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Bearing Against the Odds: Unearthing the Prenatal Experiences of Filipina Mothers Diagnosed with Polycystic Ovary Syndrome

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ABSTRACT

This study used an interpretative phenomenological approach to explore the prenatal experiences and coping behaviors of Filipina mothers with PCOS. The data was collected from seven (7) mothers from CALABARZON (Region IV-A) who were clinically diagnosed with PCOS, conceived between 24 and 34 years old, managed pregnancies, and gave birth in the Philippines. Participants were recruited online through purposive and snowball sampling, and semi-structured interviews were conducted either online or in person. Data analysis was guided using an interpretative phenomenological analysis. Findings revealed that Filipina mothers with PCOS view pregnancy as a sporadic event and a form of healing. They also coped throughout their pregnancy with PCOS through self-monitoring and being open to social support. The current study clarifies the prenatal care for Filipinas with PCOS and how pregnancy with the condition is experienced within the Philippine context. Results also indicate the need for holistic education and counselling that address both pregnancy and PCOS management. Lastly, the crucial role of OB-GYNs is emphasized in encouraging women with PCOS to seek support and guidance during their pregnancy.

INTRODUCTION

Around 4.5 million Filipinas struggle with a persistent hormonal disorder known as Polycystic Ovary Syndrome (PCOS) [1]. Although PCOS is primarily attributed to genetics, the role of environmental and lifestyle factors has also been recognized [2]. Despite this, the exact cause and cure for the condition remain unknown despite extensive research. There is also a lack of public knowledge and inconsistent opinions among healthcare providers, which often results in the oversight of PCOS in medical records [2]. Currently, lifestyle modifications, such as diet, exercise, and healthy habits, are often the initial approach for these women [3]. Although they can aid women with the condition in managing their health, lifestyle modifications will not counteract the symptoms of PCOS per se [4].

Although pregnancy remains possible for women with PCOS, most still struggle to conceive [5], [6], one of the major contributing factors is age, as women under 35 have a 30% chance of getting pregnant in the first month, which can increase to an 85% chance within the first year of trying [7]. Still, challenges remain as some women only discover they have PCOS during consultations with their OB-GYNs while trying to conceive [3]. To clarify, the diagnostic criteria for PCOS do not account for the physical changes during pregnancy, making it unlikely for women to be diagnosed during this period [8]. Temporary relief from PCOS symptoms and improved menstruation may also be experienced by pregnant women with PCOS due to hormonal fluctuations, although these symptoms may return after childbirth [9]. While women with PCOS have been shown to be over 50% more likely to develop mental health conditions compared to those without the syndrome, the psychological impact of PCOS can significantly differ based on ethnicity and societal norms [10].

Moreover, the role of women's mental health in pregnancy complications is still unestablished by research [11]. Still, assessing coping behaviors and ego-resiliency in women with PCOS is crucial, as exhibiting higher ego-resiliency reduces anxiety and depression and helps in better coping [12].

It has been suggested that pregnant women with PCOS often plan, positively reassess their situation, appreciate educational sessions, and seek support from their peers and healthcare providers [12]. Additionally, these women's support-seeking behavior and problem focus can also be enhanced by implementing broader PCOS education, especially when compassion and rapport are present [13], [14]. Without these, women with PCOS have been shown to avoid seeking help due to embarrassment, inadequate understanding from their support system, and stigma surrounding PCOS and conception [15]. These experiences often lead to passive coping strategies (e.g., self-criticism, denial, preoccupation, and voicing dissatisfaction), which are more common in women with PCOS [16].

In the Philippines, women's pregnancy experiences and perspectives are significantly influenced by cultural and social influences, which emphasize family-centered practices and responsibility in parenthood [17], [18]. As a result, there is often a societal pressure to conceive, which develops to distress and negatively impacts the overall quality of life of Filipinas [19], [20], [21]. On the other hand, this may also enhance their motivation to adopt healthier lifestyles during pregnancy to ensure their child's safety and well-being [22].

Nevertheless, there is insufficient evidence to support the causal relationship between PCOS and pregnancy complications due to the lack of specific protocols for managing PCOS during pregnancy [20], [23]. Prior research has also primarily focused on the dietary and lifestyle experiences of women with PCOS and medical interventions to manage the condition [24], [25], [26]. As a result, studies call for further exploration into prenatal experiences with PCOS, considering its risks and women's cultural backgrounds [27], [28].

This study bridges the gap between clinical PCOS management and the holistic, culturally specific needs of Filipina mothers. It aimed to reduce the stigma often associated with PCOS and conception by giving Filipina mothers a platform to share their experiences and empower them to be more proactive in self-monitoring. The findings also emphasize that medical expertise alone is insufficient; the foundation to establishing trust and compliance to clinical guidance is greatly influenced by the emotional bond and rapport-building between a provider and a mother. For the community, the study serves as a framework to encourage them in offering unconditional support during high-risk pregnancies. Ultimately, this research provides an evidence-based rationale for policy changes and program implementation. It advocates for the Department of Health to invest in specialized training for healthcare providers and for institutions to develop psychoeducation programs to support the unique emotional and physical needs of pregnant women with PCOS. To achieve these objectives, this study aimed to explore the prenatal experiences of Filipina mothers diagnosed with PCOS using interpretative phenomenological approach.

OBJECTIVES OF THE STUDY

This study aimed to reveal the core themes associated with the prenatal experiences of Filipina mothers diagnosed with PCOS. To achieve this goal, the study focused on answering the following questions:

1. How do Filipina mothers diagnosed with PCOS collectively view pregnancy?
2. What characterizes the coping behavior of Filipina mothers diagnosed with PCOS during their pregnancy?

Materials and Methods

An interpretative phenomenological approach was employed to understand the prenatal experiences of Filipina mothers with PCOS from their own point of view [29]. In this approach, both the interpretations of the researcher and participants are recognized, while also prioritizing a detailed analysis of each pregnancy experience before making broader generalizations.

Sampling Technique

Purposive sampling was initially used to select participants. An online registration form was posted to gather demographic information and ensure their qualification for the study. During the later stages of data gathering, however, snowball sampling was employed due to specific participant qualifications, accessibility, and time constraints. All participants were recruited through Facebook. While they did not have a direct relationship with the researcher, both parties are mutually acquainted with those who made the referrals. This indirect relationship helped establish trust and encouraged open conversations with the participants.

Data Gathering Procedure

An aide-mémoire, commonly known as interview guide, was utilized as the research instrument. It contained 14 semi-structured interview questions that underwent validation by two psychometricians and one expert in women's health. This

ensured that the questions aligned with the topic of interest and objectives of the study. It included questions such as, *"How do you think PCOS affected your feelings about being pregnant?"* and *"What coping strategies did you find most effective in managing your pregnancy with PCOS?"*

Afterward, a digital poster outlining the eligibility criteria was shared on Facebook and Instagram to invite qualified participants. An online registration form was employed as a screening tool and for the scheduling of initial interviews. Initial online sessions were conducted on Google Meet, where the PCOS diagnosis of the participants was verified and elaborated. This platform follows security requirements and data protection laws, which guaranteed the anonymity and safety of the participants and the information gathered from the interviews.

Qualified participants received a consent form before formal data collection. In-depth interviews were conducted either in person or online to accommodate the participants who were willing to participate but were unable to attend in-person interviews due to limited availability, residency outside Cavite, and preference to be interviewed virtually. Each interview lasted between 60-90 minutes. The researcher also took field notes to record initial impressions and reflections for each interview.

The data gathered was then transcribed and interpreted using interpretative phenomenological analysis (IPA). To support the interpretations, an informal interview with a local OB-GYN was conducted to inquire about prenatal care for Filipinas with PCOS and common concerns these women typically experience. Subsequently, formulated themes were arranged, and a simulacrum was constructed to represent the findings of this study.

Data Analysis

All the recorded interviews were transcribed word-for-word within one week after each interview. Subsequently, IPA was used to explore and probe into the prenatal experiences of Filipina mothers diagnosed with PCOS. This entailed carefully managing expectations and presumptions to focus on the data as objectively as possible. During the analysis, each interview transcript was carefully and repeatedly reviewed and the researcher incorporated field notes that were made during the data collection. Then, the prenatal experiences of Filipina mothers diagnosed with PCOS were thoroughly examined to identify key statements that describe their experiences [30]. This involved highlighting the subjective perspectives of the participants and making initial notes about their content to build a deeper understanding of what pregnancy with PCOS felt like for them [31].

Afterward, the key statements were organized and integrated into ordinal themes to emphasize their shared experiences of pregnancy with PCOS. These themes were further analyzed and clustered according to their commonalities. Finally, superordinate themes were identified and interpreted by the researcher by incorporating different theories and references [32].

To reduce observer bias and enhance the credibility and trustworthiness of the gathered data, the researcher incorporated the four methods of supplemental checks: participant validation, theme validation, audit trail, and triangulation by integrating insights from the in-depth interviews, an interview with a local OB-GYN, and various theories. This helped show reflexivity and transparency in identifying the themes, as well as provide a holistic understanding of the prenatal experiences of Filipina mothers diagnosed with PCOS.

Ethical Considerations

Participants were required to sign an informed consent form, which detailed the study's purpose, the data to be collected, potential advantages and risks of participation, and the option to withdraw at any point. Pseudonyms were also utilized to conceal their identities, and the interview process strictly adhered to the Data Privacy Act of 2012 (Republic Act No. 10173). After the interview sessions, debriefing was utilized as a mitigating measure to help reduce any stress that participants encountered during the study. The researcher aimed to safeguard the participants' well-being before using the data collected to accurately capture the views and experiences of Filipina mothers diagnosed with PCOS.

RESULTS AND DISCUSSION

Table 1 presents the demographic data of the participants. Seven participants were interviewed until data saturation was reached. The inclusion criteria included being a natural-born Filipina, age of the pregnancy, a clinical diagnosis of PCOS, residence in the Philippines, the city where the pregnancy was managed, and the city in which they gave birth. This study excluded Filipina mothers without the clinical diagnosis of PCOS, Filipinas with PCOS diagnosed with infertility, and those diagnosed with the condition who have yet to conceive or give birth.

Participants were natural-born Filipina mothers aged from 32 to 36, with a clinical diagnosis of PCOS, and had their pregnancy between the ages of 24 and 34. Three of the participants (P3, P5, and P7) shared that they developed PCOS while trying for another child: P3 and P5 developed PCOS after their first child, and P7 after her second. They were not excluded from the study,

as receiving a PCOS diagnosis later in life is common and can occur before attempting another pregnancy [4], [3], [8]. The remaining participants were first-time mothers following their PCOS diagnosis. All the participants were from Region IV-A (CALABARZON), received their prenatal care, and gave birth in private hospitals in the same region. All of them are married during the time of their pregnancies.

Table 1. Demographic analysis of Filipina mothers diagnosed with PCOS

Participants	Age	Age of Pregnancy	Locale of Pregnancy	Locale of Childbirth
P1	36	34	Batangas City	Batangas City
P2	32	30	Cabuyao, Laguna	Sta. Rosa Laguna
P3	33	30	Tanauan, Batangas	Tanauan, Batangas
P4	30	27	Cabuyao, Laguna	Sta. Rosa, Laguna
P5	34	29	Batangas City	Batangas City
P6	31	27	Cabuyao, Laguna	Quezon City
P7	32	30	Calamba, Laguna	Calamba, Laguna

[a]These participants developed PCOS while attempting second pregnancy. [b]This participant developed PCOS while attempting for third pregnancy.

Table 2. Perceptions of pregnancy by Filipina mothers diagnosed with PCOS.

Superordinate Themes	Ordinate Themes
Sporadic Event	a. Unexpected turn of events b. Fleeting chance due to normative age-related events and fear related to PCOS
Healing	a. Healing and relief from PCOS b. Immense experience of joy and fulfillment

Table 2 illustrates that Filipina mothers diagnosed with PCOS collectively view pregnancy as a (1) Sporadic Event and a form of (2) Healing. These themes were based on commonalities in participants' statements, their preconception narratives, and researcher observations. While the study focuses on pregnancy experiences, it is evident during the interviews that their preconception experiences also influenced their views.

Superordinate Theme 1. Sporadic Event

Unexpected turn of events

Some participants felt shock and disbelief, having accepted they might not become pregnant due to their failed attempts, the experiences of other women with PCOS, and their beliefs about the condition:

> "Nung nalaman ko na, di ba hindi pa ako buntis, nalaman ko na- na merong PCOS, so… parang hindi na talaga kami nag-try. Parang hindi ko na inisip na mabubuntis ako, kasi yung ate ko nga parang ilang years na- na meron siya, tapos hindi talaga siya nabubuntis. Tas yung tita ko, same na walang anak. Hindi rin siya nabuntis, so parang hindi- parang inexpect ko na, "Ah, hindi na siguro ako mabubuntis." So wala na kong ano… kasi meron naman na akong isang baby parang, "Ah, okay na." Tinanggap ko na- na, "Ah, baka hindi ako mabubuntis." Ganun po yung naging ano ko…thinking. Kaya parang nung nabuntis, talagang ano…parang gulat na gulat talaga." (P3)

Similarly, P5 waited nine years to become pregnant with PCOS after her first child. She had no expectations about pregnancy, despite hearing assurance from her OB-GYN. Additionally, she did not experience any pregnancy symptoms and only discovered she was six months along:

> Nung nalaman ko na buntis ako, sobrang gulat ako kasi sabi ko, "Totoo ba to?" Parang nakita ko yung... feeling ko totoo na to na parang "Ha?" [laughs] Ganun. Ganun talaga, yung ano, "Ha? Ano? Totoo?" Yun, yung parang hindi ko siya in-expect na dadating siya nang ganung panahon sa akin." (P5)

Women with PCOS might not show typical pregnancy symptoms and can have false-negative tests due to hormonal imbalances and irregular cycles [33]. Despite this, P3 and P5 had similar reactions, indicating that beliefs about PCOS shape Filipina mothers' attitudes toward pregnancy, regardless of the number of children. This aligns with a recent study showing that beliefs significantly impact women's perceptions of pregnancy [34]. In addition, the Biopsychosocial model (1977) and Social Cognitive Theory (1986) highlight that unfavorable past experiences can lower expectations of achieving pregnancy. This helps explain why participants perceive their pregnancies as unexpected.

Fleeting chance due to normative age-related events and fear related to PCOS

Participants view pregnancy as a fleeting opportunity due to their age and the implications of PCOS, urging them to take precautionary actions. Expressions of fear and paranoia of losing their pregnancies with PCOS were also apparent:

> "Kaya nga sabi ko sa kanila ano, 'Magpa-work out kayo kung kailangan. Kasi napakabata niyo pa sayang…sayang ang panahong natakbo na. Hindi kayo gumagawa ng paraan para magka-anak'" (P1, 437-439); "Pag nabuntis, ingatan kasi, kumbaga hindi natin nga din masasabi na baka first and last na yon. Tapos pag hindi mo pa iningatan eh, wala, last chance mo na. Wala na. So dobleng ingat pag nagbuntis" (P1)
>
> "Talagang paranoid din ako nung time na yun. Nag-resign pa nga ako para ano po ba… ma-assure na safe, safe yung baby. Dahil sinabi nga sakin ng OB ko na nung una na pwedeng work yung naging reason bat nagkaroon [PCOS] or dahil stressful yung work- kasi stressful talaga sa call center sobra eh." (P3)

In addition to the perceived rarity of pregnancy due to their beliefs and experiences with PCOS, research indicates that PCOS is linked to various pregnancy complications, including miscarriage [2], [20]. This was also confirmed by a local OB-GYN and noted that they are "doubly careful" when managing pregnancies in women with PCOS (C. Crisostomo, personal communication, September 17, 2024).

These results contrast with previous findings, which suggested that women with PCOS do not consider their condition a factor for pregnancy complications [8]. This perception might stem from limited awareness about PCOS, as highlighted in earlier studies [2], [35]. However, participants had prior knowledge of PCOS and its impact on fertility, especially with age, leading to different views and expectations about pregnancy.

Superordinate Theme 2. Healing

Healing and relief from PCOS

Most participants shared unpleasant experiences with conception due to PCOS but felt ease and liberation from the condition once they achieved pregnancy:

> "nawala yung stress about PCOS kasi minsan nakaka-stress kung may PCOS ako kaya hindi ako mabuntis. Pero nagbuntis, 'Hay naku, wala nang stress,' parang na-challenge ako at totoo pala siya…" (P5)
>
> "once na parang alam mo yang kung halimbawa may PCOS ka, once talaga na parang alam mong buntis ka na, parang 'ah okay,' parang alam mo yon? Nakahinga ka na, nagbuntis ako—ngayon parang ganun tulad nga ng sinabi ko kanina, parang nakahinga ka ba na 'ay salamat.' Ganun ba, kaya talaga na magbuntis." (P6)

Women with PCOS often face mental health challenges due to their strong desire to conceive and infertility concerns [3], [21]. Present findings suggest that achieving pregnancy alleviated these challenges and led to feelings of relief, as supported by the Theory of Planned Behavior (1991).

Furthermore, Bandura's Self-Regulation Theory (1986) and Diefenbach and Leventhal's Self-Regulatory Model of Illness Perception (1996) help explain that pregnancy experiences with PCOS are shaped by views on the possibility of pregnancy and the impact of their condition on daily lives. For these participants, becoming pregnant may have served as a form of self-regulation, as they experienced physical and emotional relief.

Immense experience of joy and fulfillment

Feelings of pride, gratitude, and joy were expressed by some participants, often alongside the phrase "despite having PCOS" to emphasize their emotions and experiences:

> "Grateful ako kasi syempre… sa lahat ng case ng PCOS, di ba, since sa family namin meron na hindi nagkaka-baby… parang grateful ako na ako binigyan pa rin. And normal, normal yung ano, baby ko. So yun po…parang grateful ako kasi hindi naman lahat nabibigyan eh. Like sa sister ko, hindi naging possible sa kanya. Parang sa akin, nagkaroon ako, twice pa during PCOS, kaya parang talagang ano po…thankful po na kahit papaano ganun ang nangyari." (P3)

> "Yung feeling siguro ng parang naka ano…mahigit pa sa nakapasa ka sa board exam [laughs] ganun. Yung hindi mo din talaga maipaliwanag yung saya nung nalaman ko na, ako nga ay buntis. Kumbaga parang, gustong- gusto mong isigaw sa mga kasama mo na eh, "Eto na! eto na yun!" [laughs] Parang mas gusto ko yung parang… gusto mo ding ibalita dun sa mga nung una ay may sinasabi sayo na "Hindi ka mabuntis," "Eh, eto na!" Yung parang kulang na lang eh, i-sampal mo sa kanila yung ultrasound mo [laughs] na "Buntis ako!" (P1)

It is crucial to acknowledge that all the participants conceived through natural means and received prenatal care only through medications and monitoring. Multiple studies indicate that women with PCOS have lower natural conception rates and fewer pregnancies overall compared to those without the condition [36], [37]. While there is a lack of recent studies about the direct relationship between PCOS and fulfillment, one study found that women with PCOS often have a stronger desire for parenthood, influenced by personal relationships and environmental factors [38]. Given these factors, achieving pregnancy holds greater significance for these women.

Table 3. Characteristics of coping behaviors of Filipina mothers diagnosed with PCOS during their pregnancy.

Superordinate Themes	**Ordinate Themes**
Self-monitoring	a. Empowering self-talk b. Lifestyle modifications c. Change of views and beliefs
Being Open to Social Support	a. Emotional support from family and friends c. Trust in professional guidance

Table 3 highlights the two superordinate themes identified to characterize the coping behaviors of Filipina mothers with PCOS: (1) Self-monitoring and (2) Openness to Social Support. Similar to the approach used for the first research question, these themes were defined by considering both the participants' statements and their broader context.

Superordinate Theme 1. Self-monitoring

Empowering self-talk

Some participants coped by reminding themselves to stay strong, stay informed, and remain aware of their body's condition to better manage their pregnancies:

> "Ikaw ang nakakaramdam sa sarili mo kung ano yung mga may masakit ba sayo, kung may problema ka, ikaw lang din ang may alam kung anong gagawin mo. Kailangan mo din magpakatatag kung sakali mang may iba ka ng nararamdaman syempre." (P2)

Another participant also implied that it is her duty as the mother to support herself in handling her pregnancy:

> "Importante din kasi siya [discipline] kasi during pregnancy, hindi mo maiiwasan na may PCOS ka, pero dapat kayanin mo pa rin. Kasi hindi lang ikaw ang inaalagaan mo, pati yung baby mo" (P5)

According to the Transactional Theory of Stress and Coping (1966), problem-focused coping involves identifying and solving issues by weighing available options [39]. Those who exercise this method of coping are also shown to have higher levels of ego-resiliency [12]. In this study, participants viewed PCOS as inevitable and chose to take full responsibility for managing their pregnancies. This approach aligns with previous findings on the benefits of positive self-talk [40], [41].

Lifestyle modifications

Filipina mothers with PCOS also mentioned being selective about their social media use, increasing their physical activity, adhering to a healthy diet, and refraining from activities they believed were harmful during their pregnancies with the condition:

> "Binawasan ko talaga ang…pinipili ko yung papanoodin ko, yung hindi na ako sa browse browse kasi kung ano-ano nga lalabas diyan na ano, sa Youtube. Syempre dun, search mo lang kung ano gusto mong panoorin" (P1)

> "Parang sa akin ano eh, kailangan talaga pala yung ano… kasi hindi talaga ako active eh. Dun po sa lifestyle talaga, kailangan talaga mag-exercise. Parang kailangan talaga pangalagaan mo yung sarili mo na hindi ka magkaroon ng- kasi ano siya di ba, sabi imbalance daw, so sa pagkain…sa ano, parang dun mo siya nakukuha… (P3).

These findings are consistent with recent research showing that women with PCOS primarily use adaptive coping strategies to manage stress [42], [13]. Similarly, pregnant women often feel a maternal instinct to adopt a healthy lifestyle during pregnancy as they prioritize their baby's well-being over personal interest**s** [22]. This reflects how participants chose to adopt healthier habits and avoid potentially harmful activities for the sake of their baby. Nonetheless, lifestyle modifications are also commonly encouraged for women with PCOS by healthcare professionals, as studies have shown these changes contribute to better physical and mental health [4], [8].

Change of views and beliefs

Some participants reported a shift in their perspectives regarding PCOS once they achieved pregnancy, as highlighted in the following statements:

> "Parang nung nagbuntis kasi ako, hindi ko naman iniisip na may PCOS ako eh, kasi parang di mo naman siya ramdam pag ano, buntis ka nun" (P2)
>
> "Nakalimutan ko nung mga panahong yun na may PCOS ako kasi nga biglang merong dumating sa amin na blessing. Parang hindi na, kumbaga parang naisantabi ko na may PCOS ako nung mga panahong yun" (P5)

While there are limited studies on coping behaviors of women with PCOS during pregnancies, a study suggests that some women might intentionally disregard the condition due to its negative effects on their physical and mental health [3]. As the participants had successfully conceived despite PCOS and felt that it had little impact during their pregnancies, they noted a shift in their perspectives where they minimized its significance. This approach is frequently observed in patients with PCOS to help improve their mental well-being and quality of life [3].

Superordinate Theme 2. Being Open to Social Support

Emotional support from family and friends

Filipina mothers with PCOS highlighted that unconditional support from their immediate environment helped them gain peace of mind, feel more at ease, less stressed, and a sense of safety:

> "Yung sinasabi nila nakakatulong yun para makatulog ka nang maayos at nakapagpahinga ka. Syempre peace of mind mo, sa kanila din nangagaling. Syempre kung hindi sila naging supportive or naging… alam mo yung ano nga tawag do'n… nega sila, baka mas magiging hindi- hindi maging okay masyado." (P3)
>
> "Malaki yung, yung, tawag dito? yung kontribusyon ng magandang environment kasi parang doon nafi-feel ko na- na safe ako kung nasan man ako. Kasi nga may mga tao na nagre-remind sakin, nagpapaalala na dapat maging dahan-dahan, maging healthy, yung mga kinakain, yung mga tipong ganun." (P5)

Although current findings contradict other studies regarding some women with PCOS avoiding help [15], [16], they support recent research that observed pregnant women with PCOS highly value support from their immediate environment [12], [13], [14]. This is because the effect of external support on the mental health of women with PCOS depends on their responses [44]. Current findings indicate that participants received supportive and accommodating care from their family and friends, highlighting how they recognized the significance of their environment in helping them endure their pregnancies with PCOS.

Trust in professional guidance

Some participants expressed that they followed all the instructions given by their OB-GYNs and had confidence in their expertise. They felt reassured that if anything were to go wrong in their pregnancy, their OB-GYNs would have informed them:

> "Lahat sinusunod ko yung ano po, lahat po ng sinasabi ng OB ko. Sa kanya lang talaga ako nag-rely, kasi siya lang naman talaga yung parang nakakaalam kung ano ba talaga yun. So nag-ano ako sa kanya, talagang fully trust ko sa mga kailangan para maging okay yung pregnancy…" (P3)

Kasi sa isip sabi ko, okay naman yung mga lahat, hindi ko na inisip yun [PCOS impact on her baby]. Kasi lahat ng inaano ng OB ko, ginagawa ko naman, yung mga laboratory, nag-check up, basta hindi na ako nag-isip ng mga ganun ba." (P6)

These experiences highlight that OB-GYNs have an influential role in the pregnancy experiences of women with PCOS, as also highlighted by other studies [45], [46]. Some participants have been under the care of their OB-GYNs since preconception. Thus, this study's findings suggest that the emotional bond between Filipina mothers with PCOS and their OB-GYNs is crucial for establishing trust and shaping their coping behaviors during pregnancy.

LIMITATIONS OF THE STUDY

Although efforts were made to establish credibility and trustworthiness, this study was conducted by a single researcher, leaving room for alternative interpretations of the findings. The extent of data collection and the depth of analysis were also affected by time constraints and mode of interviews. Since most in-depth interviews were conducted online, rapport-building and open communication became more challenging compared to face-to-face interviews. Lastly, all participants in this study were from Region IV-A who conceived naturally and had easier access to healthcare. Thus, the findings may not represent the experiences of all Filipina mothers with PCOS across the Philippines, especially those who conceived with technological interventions and had limited access to healthcare. Despite these limitations, the study contributes to the ongoing exploration of prenatal experiences among women with PCOS. It also detailed how pregnancy is experienced within the context of Filipino culture and practices.

Conclusion and Recommendation

While PCOS is not specifically addressed during pregnancy and only standard prenatal care is provided, the current study emphasized that preconception management is crucial for Filipinas with PCOS who are planning to become pregnant, as they have an impact on their pregnancy experiences. Based on the findings, The Department of Health (DOH) may invest in research funding to further investigate how PCOS affects the pregnancy experiences among women with the condition. They can also implement a PCOS maternal wellness program that integrates specialized nutritional guidance and psychological screening into existing prenatal care packages at public and private hospitals. Counselors and psychologists may also formalize pregnancy support groups for PCOS or psychoeducation modules for pregnant women with PCOS to address the fears and anxiety identified in this study. Future research can broaden its scope to include other fertility issues affecting the pregnancy experiences of Filipina mothers, given the lack of established guidelines for managing PCOS during pregnancy. Lastly, local researchers may use additional data sources and other methodologies in exploring the prenatal experiences of Filipina mothers with PCOS.

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