



Republic of the Philippines
Province of Oriental Mindoro
MUNICIPALITY OF ROXAS

OFFICE OF THE SANGGUNIANG BAYAN

EXCERPTS FROM THE MINUTES OF THE 19th REGULAR SESSION OF THE 8TH SANGGUNIANG BAYAN OF ROXAS, ORIENTAL MINDORO HELD ON 02 DECEMBER 2013, 1:30 P. M. AT THE SANGGUNIAN SESSION HALL.

Present:

Vice Mayor Violeta L. Dimapilis	- Presiding Officer
Councilor Eduardo K. Soriano	- Member
Councilor Gualberto V. Magno	- Member
Councilor Johnell C. Sifiel	- Member
Councilor David D. Dela Cruz	- Member
Councilor Ramil O. Dimapilis	- Member
Councilor Juan S. Advincula	- Member
Councilor Elsie F. Galaran	- Member
Councilor Juanito A. Bacay, Jr.	- Member

Absent: NONE

MUNICIPAL ORDINANCE NO. 05
Series of 2013

AN ORDINANCE PROHIBITING CHILD DELIVERY OUTSIDE THE BASIC EMERGENCY OBSTRETRICS AND NEWBORN CARE (BEMONC), AND OTHER EQUALLY CAPABLE HEALTH CARE FACILITIES, ENSURING THE SAFETY AND EFFECTIVENESS OF MATERNAL AND CHILD CARE AND IMPOSITION OF FEES AND CHARGES FOR MATERNAL DELIVERY AND PENALTIES FOR VIOLATIONS THEREOF, AND UTILIZATION OF FEES COLLECTED FOR BEMONC PROGRAM OPERATION.

WHEREAS, Section 15 of Article II (Declaration of Principles and State Policies) of the Constitution of the Republic of the Philippines states that: "The state shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, Section 16 of RA 7160 known as the General Welfare Clause explicitly provides that every local government units shall exercise the powers expressly granted, those necessarily implied therefrom for its efficient and effective governance, and shall ensure and support, among other things, the promotion of health and safety and preserve the comfort and convenience of their inhabitants;

WHEREAS, Section 22 (d) of the same Code provides that local government units shall enjoy full autonomy to the exercise of their propriety functions and in management of their economic enterprise, subject to the limitations provided in this Code and other applicable laws;

WHEREAS, Chapter 4 Section 17 of the Magna Carta for Women likewise states that the State shall provide culture sensitive and gender responsive health

WHEREAS, the Philippine government through the Department of Health (DOH) has committed itself to the Millennium Development Goals (MGD) of lowering the Maternal Mortality Rate and Infant Mortality Rate (IMR),

WHEREAS, current health data from the DOH show that there are four types of risks that increase the number of maternal and neonatal deaths in the country, one of which is the risk of **delivering** without being attended by skilled birth attendants, namely, skilled midwives, nurses and doctors in a BEMONC facility or any other equally capable health care facilities;

WHEREAS, Republic Act No. 2382 otherwise known as The Medical Act of 1959, as amended, prohibits the illegal practice of medicine and penalizes any person found guilty of illegal practice of medicine;

WHEREAS, Republic Act No. 7146 or the Philippine Nursing Act of 1991, prohibits the illegal practice of nursing and penalizes any person found guilty of illegal practice of nursing;

WHEREAS, Republic Act No. 7392 or the Philippine Midwifery Act of 1992, prohibits the illegal practice of midwifery and penalizes any person found guilty of illegal practice of midwifery;

WHEREAS, the Department of Health, through Administrative Order No. 2008 - 0029 has the implementation of Facility-Based delivery managed by skilled birth attendants refers to a Doctor, Nurse and Midwife, with complimentary proficiency and should work together as a team, Additional Compensation for Additional Work, 2.3, "On Call Service", 2.3.4., stated that time spent while on "on call" status shall be compensated at the rate of 50% of the worker's hourly rate and 2.3.5., actual service rendered emanating from authorized and validated "on call" duty and which is not considered as part of normal duty hours of work shall be compensated in accordance with Budget Circular No. 15, series of 1996 regarding Overtime Pay and subsequent circulars that will be issued;

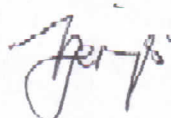
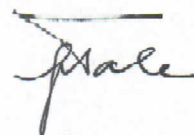
NOW THEREFORE, on joint motion of Councilors Ramil O. Dimapilis and Juan S. Advincula duly seconded by all -

BE IT ORDAINED AS IT IS HEREBY ORDAINED BY THE SANGGUNIANG BAYAN OF ROXAS, ORIENTAL MINDORO, that:

Section 1. TITLE. This Ordinance shall be known as "Homebirth Prohibition Ordinance".

Section 2. DECLARATION OF PRINCIPLES AND POLICIES. It is hereby declared by the Municipal Government of Roxas to support the government's policy to adopt an integrated and comprehensive approach in improving the delivery of family health care, including maternal and child health to all citizens as well as its indigenous population, through the institution of appropriate health and social reforms aimed towards changing their everyday life for improving oneself and the society as a whole. The ultimate goal of the Municipal Government is the attainment of a better quality of life in the context of health, social and economic security for its constituency.

Section 3. PURPOSE. This ordinance is adopted to:



- a) To prohibit or disallow the practice of home birth deliveries by doctors, nurses, midwives and the traditional birth attendants (hilots) outside the Basic Emergency Obstetrics and Newborn Care facility (BEMONC), and other equally capable health care facilities;
- b) To prevent if not eliminate eclampsia, hemorrhage and sepsis or post-partum infections which are the causes of death among pregnant women after delivery;
- c) To provide safe and clean environment and birthing facilities under the supervision of skilled attendants and health professionals (doctors, nurses, midwives);
- d) To enable pregnant women to obtain proper maternal health care and help them with the proper care and nourishment of their children and imposing adoption of proper breastfeeding practices;
- e) To protect the health and well-being of the mother and the newborn from the risks of infection and other diseases;
- f) To set up a socialized user fee mechanism as a cost recovery measure to ensure continuous funding source for recurring expenses and that the poor are not deprived of services if they are unable to pay the cost;
- g) To retain user fees collected from clients and determine proportionate distribution of fees collected to the following items: (a) health personnel; (b) drugs, medicines, commodities and supplies; and (c) other operational expenses such as utilities, IEC campaigns.

Section 4. DEFINITION OF TERMS:

- a) Antenatal Care Coverage is an indicator of access and use of health care during pregnancy. It constitutes screening for health and socio-economic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective, and educating pregnant women about planning for safe birth emergencies during pregnancy and how to deal with them. (WIIO; Indicator definitions and metadata 2008).
- b) Basic Emergency Obstetrics and Newborn Care (BEMONC)-Capable obstetric functions: (1) parental administration of oxytocin in the third stage of labor; (2) parental administration of loading dose of anti-convulsants; (3) parental administration of initial dose of antibiotics; (4) performance of assisted deliveries in 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 at the minimum; (1) newborn resuscitation, (2) treatment of
- c) Community Health Team (C/WHIT) is composed of community health volunteers (e.g. Barangay Health Teams, Women's Health Teams and the like) led by a midwife that can provide community level care and services during the pre-pregnancy, pregnancy, delivery and post-partum period. One of the functions of CHTs is to improve utilization of services by women and their families by master listing pregnant women and women of reproductive age, assessing health risks of women and their families in the preparation of health plans, provide information on

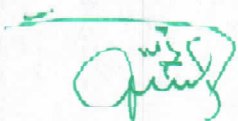
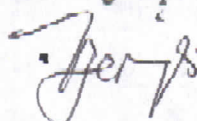
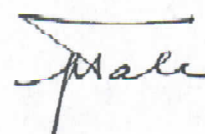
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available services, good health practices including financing option. Members of the CHT organize outreach services especially for remote areas and organize transportation and communication systems within the community. The CHTs shall also refer high risk pregnancies to appropriate providers, report maternal and neonatal deaths, follow-up of clients for family planning, nutrition and maternal and child care. The team shall also facilitate discussions of relevant community health issues, like those affecting women and children.

- d) Community Level Providers refer primarily to Rural Health Units (RHUs), Barangay Health Stations (BHS), private outpatient clinics and its health staff (e.g. midwife) and volunteer health workers (e.g. barangay health workers, CHT). This team implements the MNCHN Core Package of Services identified for the community level.
- e) Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) – Capable facility or network facilities that can perform the six signal obstetrics functions for BEmONC, as well as provide caesarian delivery services, blood banking and transfusion services, and other highly specialized obstetrics interventions. It is also capable of providing neonatal emergency interventions, which include at the minimum, the following: (1) newborn resuscitation; (2) treatment of neonatal sepsis/infection; (3) oxygen support for neonates; (4) management of low birth weight or preterm newborn; and (5) other specialized newborn services. These facilities can also serve as high volume providers for IUD and VSC services, especially tubal ligations. It should also provide an itinerant team that will conduct outreach services to remote communities. The itinerant team is typically composed of 1 physician (surgeon), 1 nurse and 1 midwife.
- f) Contraceptive Prevalence Rate (CPR) is the proportion of married women aged 15 – 49 reporting current use of a modern method of family planning, i.e. pill, IUD, injectables, bilateral tubal ligation, no-scalpel vasectomy, male condoms, mucus/Billings/ovulation, Standard Days Method (SDM) and Lactation Amenorrhea Method (LAM).
- g) Early initiation of breastfeeding refers to initiating breastfeeding of the newborn after birth within 90 minutes of life in accordance to the essential newborn care protocol.
- h) Facility-Based Deliveries (FBD) is the proportion of deliveries in a health facility to the total number of deliveries.
- i) Fully Immunized Children (FIC) is the ratio of children under 1 year of age who have been given ECG, 3 doses of DPT, doses of Hepa B, 3 doses of OPV and measles vaccine to the total number of 0-11 months old children.
- j) Health Outcome Indicators are parameters which reflect impact or outcomes. For MNCHN Strategy, the following health outcome indicators are monitored: maternal mortality ratio, neonatal mortality rate and under-five mortality rate.
- k) Health Systems Gaps refers to the absence or lack of instruments needed to support and sustain the provision and utilization of core MNCHN services. These instruments may include accreditation health facilities and enrolment of population groups to PhilHealth, local budget for



health facilities and enrolment of population groups to PhilHealth, local budget for health, private and public partnership for health, procurement and logistics management system, inter-LGU arrangements, functional referral and feedback system

- l) Infant Mortality Rate refers to the number of infants dying before reaching the age of one year per 1,000 live births in a given year. It represents an important component of under-five mortality rate.
- m) Maternal Mortality Rate refers to the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and children or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.
- n) MNCHN Core Package of Services is a package of services for women, mothers and children covering a spectrum of (1) known appropriate clinical case management services including emergency obstetric and newborn care in preventing direct causes of maternal and neonatal deaths which are or will be within the capacity of the health measures.
- o) Neonatal Mortality Rate refers to the number of deaths within the first 28 days of life per 1000 live births in a given period.
- p) Province-wide or Municipal-wide Health Systems refers to the default catchment area for delivering integrated MNCHN services. It is composed of public and private providers organized into systems such as inter-local health zones (ILHZ) or health districts for provinces and integrated urban systems for highly-provision and use of MNCHN core package of services access provinces, municipalities and cities become necessary. Unless otherwise specified, LGUs refer to provinces or independent cities.
- q) Public Health Worker (PHW) refers to persons engaged in health and health-related works. These cover employees in any of the following:
 - a) any government entity whose primary function according to its legal mandate is the delivery of health services and the operation of hospitals, sanitarium, health infirmaries, health centers, rural health units, barangay health stations, clinics or other institutional forms which similarly perform health delivery functions, like clinical laboratories, treatment and rehabilitation centers, x-ray facilities and other similar activities involving the rendering of health services to the public; and
 - b) offices attached to agencies whose primary function according to their legal mandate involves provision, financing or regulation of health services. Also covered are medical and allied health professionals, as well as administration and support personnel regardless of their employment status.
- r) Skilled health professionals are providers such as midwives, doctors or nurses who were educated, licensed and trained to proficiency in the skills needed to manage pregnancies, childbirth and the immediate newborn period, and in the identification, management and referral of complications in mothers and newborns.
- s) Skilled-Birth Attendant (SBA)/Skilled Health Professional Attended Deliveries is the proportion of deliveries attended by skilled health professionals to the total number of deliveries.

