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# **FILIPINO MIDWIVES REACHING OUT TO THE COMMUNITIES**

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# Backgrounder

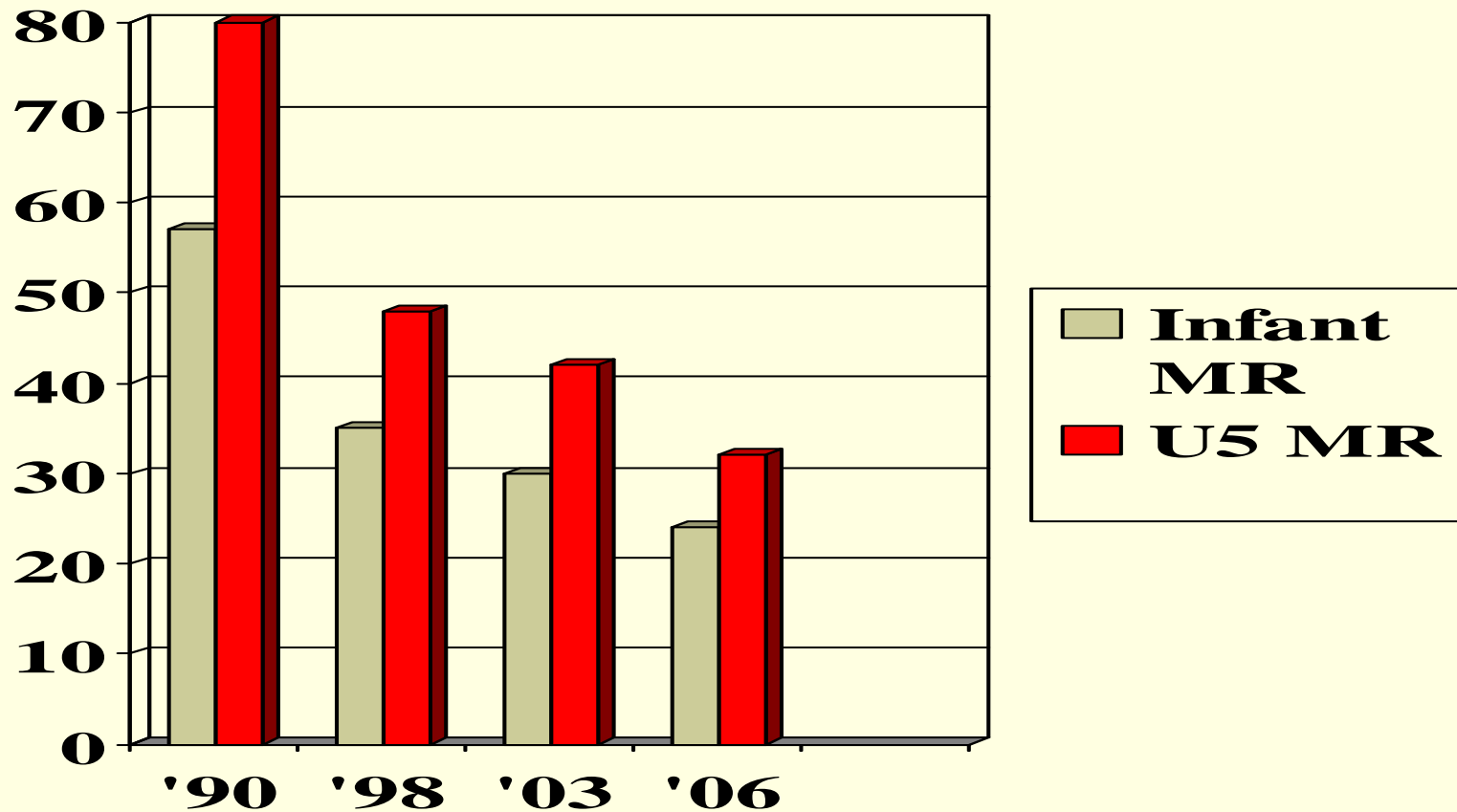


# The Philippines: Backgrounder

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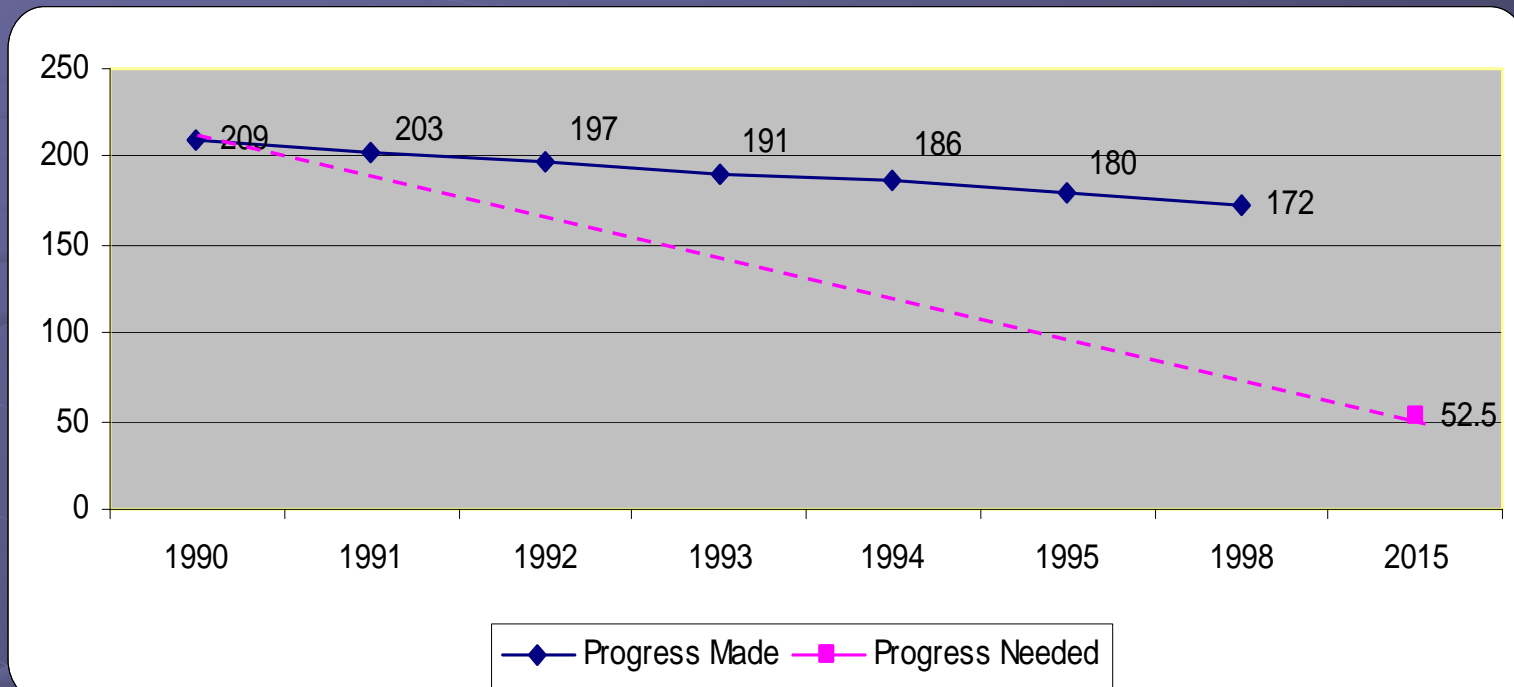
- 171 living languages, multiethnic and geographically dispersed population
- The only Catholic Asian Country
- Annual Population Growth rate: 2.05%
- Life expectancy at birth: 70.3
- Median age of total population: 21.8
- The highest infant mortality in Asia

# Infant and Child Mortality Rates (per 1,000 live births)



# Maternal Mortality (per 100,000)

## Rate of Progress: Maternal Mortality Ratio

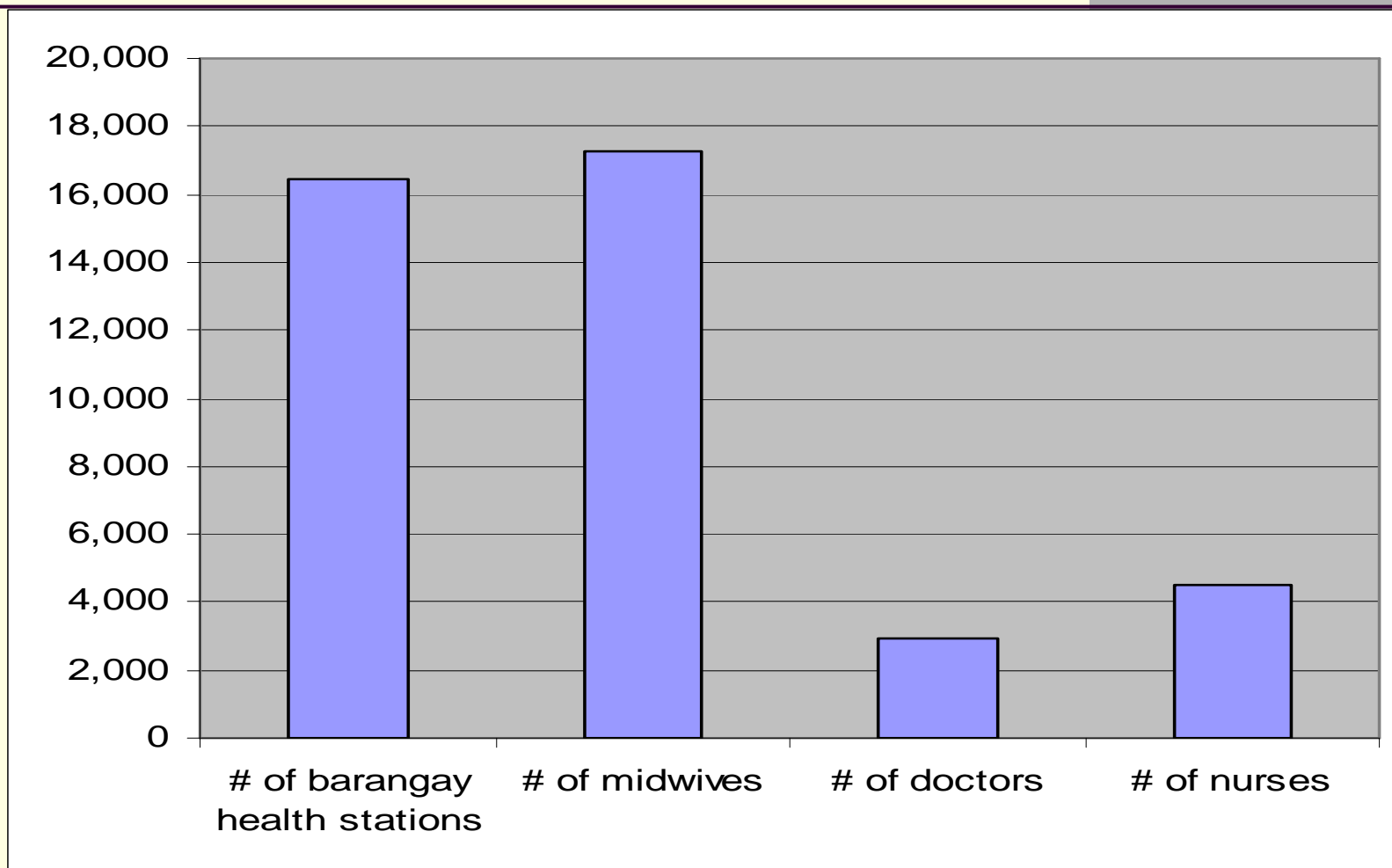


Source: Philippine Progress Report on the Millennium Development Goals 2003

Source: National Statistical Coordination Board of the Philippines

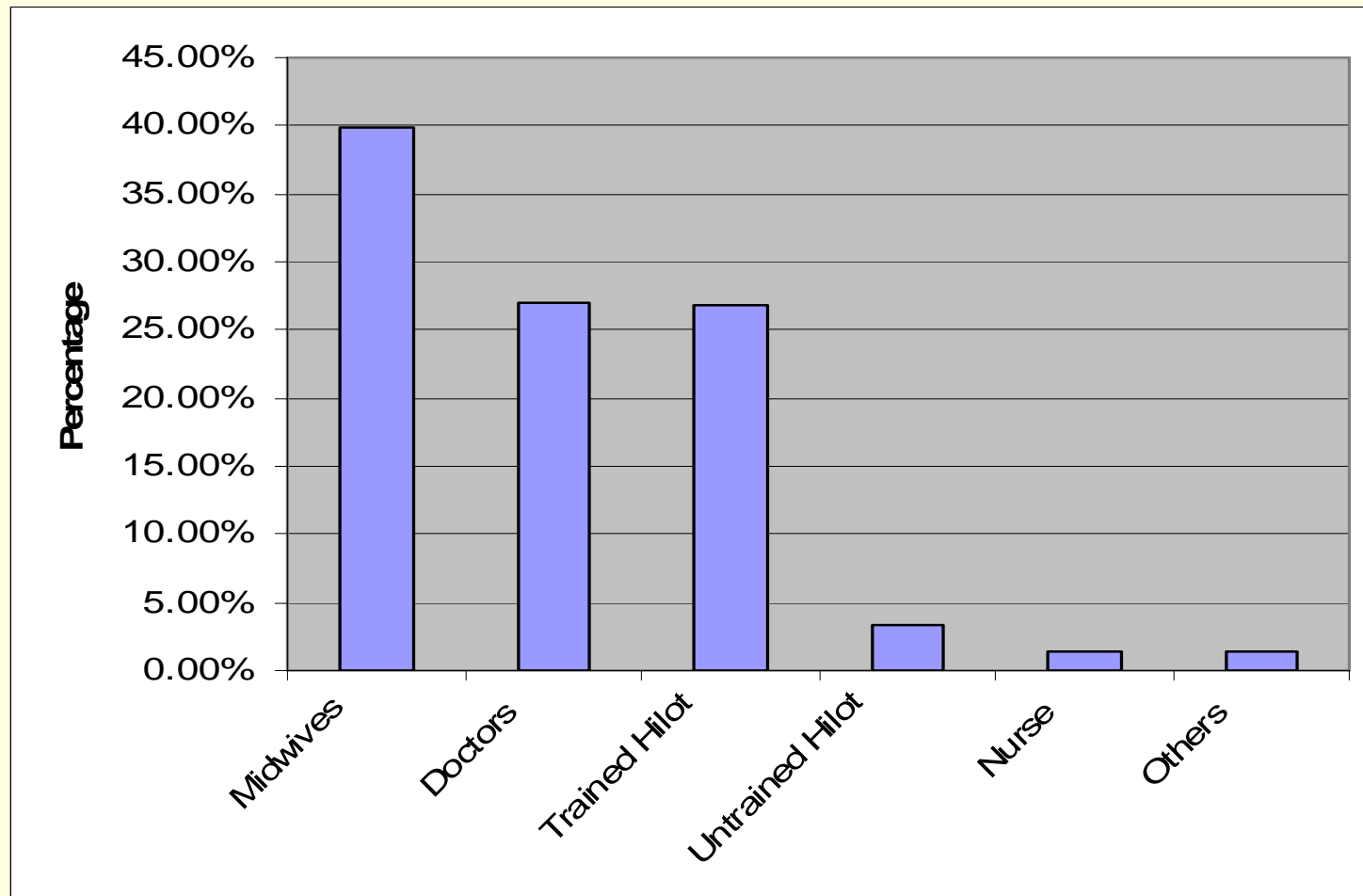
[www.nscb.gov.ph](http://www.nscb.gov.ph)

# Provider and Facility Capacity Public and Private (2005)



Source: Department for Health Service Information System Annual Report 2005.  
*Note: In 2005, Philippines had 42,050 "barangays" villages.*

# Birth by Attendance percentage in 2005



Source: Dept of Health Field Health Service Information System Annual Report

# Midwives in the Philippines

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- Frontline health care providers; often only providers left in far-reaching communities to shoulder health needs
- Essential component of strategy to reduce child and maternal mortality
- Provider of FP services: Lactational Amenorrhea, Progestin only injectables and pills, NFP
- First contact of women with formal health care system.
- Birth attendant, caregiver, health teacher, counselor of the community
- 151,000 midwives but many abroad: (Philippines one of the largest exporters of medical professionals). *Some return with savings earned abroad to open birthing clinics*
- Approximately 30,000+ remain (not all practicing)
  - Private sector and dual practicing midwives unknown, though at a 2006 trade fair of 1200 midwives, 25% surveyed practiced exclusively in the private sector while 47% did dual public-private services



# What services do Midwives perform? (public and private)

- Antenatal/postnatal care with recognition and referral of early signs of complications
- Immediate newborn care (resuscitation, breastfeeding, hygiene, cord care)
- Post natal immunization, Vit K, Hep B, BCG
- Post Partum Care: vital signs, complication detection, hypertension, diabetes, and other conditions
- Disease prevention: ARI, Vitamin A, Iron, Iodine deficiency
- Counseling and Health Education and FP



# Integrated Midwives Association of the Philippines, Inc. (IMAP)

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- Accredited Professional Organization of (public and private) Midwives by the Professional Regulation Commission
- Est. 1976; 151 chapters nationwide
- Member of In'tl Confederation of Midwives
- Provides continuing education, public health and policy updates
- Provides locally relevant information (ie. rabies, dengue fever outbreaks as appropriate to local context of each chapter).
- Owns and runs 5-6 PhilHealth (national health insurance) accredited clinics.

# Why Do Midwives Enter the Private Sector?

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- Public sector jobs often not available
- Low government salaries (6-10K pesos/month; \$143-\$234/month) but actually often \$93 - \$140.
- *Average household income/month is \$338.*
- Private sector midwives can charge (\$70-\$94 per delivery)
- National health insurance (PhilHealth reimburses public and private sector deliveries) up to \$130
- Private sector midwives are returning from abroad to open their own clinics (allowed by Midwifery Law RA 7392)
- New low-interest loans are now available to midwives to open their own businesses

# Midwives Realize the Business Potential within their Reach



# Midwives and Government are Encouraging Facility-based Deliveries

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- National health insurance reimburses facilities for the “package” of birthing and mother care
- Midwives provide health education in waiting rooms (family planning, breastfeeding, nutrition, pregnancy stages, maternal and infant care)
- This does reduce at-home counseling and increasingly favors private sector midwives who own/operate their own clinics, charging 3-4000 pesos/delivery (\$69-\$92)
- Public sector facilities always have physician-assisted birth and charge \$2500-\$5000 pesos (\$56-\$119)

# How are Private Sector Midwives Perceived by their Communities?

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- These midwives are respected, especially with the expanded role of the midwives (nutrition and health counseling, family planning, immunization services)
- Referral system is well organized within the health system (cell phones are helping! *TBAs also use them to get advice or refer to conventional health system*)
- Private sector midwives do tend to serve clientele that can pay (though private sector deliveries are still cheaper than public sector deliveries)
- With national health insurance reimbursement for facilities (including private sector) the poor are more likely to use private birthing clinics



# Midwife Entrepreneurs offer Better Health Care to Communities



Siony's clientele grew from an average of 30 to a high of 50 clients per month with an increase of about 40 percent in business revenues

“Siony Naguna embraced her new role as health entrepreneur. In just six months since her involvement with USAID, Siony has counseled 43 clients on FP, motivated 35 new FP acceptors, and assisted 130 birth deliveries.”

# What are the Challenges of Midwives in the Private Sector?

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- More business and management training is needed
- Government jobs pay below average household income but are scarce. Dual practice (public and private to supplement income is discouraged)
- There are currently no incentives to open birthing facilities in the rural areas. Expansion of PhilHealth may change this
- While PhilHealth increasingly covers the poor, and aims to provide universal coverage, it also requires lots of capital to open and accredit a birthing facility
- PhilHealth's goal of universal coverage by 2010 may be unrealistic



# Opportunities for Private Sector Midwives

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- Private sector midwives can charge up to \$70-\$94 or negotiate fees.
- Revitalization of birthing homes depending on midwives due to confluence of factors:
  - Legal right for midwives to practice without OBGYN (Midwifery Law 7392)
  - Low interest loans
  - Outward migration of physicians/nurses leaves midwives to entrepreneurial and expanded role in community health
  - Potential of PhilHealth to increasingly reimburse private providers for caring for the poor

# Conclusion

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- Private sector midwives serve a vital role in the Philippines to expand access to care at community level
- PhilHealth is allowing the profession to be more viable in urban and eventually rural areas
- Technologies and new techniques for referral strengthening and early recognition of complications has improved health outcomes
- More progress is still needed if we are able to reach our MDGs