



PREGNANT WOMEN'S CRITERIA FOR SELECTING OBSTETRIC CARE PROVIDERS

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ABSTRACT

Introduction

Recent health system reforms in the Republic of Moldova have given pregnant women greater choice in selecting a maternity facility for childbirth. This study aimed to examine women's views on the selection of obstetric care providers, identify key decision-making criteria, and develop recommendations for targeted marketing strategies in maternity care.

Materials and methods

A quantitative cross-sectional study was conducted among 533 pregnant women recruited using non-probability convenience sampling. A study-specific structured questionnaire was administered both online and in paper format through healthcare institutions. Statistical analyses were performed using SPSS and Microsoft Excel to identify and quantify the factors influencing the selection of obstetric care providers and maternity facilities.

Results

The choice of maternity facility was influenced by a combination of medical, socioeconomic, institutional, and individual factors. The criteria most frequently rated as highly important were the professional competence of medical staff (84.8%; 95% CI: 81.49–88.12), the availability of modern medical equipment (70.8%; 95% CI: 66.22–75.38), and adherence to appropriate hygiene standards in the maternity ward (64.0%; 95% CI: 58.91–69.09).

Conclusions

The choice of maternity facility is a complex decision-making process, shaped by careful evaluation of prior experiences, institutional reputation, the professionalism of medical personnel, available facilities and services, and access to up-to-date information.

Keywords

Pregnancy, pregnant women, maternity services, obstetric care, healthcare provider selection, maternity hospital, decision-making, patient choice.

CRITERIILE DE SELECȚIE A PRESTATORILOR DE SERVICII OBSTETRICAL DE CĂTRE FEMEILE ÎNSĂRCINATE

Introducere

Reformele sistemului de sănătate din Republica Moldova au extins posibilitățile femeilor însărcinate în alegerea instituției în care doresc să nască. Scopul acestui studiu constă atât în evaluarea percepțiilor femeilor însărcinate privind selectarea furnizorilor de servicii obstetricale, identificarea principalilor factori care stau la baza deciziei, cât și formularea unor recomandări bazate pe dovezi pentru dezvoltarea unor strategii de marketing țintite în cadrul instituțiilor de asistență obstetricală.

Materiale și metode

A fost realizat un studiu cantitativ transversal, care a inclus 533 de femei însărcinate, recrutate printr-o metodă de eșantionare de conveniență. Datele au fost colectate prin intermediul unui chestionar structurat, elaborat special pentru acest studiu și administrat online și în format tipărit în cadrul instituțiilor medicale. Analiza statistică a fost efectuată, utilizând programele SPSS și Microsoft Excel, în vederea identificării și cuantificării factorilor care influențează alegerea furnizorului de servicii obstetricale și a instituției de maternitate.

Rezultate

Rezultatele studiului demonstrează că alegerea instituției de maternitate reprezintă un proces decizional multifactorial, influențat de factorii medicali, socioeconomi, instituționali și individuali. Printre criteriile apreciate de femeile însărcinate ca fiind de importanță majoră au fost: competența profesională a personalului medical (84,8%; IC 95%: 81,49–88,12); disponibilitatea echipamentelor medicale moderne în cadrul instituției (70,8%; IC 95%: 66,22–75,38) și respectarea standardelor corespunzătoare de igienă în maternitate (64,0%; IC 95%: 58,91–69,09).

Concluzii

Alegerea maternității constituie un proces decizional complex și multidimensional. Femeile însărcinate își fundamentează opțiunea pe o combinație de condiții, incluzând experiențele medicale anterioare, reputația instituției, competența profesională a personalului medical, disponibilitatea și calitatea infrastructurii și dotărilor medicale, precum și accesul la informații relevante, fiabile și actualizate privind serviciile de maternitate. Înțelegerea acestor determinanți poate contribui la dezvoltarea, de către instituțiile de maternitate, a unor strategii de comunicare și marketing centrate pe pacientă, adaptate mai eficient așteptărilor și priorităților femeilor însărcinate.

Cuvinte-cheie

Sarcină, femei însărcinate, servicii de maternitate, îngrijiri obstetricale, selectarea furnizorului de servicii medicale, maternitate, proces decizional, alegerea pacientei.

INTRODUCTION

In the Republic of Moldova, the choice of obstetric care provider has become increasingly important following recent health system reforms, growing competition between public and private maternity facilities, and the increasing use of online information, at a time of declining birth rates, migration, and a shrinking population of women of reproductive age. In most cases, the choice of a maternity hospital is not a random process, but a decision influenced by both objective and subjective factors. Pregnant women typically consider a range of criteria such as healthcare facility infrastructure, healthcare professionals' qualifications, other patients' reviews, safety, comfort, and logistical aspects including the geographical location of the maternity centre. Previous experiences and recommendations shared through online communities and social media may also influence their decisions (1). The choice of maternity facility is also influenced by women's socioeconomic status and level of education. Studies conducted in various countries show that women with higher levels of education tend to be more informed and selective, often preferring institutions that offer greater safety and comfort (2). Furthermore, research indicates that women living in urban areas are more likely to choose private maternity facilities, whereas those in rural areas tend to rely more heavily on public institutions (3, 4). The obstetrician's gender may also influence provider choice. In some conservative cultural settings, women may prefer a female physician because they perceive such care as more comfortable and reassuring. However, this preference is not universal, and for many women, the physician's experience and professional competence are more important than gender (5, 6). Overall, the criteria used to select obstetric care providers are shaped by local cultural norms and social expectations, supporting the need for a national study of these factors.

Studies emphasize that person-centered maternity care, which is responsive to women's individual preferences, needs, and values, is associated with greater patient satisfaction and may influence the choice of obstetric care provider (7). Effective communication between women and healthcare professionals is also essential to a positive childbirth experience and to building trust in the healthcare system (8).

For more than a decade, national policy in the Republic of Moldova has allowed women to choose the healthcare institution where they wish to give birth. This has broadened the range of available options, including private maternity facilities that increasingly compete with public institutions. As a result, women's preferences have become increasingly important to the sustainability and performance of obstetric care providers. The shift of pregnant women from public to private maternity facilities may have important financial implications for publicly funded institutions, whose reimbursement from the National Health Insurance Company depends on the number and complexity of births attended. Identifying the factors that influence the choice of maternity facility is therefore strategically important for both public and private healthcare institutions, which need to align their services and marketing strategies with women's expectations and needs. However, although current legislation allows women to choose the institution where they will give birth, it does not permit them to select the individual physician who will attend the delivery, which may present a challenge for women seeking continuity of care (9, 10, 11).

Aim. This study aimed to examine pregnant women's views on the choice of obstetric care providers, identify the key criteria guiding their decisions, and develop recommendations for marketing strategies tailored to maternity services.

MATERIALS AND METHODS

A descriptive, observational cross-sectional study was conducted to identify the criteria influencing pregnant women's choice of obstetric care providers. Data were collected between December 2024 and January 2025.

Study population and sample size

The target population comprised pregnant women in the Republic of Moldova. The minimum required sample size was calculated using Epi Info version 7.2.2.6 (StatCalc – Sample Size and Power), assuming a 95% confidence level, a 5% margin of error, a reference population of 24,033 births registered in the Republic of Moldova in 2023, a design effect of 2, and an anticipated non-response rate of 10%. After adjustment, the required sample size was 533 participants. However, because participants were recruited using non-probability convenience sampling through healthcare institutions and a social media group, the sample cannot be considered representative of all pregnant women in the Republic of Moldova. The findings should therefore not be generalised beyond the study population and apply primarily to pregnant women who attended antenatal care at the participating institutions and voluntarily agreed to take part during the data collection period (December 2024–January 2025).

To better reflect the distribution of births between public and private institutions, questionnaires were allocated proportionally between the two sectors: 177 to public institutions and 356 to private institutions.

Eligibility criteria

Eligible participants were pregnant women aged 18–49 years, at any gestational age, with an uncomplicated pregnancy who provided consent to participate. Women were excluded if they were younger than 18 or older than 49 years, had a complicated pregnancy, or refused to participate.

Data collection and study instrument

Data were collected using a structured questionnaire developed specifically for this study. The questionnaire comprised two sections:

- (A) sociodemographic and background characteristics, including age, place of residence, education, standard of living, parity, gestational age, and place of previous delivery; and
- (B) preferences regarding place of delivery and factors influencing the choice of obstetric care provider.

The questionnaire was pretested with seven pregnant women, and minor revisions were made following the pilot phase to improve clarity and comprehensibility. Items were worded to be accessible to respondents with different educational backgrounds and to minimize ambiguity and avoid leading questions. Before data collection, content validity was assessed through expert review. Specialists in public health and obstetrics evaluated the relevance, clarity, and completeness of the questionnaire items, and their feedback was incorporated into the final version. The questionnaire did not undergo full psychometric validation; accordingly, its use was limited to descriptive and association analyses within the study population.

The questionnaire was available in both paper and online formats. Paper questionnaires were distributed with the assistance of family physicians through public and private healthcare institutions providing antenatal care. Participating public institutions included the Mother and Child Centre, the “Gheorghe Paladi” Municipal Clinical Hospital, Municipal Maternity Hospital No. 2, and

family medicine centres in Comrat, Straseni, Ungheni, Cauşeni, and Anenii Noi. Participating private institutions included Repromed and Excellence. The online questionnaire was also shared through the Facebook group “Ask a Mom” to broaden recruitment among pregnant women.

Only valid responses were retained, yielding a final sample of 533 participants. Because both paper-based and online questionnaires were used, several measures were taken to reduce the risk of duplicate participation: (1) respondents were explicitly instructed at the beginning of both versions to complete the questionnaire only once; (2) the online questionnaire was configured to allow a single submission per device; and (3) during the data-cleaning phase, questionnaires were screened for identical or near-identical response patterns across key sociodemographic variables, and suspected duplicates were excluded from the final dataset. Despite these measures, the possibility of residual duplication cannot be entirely excluded and is acknowledged as a methodological limitation of this study.

Statistical analysis

The collected data were coded, tabulated, and entered into a study database. Statistical processing was performed using SPSS (Statistical Package for the Social Sciences) version 26.0 and Microsoft Excel. Descriptive statistics were used to summarize the characteristics of the study population, including frequencies, percentages, means, and standard deviations. Associations between categorical variables (e.g., preferred place of birth and sociodemographic characteristics) were assessed using the chi-square test (χ^2), with Cramér's V calculated as a measure of effect size where appropriate. For ordinal variables or in cases where the assumptions of normality were not met, Spearman's rank correlation coefficient (ρ) was applied to examine associations. The Pearson correlation coefficient was not used, as the study variables did not fulfil the prerequisites for its valid application (continuous scale and bivariate normality). All statistical tests were two-sided, and a p value <0.05 was considered statistically significant.

Participation was voluntary. All participants were informed about the purpose of the study, and confidentiality was maintained throughout data collection and analysis. No personally identifying information was collected.

RESULTS

According to the results of the study, the mean age of the participants was 27.5 ± 1.63 years. Women aged 26–33 years constituted the largest age group (234; 43.90%), followed by those aged 34–41 years (26.64%), 18–25 years (26.45%), and 42–49 years (3.00%). The distribution of participants by place of residence differed significantly between urban and rural areas ($\chi^2 = 35.64$, $df = 1$, $p < 0.0001$).

Financial circumstances may also affect the choice of obstetric care provider by limiting the range of options available to women. This is particularly relevant when considering private maternity care, as perinatal services provided by public healthcare institutions in the Republic of Moldova are covered by mandatory health insurance. In the present study, 35.46% of respondents (95% CI: 28.77–42.29) reported having sufficient financial resources for a decent standard of living but not for more expensive purchases, while 29.46% (95% CI: 22.33–36.59) stated that their income covered only basic needs. A further 21.76% (95% CI: 14.25–29.27) reported being able to afford some more expensive items, although this required reducing expenditure in other areas. Only 6.19% (95% CI: –2.03–14.41) reported having no financial constraints, whereas

7.13% (95% CI: 5.24–9.63) stated that their income was insufficient even to cover basic necessities. Overall, these findings suggest that women's standard of living may influence their choice of obstetric care provider and contribute to differences in preferences for public and private maternity facilities.

The study showed that pregnant women with higher education predominated in the sample, accounting for 301 respondents (56.5%), followed by those with secondary education (140; 26.3%), lower secondary education (71; 13.3%), and primary education (21; 3.9%). These findings indicate that the study population was composed predominantly of women with a higher educational background, a factor that may influence awareness of available obstetric care options and expectations regarding the quality of services. Most pregnant women included in the study were employed, comprising 308 respondents (57.79% of cases; 95% CI: 51.34–64.24).

Most participants were married or in a relationship (505; 94.75%), while 28 (5.25%) were single; this difference was statistically significant ($\chi^2 = 236.69$, $df = 1$, $p < 0.0001$). Approximately two-thirds of the women were expecting their second or subsequent child, whereas one-third had no children before the current pregnancy. At the time of the survey, 40.9% of participants were at 22–37 weeks' gestation, 38.84% were at less than 20 weeks, and 20.26% were beyond 37 weeks. These findings suggest that women in the Republic of Moldova make decisions about their maternity facility at different stages of pregnancy.

At the time of data collection, most women had already decided to give birth in a public maternity facility (61.73%; 95% CI: 54.90–68.56). The findings also suggest a shift in the anticipated mode of delivery, with a higher proportion of participants planning a caesarean section than had undergone one in previous pregnancies. Vaginal birth remained the most commonly planned mode of delivery (58.91%), while 21.76% of women reported a planned caesarean section based on clinical indications and/or an individualized obstetric management plan. For the remaining 19.32%, the mode of delivery had not yet been determined at the time of questionnaire completion.

Regarding the preferred gender of the obstetrician, 53.28% of participants preferred a female obstetrician, 21.76% preferred a male obstetrician, and 24.95% had no gender preference. These findings reflect participants' personal preferences and should not be interpreted as implying a general right to choose an individual healthcare provider within public healthcare institutions. The distribution of preferences was statistically significant ($\chi^2 = 10.22$, $df = 2$, $p = 0.0217$).

Further analysis showed that 43.71% of women (95% CI: 37.34–51.24) chose their maternity facility because their preferred physician was affiliated with that institution. In 13.70% of cases (95% CI: 5.48–21.92), the decision was based on recommendations from acquaintances, while 16.32% (95% CI: 8.14–24.52) chose the maternity hospital assigned to their area of residence. Only 2.25% (95% CI: 1.29–3.89) selected a facility because they considered it the most prestigious in the region. In addition, 13.51% (95% CI: 5.29–18.73) based their choice on a previous positive childbirth experience at the same institution. Finally, 10.51% of respondents (95% CI: 3.34–16.52) reported that the particular maternity facility was not important to them. Overall, the findings indicate that approximately half of the women preferred a maternity facility where the physician they wanted to attend their delivery was based. This is consistent with previous studies showing that continuity of care and a trusting relationship with the physician who provided antenatal care are important factors in women's choice of place of birth (6).

The person most frequently reported as influencing the choice of obstetric care provider was a close relative (23.26%; 95% CI: 15.82–30.61), followed by the gynecologist (18.39%; 95% CI: 10.72–25.96) and friends or neighbors (11.82%; 95% CI: 3.85–19.79). These findings suggest that pregnant women take an active role in selecting their obstetric care provider and place considerable trust in their own judgement, particularly when supported by information from official institutional websites and parenting groups on social media. At the same time, recommendations from trusted individuals, especially their gynecologist or a close relative, remain an important influence.

For most participants, the choice of obstetric care provider was based on both the healthcare institution and the attending physician (54.97%; 95% CI: 49.27–60.66), followed by the physician alone (35.65%; 95% CI: 28.84–42.46). By contrast, the institution alone was much less frequently considered decisive (7.13%; 95% CI: –1.05–15.31). Thus, for approximately half of the pregnant women in the study, both the healthcare institution and the obstetricians practising there were important when deciding where to give birth. For about one in three women, however, the obstetrician alone was the determining factor in the choice of obstetric care provider.

To examine the factors underlying pregnant women's choice of obstetric care providers, the analysis was structured around the four traditional components of the marketing mix: product, price, place, and promotion. Among the factors assessed, those related to the "product" component, defined here as the services offered to meet patients' needs, were rated as the most important. In particular, the professional competence of physicians was considered important by 84.8% of respondents (95% CI: 81.49–88.12), the availability of medical equipment by 70.8% (95% CI: 66.22–75.38), and perceived compliance with hygiene standards in the maternity ward by 64.0% (95% CI: 58.91–69.09). These results reflect participants' perceptions and self-reported selection criteria rather than objective measures of healthcare quality. Such perceptions may have been influenced by personal experience, recommendations from healthcare professionals, relatives or acquaintances, online information, antenatal education activities, and other available sources of information.

Within the promotion component, the factors rated as most important when choosing an obstetric care provider were respectful staff attitudes (58.9%; 95% CI: 54.72–63.08), clear and understandable communication (58.1%; 95% CI: 53.91–62.29), and the physician's willingness to provide patient and thorough answers (56.9%; 95% CI: 52.70–61.10). According to the study results, pregnant women considered several price-related criteria, as a component of the marketing mix, to be important when selecting an obstetric service provider. These included the integrity of medical personnel, defined as not requesting or accepting informal payments, cited by 45.4% of respondents (95% CI: 41.17–49.63), coverage of services by mandatory health insurance, mentioned by 31.0% (95% CI: 27.07–34.93), and the actual cost of services, highlighted by 29.1% of participants (95% CI: 25.24–32.96). The latter criterion is primarily relevant to private healthcare institutions, as perinatal care provided within public healthcare institutions in the Republic of Moldova is fully covered by the mandatory health insurance system.

Another key component of the marketing mix, place, was also considered important. The main criteria were good postpartum hospital conditions, reported by 48.8% of respondents (95% CI: 44.56–53.04), and proximity to the maternity facility, cited by 18.4% (95% CI: 15.11–21.69).

Among the information channels influencing the choice of place of birth, the most frequently rated as very important were official institutional websites providing information on services and physicians (39.77%; 95% CI: 33.18–

46.36), educational sessions for expectant mothers organized by medical institutions (23.31%; 95% CI: 16.19–30.43), and the institutions' social media pages (22.89%; 95% CI: 15.74–30.04). In addition, the availability of key specialists and critical care services was considered particularly important when selecting an obstetric care provider: obstetrician-gynecologists were rated as very important by 83.11% of respondents (95% CI: 78.02–88.22), neonatologists by 79.70% (95% CI: 73.71–85.69), and intensive care and resuscitation services for newborns and adults by 72.61% (95% CI: 66.49–78.73).

DISCUSSION

The age distribution in our sample is consistent with official statistics showing that most births in the Republic of Moldova occur among women aged 25–34 years. This pattern is also consistent with published evidence suggesting that maternal age may be associated with the choice of obstetric care provider. Younger women tend to choose public maternity facilities, partly because of their greater accessibility, whereas women aged 34–49 years may be more likely to opt for private facilities offering more personalized care and greater comfort (1, 2).

Place of residence was also significantly associated with the choice of obstetric care provider in our study. Women living in urban areas generally have better access to large, well-equipped hospitals and may be more likely to choose private facilities because of the wider availability of personalized services. In contrast, women living in rural areas may have more limited access to well-resourced healthcare facilities and may therefore rely on regional public hospitals or travel to urban centers for more advanced care (4).

Higher educational attainment appears to be associated with a more informed and deliberate choice of obstetric care provider, as well as higher expectations regarding hospital conditions, physicians' attitudes, and available childbirth options. In contrast, women with lower levels of education may be more likely to use public maternity services, potentially reflecting differences in access to care, financial resources, and patterns of healthcare use (8).

Occupation may also influence the choice of maternity facility through its relationship with income, working hours, educational attainment, and working conditions. Women in higher-paid occupations may be more likely to choose private maternity facilities offering a broader range of services. In addition, flexible working arrangements may make it easier to attend antenatal appointments and may influence preferences for facilities that offer appointment times compatible with women's schedules (9).

Furthermore, women with higher educational attainment, which may be associated with certain occupational groups, tend to have greater access to information about available maternity care options and may therefore be more likely to choose facilities with a strong reputation or access to specialized services (10, 11).

Marital status may also influence the choice of maternity facility, as it can affect financial resources, emotional and partner support, social circumstances, and access to healthcare-related or legal benefits. Married women may have greater financial and partner support, potentially broadening their options, including access to private maternity services. In contrast, unmarried women may be more likely to rely on public services or prefer facilities that offer greater psychological support, confidentiality, and sensitivity to their individual circumstances (11).

According to several sources, parity may also influence the choice of maternity facility, depending on previous childbirth experiences, individual needs, and

available resources (1, 2, 10). Parents who have had a positive experience at a particular maternity hospital with their first child may be more likely to return to the same institution for subsequent births. Conversely, a negative experience related to the quality of care or hospital conditions may lead them to seek an alternative facility. In addition, families with several children may face greater household expenses and therefore consider more affordable options, such as public maternity hospitals rather than private facilities. On the other hand, unsatisfactory previous experience in a public maternity facility may lead some families to allocate a larger budget for private maternity care in a subsequent pregnancy (9). The literature also indicates that previous mode of birth and obstetric history may influence the choice of maternity facility for subsequent deliveries (1). For example, women with a previous uncomplicated vaginal birth may prefer a less medicalized birth setting for their next delivery. In contrast, women with a history of complicated vaginal birth or caesarean section may prioritize facilities with expertise in caesarean delivery, experience in managing vaginal birth after caesarean, and access to appropriately qualified specialists.

Our findings are consistent with previous studies suggesting that the obstetrician's gender may influence the choice of maternity facility, depending on women's personal preferences, cultural background, and previous experiences (6). However, the literature also indicates that the quality of care does not differ significantly between male and female obstetricians (6).

The availability of specialist clinicians and appropriate clinical units within a maternity facility is another important consideration when choosing where to give birth, as it may provide greater reassurance and ensure comprehensive care for both the mother and newborn (10).

When compared with findings from the literature, the results of the present study are consistent in showing that pregnant women tend to prioritize a specific medical team as well as access to medical technologies available within a healthcare institution (7, 8). In addition, the obstetrician-gynecologist has an important influence on the choice of obstetric care provider through clinical expertise, professional recommendations, and the trusting relationship established during pregnancy (6).

Promotional activities may also influence women's choice of obstetric care provider, particularly in a competitive healthcare environment where the decision to give birth at a particular maternity hospital is shaped not only by clinical competence but also by women's perceptions of, and trust in, the institution (3, 4).

LIMITATIONS

Several limitations should be considered when interpreting the findings. First, the use of convenience sampling limits the external validity of the study, and the results should not be generalized to all pregnant women in the Republic of Moldova. Second, the use of both paper-based and online questionnaires introduced a risk of duplicate participation; although data-cleaning procedures were used to minimize this risk, it could not be eliminated entirely. Third, the cross-sectional design does not allow causal relationships to be established. Fourth, the predominance of women with higher educational attainment and urban residence may limit the extent to which the sample reflects the wider population of pregnant women, particularly those living in rural areas or experiencing socioeconomic disadvantage. Finally, the questionnaire did not undergo full psychometric validation, which may limit the precision with which subjective constructs, such as perceived quality of care, were measured.

CONCLUSIONS

The study demonstrates that all four components of the marketing mix—product, price, promotion, and place—influence pregnant women's choice of obstetric care provider. The most important factors were related to the product component, particularly the professionalism of medical staff, medical equipment and facilities, and hygiene standards, followed by promotion (respectful attitudes and clear communication), price (transparent fees and the absence of informal payments), and place (proximity and postpartum inpatient conditions). As technology and access to information continue to evolve, healthcare institutions need to strengthen their communication practices and adapt their services to women's needs and preferences. An integrated approach, supported by sustained investment, can help maternity facilities remain responsive to patient expectations while providing safe, high-quality care.

CONFLICT OF INTEREST The authors declare that there are no conflicts of interest.

ETHICAL ISSUES

This study was conducted in accordance with the ethical standards of the Declaration of Helsinki and was approved by the relevant institutional ethics committee. All participants were informed about the purpose of the research and gave their voluntary, written informed consent prior to participation. Anonymity and confidentiality were ensured throughout the study, and no personal identifying information was collected or disclosed. Participants were also informed of their right to withdraw from the study at any time without consequence. The research involved no physical or psychological risk to the participants. The study did not receive any funding that could lead to a potential conflict of interest.

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