DOH's "No Home-Birthing Policy";

WHEREAS, Dr. Honorata Catibog of the DOH Family Health Office denied that the DOH has a "No Home-birthing Policy", saying that, "There is no such thing as a ban on home births. We know the realities. Given our geography and resources, it is not realistic. We are simply advocating and encouraging facility-based deliveries";

WHEREAS, contrary to the DOH's denial, the MNCHN MOP states that, "the adoption of the MNCHN Strategy in each identified priority province or city requires a number of executive

issuances and/or legislations to facilitate and sustain its implementation” and that such issuances and/or legislations would be supportive of MNCHN goals and objectives, including the “promotion of facility-based deliveries, and prohibition of TBA-assisted deliveries”;

WHEREAS, the MNCHN MOP aims to guide LGUs as well as national government agencies in the implementation of the AO 2008-0029 in designing approaches of delivering MNCHN services especially to populations that are most at risk from maternal and child deaths. The approach must be based on their local context, supposedly in recognition of the differences in local conditions and constraints;

WHEREAS, in response to the goals and objectives laid down by the MNCHN strategy, some local government units have passed ordinances prohibiting deliveries by traditional birth attendants (TBAs) or “hilots”, and penalizing TBAs who would perform home-based deliveries;

WHEREAS, the city council of Cagayan de Oro passed Ordinance no. 12824-2014, otherwise known as the Safe Motherhood Ordinance of Cagayan de Oro, penalizing traditional birth attendants who violate the city law with a fine of P2,000 or compelling violators to do community service for the first offense, and P5,000 for the second offense. For the third offense they can be imprisoned for not less than five days but not more than 15 days;

WHEREAS, the City of Talisay in Cebu passed Ordinance No. 2014-26-1 which does not only prohibit and penalize deliveries administrated by TBAs, but also impose charges on deliveries at the Talisay’s Health Maternity and Birthing Center. Previously, giving birth at the Talisay birthing center was free, but with the passage of the said ordinance, the birthing facility became an automatic income-generating scheme for the LGU for it imposed a fee of P1,500 per delivery for residents, and P3,500 for non-residents, plus a standard payment of P600 for newborn screening. Moreover, the municipality of MacArthur, Leyte also passed a similar legislation, Ordinance No. 4-2010 penalizing TBAs who would perform home-based child delivery, and required a service charge of P2,500 from pregnant women who would deliver their babies at the municipal health center;

WHEREAS, the municipality of Danao in Bohol issued Municipal Ordinance No. 2011-0204, “An ordinance requiring all pregnant women to give birth at designated municipal birthing home/clinic within the municipality of Danao, Bohol.” The ordinance tasked the TBAs to bring the laboring mother to the nearest birthing clinic so that she could be attended to by skilled birth attendants. TBAs were limited to supportive care only;

WHEREAS, the Municipalities of Minalin in Pampanga, and Dingle and Estancia in Iloilo also passed ordinances prohibiting home-based deliveries. In Metro Manila, Quezon City passed City Ordinance No. 2171, “An ordinance prohibiting home births in Quezon City, prohibiting traditional birth attendants to deliver babies and requiring all professional health practitioners to deliver babies only in health facilities and providing penalty for violation thereof.”;

WHEREAS, National Economic and Development Authority (NEDA) Secretary Arsenio M. Balisacan, in this presentation on the National Launch and Press Conference of the 2014 Human Development Report and 5th PHL Progress Report on the MDGs said that there is

a low probability that the Philippines will reach the target of lowering maternal mortality rate to 52 per 100,000 live births by 2015;

WHEREAS, according to Sec. Balisacan, the National Agenda to Accelerate the Achievement of MDG 5 highlights the following concerns: first, variations in access across geographical locations, which may be due to lack of health facilities and services as well as other socioeconomic factors; second, the continuing significant proportion of home births; third, inadequacies of the referral system; and fourth, non-utilization of health facilities due to lack of awareness and other barriers.

WHEREAS, according to the DOH, most cases of maternal mortality can be attributed to the following: delays in deciding to seek medical care; delays in reaching appropriate care; and delays in receiving care at health facilities;

WHEREAS, while it is recognized that there is a need to put a stop to the increasing rate of maternal and infant mortality, the DOH prohibition of TBA-assisted deliveries and the corresponding ordinances issued by the local government units would not solve the problem;

WHEREAS, the prohibition of TBA-assisted deliveries is not culturally-sensitive. According to Lorna Mora, a B'laan tribal leader, they would endure trekking several kilometers before they could reach the nearest health center. As a matter of cultural practice, they rely on their Babaylans, and on their husbands who are also taught how to assist in the delivery;

WHEREAS, the Council for Health and Development believes that the imposition of such policy will not necessarily result in a decrease nor will it solve the problem of maternal mortality rate. It may even result to an increase in the incidence of maternal and infant deaths, especially in far-flung areas where there are no barangay health stations, and hospitals are several hours or even days away;

WHEREAS, according to Grace Cuasay, a registered midwife and director of Health, Education, Training and Services of the Council for Health and Development, "in Nueva Ecija, a woman about to give birth walked and crossed a river to get to the nearest birthing facility. She and her child died before reaching the nearest birthing station. In Iloilo, a Basic Emergency Obstetric Care (BEMONC) facility serves 45 barangays and pregnant women have to travel three days to reach this birthing station";

WHEREAS, at present, out of 42, 027 barangays in the Philippines, only 17,000 have barangay health stations (BHS). Most of these barangay health stations have limited or no personnel at all. Most BHS have no adequate health facilities and equipment, and even lack medicines and supplies;

WHEREAS, in 2009, the DOH report revealed that there are only 584 district hospitals, 89 provincial hospitals, and 45 city hospitals. Fifty six percent (56%) or more than half of the said hospitals have limited capacity and are comparable only to infirmaries. This clearly shows that the birthing facilities in the country are not sufficient to cater to the needs of pregnant women;

WHEREAS, in addition to insufficient facilities are insufficient public health practitioners and skilled birth attendants. With 1 Midwife : 13,160 Population (covering 3 to 5 barangays), 1 Public health nurse : 37,998 Population (1 nurse for every municipality), and 1 Doctor :

67,987 Population (1 doctor for every municipality), the said policy is not only unreasonable, but not feasible with the current state of our health system;

WHEREAS, in some cases where the distance to the birthing facility is not a problem, some mothers would still prefer not to deliver their babies in hospitals and other birthing centers because of the high cost of delivery even in public hospitals;

WHEREAS, Dr. Geneve Rivera-Reyes of Health Alliance for Democracy (HEAD) said that the TBAs or "hilots" should be seen as complementary personnel to public health workers in rural areas and should be provided trainings and tools for more effective and efficient provision of basic health services;

WHEREAS, the DOH used to train TBAs in recognition of the inadequate number of health facilities and practitioners. In 1994, it issued Department Circular No. 69-A "Allowing Trained Hilots to Attend Normal Home Deliveries Especially in Areas Where Services of Registered Midwife or Licensed Trained Health Personnel (are) Not Available at all Times";

WHEREAS, the DOH has the obligation of providing accessible health services (birthing centers, skilled birth attendants, equipment and supplies needed for the delivery), as well education services to women, especially the expectant mothers. The said obligation should be the focus of the Department's policy reforms;


WHEREAS, the right to choose on how the babies will be delivered remains with the mothers and this right must be respected;

WHEREAS, information campaign must be heightened and trainings must be provided to traditional birth attendants, especially in the rural areas and in the communities of indigenous peoples;

THEREFORE, BE IT RESOLVED, AS IT IS HEREBY RESOLVED, THAT THE HOUSE COMMITTEE ON HEALTH AND COMMITTEE ON WOMEN AND GENDER EQUALITY CONDUCT AN INVESTIGATION IN AID OF LEGISLATION ON THE DEPARTMENT OF HEALTH'S PROHIBITION OF CHILDBIRTH DELIVERIES ASSISTED BY TRADITIONAL BIRTH ATTENDANTS (TBA) DUBBED AS THE "NO HOME-BIRTHING POLICY" AND THE SUBSEQUENT ISSUANCE OF MUNICIPAL AND CITY ORDINANCES OF LOCAL GOVERNMENT UNITS IN COMPLIANCE WITH THE SAID POLICY, AND RECOMMEND MEASURES THAT WOULD TRULY ADDRESS THE HIGH MATERNAL AND INFANT MORTALITY RATES IN THE COUNTRY WITHOUT VIOLATING THE RIGHTS OF THE MOTHERS.

Adopted,


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