

RESEARCH ARTICLE

Exploring factors influencing Essential Intrapartum and Newborn Care (EINC) practice amongst COVID-19 suspected mothers: A qualitative study

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ABSTRACT

Background: The practice of *Unang Yakap* or Essential Intrapartum and Newborn Care (EINC) during the COVID-19 pandemic poses a safety concern with regards to a newborn's exposure to their COVID-19 suspected mother.

Objectives: This study aims to describe the experiences of COVID-19-suspected mothers and explore the factors influencing their decision to allow healthcare professionals to practice full EINC. Specifically, it aims to: 1) describe the experiences of mothers prior to, during, and immediately after delivery, and during postpartum care leading to their decision; and 2) explore the factors that influence the participant's decision to practice EINC amidst the pandemic.

Methodology: For this phenomenological case study, online interviews with nine (9) participants were conducted using a 13-item questionnaire allowing them to describe their experience. Thematic analysis using the inductive and semantic approach was conducted to identify the common themes or factors.

Results: Of the nine (9) participants, five (5) experienced EINC, while four (4) did not. The COVID-19 status and the choice to undergo *Unang Yakap* were not a causal relationship. Two main influences, mother-related factors and hospital-related factors, were identified and were found to have weight in decision-making. The mother-related factors include prior knowledge and perception towards EINC, COVID-19 status, personal beliefs, and information from social media, while the hospital-related factors are hospital facilities, hospital protocols, and health care worker (HCW)-patient relationship.

Conclusion: By delineating the different factors that influence mothers' decisions, this study allows for the identification of possible bottlenecks in the practice of EINC, as well as effective and efficient means to encourage its practice.

Keywords: *Essential Intrapartum and Newborn Care, EINC, COVID-19, Labor Practices, Unang Yakap*

Introduction

The Essential Intrapartum and Newborn Care (EINC) is a series of evidence-based practices that ensure proper care for both mother and child during and immediately after labor and is considered the standard of care in all births. This practice is included in the DOH's Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy and has since been included in the curricula of most health institutions. This includes four time-bound interventions: 1) immediate drying; skin-to-skin contact followed by 2) clamping of the cord after 1-3 minutes; 3) non-separation of baby from mother; and 4) breastfeeding initiation [1].

Since the emergence of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), worries surrounding mother-to-child transmission have surfaced, questioning the appropriateness and safety of EINC as the practice highlights immediate and uninterrupted close contact between mother and child [2]. This has prompted the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and World Food Programme (WFP), to release a statement in April 2020 calling all health professionals involved in COVID-19 response to emphasize that EINC remains the most effective

way to ensure the safety of newborns [3]. Promotion and strict protection of breastfeeding were also reinforced, with proper observation of precautions for infection prevention and control. Despite the call for continuous enforcement of EINC during COVID-19, there has yet to be feedback regarding the success of this reinforcement. Under the Department of Health Memorandum No. 2020-0319, the delivery of the baby following Infection Prevention Control (IPC) and COVID-19 aligned EINC protocols is left to the mother's discretion [4].

As of this writing, there remains a lack of understanding when it comes to the experiences and factors that point to whether or not mothers choose to practice EINC. With this, the study aims to fill in this gap of knowledge by answering the questions: 1) What are the experiences of mothers prior, during, and after labor; and 2) What are the factors considered by the mothers to encourage the safe and guided practice of EINC during the COVID-19 pandemic, providing a strategy guide for policymakers and hospital administrators?

Methodology

A phenomenological case study was done, which employed purposive sampling in obtaining participants. The inclusion factors are: a) mothers in the NCR, b) mothers who were suspected for COVID-19 at the time of their delivery, and c) mothers who gave birth in a Mother-Baby Friendly Hospital Initiative (MBFH) - accredited private or public hospital within Metro Manila after the release of DOH Memorandum No. 2020-0319, dated July 13, 2020. No participant was admitted during the time of their interview.

The study was reviewed and approved by the Ateneo University Research Ethics Committee. The researchers posted announcements on various social media platforms wherein a total of 13 interested applicants reached out within the one month recruitment period. Interested applicants were then subjected to a short screening interview to verify their eligibility for the study, and were given an Informed Consent Form detailing the significance of the study and other ethical considerations (anonymity, data storage, risks and benefits). Over the course of two months (from June to July 2022), the researchers conducted one-on-one 1-hour online interviews using a 13-item questionnaire, which was given via a video conferencing platform, with the proceedings being recorded with consent. The research variables explored factors that influenced the participant's decision to practice EINC or not, and interviews were conducted until no new themes were gathered from interviewees, indicating that a data saturation point has been achieved.

Thematic analysis using the inductive and semantic approach was conducted by analyzing the full raw interviews of the participants. Braun and Clarke's paper 'Using Thematic Analysis in Psychology' was used as a guide [5]. Recorded interviews were transcribed and subsequently coded according to the statement's general idea, while ensuring that all identifying information was removed (names, age, date of admission, hospital institutions). Codes that exhibited common patterns were grouped into themes, which were reviewed and refined by the members of the research team and their advisor. This study was completed by researchers composed of medical students who completed training on proper qualitative research.

Results

A total of nine (9) participants were successfully interviewed. All were of legal age and come from low to middle socio-economic backgrounds. Five underwent *Unang Yakap*, while four did not. A total of three mothers were COVID-19 positive, five were COVID-19 negative, and one was unspecified. Of the three mothers who were COVID-positive, only one pushed through with *Unang Yakap*, while four of the five mothers who tested negative underwent the same procedure. Mothers who had cesarean delivery did not undergo *Unang Yakap* regardless of their COVID-19 test results. The results of the study were divided into two - mother-related factors and hospital-related factors. Sample illustrative quotes may be seen in Tables 1 and 2.

Mother-Related Factors

The mother-related factors were subdivided into four themes: a) own knowledge and perception of EINC, b) information from social media, c) COVID-19 status, and d) personal beliefs.

From the interviews, two had significant knowledge on EINC prior to giving birth: one personally researched EINC, and the other experienced EINC with her previous child. Only some had a general grasp of what EINC is by hearing from their family, friends, and/or obstetricians.

Mothers were also seen to obtain information on COVID-19 and pregnancy from social media. They came across news related to *Unang Yakap*, the COVID-19 pandemic, and negative labor experiences of mothers in public hospitals which have elicited anxiety and fear for some mothers.

COVID-19 case rates and surges also affected the mothers' experience during their delivery with those who gave birth during surges being more anxious and paranoid

as reflected by their transcripts. The mothers also have their own beliefs and principles that played a heavy role in their decision-making process before giving birth. It was noted that mothers are more inclined to follow protocols with hospitals and/or doctors that share the same values and advocacies such as gentle birth. Therefore, the mothers whose hospital and/or doctors promoted EINC to them were able to practice EINC, except those who were not given a choice by their doctors.

Hospital-Related Factors

Hospital-related factors were subdivided into three categories: a) healthcare worker-patient relationship, b) hospital facilities, and c) hospital protocols.

A good healthcare worker-patient relationship was found to be a common theme. From all nine interviews, eight were grateful because of how well they were treated throughout the whole duration of their pregnancy, and felt especially attended to given their COVID-19 status. This appreciation extended to not only their attending physician, but also to the midwives and nurses. Other notable sentiments shared by the respondents include trust in long-time family physicians, frequent monitoring, preference for online check-ins for ease of communication, and guidance from their obstetrician regarding pre-labor arrangements due to COVID-19 status. One respondent shared her unfortunate experience with how she was treated after testing positive for COVID-19. As seen in her transcript, poor treatment from her healthcare team negatively impacted her experience during labor and delivery. Some negative experiences included feeling vulnerable when exposed nude to male healthcare workers without proper caution, gross lack of guidance during pre-labor arrangements, and overall lack of regard for her wellbeing.

Hospital facilities and services offered were also common factors. All nine were satisfied with hospital facility completeness, cleanliness, and utility adequacy. Positive points noted facility and bathroom cleanliness, PhilHealth assistance, and hospital accreditation. Two respondents expressed their preference to give birth in a private hospital as they were concerned with the safety and adequacy of public hospital facilities. While some had the privilege of having their own rooms, others experienced childbirth in less private areas.

Proper implementation of COVID-19 protocols was a consistent positive factor for improved childbirth experience, together with adequate patient instruction and guidance. Six

interviews reflected a positive experience in terms of ease of admission, the smooth flow processing of COVID-19 suspected mothers, readiness of facilities to accommodate the case, and overall sanitation and infection control measure adequacy. Despite this, one respondent revealed that some institutions failed to initiate any protocol. This lack of protocol and proactiveness of the hospital became a dominating and recurring theme throughout the respondent's interview, as she and her husband repeatedly shared how aggravated the anxiety they were already feeling. Of the respondents who recalled a positive experience with regards to the hospital's COVID-19 protocols, two explicitly expressed their desire to their healthcare team to practice immediate skin-to-skin contact, breastfeeding, and rooming in. In terms of patient education and instruction, three shared positive experiences and said that they were properly guided when navigating through COVID-19 protocols, with others citing the use of posters on breastfeeding being particularly helpful.

Discussion

Hospital Factor: Hospital Protocols

The results of this study consistently revealed that the level of preparedness of a hospital in receiving COVID-19 suspected mothers is a critical factor in shaping a woman's perception of safety for herself and her baby while in the hospital. This perception ultimately influences their decision to entrust the safe practice of EINC to the healthcare workers. It is a reflection of a 2021 study stating that hospital births after COVID-19 were associated with psychological processes related to risk perception. This highlighted two pandemic-related pregnancy concerns - preparedness concerns and perinatal infection, both related to how their chosen healthcare institution would prepare and respond to COVID-19 pregnancy cases [6].

Included in these concerns are those regarding inadequate patient education and instruction and were therefore revisited [6]. Those with positive experiences with their healthcare team alluded to staff members and their attending physician who walked them through what to expect, how to hold the baby, and the process of latching and breastfeeding. Infographics on breastfeeding and its benefits were also said to be helpful. The WHO Quality of Care Framework for maternal and newborn health included effective communication as a vital key as the woman and her family members should feel that they understand her condition, what to expect, and the rights afforded to her [7]. Patient instruction is crucial in both encouraging a safe delivery and alleviating anxiety amongst mothers who may not know what to do or expect. Bahrami

stated that pregnant women who received prenatal education and guidance had higher levels of happiness and satisfaction, while Kenward said that the lack of communication negatively impacts the patient's perception of quality assessment, planning, and implementation of care contributing to feelings of anxiety and vulnerability [8,9].

Hospital Factor: Hospital Facilities

The WHO defines Quality of Care (QoC) for pregnant women and newborns as 'the extent to which health care services provided to individuals and patient populations improve desired health outcomes' and reflects the available physical resources and infrastructure capable of answering pressing needs before, during, and after delivery [7]. For the participants, this included the cleanliness of bathrooms, PPE equipment, and quality of recovery rooms and its proximity to the nurse's station.

Hospital Factor: Healthcare Worker-Patient Relationship

It was apparent that the quality of the relationship between healthcare workers and patients, which is largely built on the competence of the former, is a crucial factor that impacts the overall experience during childbirth. Trust in the healthcare workers was connected to a feeling of security, improving overall experience for most, while the lack thereof left some feeling vulnerable. One study defined four key elements when exploring the impact of the doctor-patient relationship, namely: mutual knowledge, trust, loyalty, and regard, and when these are met, overall patient satisfaction is achieved and may lead to better health outcomes [10]. This relationship is especially important during pregnancy as they have frequent and intimate interactions with the mother that affect emotions and behaviors, ultimately resulting in healthier behaviors and controlled pregnancy anxiety [11].

It is crucial that healthcare workers receive adequate training on how to properly provide support and care for expectant mothers, especially in high-stress situations like delivery. It is found that levels of support from hospital staff bore a heavier weight on the woman's emotional reaction and her perceived control rather than stressful events, highlighting how crucial it is that healthcare workers should undergo adequate training in providing physical, emotional, and psychological support to mothers in high-stress situations as it affects not only their perception of safety but the actual conditions of the labor and delivery itself [12].

Personal factor: Knowledge and Perception of EINC

Although the widespread advocacy and dissemination of EINC has been implemented all over the country, the

information on *Unang Yakap* is still largely limited to health workers. The opportunity then to introduce this practice to mothers is missed when practitioners do not initiate a conversation, resulting in only a handful of informed mothers who themselves advocate for the practice, as seen in this study. This reflects findings stating that women who are fully educated on these birth practices prior labor report higher satisfaction levels afterwards [8].

Personal factor: Information from Social Media

Social media is a common source of information for mothers to share to fellow mothers the experience of giving birth for awareness; however, this requires a certain level of fact-checking. The increase in social media usage due to the pandemic and general accessibility to the internet also increased cases of fake news and misinformation especially in Facebook. In a qualitative study focusing on pregnancy-related information seeking and sharing in the social media era among expectant mothers, it was found that 80% of expectant mothers used social media to seek information, despite the lack of fact checking on the said platforms [13].

Personal factor: COVID-19 Status

An important factor considered by mothers is the COVID-19 pandemic status nationwide. The severity of the public situation generally differs every few months with the surges occurring last July 2020, December 2020, April 2021, September 2021, January 2022, and August 2022. With the different surge of cases comes different restrictions and protocols by both the government and private hospitals, affecting the experiences of mothers giving birth. Respondents who gave birth during lenient seasons with the majority of the population vaccinated showed relaxed dispositions during the interview whereas participants who gave birth during surges were more anxious and paranoid.

Personal factor: Personal Beliefs

The last personal factor parallels the findings in Zolnierrek (2009) which examined the positive impact of effective patient-physician communication to treatment adherence and overall satisfaction when the physician is able to communicate in a manner that aligns with the patient's values and advocacies [19].

Experiences of mothers prior, during, and after delivery

Delineating the factors that influence mothers' decision in different stages of their birth experience may allow for a more efficient and effective way of identifying possible bottlenecks in encouraging mothers to practice EINC and finding solutions.

Prior to delivery

This study highlighted the importance that mothers place on trust in the hospital, in the healthcare workers, and in themselves. This is consistent with a prior study which found that positive relationships with those involved in the process may effectively empower mothers in making decisions for themselves and for their unborn children [14]. As found in this study, trust in the hospital is influenced by factors such as the hospital's facilities and protocols. Meanwhile, trust in healthcare workers is built from the time that the relationship begins prepartum up until after childbirth. Lastly, trust in self is seen to be dependent on the mothers' personal beliefs and their acquired knowledge on EINC. The mothers' experiences prior to delivery are important in building up their perceptions of autonomy and confidence in the decisions that they make with regards to their child's birth.

During delivery

As noted in the study by Ramirez and Manahan as well as Domagsang *et al.*, compliance with EINC is lowest in the fourth step - rooming-in and non-separation, as aggravated by mothers' fears and anxiety with regards to the possibility of harming their newborn children [15,16]. Although both studies were conducted prior to the COVID-19 pandemic, a study by Twanow, McCabe, and Ream found that the social and emotional changes associated with being diagnosed with COVID-19 during childbirth are associated with health-related impacts on the part of both mothers and their newborns, especially with regards to the non practice of EINC [17].

After delivery

Another crucial factor influencing mothers' willingness to practice EINC is their proximity and exposure to other COVID-19 patients; in this regard, mothers were found to prefer hospitals that separate COVID-19 mothers from other patients. Following this, the practice of rooming-in as part of the EINC protocol becomes beneficial to mothers who are wary about their newborns being exposed to other patients. This is in support of a study cited by the WHO, which stated that, with proper infection prevention practices, rooming-in can save up to 125,000 newborns from sickness and other complications [18].

Limitations of the Study

It is difficult to gauge how strict healthcare facilities are in carrying out EINC in actual practice. In fact, as seen in the

results of the current study, a number of participants were not given the option to practice EINC and were not even informed about it. Due to this, the researchers had to modify the questions for said participants, instead focusing on their willingness, should they have been given the chance to practice EINC. Furthermore, given that the participant pool used was restricted to mothers who gave birth in health centers in Metro Manila, this study is limited geographically. Another limitation is the adherence or the usual practice of the patients' attending physicians.

Conclusion and Recommendations

The study made use of phenomenology and thematic analysis to describe and explore the factors that influence a mother's decision of whether or not to practice EINC. Specifically, it was able to identify personal and hospital-related factors that emerged in the different stages of the mothers' pregnancy and birth journey - prior, during, and after delivery. The possible differences in the adherence to EINC and other protocols in health centers in other parts of the country cannot be discounted as these may serve as possible hindrances in both the knowledge and willingness of mothers with regards to EINC. The researchers believe that further studies conducted to mothers residing outside Metro Manila and who gave birth in healthcare centers that strictly follow the process in DOH Memorandum No. 2020-0319, may be beneficial in shedding more light on this relevant topic. With the continued threats brought about by the COVID-19 pandemic, the findings of this study may be used by different healthcare workers and policymakers in finding ways to further encourage the practice of EINC, especially given its known benefits to both mothers and their children.

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Author Disclosure

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APPENDIX

Table 1. Mother-Related Factors

Theme	Subthemes	Sample Illustrative Quotes
Knowledge and Perception on EINC	<ul style="list-style-type: none"> Immediate skin-to-skin contact Rooming in (with baby) Compliance with protocols Breastfeeding Self-conducted research 	<p><i>"Before pa ako manganak, well practitioner tayo ng easy feeding, so parang well-versed ako pagdating doon sa mga ganoong bagay. So alam ko na dapat ganito ganyan."</i>(WB)</p> <p><i>"I requested for it. Sabi ko gusto ko yung ilalapay ganiyan. I did read some parang data na kailangan 'pag nilapag mo siya, better siya 'pag for the [newborn]"</i>(KC)</p> <p><i>"I did not know. I thought it was not government mandated, but 'di ko naisip na pwede kong hindi gawin."</i>(JG)</p>
Information from Social Media	<ul style="list-style-type: none"> Negative representation of public hospitals Anxiety-inducing information COVID-19 related information EINC-related information 	<p><i>"Kasi sa public, hindi ka tatanggapin kapag hindi ka manganganak pa - kapag hindi pa lalabas. As in pag ready to ire na. Eh nakakatakot naman baka hindi ako tanggapin. Kasi may mga napapanood ako sa FB mga hindi tinanggap ganoon."</i>(DT)</p> <p><i>"Nababasa ko sa FB, iyon na iyong usual talaga. Ganoon, pagkalabas, ibinigay kay mother tapos ayun, siya technically mag-aalaga"</i>(AT)</p>
COVID-19 Status	<ul style="list-style-type: none"> Cannot physically see COVID-19 virus Anxiety due to COVID-19 Reassurance and contact safety 	<p><i>"So maprapranging ka not because of the people pero in general - yung situation; yung hangin; yung environment. Hindi mo naman makikita yung COVID particles eh. So at the back of your mind, parang praning ka parin. Parang maprapranging ka kasi di naka-mask si baby."</i>(KC)</p> <p><i>"Hindi ako sure. Pero baka mahawa ang baby. Pero baka pwede naman kung may mask siya."</i>(CC)</p>
Personal beliefs	<ul style="list-style-type: none"> Similar values and beliefs (as those of the hospitals') 	<p><i>"Una kong kinonsider din is: una, yung advocate ng breastfeeding; pangalawa, nag-aadvocate ng gentle birth. So far iyon naman na dalawa. Iyon lang naman yung hinanap ko kasi ang hrap ng ano, ang hrap ng taliwas doon sa inaadvocate mo or doon sa beliefs mo kasi buhay mo iyon eh diba?"</i>(WB)</p>

Table 2. Hospital-Related Factors

Theme	Subthemes	Sample Illustrative Quotes
Healthcare Worker-Patient Relationship	<ul style="list-style-type: none"> Hands-on staff Good communication Medical team's attitude and approach Trust towards medical team Gratitude towards medical team 	<p><i>"...very important kasi yung trust between the OB and the patient. Kasi kung walang trust, lahat ng sasabihin niya, parang there is something wrong. Kaya nung sinabi niya sakin na hindi niya ako papatulugin, wala, ako okay lang."</i>(AT)</p> <p><i>"I felt like I was in good hands. Kasi diba sa hospital parang you don't always see people, but when you're in labor, they're always monitoring you so I felt like I got the help or service I needed."</i>(JG)</p>
Hospital Facilities	<ul style="list-style-type: none"> Cleanliness and comfort Completeness and convenience Safety concerns Philhealth assistance at the hospital International/local accreditations 	<p><i>"I think maybe the PPEs and mukhang malinis yung delivery room. I opted to go to the high risk labor area. There was two choice, the regular and high risk area. Although I wasn't high risk, I requested to go there since I have my own cubicle or room since I'm alone or I don't have ka-share?"</i>(JG)</p> <p><i>"Well hindi ko memorize yung mga levels ng hospital accreditation pero may factor talaga if malaki yung hospital. I know St Luke's is a big hospital naman. And kampante ako na kilala sila sa medical field. At may certain confidence ka na if something goes wrong, at least nandun na yung ibang facilities to address the concern."</i>(KC)</p>
Hospital Protocols	<ul style="list-style-type: none"> COVID-19 related protocols Hospital's regular protocols and standards Pre-op and post-op orientation and guidance EINC and breastfeeding protocols and promotion 	<p><i>"Masyado silang OA. Pero syempre maintindihan mo yun kasi mga newborn ito. Mga newborn hinahandle nila."</i>(WB)</p> <p><i>"Yung mga workers, complete PPE po talaga sila - as in sobra. Tapos, talagang hands-on sila sa mga patient. Pero sobrang malayo sila by 1.5 meters, ganoon. Sinusunod nila yung, ano, social distancing. Pero kapag need talaga i-check yung temp, mga ganoon, ayon, tsaka lang sila lumalapit."</i>(JJ)</p> <p><i>"May mga posters sila noon na trapal. May available na poster kung ano effects ng breastfeeding, ayun. Tapos syempre i-explain rin ni OB na mas maganda breastfeeding kaysa iyong commercialized milk. Prinopromote talaga ng hospital kasi may mga signage and posters doon."</i>(AT)</p>