

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

HOUSE OF REPRESENTATIVES

HOUSE BILL No. 2335



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Introduced by REPRESENTATIVES LANI MERCADO-REVILLA,  
BRYAN B. REVILLA AND RAMON JOLO B. REVILLA III

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**AN ACT**  
**INSTITUTIONALIZING “UNANG YAKAP”, ADOPTING THE DEPARTMENT OF**  
**HEALTH’S ESSENTIAL INTRAPARTUM AND NEWBORN CARE PROTOCOL,**  
**AND FOR OTHER PURPOSES**

**EXPLANATORY NOTE**

Grave reports on newborn deaths prompted the Department of Health (DOH) to adopt policies and protocol on essential newborn care. In 2009, DOH launched the Unang Yakap or the Essential Intrapartum and Newborn Care (EINC) protocol, through Administrative Order No. 2009-0025 <sup>1</sup> as a newborn-saving concept that was fully supported by the World Health Organization.

The Unang Yakap protocol, as described by DOH, is a series of time-bound and evidence-based interventions designed to care for newborn babies and their mothers. By following this protocol, the potential for newborn deaths to decrease by at least half is significant. It emphasizes early essential newborn care with four core steps, namely: immediate drying and thorough drying of newborn, skin-to-skin contact with mother, properly timed cord clamping and non-separation from mother to initiate breastfeeding. These interventions are crucial in ensuring the health and

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<sup>1</sup> <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/10/49220>

well-being of both the newborn and the mother. DOH saw the Unang Yakap protocol as the most effective and non-costly way to save newborn lives.<sup>2</sup>

However, without teeth to make compliance mandatory, the adoption of the Unang Yakap protocol as part of standard newborn care procedure in medical and birthing facilities is only viewed as recommendatory, and therefore, optional. In fact, a study has identified several obstacles to full adoption of the protocol, including insufficient training of healthcare workers, cultural and religious beliefs, inadequate equipment and supplies, low health literacy among recipients, skepticism toward facility-based delivery, geographic inaccessibility, the continued practice of home births, financial constraints, limited support from local government units (LGUs), and resistance among implementers themselves.<sup>3</sup>

Thus, more than a decade since the protocol's adoption, we still see thousands of newborns dying from otherwise preventable causes. Current figures show that of the more than 60,000 Filipino children dying annually before their fifth birthday due to complications of premature birth, intra-partum complications, and infectious disease, almost 60% account for newborns. These numbers obviously point to a need to improve health and nutrition outcomes for both mothers and babies.<sup>4</sup>

Strengthening and institutionalizing the Unang Yakap protocol aims to save thousands of newborn lives. It is essential to underscore that newborns need to be with their mothers to start breastfeeding within the first hour of life. Having the babies and their mothers placed in immediate skin-to-skin contact helps the babies adjust to life outside the womb. It keeps them warm, prevents their exposure to surfaces in health facilities that may carry diseases, and helps establish breastfeeding. Through their mothers' breastmilk, babies receive antibodies from

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<sup>2</sup> Unang yakap and breastfeeding are life-saving for babies in the Philippines. Unicef Philippines. [Unang yakap and breastfeeding are life-saving for babies in the Philippines \(unicef.org\)](https://www.unicef.org/philippines/press-releases/unang-yakap-and-breastfeeding-are-life-saving-for-babies-in-the-philippines)

<sup>3</sup> Implementation of essential intrapartum and newborn care among health care providers. Domagsang et al. [1876-153925694726-32.pdf](https://www.unicef.org/philippines/press-releases/implementation-of-essential-intrapartum-and-newborn-care-among-health-care-providers)

<sup>4</sup> A child or youth died once every 4.4 seconds in 2021 – UN report. January 13, 2023. <https://www.unicef.org/philippines/press-releases/child-or-youth-died-once-every-44-seconds-2021-un-report>

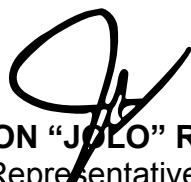
their mothers that protect them from potentially deadly infections like pneumonia, diarrhea and sepsis. Unang Yakap and exclusive breastfeeding are, in fact, vital to Infection Prevention and Control (IPC) measures.<sup>5</sup>

By strictly implementing the Unang Yakap Protocol in all health and birthing facilities, the risk of complications and infections causing death or serious illness for either the mother or the newborn will be significantly reduced. Improving access to quality maternal and child health and nutrition services ensures that children not only survive in the first 1,000 days of their lives, but also thrive.<sup>6</sup>

Immediate passage of this measure is earnestly sought.

  
**REP. LANI MERCADO-REVILLA**  
Representative  
2<sup>nd</sup> District of Cavite

  
**REP. BRYAN B. REVILLA**  
Representative  
AGIMAT Partylist

  
**REP. RAMON "JOLO" REVILLA III**  
Representative  
1<sup>st</sup> District of Cavite

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<sup>5</sup> Unang yakap and breastfeeding are life-saving for babies in the Philippines. Unicef Philippines. [Unang yakap and breastfeeding are life-saving for babies in the Philippines \(unicef.org\)](https://www.unicef.org/philippines/press-releases/unang-yakap-and-breastfeeding-are-life-saving-for-babies-in-the-philippines)

<sup>6</sup> A child or youth died once every 4.4 seconds in 2021 – UN report. January 13, 2023. <https://www.unicef.org/philippines/press-releases/child-or-youth-died-once-every-44-seconds-2021-un-report>

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**AN ACT  
INSTITUTIONALIZING “UNANG YAKAP”, ADOPTING THE DEPARTMENT OF  
HEALTH’S ESSENTIAL INTRAPARTUM AND NEWBORN CARE PROTOCOL,  
AND FOR OTHER PURPOSES**

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

Section 1. *Short Title.* – This Act shall be known as the “Unang Yakap Act of  
2025.”

Sec. 2. *Declaration of Policy.* – It is the policy of the state to ensure the  
delivery of time-bound, evidence-based intrapartum and newborn care during the  
critical first week of life, consistent with internationally accepted standards.

Toward this end, the State hereby adopts the Essential Intrapartum and  
Newborn Care (EINC) Protocol or Unang Yakap, as a national policy and shall  
pursue its full and effective implementation. This includes the strengthening of  
institutional support mechanisms and the systematic elimination of barriers that  
hinder its adoption in health facilities. Such barriers include, among others,  
limitations in healthcare workforce capacity, inadequate supplies and infrastructure,  
cultural and social resistance, financial constraints, and insufficient public  
awareness.

The State shall also provide guidelines for healthcare providers, and shall  
define the roles and responsibilities of the Department of Health (DOH), local

government units (LGUs), and other concerned agencies and organizations in the delivery of quality intrapartum and newborn care services.

Sec. 3. *Coverage* – This Act shall cover all public and private health facilities that provide maternal and newborn care services throughout the country.

It shall also extend to all relevant government agencies, LGUs, and healthcare providers involved in the planning, implementation, supervision, and financing of programs and services necessary to support the effective and sustained delivery of EINC.

Sec. 4. *Institutionalization of the Unang Yakap Protocol* – The Unang Yakap Protocol is hereby institutionalized and shall be implemented in all public and private health facilities providing maternal and newborn care services.

As the foundational standard for EINC in the country, the Unang Yakap Protocol shall consist of time-bound, evidence-based interventions to be immediately administered after birth, including the following core practices:

- (a) Immediate and thorough drying of the newborn;
- (b) Early skin-to-skin contact between mother and newborn;
- (c) Timely and proper cord clamping and cutting; and
- (c) Non-separation of the newborn from the mother and early initiation of breastfeeding.

Non-immediate interventions shall be deferred until breastfeeding has been successfully initiated, unless the newborn or mother requires immediate medical attention.

To ensure adherence to evidence-based practices, unnecessary or potentially disruptive procedures shall be prohibited, including but not limited to:

- (a) Routine suctioning;
- (b) Early bathing or washing;
- (c) Footprinting;

(d) Giving of water, formula or other prelacteals, and the use of bottles or pacifiers, in accordance with Republic Act No. 10028 or the Expanded Breastfeeding Act of 2009; and

(e) Application of alcohol, medicine, or any substance on the cord stump, as well as the bandaging of the cord stump or abdomen.

Any additional or updated clinical practices, standards, or procedures determined and issued by the DOH as part of the EINC Protocol, based on evolving medical evidence and international best practices, shall be deemed integral to the Unang Yakap Protocol and shall be adopted accordingly.

*Sec. 5. Capacity Building and Human Resource Support.* – To support effective implementation, the DOH, in coordination with LGUs, relevant national agencies, and professional and civil society organizations, shall:

(a) Provide regular and mandatory EINC training to all health workers and healthcare providers involved in maternal and newborn care; and

(b) Develop and disseminate culturally-appropriate and language-accessible EINC modules that promote understanding and acceptance of the EINC protocol.

*Sec. 6. Facility Support.* – The DOH, in coordination with LGUs, shall ensure that all DOH-accredited birthing facilities are adequately equipped with EINC-compliant supplies, equipment, and medications. Where feasible, it shall assist in upgrading rural health units and barangay health stations into functional birthing centers.

*Sec. 7. Community Engagement and Information Campaign.* – The DOH, in coordination with the Philippine Information Agency (PIA), LGUs, and community-based organizations, shall:

(a) Conduct sustained and inclusive public education campaigns on the benefits of EINC and facility-based delivery; and

(b) Develop and distribute culturally relevant materials in local languages suited to diverse education levels.

Sec. 8. *Financial Accessibility.* – To reduce financial barriers, the Philippine Health Insurance Corporation (PhilHealth) shall expand the Maternity Care Package and Newborn Care Package to fully cover all EINC-related interventions in accordance with this Act and the Universal Health Care Act under Republic Act No. 11223.

PhilHealth shall ensure zero out-of-pocket expense for poor and indigent women giving birth in government health facilities, consistent with its mandate to provide financial risk protection and prioritize vulnerable populations.

Sec. 9. *Compliance Mechanisms* – To ensure full and sustained implementation of the Unang Yakap Protocol, the following compliance mechanisms shall be adopted:

The DOH, in coordination with the Department of the Interior and Local Government (DILG) and relevant agencies, shall establish performance-based incentives for health facilities and healthcare providers demonstrating consistent and effective EINC implementation. These may include access to additional funding, infrastructure support, technical assistance, priority training slots, and public recognition through awards or accreditation rankings.

The DOH shall also institutionalize supportive supervision and monitoring through regular assessments, accompanied by technical guidance, mentoring, and corrective feedback. Health facilities found to have performance gaps shall be provided with targeted assistance.

In cases of unjustified, repeated, or willful non-compliance with the provisions of this Act, the DOH may impose appropriate administrative sanctions, including the imposition of fines not exceeding Five Hundred Thousand Pesos (P500,000.00), the withholding of performance-based incentives or financial grants, the temporary suspension of facility accreditation for EINC-related services, or referral to the appropriate disciplinary body. The imposition of sanctions shall be subject to due process and shall consider the severity, frequency, and impact of non-compliance.

Sec. 10. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current year’s appropriations of the Department of Health and other concerned agencies. Thereafter, such amounts as may be necessary for the continued implementation of the Unang Yakap Protocol shall be included in the General Appropriations Act (GAA).

For this purpose, the DOH shall ensure inclusion of appropriate funding for capacity building, provision of equipment and supplies to birthing facilities, public information campaigns, monitoring and compliance activities, and support necessary to sustain the effective implementation of this Act.

Sec. 11. *Implementing Rules and Regulations.* – Within one hundred and twenty (120) days from the effectivity of this Act, the DOH, in consultation with relevant government agencies, healthcare providers, and civil society stakeholders, shall promulgate the necessary implementing rules and regulations.

Sec. 12. *Separability Clause.* – If any provision of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force and effect.

Sec. 13. *Repealing Clause.* – All laws, decrees, executive orders, rules and regulations inconsistent with this Act are hereby repealed, amended, or modified accordingly.

Sec. 14. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,