



# Experiences and Reasons on Maternal Decision-Making Process Regarding Place of Delivery: A Qualitative Study on Maternal Health Care Services for Universal Health Care

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## ABSTRACT

**Introduction:** The transition toward universal healthcare in the Philippines has aimed to provide comprehensive healthcare services, including maternal care. Despite this, many expectant mothers continue to favor hospital-based deliveries over primary care facilities, like birthing clinics and lying-in centers. This study explores the factors influencing maternal choices, specifically focusing on the availability of primary care facilities in proximity to hospitals.

**Methods:** A descriptive qualitative design was employed to conduct in-depth interviews with 15 mothers who recently delivered their children in three hospitals in Mindanao, Philippines. The study collected data on maternal experiences and decision-making regarding delivery locations. Thematic analysis was used to extract key themes from the interviews.

**Results:** Expectant mothers' experiences and reasons for choosing their place of delivery were studied. Positive feedback was received for hospitals' commendable service delivery, good environment, available facilities, and health worker treatment. However, concerns were raised about specific interactions with healthcare providers. Factors influencing mothers' decisions to choose hospitals for delivery included availability of facilities and services, cost, proximity, patient safety, previous experiences, and recommendations.

**Conclusion:** Our study highlights that safety is the main factor that determines the choice of delivery place for mothers. Hospitals with better facilities for handling complications during childbirth are preferred. Free services in primary care settings can also influence maternal healthcare choices. Promoting PhilHealth-covered services in birthing clinics can make delivery more accessible and inclusive. Healthcare professionals' availability and ready access to primary care facilities are also important. Improving infrastructure, medical resources, and staffing at birthing clinics is crucial for instilling confidence among expectant mothers.

Keywords: Maternal healthcare; Delivery choices; Primary care facilities; Universal Health Care; Philippines

## 1. INTRODUCTION

The introduction of Republic Act No. 11223 or the Universal Health Care (UHC) Law in the Philippines aimed to address these disparities by promoting equitable access to healthcare services, including maternal care, for all citizens. As part of the UHC framework, establishing healthcare provider networks seeks to optimize the utilization of healthcare facilities, emphasizing the importance of primary care services as a cornerstone of healthcare delivery (Obermann et al., 2018). However, despite the overarching goals of UHC, there is a notable gap in the existing literature regarding the proportion of patients, particularly those requiring Normal Spontaneous Vaginal Deliveries (NSVD), who could potentially be cared for in primary care facilities. Uncomplicated NSVD is considered a routine and low-risk childbirth process and often represents a substantial portion of deliveries within the healthcare system (Kruk et al., 2018; Nethery et al., 2021).

Current literature, especially those from low-to-middle-income countries, documents the need to promote and improve access to institutional deliveries for maternal and neonatal care (Gage et al., 2019; Kruk et al., 2018; Nethery et al., 2021). Against this backdrop, a growing concern has emerged regarding the rising bed occupancy rates in hospitals across Mindanao, primarily attributed to NSVD cases (Arsenault et al., 2013). While NSVD is generally well-

suited for delivery in primary care facilities, many pregnant women continue to opt for hospitals as their preferred delivery venues. This phenomenon raises questions about the factors and reasons that sway NSVD patients toward hospitals over birthing clinics and the potential impact on healthcare resource allocation and the overall quality of maternal care services (Christe et al., 2019; Kruk et al., 2018).

The decision-making process for choosing delivery facilities for Normal Spontaneous Vaginal Deliveries (NSVD) is multifaceted, influenced by many complex factors (Amano et al., 2012; Babalola & Fatusi, 2009; Côrtes et al., 2017; Ebuehi & Akintujoye, 2012; Gabrysch & Campbell, 2009; Gage et al., 2019; Karkee et al., 2013; Khatri et al., 2018; Koduah et al., 2016; Kruk et al., 2018; Neupane et al., 2021; Shah et al., 2015; Sharma et al., 2014). This literature review provides a comprehensive overview of these factors, emphasizing the preferences of pregnant women for hospitals over primary care facilities in Mindanao. It also addresses the challenges faced by the healthcare system, including the underutilization of nearby facilities, and introduces the concept of healthcare provider networks as a potential solution. Recognizing the existing gap in the literature regarding the proportion of patients who could be adequately cared for in primary care facilities, this study aims to bridge this gap by determining the decision-making process of NSVD patients who delivered their children in hospitals.

Understanding the intricate dynamics behind the preferences of pregnant women for hospitals over primary care facilities such as birthing clinics is essential for optimizing healthcare resource allocation and improving maternal and neonatal outcomes (Christe et al., 2019). This study addresses the underexplored phenomenon of NSVD patients' preferences for hospitals over primary care facilities in Mindanao within the context of Universal Health Care. This study explores the decision-making process of expectant mothers in provincial hospitals regarding their place of delivery. Specifically, it describes their experiences regarding their current delivery in a hospital. It explores their reasons for choosing hospitals, compared to primary care facilities such as birthing clinics, as places of delivery.

This study can improve maternal health outcomes by identifying factors influencing hospital selection among recent NSVD mothers in Mindanao. Insights gained can inform policymaking, strategic healthcare planning, and resource allocation, supporting the implementation of Universal Health Care. The study can also have international relevance, promoting health equity and raising awareness about maternal healthcare.

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## **2. METHODS**

### ***2.1 Research design***

A descriptive qualitative study explored the experiences and reasons regarding the decision-making process on the place of delivery of expectant mothers in hospitals in Mindanao. A descriptive qualitative design was chosen for this study to provide an in-depth understanding of the complex decision-making process among expectant mothers regarding their place of delivery in the diverse context of Mindanao.

### ***2.2 Selection of Study Participants***

Participants in this study consisted of recent mothers who have undergone an uncomplicated Normal Spontaneous Vaginal Delivery (NSVD) in hospitals. The age range for eligible participants will be between 18 and 45 years. The mothers should have complete pre-natal check-ups and preventive measures such as nutrient supplementation and vaccinations during their pregnancy, without any comorbidities and other pregnancy-related complications. Exclusion criteria will encompass mothers who underwent caesarean sections for their recent deliveries or had pre-existing medical conditions influencing their choice of a delivery facility. Mothers with multiple births or high-risk pregnancies will also be excluded to focus on uncomplicated NSVD cases. Purposive sampling was employed to identify eligible participants. The data collection continued until data saturation was reached, indicating that further interviews would not provide new insights.

### ***2.3 Research Instrument***

An interview guide was drafted to explore the decision-making process of expectant mothers regarding their place of delivery. The interview guide comprises five questions eliciting their experiences of their recent delivery and perspectives in choosing the hospital as their place of delivery. It will also explore the possibilities of birthing clinics or primary care facilities as their preferred places of delivery.

### ***2.4 Data Collection Procedure***

Eligible participants were interviewed using the validated interview guide in a private room after agreeing to the interview and signing the informed consent. The investigators of the study conducted the interview. Participants were asked for consent and informed of the voluntary and non-coercive nature of the study. No compensation was given. The interview was recorded through a voice recorder, starting with preliminary information and introductions. The participants were assured that their identities would be kept private and confidential, and no identifiers would be used to present the results. Following the interview guide, questions were asked in the participant's most convenient language or dialect. Follow-up questions by the interviewer were allowed. At the interview's end, the interviewer summarized the key takeaways. The interview recordings were transcribed and translated into the English language. The interview continued until the study reached data saturation. Data will be stored digitally for five years. The study will be used for publications, presentations, and policy recommendations, with no identified conflicts of interest.

### 2.5 Data Analysis

The English transcriptions of the interviews were analyzed thematically by an independent reviewer. The thematic analyses follow the process based on the study of Kiger et al., 2020. The independent reviewer familiarized and analyzed the transcriptions separately to generate codes. The generation of codes was done inductively to ensure all inputs were considered. The reviewer defined the identified themes and subthemes through Microsoft Excel. The theme, subthemes, and selected quotations are presented in a table format. The COnsolidated criteria for REporting Qualitative studies (COREQ) guidelines will be followed in producing the manuscript (Tong et al., 2007).

## 3. RESULTS

The interviews were done in November 2024. Twelve (12) participants were interviewed for data saturation to be reached. The interviews were transcribed and translated to English Language. The transcriptions were utilized for the thematic analyses to determine the experiences of their recent uncomplicated NSVD and reasons for choosing to deliver their child in a hospital rather than in birthing facilities or lying-in clinics. Identified themes and subthemes are presented in Table 1.

Table 1 - Themes and Subthemes of Experiences of mothers who delivered uncomplicated NSVD in Hospitals in Mindanao

Experiences of recent uncomplicated NSVD mothers during their current admission
Commendable Service Delivery
- Decent Treatment of Patients
- Efficient Labor and Delivery
- Prompt Service
- Proper Assistance
Available Facilities
- Post-Natal Services
Good Environment
- Clean Facilities
Health Worker Treatment
- Insensitive Health Workers
- Accommodating Health Workers
Reasons on choosing to labor and deliver in hospital than in birthing or lying-in centers
Available Facilities and Services
- Prepared for Maternal and Fetal Complications
- Unwillingness for Further Referral
- Availability of Health Personnel
Cost Considerations
- Free Services
- Fewer Expenses
Proximity to the Hospital
- Residence near the hospital
Patient Safety
- Fear of Complications
- Maternal and Child Safety
Previous Experiences

- 
- Place of Delivery of First Pregnancy
  - Similar Experience with Health Center and Lying-in Clinics

#### Recommendations of Family and Friends

- Family suggestion
  - Acquaintance suggestion
- 

### 3.1 Experiences of Recent Uncomplicated Deliveries

The themes identified to describe mothers' experiences of their recent uncomplicated NSVD were Commendable Service Delivery, Available Facilities, Good Environment, and Health Worker Treatment. Most participants articulated positive feedback about the service delivery within the hospitals. They emphasized the quality of care provided by the hospital staff, expressing satisfaction and gratitude. Several patients verbalized the decent treatment of the hospital personnel to the patients.

*[When asked about her experience in the hospital] It is okay, ma'am, because their service here is good, and they take care of me here. and they also met my expectations – Respondent 2*

Some respondents also verbalized their experience during their labor and delivery. They shared that the hospital provided efficient ways to assist them during labor and delivery.

*[When asked about how her experience was during her recent delivery] It is okay. Their service here is good, ma'am, and I was able to deliver my child easily – Respondent 8*

Respondents also commended the hospitals for their prompt service and proper assistance. They specifically noted the ease and convenience of accessing services during their stay. Although there was an expectation of overcrowding of hospitals, the respondents shared that the health personnel could provide their services promptly. Moreover, they were assisted during their labor and delivery of their pregnancy.

*[When asked about their overall experience in delivering their child in a hospital] Of course, they got it right. I thought because there were many patients, I might not be taken care of right away, but in my experience, it was okay; they took care of me right away. – Respondent 5*

*[When asked about her experience during her labor and delivery] They assist me well. The way they treat me is okay. – Respondent 8*

Another finding regarding their experience in the hospital was the availability of post-natal services such as Newborn Screening and Family Planning consultations. Respondents valued these initiatives as they felt well-supported and cared for beyond the immediate childbirth experience. A respondent verbalized that the healthcare personnel led them to such consultations after her labor and delivery. She also appreciated the initiative of the hospital to provide such services.

*[When asked about her overall experience in the hospital] No matter how it was, it was still okay. They even went down with us after the Baby's Newborn Screening. Then, someone followed up with me about Family Planning. So, I actually got their services. – Respondent 12*

A respondent was also able to observe the good environment in the hospital. Participants praised the hospital's infrastructure and cleanliness, indicating an improvement from their previous experiences in other healthcare settings. She mentioned that the hospital has clean facilities compared to the previous facility in the area.

*[When asked about her positive experience in the hospital] The good thing is that the facility is cleaner compared to the former building of the Provincial Hospital. – Respondent 5*

While the overall feedback was positive, some participants expressed concerns about specific interactions with healthcare providers. A few respondents recalled instances where they perceived insensitivity or lack of empathy from certain healthcare personnel, especially during critical moments like labor. This highlighted the nuanced experiences varying between supportive and insensitive interactions.

*[When asked about her experience during her recent delivery] What I will never forget during childbirth is when the Midwife told me, "Maam, if you can't handle it, we can't help you." It's a bit negative about that part, but after I gave birth, they monitored me and my baby well. – Respondent 11*

However, other respondents gave good comments regarding their healthcare providers. Participants felt reassured by the competence exhibited by the hospital staff, fostering a sense of security during a vulnerable time. They mentioned that their carers showed their expertise through their care and service, giving them confidence in their labor and delivery.

*[When asked about her experience during her recent delivery] In the delivery room, it was okay. The midwives are also experts, so I was not worried. – Respondent 1*

### 3.2 Reasons for choosing hospitals as places of delivery

Respondents who were mothers who recently delivered their child in the hospital have reasons regarding the decision to choose hospitals as their place of delivery. Common themes were Availability of Facilities and Services, Cost Considerations, Proximity of their residence, Patient Safety, Previous experiences, and Recommendations of Family and Friends. These were the identified themes that allowed these recent mothers to decide regarding their place of delivery.

Mothers considered the availability of hospital facilities and services pivotal in their decision-making. The hospitals' capacity to handle maternal and fetal complications was a significant determinant despite some being eligible to deliver in primary care facilities. Participants expressed concerns about potential complications and the hospitals' readiness to manage them effectively. They also valued the competence of hospital staff, particularly physicians and medical technologists, in emergencies, unlike the comparatively limited capabilities of birthing and lying-in clinics.

*[When asked on the reason for choosing the hospital as a place of delivery] It was for my child's safety. Like if anything ever happens to us, at least we are here at the hospital. – Respondent 2*

*[When asked about the reasons or considerations for choosing the hospital as a place of delivery] Whatever happens, we will not worry about where we will be forwarded or referred to. – Respondent 7*

*[When asked about the reason for choosing the hospital as a place of delivery] With our second baby, we went straight to the hospital because there was no doctor at the center at night. Here at the hospital, there is always a doctor. – Respondent 4*

Most participants cited cost considerations as influential in choosing hospitals over birthing clinics or lying-in centers. They acknowledged the financial benefits of delivering in hospitals, such as free services under the Zero Balance Billing of the Philippine Health Insurance Company, Inc. Additionally, they highlighted reduced expenses for watchers, promoting hospitals as more economically viable options.

*[When asked if they thought of delivering in birthing clinics or lying-in centers] Yes, I also thought about [giving birth at a lying-in or Birthing Clinic], but it's better here because we can save money. Because it's zero billing here at the provincial hospital, ma'am. – Respondent 6*

Proximity of their residence to the hospital was also identified as one of the themes in mothers' reasons in choosing hospitals as delivery places. One respondent already planned her delivery in the local birthing clinic. However, her family changed their residence, which made the hospital closer to their residence, hence the choice of hospital delivery. On the other hand, some respondents mentioned that the birthing or lying-in centers were closer to their homes. However, they still choose to deliver in the hospital due to the possibility of having maternal or fetal complications.

*[When asked about her reasons for choosing to deliver in the hospital] One reason for choosing to deliver my child in the provincial hospital is because it was close to our home. – Respondent 4*

*[When asked if they thought of delivering in a birthing center] We thought of having my child [in the birthing clinic] because it was closer to our home. But I still chose to deliver my child here [in the hospital] for the sake of our safety. – Respondent 2*

Respondents were able to share that their reasons for choosing to deliver in a hospital are their fear of complications and maternal and child safety. Hence, patient safety is one of the identified themes for choosing hospitals over birthing or lying-in clinics as their place of delivery. In addition to the quotation above, some verbalized that they have this fear of having maternal or fetal complications, which will make the hospital the safer choice for delivery.

*[When asked about the reason for choosing to deliver in the hospital] I choose to deliver here [in the hospital] because I am afraid that I will have complications during my labor. – Respondent 2*

Another finding from the interview is that previous experience is also a reason for maternal choice of hospitals over birthing or lying-in clinics as their place of delivery. Primigravida mothers are not allowed to give birth in primary care facilities. They are asked to deliver their child in a hospital due to the heightened probability of having complications in their first delivery. This leads to mothers having their first delivery experience in a hospital, which leads to familiarity. Although some may have experienced giving birth in a birthing or lying-in clinic, they observed that the experience of giving birth in a birthing or lying-in clinic is similar to giving birth in the hospital. Hence, they still choose to deliver in the hospital, given the added benefit of the availability of competent personnel such as physicians.

*[When asked for other reasons for choosing hospitals as her place of delivery] Another reason is that I delivered my first child here in the hospital in 2021. – Respondent 5*

*[When asked if they thought of choosing birthing clinics as their place of delivery] I already thought of it, but I also take into consideration my experiences when I delivered my first child. The experience was good, so I still delivered here in the provincial hospital. – Respondent 6*

Lastly, the recommendations of family and friends were also considered by mothers in choosing hospitals as their place of delivery. Social circles such as family and friends provided suggestions to the mothers to give birth in the hospital rather than in primary care facilities. These suggestions were taken into consideration in the maternal choices.

*[When asked about her reason for choosing the hospital as her place of delivery] Many gave recommendations to deliver my child here [in the hospital] because PhilHealth can cover the expenses. – Respondent 9*

Several key themes emerged in exploring expectant mothers' experiences and reasons concerning their place of delivery. The first part of the study highlighted positive feedback regarding Commendable Service Delivery, Available Facilities, Good Environment, and Health Worker Treatment within the hospitals, indicating satisfaction with the quality of care, efficient labor and delivery assistance, and commendations for post-natal services. Concurrently, concerns regarding specific interactions with healthcare providers showcased nuances in experiences, ranging from supportive to insensitive interactions. The second part illuminated diverse themes influencing mothers' decisions to choose hospitals for delivery, encompassing Availability of Facilities and Services, Cost Considerations, Proximity of Residence, Patient Safety, Previous Experiences, and Recommendations of Family and Friends. The findings underscored mothers' considerations of safety, financial implications, prior experiences, and the influence of social circles in opting for hospital deliveries over birthing or lying-in centers. These insights shed light on the aspects influencing maternal choices regarding childbirth settings, as shown in Figure 1.

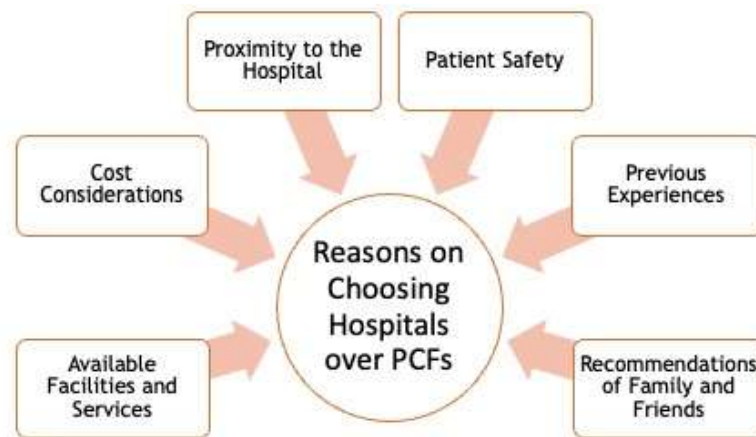


Fig. 1 – Reasons for mothers choosing hospitals over primary care facilities. The figure shows the various factors that influence mothers' decisions when choosing hospitals for delivery. These include the availability of facilities and services, cost considerations, proximity to residence, patient safety, previous experiences, and recommendations from friends and family.

#### 4. DISCUSSION

The transition toward universal healthcare in the Philippines has ushered in an expansive healthcare provider network designed to guide patients seamlessly through primary to specialty care (Calimag, 2017). Despite this, a prevalent trend persists among mothers who opt for hospital-based deliveries, focusing on specialty care rather than utilizing primary care facilities like birthing clinics and lying-in centers (Shifraw et al., 2016). The findings outlined in this paper offer critical insights into this phenomenon, shedding light on avenues for enhancing primary care services and facilities.

The impact of safety concerns on maternal decision-making underscores a fundamental shift in priorities when choosing a delivery site (Lothian, 2014). Safety concerns influence these decisions considerably, underscoring the crucial role of perceived safety in maternal choices. The interviews elucidated how mothers assess the potential risks associated with delivery, opting for hospitals due to their readiness to handle unforeseen complications compared to primary care facilities. This emphasis on safety highlights the necessity for primary care facilities like birthing clinics and lying-in centers to enhance their capacity to address maternal safety concerns, fostering confidence among expectant mothers in their ability to provide safe deliveries.

Improving infrastructure and services in birthing centers becomes imperative to bridge this gap (Khatri et al., 2018). By investing in training programs for staff, reinforcing medical resources, and ensuring emergency preparedness, these centers can cultivate an environment that inspires confidence in expectant mothers regarding their ability to provide safe deliveries (ACOG Committee on Obstetric Practice, 2012). Furthermore, aligning these improvements with the Universal Health Care initiative becomes essential, as it seeks to enhance accessibility and quality of healthcare services. Strengthening birthing clinics and lying-in centers aligns with the universal healthcare agenda and decentralizes the burden on hospitals, promoting more equitable access to maternal healthcare across communities (Gama et al., 2021). This transformation would foster a networked healthcare system, allowing for smoother patient referrals and comprehensive maternal care, advancing the UHC's objectives (Michel et al., 2020).

The accessibility of free services in primary care facilities, as highlighted by our study, holds significant implications for maternal healthcare choices. Our findings elucidated that mothers consider financial factors in their decisions regarding the place of delivery, particularly emphasizing the zero billing services provided by the Philippine Health Insurance Corporation (PhilHealth). Highlighting the availability and utilization of these free services in primary care settings is paramount in aligning with the Universal Health Care (UHC) initiative. Encouraging expectant mothers to utilize these services in birthing clinics and lying-in centers is a step towards decentralizing healthcare delivery and promoting equitable access to maternal care across various healthcare facilities.

The study's findings also underscore a critical consideration regarding the availability and accessibility of primary care facilities for maternal care services, particularly in regions where the proximity to hospitals might signal a scarcity of these facilities, especially those owned by the government. Expectant mothers often resort to hospital deliveries due to perceived safety concerns and the absence of adequately equipped primary care options nearby. This trend emphasizes the potential gap in the availability of birthing clinics and lying-in centers, especially those under the government's purview, thereby influencing maternal decision-making regarding the place of delivery. The lack of accessible birthing clinics and lying-in centers, particularly those affiliated with government hospitals, points to an overarching need to bolster the network of primary care facilities, especially in underserved regions. This scarcity not only limits choices for expectant mothers but also compromises the healthcare accessibility and choices available for safe deliveries.

The presence of doctors or skilled healthcare professionals in birthing clinics and lying-in centers emerges as a crucial determinant in expectant mothers' decision-making processes regarding the place of delivery. The availability of physicians in birthing clinics and lying-in centers, while present, does not instill confidence in expectant mothers due to the perceived absence of doctors within these facilities. Hospitals, perceived as better equipped and more consistently staffed, are preferred as they offer a tangible presence of medical personnel, providing security during labor, delivery, and potential complications (Srinivas, 2015). The absence of visibly present healthcare professionals within these primary care settings, like birthing clinics, makes mothers perceive that immediate medical assistance might not be readily accessible (Erim et al., 2012). This assumption significantly impacts their decision-making process, steering them toward hospital deliveries where the presence of healthcare professionals is more tangible and constant.

Lastly, their initial experience with hospital deliveries, often necessitated by policy restrictions, fosters familiarity and comfort with hospital settings. Consequently, even for subsequent pregnancies, these mothers opt for hospitals over primary care facilities due to their past positive experiences and the assurance of medical expertise and resources readily available at hospitals. Addressing the underlying reasons prompting the primigravida criteria and the associated perceptions could redirect expectant mothers towards primary care facilities, fostering more diverse options for childbirth.

#### ***4.1 Implications to Policy and Practice***

The findings from our study offer critical insights into policy and practice implications for maternal healthcare provision. Firstly, policy recommendations should consider re-evaluating the primigravida criteria directing expectant mothers exclusively to hospitals for deliveries. Adjusting these policies could promote a more diversified approach to maternal care, allowing for the utilization of primary care facilities like birthing clinics and lying-in centers without compromising safety.

Additionally, there is a pressing need to enhance and reinforce primary care facilities' infrastructure, staffing, and resources. This involves improving the quality of services, investing in establishing and reinforcing government-owned primary care facilities for maternal care services, ensuring the presence of qualified healthcare personnel, especially physicians, and strengthening their readiness to handle potential maternal and fetal complications. Strengthening this network would alleviate the burden on hospitals and offer expectant mothers diverse, safe, and accessible choices for delivery, aligning with the aim of Universal Health Care to ensure equitable access to quality healthcare services across various healthcare facilities. Moreover, expanding the coverage of PhilHealth packages to primary care facilities and ensuring their efficient utilization can significantly incentivize mothers to choose these facilities for deliveries.

#### ***4.2 Limitations of the study***

The qualitative approach and focus on hospitals in Mindanao might restrict the generalizability of findings to broader contexts or populations. Excluding complicated deliveries and caesarean sections limits insights from those experiences, potentially overlooking valuable perspectives. Interviewer bias, participant recall bias, and selection bias could have affected data collection and representation, impacting the study's comprehensiveness. These limitations underscore the need for caution in extending findings beyond the studied hospitals and suggest avenues for broader, more inclusive research approaches in understanding maternal delivery choices and experiences.

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## **5. CONCLUSION**

In this study, we aimed to explore the factors influencing the choices of delivery location among expectant mothers in Mindanao, Philippines. The transition towards universal healthcare has laid the groundwork for an extensive healthcare network. Yet, the persisting preference for hospital-based deliveries over primary care facilities like birthing clinics and lying-in centers remains a prominent trend among mothers.

Our findings shed light on critical aspects influencing maternal decision-making regarding the place of delivery. The consideration of safety over proximity emerges as a significant determinant, steering mothers towards hospitals perceived as better equipped to handle potential complications during childbirth. Safety concerns, familiarity, and assurance from prior hospital deliveries often influence subsequent childbirth choices, reinforcing the inclination toward hospitals. Moreover, the availability and utilization of free services in primary care settings pose substantial implications for maternal healthcare choices. Communicating and emphasizing PhilHealth-covered services in birthing clinics and lying-in centers could diversify delivery options, alleviating financial burdens on families and fostering more inclusive maternal care across various healthcare facilities. The presence of healthcare professionals and the accessibility and readiness of primary care facilities to address complications emerge as factors influencing maternal choices. Enhancing infrastructure, medical resources, and staffing in birthing clinics and lying-in centers becomes imperative to instill confidence among expectant mothers in the safety and efficacy of deliveries in these settings.

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