



# Corrections to “Quality of facility-based maternal and newborn care around the time of childbirth during the COVID-19 pandemic: Online survey investigating maternal perspectives in 12 countries of the WHO European Region”

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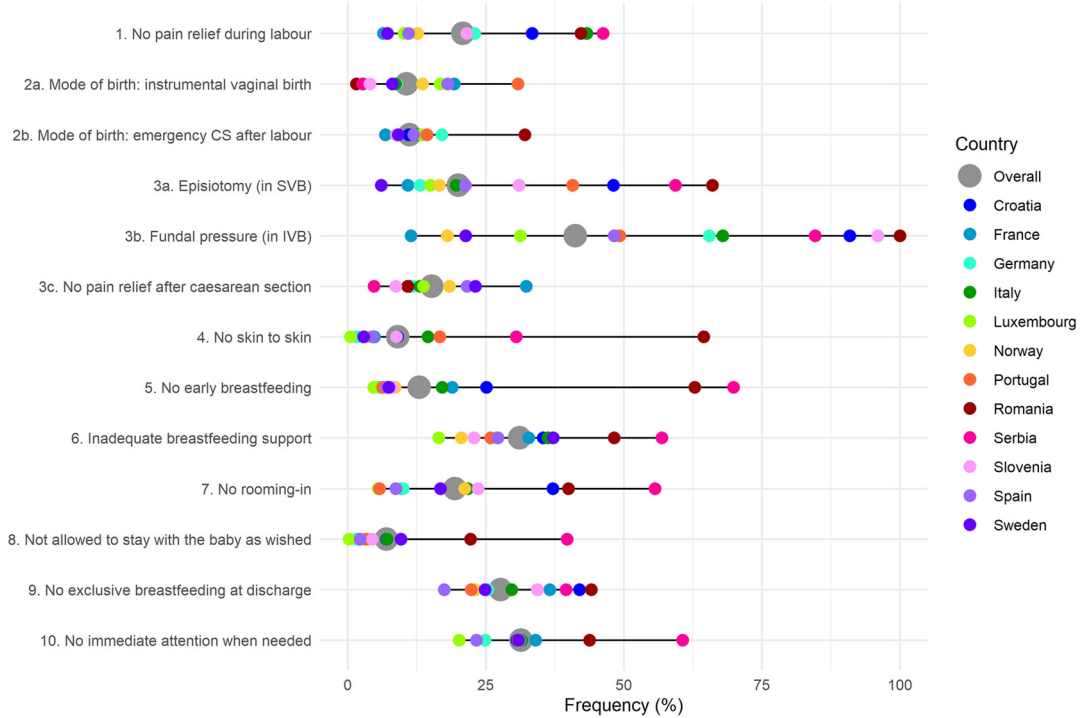
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#### Correction text

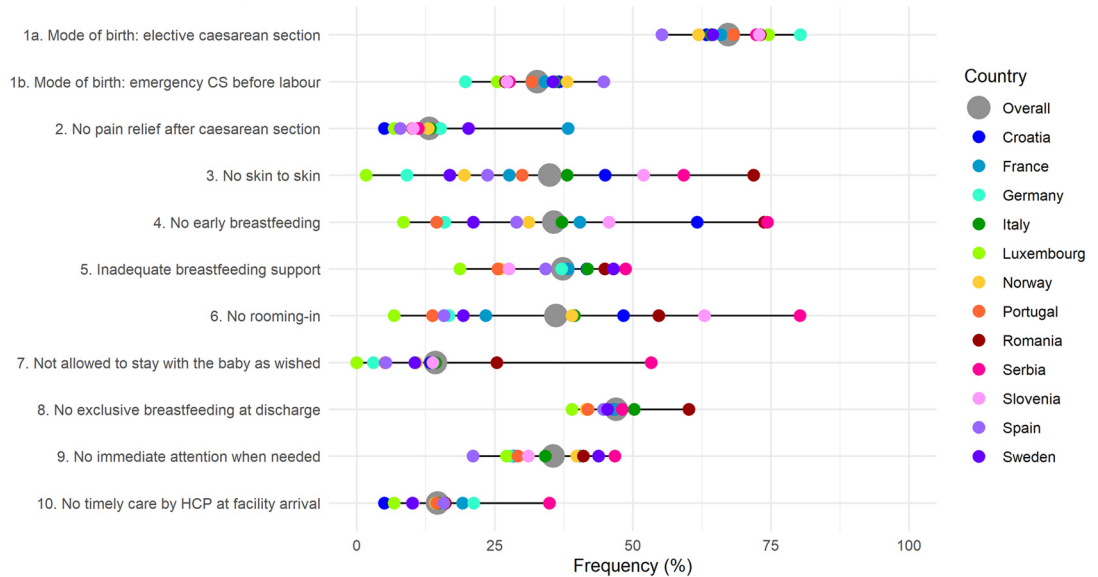
The authors have noticed that few data in the original [Figure 2](#) and [3](#) of this article did not match the values reported in the text and in the tables, and corrected it. The changes to [Figure 2](#) and [3](#) did not impact the text of the manuscript.

The corrected figures are presented below.

Panel A. Women who underwent labour



Panel B. Women with prelabour caesarean section

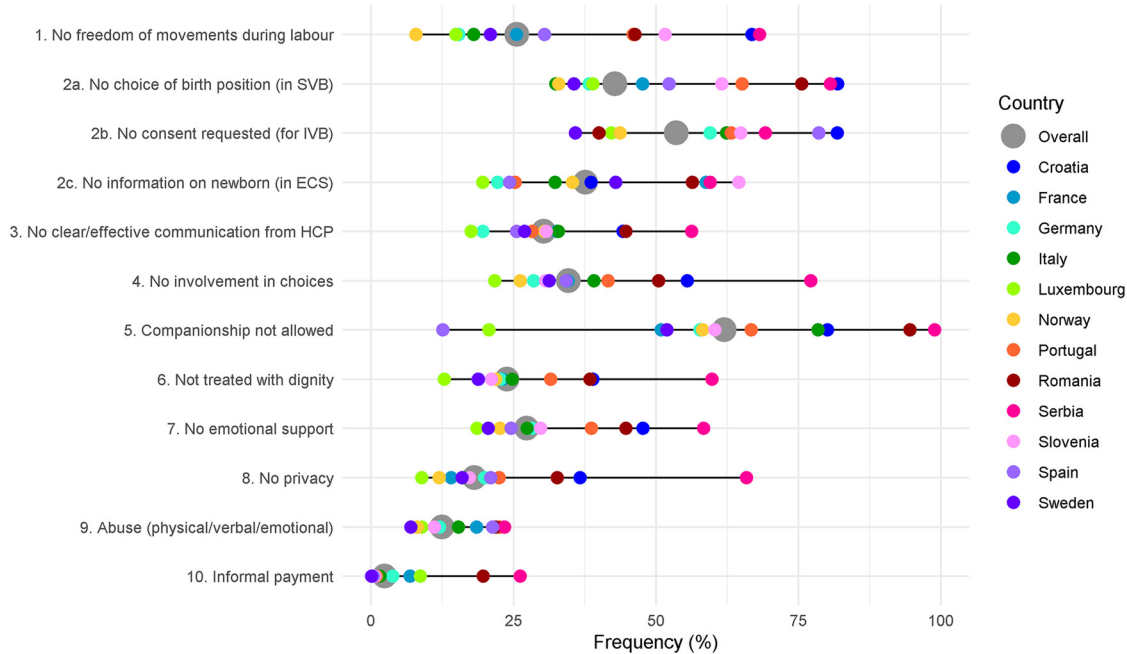


**Figure 2.** Provision of care.

Notes: Data are reported as median frequency on the total sample (grey dot) and as median frequency on the sample of women giving birth in each country (coloured dots); horizontal grey line represents the range of the median frequencies. All the indicators in the domain of provision of care are directly based on WHO standards. Indicators identified with letters (eg, 3a, 3b) were tailored to take into account different mode of birth (ie, spontaneous vaginal, instrumental vaginal, and caesarean section). These were calculated on subsamples (eg, 3a was calculated on spontaneous vaginal births; 3b was calculated on instrumental vaginal births). *The changes to Figure 2 do not impact either the text or conclusions of the manuscript.*

Abbreviations: CS = caesarean section; HCP = health care provider; IVB= instrumental vaginal birth; SVB = spontaneous vaginal birth.

Panel A. Women who underwent labour



Panel B. Women with prelabour caesarean section

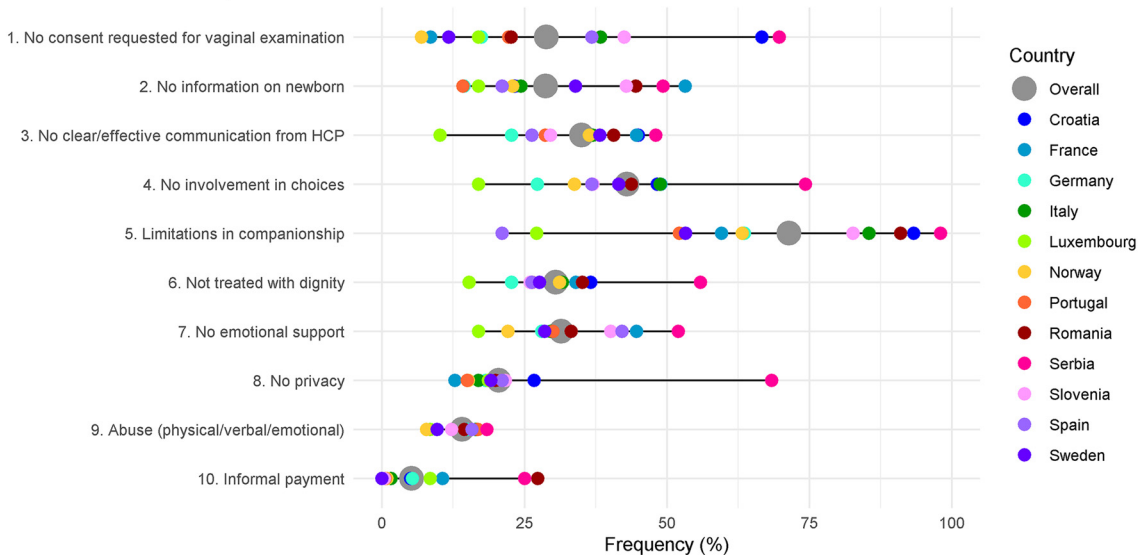


Figure 3. Experience of care.

Notes: Data are reported as median frequency on the total sample (grey dot) and as median frequency on the sample of women giving birth in each country (coloured dots); horizontal grey line represents the range of the median frequencies. All the indicators in the domain of experience of care are directly based on WHO standards. Indicators identified with letters (eg, 2a, 2b) were tailored to take into account different mode of birth (ie, spontaneous vaginal, instrumental vaginal, and caesarean section). These were calculated on subsamples (eg, 2a was calculated on spontaneous vaginal births; 2b was calculated on instrumental vaginal births). *The changes to Figure 2 do not impact either the text or conclusions of the manuscript.*

Abbreviations: ECS = emergency caesarean section; HCP = health care provider; IVB= instrumental vaginal birth; SVB= spontaneous vaginal birth.