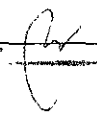


FIFTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)

SENATE
OFFICE OF THE SECRETARY

10 JUL 21 AIO:24

SENATE
S. No. 1700

RECEIVED BY: 

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

Every minute, and most often in a developing country, a woman dies from complications related to pregnancy or childbirth. That is 525,600 women, at a minimum, dying every year. And for every woman who dies, 30 to 50 women suffer injury, infection, or disease.

The Philippines has a high maternal mortality rate of 172 deaths per 100,000 live births. According to the *State of the Philippine Population Report 2000*, 10 Filipino women die every 24 hours from causes related to pregnancy and childbirth.

In September 2000, 189 countries at the United Nations Millennium General Assembly endorsed a series of Millennium Development Goals, one of which is the reduction of maternal mortality by 75 percent between 1990 and 2015.

To achieve this, the state must respect and uphold the right of all women to:

- make decisions about their own health, free from coercion or violence, and based on full information; and
- have access to quality services and information before, during, and after pregnancy and childbirth.

Experts from around the world now acknowledge that almost all maternal deaths could be prevented with appropriate care. The most essential intervention is to ensure that all women are cared for by a professional health worker (midwife, nurse, or doctor) with midwifery skills during the most dangerous period – during and immediately after childbirth.

Yet in the Philippines today, less than half of all deliveries take place with the assistance of a skilled birth attendant.

Experience shows, however, that the presence of skilled birth attendants needs to be part of a broader strategy, including functioning referral systems and back-up professional support.

Skilled attendants alone cannot effectively reduce maternal mortality; they need to be linked up with a larger health care system with the facilities, supplies, transport and professionals to provide emergency obstetric care when it is needed.

Since every maternal death is a family and community tragedy, the community must involve itself in maternal care and guarantee that every resident pregnant woman will have access to safe delivery services at the time of her childbirth. The state and the local government unit concerned must be held accountable for the effective delivery of adequate, affordable and appropriate health services to all their residents.*

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO

* This bill was originally filed during the Thirteenth Congress, First Regular Session.

FIFTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)

SENATE
OFFICE OF THE SECRETARY

10 JUL 21 10:25

SENATE
S. No. 1700

RECEIVED BY: [Signature]

Introduced by Senator Miriam Defensor Santiago

1 AN ACT
2 TO ENSURE EVERY PREGNANT WOMAN'S ACCESS TO A SKILLED BIRTH
3 ATTENDANT AT THE TIME OF CHILDBIRTH AND IMMEDIATELY THEREAFTER

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

6 SECTION 1. *Title.* – This Act shall be known as “Bantay Buntis Act.”

7 SECTION 2. *Declaration of Policy.* – It is the declared policy of the state to protect and
8 promote the right to health of the people. Towards this end, the state shall ensure universal
9 access to all individuals to a full range of high quality, affordable reproductive health services,
10 with particular attention to maternal and emergency obstetric care, especially in underserved
11 areas. Furthermore, the state shall establish or strengthen safe motherhood programs, within the
12 context of primary health care, with the goal of reducing maternal mortality.

13 SECTION 3. *Definition of Terms.* – For the purposes of this Act, the term:

14 (A) “Maternal death/mortality” means the death of a woman while pregnant or within 42
15 days of termination of pregnancy, regardless of the site or duration of pregnancy, from any cause
16 related to or aggravated by the pregnancy or its management.

17 (B) “Skilled birth attendant” means a nurse, midwife, doctor or other practitioner with
18 professional training in obstetric care.

19 (C) “Referral system” means a mechanism by which the local government unit ensures
20 that the nearest hospital with adequate emergency obstetric care will accept the pregnant woman
21 in the event that complications arise from childbirth or if there is a need for other emergency
22 procedures.

1 SECTION 4. *Responsibilities of the Barangay Captain.* – It shall be the duty of the
2 Barangay Captain to ensure that every pregnant woman has access to a skilled birth attendant at
3 the time of childbirth. The Barangay Captain must carry out the following tasks:

4 (A) Draw up a master list of pregnant women in the barangay. Each pregnant woman
5 must be assisted in drawing up a birth plan which includes pertinent information such as the
6 mother’s general state of health expected due date or date of delivery, and possible blood donors.

7 (B) Ensure that there will be access to the services of a trained professional health
8 worker.

9 (C) Place transportation facilities on call upon notification that the pregnant mother has
10 gone into labor.

11 (D) Communicate with the nearest hospital or lying-in clinic that the woman is in labor.
12 Prior to this, a referral system or mechanism must be in place.

13 (E) All barangay and municipal health workers shall be placed on standby alert. Only
14 when the outcome of a safe birth transpires will all alert signals be lowered.

15 SECTION 5. *Appropriations.* –

16 (A) The amount necessary to carry out the provisions of this Act is hereby authorized to
17 be appropriated from the General Appropriations Act of the year following the enactment of this
18 law and every year thereafter.

19 (B) All local government units are likewise mandated to allot not less than five percent
20 (5%) of their gender and development budget for programs, projects and activities aimed to
21 support maternal health within their jurisdiction.

22 SECTION 6. *Separability Clause.* – If any provision of this Act is held invalid or
23 unconstitutional, the remainder of the Act or the provision not otherwise affected shall remain
24 valid and subsisting.

25 SECTION 7. *Repealing Clause.* – Any law, presidential decree or issuance, executive
26 order, letter of instruction, administrative rule or regulation contrary to or inconsistent with the
27 provisions of this Act is hereby repealed, modified or amended accordingly.

1 SECTION 8. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
2 publication in at least two newspapers of general circulation.

3 Approved,
4