REPUBLIKA NG PILIPINAS
SANGGUNIANG PANLUNGSOD
LUNGSOD NG ORMOC

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SANGGUNIANG PANLUNGSOD
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DATE: 26 APR 2017
LUNGSOD NG ORMOC

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE FOURTEENTH SANGGUNIANG PANLUNGSOD NG ORMOC HELD AT THE SANGGUNIANG PANLUNGSOD SESSION HALL, ORMOC CITY HALL BUILDING ON APRIL 18, 2017 IN LIEU OF APRIL 20, 2017

PRESENT:

Leo Carmelo L. Locsin, Jr.,	Vice Mayor & Presiding Officer
Vincent L. Rama,	SP Member, Asst. Majority Floor Leader
Mario M. Rodriguez,	SP Member, Presiding Officer "Pro-Tempore"
Tomas R. Serafica,	SP Member
Benjamin S. Pongos, Jr.,	SP Member
Eusebio Gerardo S. Penserga,	SP Member
Gregorio G. Yrastorza III,	SP Member
Nolito M. Quilang,	SP Member
John Eulalio Nepomuceno O. Aparis II,	SP Member Minority Floor Leader
Lea Doris C. Villar,	SP Member, Asst. Minority Floor Leader
Mariano Y. Corro,	Ex-Officio SP Member Chapter President, Liga ng mga Barangay ng Ormoc

ON LEAVE:

Rolando M. Villasencio,	SP Member, Majority Floor Leader

PREFATORY STATEMENT

WHEREAS, our country is a signatory and thus committed to meet the Millennium Development Goals set by the United Nations in 2000 to be met by the end of 2015, targeting to reduce the maternal mortality of 209 per 100,000 live births by three quarters and the under 5 mortality of 80 per 1,000 live births by two thirds;

WHEREAS, following this formula the national target was set to reducing maternal mortality to 52 per 100,000 live births and the under 5 mortality to 26.7 per 1,000 live births;

WHEREAS, the most current indicators for our City for the year 2016 have shown that our maternal mortality is 76.35 per 100,000 live births and the under 5 mortality at 13.9 per 1,000 live births;

WHEREAS, the Department of Health through the Local Government Units have been implementing strategies to improve the health indicators in our country especially on Maternal Mortality and Under 5 Mortality Rates;

WHEREAS, it is mandated in PhilHealth Advisory No. 2016-0002 that it is now mandatory that all maternity care provider (MCP)/ birthing home (BH) applying for initial accreditation shall obtain a valid license to operate (LTO) from the Department of Health beginning January 1, 2016;

WHEREAS, prior to year 2016, the Department of Health (DOH) through Administrative Order #2007-0039 mandated that the Department shall no longer grant any license to operate to birthing homes, which could instead avail of accreditation from the Philippine Health Insurance Corporation (PhilHealth)in lieu of the usual DOH license. But since the Philippine Health Insurance Corporation accreditation is voluntary, the possibility of the birthing homes operating with substandard facilities and supplies, coupled with poor quality services, is not at all remote because the voluntary nature of Philippine Health Insurance Corporation accreditation could create an interregnum on the government's exercise of its regulatory powers over institutions which directly deal with human lives and with the delicate processes of their being;

WHEREAS, the presence of such facilities whose services maybe below the desired standards required, may put to risk the mandated duty of government to protect and promote the people's welfare;

WHEREAS, in order to have a long term control of mortality and morbidity among our mother and neonates, the local government must ensure quality services and rapid risk assessments in these target group for both public and private health facilities in the City of Ormoc;

WHEREAS , the health personnel involved in their care must be well capacitated on Basic Emergency Obstetric and Newborn Care (BEmONC) services and must comply with the DOH mandates on Maternal, Neonatal and Child Health and Nutrition (MNCHN) Program;

WHEREAS, the local government, as instrumentality of the state has a constitutional duty to protect and promote the people's right to health (Article II, Section 15, 1987 Constitution) and has the power to serve the general welfare through the protection and promotion of the people's health(Section 16, R.A. 7160);

WHEREAS, presently the City Health Department does not have any supervisory authority to monitor the standards of the existing technical skills and physical facilities of birthing homes in the City of Ormoc;

WHEREAS, the Business Permits and Licenses Division of the city government does not have any existing definitive guidelines for the issuance of business permits for birthing homes;

WHEREAS, the standards and guidelines herein set forth which are designed to guide the City of Ormoc's Permits and Licenses Division in the issuance of business and/or mayor's permits for birthing homes, are culled out from existing laws, decrees, promulgations, issuances and orders by competent authorities, which are still in full force and effect;

NOW, THEREFORE, on motion of SP Member Mario M. Rodriguez, Chairman, Committee on Health & Sanitation, severally seconded by SP Members Mariano Y. Corro, Nolito M. Quilang, Gregorio G. Trastorza III, Eusebio Gerardo S. Penserga, Benjamin S. Pongos, Jr. and Tomas R. Serafica; be it –

RESOLVED, as it is hereby resolved to enact the following Ordinance:

ORDINANCE NO. 026

AN ORDINANCE REGULATING THE ESTABLISHMENT AND OPERATION OF PRIVATE BIRTHING CENTERS IN THE CITY OF ORMOC.

SECTION 1. TITLE – This ordinance shall be known as "AN ORDINANCE REGULATING THE ESTABLISHMENT AND OPERATION OF PRIVATE BIRTHING CENTERS IN THE CITY OF ORMOC"

SECTION 2. DECLARATION OF POLICY – The City of Ormoc hereby adopts measures to uphold and protect the lives of its constituents in line with the pursuit of sustainable human development that values human dignity and offers full protection to women and their unborn babies. It is the policy of the State to equally protect the life of the mother and the child unborn, in relation thereto, the City of Ormoc aims to establish a unified regulatory protocol that will ensure that all birthing centers/homes operating within the city are providing universally acceptable quality of services by setting forth duly recognized body of standards to be known as "Standards and Guidelines serving as condition precedent to the granting of business permits to birthing centers/homes in line with the local government's exercise of its regulatory powers."

SECTION 3. FRAMEWORK – The City of Ormoc acknowledges that the goal of rapidly reducing maternal and neonatal mortality can only be achieved through an effective population-wide provision and use of integrated MNCHN services as appropriate to any locality in the country. MNCHN reforms, improvements and pursuit of changes in local health systems shall, among other results, contribute to the following intermediate results that can significantly lower the risk of dying due to pregnancy and child birth;

1. Every pregnancy is wanted, planned and supported;
2. Every pregnancy is adequately managed throughout its course;
3. Every delivery is facility-based and managed by skilled birth attendants; and,
4. Every mother and newborn pair is provided with safe, effective and affordable post-partum and post-natal services.

SECTION 4. DEFINITION OF TERMS/ACRONYMS:

a. **Birthing center** – any health facility, place, professional office or institution which is not a hospital or located in a hospital and where births are planned to occur away from the mother's residence following normal uncomplicated pregnancy. Refers to a private birthing center or a private birthing home duly licensed by DOH, accredited by PhilHealth and recognized by the LGU.

b. **MNCHN** - Maternal and Neonatal Child Health and Nutrition.

c. **BEmONC** - Basic Emergency Obstetric and Newborn Care - a package of medical interventions to life- threatening complications during pregnancy with six signal functions:
   - Administer parental antibiotics to prevent complications;
   - Administer anticonvulsant (mgS04) for treatment of eclampsia and pre-eclampsia;
   - Administer uterotonic drugs (i,e. Oxytoxic) as active management of 3rd stage of labor to prevent post - partum hemorrhage;
   - Perform manual extraction/removal of placenta and retained products of conception;
   - Perform assisted or instrumental vaginal delivery;
   - Perform newborn resuscitation.

d. **BEmONC Facility** – a birthing center with a trained team of doctor, nurse and midwife with BEmONC Capacity Enhancement training for midwives of an accredited training institution by DOH.

e. **DOH** - Department of Health.

f. **CHD** - City Health Department.

g. **LCR** – Local Civil Registrar.

h. **LTO** - License To Operate private birthing center issued by DOH.

i. **Midwife** - a licensed midwife who is duly employed as regular, permanent and/or contractual employee of the operating private birthing center trained to assist women in pregnancy, childbirth and postpartum care.

j. **Clinical assistant or maintenance worker** – a person who is duly employed by the operating private birthing center to maintain and ensure the good sanitary condition and cleanliness of the birthing center and its premises.

k. **Patient** - a Pregnant woman admitted to a birthing center by, and/or under the order of a duly licensed clinical staff member.

l. **BPLO** - Business Permit and Licensing Office.

m. **FP** – Family Planning.

SECTION 5. OBJECTIVES - In the light of current maternal health situation, the Local Government Unit of the City of Ormoc strives to ensure measures towards safe pregnancy and safe delivery of newborn in order to prevent maternal deaths and newborn deaths related to pregnancy and childbirth complications. The following shall be instituted in order to safeguard the health of our pregnant women and newborn children, to wit:

1. Quality prenatal care, post natal care and newborn care shall be carried out following the protocols / standards set by DOH;
2. Regulation and monitoring of the operation of private birthing centers;
3. Formulation of local legislation to regulate the operations of private birthing centers;
4. Assessment of workers' legibility in private birthing centers;
5. Assessing standards of facility requirements in private birthing centers.

SECTION 6. PROCEDURE FOR SECURING A BUSINESS PERMIT TO OPERATE APRIVATE BIRTHING CENTER – Any person, natural or juridical, may apply to operate a private birthing center as a BEmONC Facility. Hereunder are the processes for operating a private birthing center:

Steps	Requirements
1. Applicant secures and fills up application form from the CHD	Application form provided by CHD
2. Applicant submits filled - up application form and other requirements to the designated desk under the CHD	– Updated PRC license of all professional staff; - Proof that the birthing center is manned by a licensed midwife with BEmONC training; - Community Tax certificate; – Logbook showing names of clients served (For Renewal of Permits only); – Report of patients served and outcome (ex. deliveries with or without complications, referred, etc.).
3. Applicant shall submit for actual inspection on the birthing facility	- If LTO Compliant and requirements are complete
4. Applicant secures CHD Clearance Certificate and shall submit the same together with all other requirements in Sec. 7 of this ordinance to the BPLO for issuance of Mayor's Permit	
5. Applicant secures Mayor's Permit from the BPLO	

SECTION 7. BASIC REQUIREMENTS FOR A PRIVATE BIRTHING CENTER - These requirements are basic pertaining to human resource, physical structure, equipments and medical and surgical supplies needed to provide acceptable standards of maternal and neonatal care;

A. Human Resources: Staffing;

1. Midwife

   a. Must have updated PRC License
   b. Must have undergone BEmONC training/Capacity Enhancement training for midwives in an accredited training institution including training updates required by DOH;
   c. Must obtain an annual medical certificate from CHD (including chest X-ray, blood examination, urinalysis and stool exams).

2. Obstetrician and Pediatrician
   a. Not Necessarily a Stay-in Obstetrician and Pediatrician, provided that a contract for services is entered into;
   b. BEmONC training or accredited by Philippine Obstetrics and Gynecological Society (POGS) or Philippines Society of Pediatrics, as the case maybe.

3. Nurse

   a. Must have updated PRC License;
   b. Not Necessarily a Stay-in Nurse, provided that a contract for services is entered into;
   c. Must have undergone BEmONC training in an accredited training institution;

4. Clinical assistant or maintenance worker tasked with the over-all condition and cleanliness of the birthing center and its premises.
   a. Must obtain an annual medical certificate from CHD.

B. Physical Structure

1. Physically clean facility and surroundings that conform to basic infection prevention practices;
2. Clean toilet with clean water supply for the client/patient, including the members of his/her family, and staff;
3. Clean and organized labor and/or delivery room that ensures the needed privacy of clients and facilities that allows unhampered movements for birth attendants, while providing care to mother and the newborn;
4. Clean area for essential newborn care;
5. Area for washing and processing instruments;
6. Accessible lavatories with running water, or the equivalent thereof, for the midwife's hand washing before and after providing care;
7. Area for consultation and FP counseling;
8. Covered segregated garbage containers (including sharps disposal, infectious and non-infectious waste) for proper disposal under RA 9003;
9. Provision of placental pit for disposal of placenta and other products of conception.

C. Medicines and Supplies

1. Medicines:
   - Oxytocin ampules
   - Vit. K ampules
   - Iron/Folic Acid tablets
   - Erythromycin ophthalmic ointment
   - Paracetamol tablets or mefenamic acid for analgesics
   - MgSO4
   - IV set / IV fluids

2. Supplies:
   - Wall clock with second hand, or equivalent
   - Tape measure
   - Cotton balls
   - Plaster
   - Antiseptics-10% povidone-iodine, 70% isopropyl alcohol
   - Sterile gloves or clean gloves
   - Sterile gauze
   - Sterile clips or ties or cord clamp
   - Disposable syringes and needles
   - Clean linen or sheets
   - Neonatal ambu-bag
   - Surgical sutures

D. Equipment/Instrument

1. General Administrative Services:
   - Generator set
   - Emergency light or portable light and flashlight
   - 4 wheeler patient transport vehicle which can be contracted out if the birthing center does not have one as evidenced by a certification for the transport tie-up provided that said vehicle should be in the facility whenever there is a patient on labor. It should also be presented during inspection.

2. Clinical Service:
   - Clinical Weighing Scale for infant and mother
   - Delivery Set (NSD set)
   - Examining and delivery tables
   - Patient bed(s)
   - Gooseneck lamp/examining light
   - Instrument table or equivalent
   - Sterile disposable maternity pad or equivalent
   - Non-mercuric sphygmomanometer
   - Non-mercuric thermometer
   - Sterilizer or equivalent
   - Stethoscope or equivalent
   - Newborn carrier
   - Foot stool or equivalent
   - Pail
   - Dick up or sponge-holding forceps
   - Straight forceps
   - Jars with covers for sterile/clean dry cotton/gauze
   - Surgical scissors straight
   - Vaginal speculum
   - Rubber suction bulb syringe
   - Bowls (preferably stainless-round or kidney shaped)
   - Sharps disposal container
   - Portable oxygen tank
   - Pediatric and Adult ambu-bag
   - Fire extinguisher

3. General care:
   - Linen
   - Bathroom implements such as pail, soap

E. Records and Documentation

1. Client or Patient Record of Logbook:
   - Family Planning Record
   - Pre-natal Record
   - Intra-natal Record (Admission Case Record)
   - Post-partum Record
   - Immunization Record
   - Maternal Record/Nutrition/Breastfeeding Record
   - Referral logbook / compilation of acknowledged return slips
   - Records of maternal and neonatal deaths

2. The health facility has copies of available policies, guidelines and standard operating procedure, such as the following:

   - The Philippines Clinical Standards Manual of Family Planning, DOH. 2006 (if midwife trained on FP)
   - Essential Newborn Care Protocol of Guidebook
   - The "Clinical Care Guidelines" and Clinical Operation Standards Manual" of the Quality Assurance Package for Midwives
   - Certificates of Training of the staff on BEmONC enhancement
   - Manual of Operation with Standard Operating Procedures (SOP) for the birthing center
   - DOH Certificate of License to Operate

SECTION 8. ROLES AND FUNCTIONS OF THE CHD – The following are the Roles and Functions of the CHD under this Ordinance:

a. Shall be tasked in the implementation of this ordinance and ensure that systems, programs and services are available at all times.To this effect, the CHD is empowered to make their own investigation upon a verified complaint filed by any interested party and may order for the dismissal of the complaint or recommend to the CMO for the revocation of permit and closure of business, without prejudice to the observance of due process;
b. Serves as the central advisory, planning, policy making body in collaboration with other stakeholders in health;
c. Recommends the enactment of legislation to support this program and adopt measures to reduce maternal deaths in the City of Ormoc;
d. Develops and implements the different protocols on the execution of the maternal health program of the Department of Health in private birthing centers;
e. Conducts periodic coordination meetings with staffs of every public and private birthing centers;
f. Conducts annual program implementation review;
g. Augments needed resources;
h. Issues the implementing rules and guidelines when necessary to implement the provisions of this ordinance.

SECTION 9. MEDICAL RECORDS - The private birthing center shall maintain a separate medical record for each patient in accordance with accepted professional standards for the purpose of continuity and evaluation of care, preservation as a legal document and as an aid in teaching and training. The birthing center shall maintain written policies and procedures for the preparation, completion, confidentiality, accessibility and preservation of medical records.

SECTION 10. PROTECTION OF MEDICAL RECORD INFORMATION –

- The medical record, either in original or microfilm form, shall not be removed from the control of the birthing center except upon specific written authorization of the administration. Medical records are the property of the birthing center.

- The birthing center shall have written policies and procedures regarding access to medical records and release of information.
- Written consent of the patient (or the responsible person acting in her behalf) shall be required for release of information not authorized by law.
- Authorized personnel of the CHD shall be permitted to review medical records as necessary to determine compliance with these rules.

SECTION 11. PHARMACEUTICALS –The following are guidelines to be followed in the administration, dispensing and storage of medicines in the Birthing Center:

(a) There shall be written orders signed by a physician legally authorized to prescribe for all drugs administered to mother and infant within the birthing center;
(b) There shall be written procedures addressing the receiving, transcribing, and implementing of orders for administration, storage and disposing of drugs;
(c) Drugs, medications, and chemicals kept in the birthing center shall be clearly labeled with drug name, strength, and expiration date;
(d) Drugs, medications, and chemicals shall be stored in locked cabinets, closets, drawers, or store rooms and made accessible only to authorized persons;
(e) Controlled substances.
  (1) Birthing Centers having narcotics shall maintain a narcotic administration record so that the disposition of any particular controlled substance can be readily traced. The date, time administered, name of administering nurse, the name and strength of the narcotic, the name of the patient and the balance remaining shall be documented in the record;
  (2) Controlled substance shall be destroyed by the Board of Pharmacy according to State Statutes and rules and regulations.

SECTION 12. ANAESTHETIC AGENTS –

(a) Anaesthetic agents and techniques to be used in any given birthing center shall be determined By CHD;
(b) Analgesia and anaesthesia - general and conduction anaesthesia shall not be administered at birthing centers. Local anaesthesia for block and episiotomy repair may be performed if procedures are outlined by the clinical staff. Systemic analgesia may be administered but pain control should depend primarily on close emotional support and adequate preparation for the birth experience.

SECTION 13. LIMITATION OF SERVICES - In order to be delivered in a birthing center the woman shall exhibit no medical evidence of the ff:

- Severe Anemia (hgb, less than 9.5) or blood disease;
- Diabetes mellitus (insulin dependent or diet controlled);
- Symptomatic heart disease;
- Hypertension, pre-eclampsia or eclampsia;
- Renal disease;
- Thrombophlebitis;
- Multiple gestation (i.e. twins);
- Sexually transmitted diseases;
- Viral infection during pregnancy which will adversely affect the infant at birth;
- Chronic urinary tract infections;
- Placental abnormalities (such as previa or abruptio) which might threaten the neonate:

- Premature labor (37 weeks or less) or post maturity(42 weeks without labor) or chemical stimulation at labor, i.e. Pitocin drip;
- Prolonged rupture of membranes;
- The need for multiple doses of analgesia or anaesthesia other than pudendal or local while in labor;
- Intrauterine growth retardation;
- Fetal distress which will adversely affect the infant at birth;
- Previous Caesarean delivery;
- Anticipated macrosomia which will adversely affect mother or baby in labor or at birth;
- Breech or other abnormal (non-vertex) presentation;
- Six or more (non-miscarriage or non-abortion) pregnancies;
- Any other condition or need which will adversely affect the health of the mother or infant during pregnancy, labor, birth, or immediate postpartum period;
- Toxemia, hydramnios or chorioamnionitis;
- Malformed fetus.

SECTION 14. REPORTORIAL REQUIREMENT – All birthing establishments covered under this ordinance, shall be required to submit to the CHD of LGU Ormoc their monthly reports of rendered services and to attend meetings when necessary. All birthing centers shall report all births in the center to the LCR subject to existing pertinent laws, rules, regulations and guidelines. They shall keep medical records of all cases. Referrals of cases to higher institutions or facilities shall be done using the standard referral system of the DOH.

SECTION 15. VISITORIAL POWER OF THE CHD ON ALL BIRTHING CENTERS – For efficient and effective enforcement of the full intents of this Ordinance, authority is granted to the following tasked with the enforcement of the same:

(A) The City Health Officer or his/her representative(s) shall have the authority to make inspections of the interior and exterior of all buildings, premises and facilities of private birthing centers;

(B) Whenever it shall be determined that a private birthing center is in violation of this ordinance and such violation is correctible, a notice of violation shall be issued by the City Health Officer or his/her representative citing the alleged violations and advising the owner or operator of the birthing center that such violation must be corrected. The time period for the correction of said violations shall be stated as well as the necessary methods or manner to be employed in the correction;

(C) Whenever said violations shall fail to be corrected within the time set forth and an extension of this time is not deemed to be necessary or corrective methods employed are not in accordance with what is stated in the notice of violation, the City Health Officer or his/her representative may proceed with the application of penalties provided by this ordinance.

SECTION 16. TRANSITORY PROVISION – All existing Private Birthing Centers are required to comply with the provisions of this ordinance within thirty (30) days from its effectivity otherwise their license shall be revoked.

SECTION 17. PENALTY CLAUSE –Any person who is responsible for the compliance of this ordinance and who fails to comply with any of its provisions shall be penalized with the following:

1. Fines at the discretion of the court of: a) an amount not exceeding Three thousand pesos (Php 3, 000.00) for the first offense; b) an amount not exceeding Four thousand pesos (Php4,000.00) for the second offense; and, c) an amount not exceeding Five thousand pesos (Php5, 000.00) for the third offense plus revocation of the business permit and a recommendation to the DOH for revocation of the LTO, both by the City Mayor.

   Provided that, however, the violator may opt to pay the following no-contest administrative fines to be paid to the City Treasurer's Office which shall issue the corresponding receipts:

   a) One thousand five hundred pesos (Php 1,500.00) for the first offense;
   b) Two thousand pesos (Php 2, 000.00) for the second offense; and,
   c) Two thousand five hundred pesos (Php 2, 500.00) for the third offense.

   Provided further, that for the first and second offenses, the City Mayor shall suspend the business permit until such time that the corresponding administrative fine is paid in full and the subject violation is corrected.

   Provided finally, that the payment of the corresponding administrative fine for the third offense shall not operate to absolve the violator of the imposition of the penalty of business permit revocation.

2. For the violation of Section 13 of this ordinance, the court may at its discretion impose the penalty of a fine of an amount not exceeding Five thousand pesos (Php 5,000.00) and/or imprisonment of a period not exceeding one (1) year.

If any death or injury occurs to a mother or a newborn due to any violation of any section of this ordinance, these penalties are imposed without prejudice to liabilities under civil, criminal and administrative laws.

SECTION 18. REPEALING CLAUSE- Any ordinance, resolution or any order or part/parts thereof which are inconsistent with the provision of this ordinance are hereby amended, repealed or modified accordingly.

SECTION 19. EFFECTIVITY. This ordinance shall take effect fifteen (15) days after its publication in a newspaper of local or general circulation and posting in at least two (2) conspicuous places in the city.

ENACTED, April 18, 2017.

RESOLVED, FURTHER , to furnish copies of this Ordinance one each to the City Mayor Richard I. Gomez; the City Administrator , Mr. Vincent L. Emnas; the Acting City Legal Officer, Atty. Marcelo C. Oñate ; the City Budget Officer ;the OIC-City Accountant; the City Treasurer; the City Auditor; the City Health Department; the OIC-City Director , DILG , Engr. Jeremy D. Bagares; to the one hundred ten (110) Barangays of Ormoc City and other offices concerned;

CARRIED UNANIMOUSLY.

Ord. No. 026

I HEREBY CERTIFY to the correctness of the above ordinance.

MARIA ANTONIETA G. CO HAT
(OIC – SP Secretary)
Supervising Administrative Officer

ATTESTED:

LEO CARMELO L. LOCSIN, JR.
Vice Mayor & Presiding Officer

APPROVED:

RICHARD I. GOMEZ
City Mayor

25 APR 2017
(Date)