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Extent of Implementation of the Unang Yakap Protocol and Perceived Barriers Among Health Professionals in Selected Hospitals in Antipolo City

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ABSTRACT

This study determined the extent of implementation of the Unang Yakap Protocol among health professionals in selected hospitals in Antipolo City and identified the perceived barriers affecting its implementation. Specifically, it examined the respondents' demographic profile, the extent of implementation in terms of immediate drying of the newborn, skin-to-skin contact, proper timing of cord clamping, and early initiation of breastfeeding, as well as the perceived barriers in terms of knowledge and training, staffing and workload. A descriptive-correlational research design was employed using a researcher-made questionnaire administered to 63 health professionals, including delivery room nurses, labor room nurses, and registered midwives. Frequency, percentage, weighted mean, Pearson Product-Moment Correlation, independent samples t-test, and one-way ANOVA were used in the analysis of data. Findings revealed that the Unang Yakap Protocol was implemented to a very high extent across all dimensions, with early initiation of breastfeeding obtaining the highest overall mean and skin-to-skin contact the lowest among the four indicators. Knowledge and training were not perceived as major barriers, whereas staffing and workload emerged as the most significant barrier. No significant relationship was found between perceived barriers and the extent of implementation, and no significant difference was noted when grouped according to demographic profile. Based on the findings, the GIORGIA Program was proposed.

Keywords: *breastfeeding, implementation, newborn care, staffing, Unang Yakap Protocol*

INTRODUCTION

Newborn care is a critical public health priority because the first hours of life greatly influence neonatal survival and long-term health outcomes. The Unang Yakap Protocol promotes evidence-based practices such as immediate drying, skin-to-skin contact, proper timing of cord clamping, and early initiation of breastfeeding to improve newborn health and reduce preventable complications. Despite its proven benefits, implementation of the protocol remains inconsistent because of barriers such as limited training, staffing shortages, and heavy workloads among health professionals. This study assessed the extent of implementation of the Unang Yakap Protocol and identified the perceived barriers among health professionals in selected hospitals in Antipolo City. The findings provided evidence that may help strengthen training programs, improve institutional support, and enhance the quality of maternal and newborn care.

Statement of the Problem

This study sought to answer the following questions:

1. What was the demographic profile of the respondents in terms of age, sex, professional role, years of experience, and training exposure on the Unang Yakap Protocol?

2. What was the extent of implementation of the Unang Yakap Protocol in terms of immediate drying of the newborn, skin-to-skin contact, proper timing of cord clamping, and early initiation of breastfeeding?
3. What perceived barriers affected the implementation of the Unang Yakap Protocol in terms of knowledge and training, staffing, and workload?
4. Was there a significant relationship between the perceived barriers and the extent of implementation of the Unang Yakap Protocol?
5. Was there a significant difference in the extent of implementation of the Unang Yakap Protocol when the respondents were grouped according to their demographic profile?
6. Based on the findings, what improvement plan could be proposed to enhance compliance with the Unang Yakap Protocol?

Scope and Delimitations

This study assessed the extent of implementation of the Unang Yakap Protocol and the perceived barriers among health professionals in two selected hospitals in Antipolo City using a quantitative descriptive-correlational research design. Data were collected from delivery room nurses, labor room nurses, postpartum/maternity ward nurses, and registered midwives through a validated researcher-made structured questionnaire that measured protocol implementation and perceived barriers. The study was limited to qualified health professionals in the selected hospitals and relied on self-reported responses to assess the implementation of the Unang Yakap Protocol.

Review of Related Literature

The Department of Health (2021) stated that the Unang Yakap Protocol, also known as Early Essential Newborn Care (EENC), consists of evidence-based interventions such as immediate drying, skin-to-skin contact, delayed cord clamping, and early initiation of breastfeeding to improve neonatal outcomes. UNICEF Philippines (2021) emphasized that early initiation of breastfeeding and skin-to-skin contact promote newborn survival, strengthen immunity, and enhance maternal–infant bonding. Hipona et al. (2023) reported that health professionals' knowledge, attitudes, and practices significantly influence the quality and implementation of essential newborn care. Taguiam (2024) identified insufficient training, heavy workload, limited resources, and inadequate institutional support as major barriers to compliance with newborn care protocols.

Theoretical Framework

This study was anchored on Faye Abdellah's Twenty-One Nursing Problems Theory (1960), Sister Callista Roy's Adaptation Model (1970), Nola Pender's Health Promotion Model (1982), and Ramona Mercer's Maternal Role Attainment Theory (2004).

Conceptual Framework

The conceptual framework illustrates the relationship between the demographic profile of health professionals, perceived barriers, and the extent of implementation of the Unang Yakap Protocol. In this framework, the demographic profile consisting of age, sex, professional role, years of experience, and training exposure on the Unang Yakap Protocol serves as a moderating variable that may influence how health professionals perceive barriers and implement the protocol. These demographic characteristics may contribute to variations in compliance and adherence among healthcare providers.

METHODOLOGY

This study employed a quantitative descriptive-correlational research methodology to assess the extent of implementation of the Unang Yakap Protocol and the perceived barriers among health professionals in selected hospitals in Antipolo City. It examined the respondents' demographic profile, protocol implementation, and perceived barriers to determine their relationship.

Research Design

This study employed a quantitative descriptive-correlational research methodology to assess the extent of implementation of the Unang Yakap Protocol and the perceived barriers among health professionals in selected hospitals in Antipolo City. It examined the respondents' demographic profile, protocol implementation, and perceived barriers to determine their relationship.

Research Steps

Prior to data collection, permission was obtained from the SBLC Graduate School and the administration of the selected primary hospitals in Rizal Province. A formal request letter was submitted to explain the purpose, objectives, and significance of the study, as well as the conduct of face-to-face questionnaire administration. Data collection commenced only after approval from both institutions had been granted.

Data Collection and Sample Selection

A total of 63 health professionals were selected through purposive sampling. The respondents included delivery room nurses, labor room nurses, postpartum/maternity ward nurses, and registered midwives with at least six months of clinical experience who were directly involved in maternal and newborn care.

Data Analysis Methods

Percentage, weighted mean, frequency, and standard deviation were used to tabulate the respondents' profile, extent of implementation, and perceived barriers. Pearson's correlation coefficient, independent t-test, and one-way ANOVA were used to determine significant relationships and differences among the variables stated.

Research Hypotheses and Validation

The following null hypotheses were formulated to test the significant relationship and difference among the variables in this study.

1. There is no significant relationship between the perceived barriers and the extent of implementation of the Unang Yakap Protocol among health professionals.

2. There is no significant difference in the extent of implementation of the Unang Yakap Protocol when respondents are grouped according to demographic profile (age, sex, professional role, years of experience, and training exposure).

Study Limitations and Ethical Considerations

The study adhered to ethical standards, including obtaining informed consent and complying with the Data Privacy Act of 2012.

RESULTS AND DISCUSSION

RQ 1. What was the demographic profile of the respondents in terms of age, sex, professional role, years of experience, and training exposure on the Unang Yakap Protocol?

The respondents were predominantly 30–39 years old, female, and Delivery Room Nurses, with most having 1–5 years of professional experience and having attended at least one training on the Unang Yakap Protocol.

RQ 2. What was the extent of implementation of the Unang Yakap Protocol in terms of immediate drying of the newborn, skin-to-skin contact, proper timing of cord clamping, and early initiation of breastfeeding?

The Unang Yakap Protocol was implemented to a Very High Extent across all four components, with early initiation of breastfeeding obtaining the highest overall mean and skin-to-skin contact the lowest overall mean.

RQ 3. What perceived barriers affected the implementation of the Unang Yakap Protocol in terms of knowledge and training and staffing and workload?

Knowledge and training were not perceived as major barriers, while staffing and workload emerged as the most significant perceived barrier to protocol implementation.

RQ 4. Was there a significant relationship between the perceived barriers and the extent of implementation of the Unang Yakap Protocol?

There was no significant relationship between the perceived barriers and the extent of implementation of the Unang Yakap Protocol.

RQ 5. Was there a significant difference in the extent of implementation of the Unang Yakap Protocol when the respondents were grouped according to their demographic profile?

There was no significant difference in the extent of implementation of the Unang Yakap Protocol when respondents were grouped according to their demographic profile.

RQ 6. Based on the findings, what improvement plan could be proposed to enhance compliance with the Unang Yakap Protocol?

Based on the findings, the GIORGIA Program was proposed to strengthen compliance with the Unang Yakap Protocol through continuous education, staff training, and improved staffing support.

SUMMARY

This study assessed the extent of implementation of the Unang Yakap Protocol and the perceived barriers among health professionals in selected hospitals in Antipolo City using a quantitative descriptive-correlational research design. The findings revealed a very high extent of implementation and identified staffing and workload as the primary perceived barriers.

CONCLUSIONS

The study concluded that the Unang Yakap Protocol was implemented to a very great extent despite staffing and workload being identified as the primary perceived barriers. It also concluded that perceived barriers and respondents' demographic profile did not significantly affect the extent of protocol implementation.

RECOMMENDATIONS

Healthcare institutions should continue strengthening staff training, professional development, and staffing support to sustain effective implementation of the Unang Yakap Protocol.

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AI DECLARATION STATEMENT

AI tools were used only for grammar and formatting support. All data collection, analysis, and interpretation were conducted solely by the authors.

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