Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
22nd City Council

PO22CC-153

29th Regular Session

ORDINANCE NO. SP-3192, S-2023

AN ORDINANCE MANDATING THE PROVISION OF MATERNITY AND CHILD KIT TO EXPECTANT MOTHERS WHO AVAILED OF PRE-NATAL AND POST-NATAL CARE FROM QUEZON CITY-OWNED/MANAGED LYING-INS AND BIRTHING FACILITIES/LGU-RETAINED HOSPITALS, PROVIDING FUNDS THEREFOR AND FOR OTHER PURPOSES.

Introduced by Councilors JOSEPH P. JUICO, ALY MEDALLA, BERNARD R. HERRERA and DOROTHY A. DELARMENTE, M.D.

WHEREAS, Section 15, Article II of the 1987 Philippine Constitution provides that, "the State shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, Section 11, Article XIII of the Constitution also provides that, "the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The state shall endeavor to provide free medical care to paupers";

WHEREAS, according to Article 2, Section 12 of the Constitution, the State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive support from the government;

WHEREAS, the International Convention on the Rights of the Child (ICRC), particularly Article 24 thereof, obligates State-Parties to take appropriate measures to diminish infant and Child Mortality, to provide necessary health care, to combat disease and malnutrition, and to develop preventive health care;

WHEREAS, the United Nations Population Fund, formerly United Nations Fund for Population Activities (UNFPA), an agency tasked in promoting commitments to achieving three (3) transformational goals by 2030, namely: 1) ending preventable maternal deaths; 2) ending unmet need for family planning; and 3) ending gender-based violence and other harmful practices against women and girls, including child marriage; states that approximately 800 women die every day from preventable causes related to pregnancy and childbirth. This is about one (1) woman every two (2) minutes. Most of these deaths and injuries, however are entirely preventable;

WHEREAS, according to the World Health Organization (WHO), maternal mortality is unacceptably high. About 295,000 women died during and following pregnancy and childbirth in 2017. Based on their study, young adolescents, between the ages of 10 to 14, face a higher risk of complications and death, as a result of pregnancy, than other women. Further, the vast majority of these deaths (94%) occurred in low-resource settings, and most could have been prevented. Thus, skilled care, before, during and after childbirth, can save the lives of women and newborns;

WHEREAS, as reported by the United Nations Children's Fund (UNICEF), from 2000 to 2017, the global maternal mortality ratio declined by 38% – from 342 deaths to 211 deaths per 100,000 live births. This translates into an average annual rate of reduction of 2.9%. While substantive, this is less than half the 6.4% annual rate needed to achieve the Sustainable Development Goal (SDG) of 70 maternal deaths per 100,000 live births. Still, over 800 women are dying each day from complications in pregnancy and childbirth; and for every woman who dies, approximately 20 others suffer serious injuries, infections or disabilities. Most maternal mortalities can be prevented if births are attended by skilled health personnel - doctors, nurses or midwives - who are regularly supervised, have the proper equipment and supplies, and can refer women in a timely manner to emergency obstetric care when complications are diagnosed;

WHEREAS, according to the Quezon City Health Department's recent data, the maternal mortality in 2022 totaled to 72 with pre-eclampsia with severe features having the highest number of deaths, followed by uterine atony with 6, and other several causes like hypertensive disorder, postpartum hemorrhage, all of which could have been prevented if only the mother received proper pre-natal care;

WHEREAS, the total number of deliveries in the City last 2022 was 43,348 with 39,469 health and facility-based deliveries, 22,469 of which came from public health facilities, and 3,880 deliveries in non-health facilities; and an overall 398 total deaths all in the previous year;

WHEREAS, the Philippines failed to achieve its commitment to the Millennium Development Goals (MDG) to reduce maternal deaths by three quarters between 1990 and 2015. While the overall improvements in maternal health globally had been remarkable, the poor and the vulnerable were unfortunately left behind. Thus, further reduction of maternal deaths remains one of the priorities in the recently launched SDGs. Reducing the global mortality ratio to 70 deaths per 100,000 live births requires countries like the Philippines to scale-up efforts to effectively improve maternal and child health conditions. Evidence suggests that improving Maternal and Child Health (MCH) services has an effect not only on the reduction of maternal mortality but extends to also impact reduction in neonatal and infant mortality rates;

WHEREAS, the Implementing Rules and Regulations of Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012", mandates the Department of Health (DOH), through the Centers for Health Development (CHDs) and in coordination with the Local Government Units (LGUs), to integrate responsible parenthood and reproductive healthcare services, which shall include, among others, the provision of a full range of family planning services, maternal health care, and emergency obstetric and neonatal care, into established Service Delivery Networks (SDN) or local health referral systems. Further, private primary healthcare facilities, within the SDN, such as, but not limited to, birthing homes, lying-in clinics, and infirmaries, shall provide Basic Emergency Obstetric and Neonatal Care (BEmONC), and reproductive health services in the context of their referral networks;

WHEREAS, the National Safe Motherhood Program mandates the LGUs to establish a sustainable and cost-effective approach in the delivery of health services that ensure access of disadvantaged women to acceptable and high-quality maternal and new-born health services, and enable them to safely give birth in health facilities located within their territorial jurisdiction;

WHEREAS, the City, through Ordinance No. SP-2703, S-2018, otherwise known as the "Early Childhood Development Intervention Package", recognizes the importance of a pre-natal and post-natal maternity care service to pregnant women in order to protect their health, as well as to ensure the nutritional diet of the newborn child;

WHEREAS, the City recently passed Ordinance No. SP-3146, S-2022, otherwise known as the "Free Postnatal Supplements for Breastfeeding QCitizen Mothers Ordinance of 2022", in order to provide necessary vitamins to breastfeeding mothers, which vitamins shall support their postpartum recovery and to ensure proper growth and development of babies through breastfeeding;

WHEREAS, this Ordinance seeks to promote proper pre-natal and post-natal care for the well-being of both the mother and child, and to ensure safe delivery and a healthy baby.

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

SECTION 1. TITLE. - This Ordinance shall be known as the "Free Maternal and Child Kit Ordinance of Quezon City".

SECTION 2. DECLARATION OF POLICY. - It is hereby declared a policy of Quezon City to adopt measures intended to equally protect the life of the mother and the life of the unborn from conception; to address pregnancy-related risks that continuously threaten the lives of underprivileged Filipino women of reproductive age and their children; to institutionalize developmental strategies for the full implementation of the Responsible Parenthood and Reproductive Health Act and the National Family Planning Programme to further reduce maternal and newborn mortality; and to provide effective mechanisms to support the elements of reproductive health, particularly Maternal, New-born, Child Health and Nutrition (MNCHN), by improving access to appropriate health facilities, skilled health professionals, quality health interventions and maternal and child-care packages.

SECTION 3. DEFINITION OF TERMS. -

a) *Basic Emergency Obstetric and Newborn Care (BEmONC) - pertains to the network of facilities and providers that 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.*

b) *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.*

c) *Lying-in/Birthing Facility - refers to a primary level healthcare facility where expectant mothers, anticipating a low-risk pregnancy and delivery, may avail the services of licensed and qualified midwives and/or ob-gyne in a less institutionalized setting than a hospital.*

d) *Maternal Health - refers to the health of a woman of reproductive age, including but not limited to, pregnancy, childbirth and postpartum period.*

e) *Maternal Mortality Ratio - 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 childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.*

f) *Maternal Newborn Child Health and Nutrition (MNCHN) Core Package of Services - refer to a package of services for women, mothers and children covering the 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 system to routinely provide; and (2) known cost-effective public health measures capable of reducing exposure to, and the severity of, risks for maternal and newborn deaths that are routinely being provided by LGUs.*

g) *Neonatal Health - pertains to the overall condition of the child during the first 28 days after delivery.*

h) *Neonatal Mortality Rate - refers to the number of deaths within the first 28 days of life per 1,000 live births in a given period.*

i) *Post-natal care - pertains to the first 6-8 weeks after birth. Post-natal care should be a continuation of the care the woman has received through her pregnancy, labor and birth, taking into account the woman's individual needs and preferences. It should aim to create a supportive environment in which families will be guided by professionals in how to care for their baby and themselves, and be able to recognize and act upon any deviation from the normal.*

j) Pre-natal care - refers to access and use of healthcare 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.

k) Service Delivery Network - refers to the network of facilities and providers within the province-wide or city-wide health system offering the MNCHN Core Package of Services in an integrated and coordinated manner. It includes the communication and transportation system supporting this network.

SECTION 4. COVERAGE. - The "Free Maternal and Child Kit" may be availed of by an expectant mother who is a registered resident of Quezon City and who completed all the stages of Maternal and Child Care Program, as herein defined, from any of the Quezon City-owned/managed lying-ins and/or birthing/health facilities/LGU-retained hospitals.

SECTION 5. MATERNAL AND CHILD-CARE PROGRAM. - Refers to a package of services designed for expectant mothers and their children covering the spectrum of: 1) Pre-natal care; 2) Natal Care; and 3) Post-natal Care, more particularly identified as follows:

a. ***Pre-Natal Care***
- *Check–ups and Consultation (first trimester [1], second trimester [1], third trimester [at least 2])*
- *Simple Laboratory (Urine, FBS, Hemoglobin, Hematocrit, HIV testing)*
- *Tetanus Toxoid Immunization*
- *Provision of iron tablets with folic acid supplement*
- *Referral of high–risk cases for secondary or tertiary care*
- *Facility-based delivery*
- *Promotion of exclusive breastfeeding*
- *HIV counseling and testing of pregnant women*
- *Oral health care*
- *PhilHealth enrolment*

b. ***Natal Care***
- *Delivery in any of the Quezon City-owned/managed nine (9) lying-in clinics, birthing facilities/LGU-retained hospitals*
- *Newborn care and immunization*

c. ***Post-Natal Care***
   - *Two (2) postpartum consultation and check-ups*
   - *Provision of Vitamin A capsules and iron tablets*
   - *Initiated breastfeeding*
   - *Family planning, counseling and provision of Family Planning methods*
   - *Oral health care*

SECTION 6. MATERNAL AND CHILD KIT. - The Maternal and Child Kit to be distributed to qualified beneficiaries upon completion of all the stages comprising the Maternal and Child Care Program of the Quezon City Health Department, shall contain essential items. Such essentials shall include, but are not limited to, the following:

a. Maternal Kit – Napkin and diapers;

b. Child Kit - Blanket, diapers, towels, bonnet or beanie, mittens, bootie, swaddle blanket, cloth or lampin and manual breast pump.

SECTION 7. MONITORING. - The Quezon City Health Department, through the City-owned/managed health facilities, shall be responsible in the monitoring of the expectant mothers under the Maternal and Child-Care Program.

SECTION 8. IMPLEMENTING RULES AND REGULATIONS. - The Quezon City Health Department shall formulate the Implementing Rules and Regulations of this Ordinance within sixty (60) days from its date of effectivity.

SECTION 9. APPROPRIATION. - The necessary funding requirement for the effective implementation of this Ordinance shall be reflected in the Annual Budget of the Quezon City Health Department. For 2023, the initial budget of Ten Million Pesos (Php10,000,000.00) shall be taken from the Social Services Program under the Office of the City Mayor.

SECTION 10. SEPARABILITY CLAUSE. - If any portion or provision of this Ordinance is declared void or unconstitutional, the remaining portions thereof shall not be affected thereby and shall remain in full force and effect.

SECTION 11. REPEALING CLAUSE. - Any previous ordinances, or parts thereof, which are inconsistent with any of the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 12. EFFECTIVITY CLAUSE. - This Ordinance shall take effect fifteen (15) days after its publication in a newspaper of general circulation in the City and its posting in the entrance of the Quezon City Hall and two (2) other conspicuous places in the City.

ENACTED: April 3, 2023.

BERNARD R. HERRERA
City Councilor
Acting Presiding Officer

ATTESTED:

ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(City Council Secretary)

APPROVED: MAY 18 2023

MA. JOSEFINA G. BELMONTE
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on April 3, 2023 and was PASSED on Third/Final Reading under Suspended Rules on the same date.

ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(City Council Secretary)