

Table 3. Major qualitative themes and exemplary quotes

Theme	Exemplary Quotes
Enrollment decision-making: control of enrollment decision	"If there's a research study being done, you might want to consent to it versus opt out. I think there's all the economics behind opting in versus opting out. You obviously get more participants if it's an opt-out... because people are lazy to do opt-in. It's like organ donations and all that good stuff. But because it's an opt-out for a baby, I think that that's less than ideal, so I think you're not giving [the parents] enough control"
Enrollment decision-making: relationship with researcher	"I feel like the [alternative consent] approach could be improved if the presenting researcher is a lot more empathetic at the beginning and is actually trying to build trust with the family. Understanding the family's values, aligning the study to the family's values, and really making a concerted effort to build that trust before asking for consent."
Enrollment decision-making: altruism	"I would want to help other kids figure out how to make them feel better and not stay in the hospital for a long time."
Standard of care and equipoise	<p>"Not all cases of meconium aspiration are equal. And it seems like there might be a little bit of assumption there in terms of the data presented that suctioning and not suctioning is equal based on the current research. Maybe it's equal overall, but in mild cases, suctioning is less effective. In severe cases, suctioning needs to be more utilized. So that's an assumption that all cases are needing equal treatment."</p> <p>"I guess my thing would just be, like, that I would have hoped that one or the other would already have been proven to be better than the other."</p>
Standard consent method: full discussion	<p>"I think it's better when you can sit down and have a discussion with the family, with the parents, explain all the research, give them time to process, and make sure that they are not making a decision to consent in a moment of crisis when that decision might not-- when they might not be able to really give consent in a moment of crisis when they're not mentally really thinking clearly because, you know, their babies needing either support or not support right then. I think that [with the full consent example] you're talking with the parents, hopefully, in a non-urgent situation, in a calm setting, where they have time to actually process and think and discuss and can make the best decision versus kind of being thrown in without really knowing about it."</p> <p>"Having that conversation with the families upfront and getting consent ahead of time and being able to have that one-on-one conversation and having parents ask any questions that they need to before the child's enrolled, I think that's extremely important for transparency."</p>
Standard consent method: limited time for consent discussion	"Well, I wouldn't have that discussion right away. You have to let it sink in first and then ask the parent because if you ask them right away, they're going to make a decision that they don't want to make because they hadn't fully sink in yet."
Alternative consent method: automatic participation	"You just don't know, like, what the fam-- how the families feel when it comes to, like, these interventions, period. So just enrolling the baby in it and, like, not even getting the parents'

	consent, then I just feel like it's wrong, to be honest. Talking to them later down the line, I don't know. I just don't like it."
Alternative consent method: consent discussion after allocation	<p>"On the second one, there probably is bias from people opting out afterward. They might opt out if they have a negative consequence happen or maybe opt out even if it's a positive one. So you can have some selection bias there depending on how the parent feels after the intervention happens."</p> <p>"I liked that they would follow up if they did put someone in the study. If they were eligible [and] they did not decline, that the researcher would follow up after the fact. Then the parent could decide whether they want to continue the data collection."</p>
Preference for standard consent	"Yeah, the [alternative consent], I did not like that approach... I don't like the fact that someone made that choice for me. And I think that flyers in the hallway is just not the way to do it. I think there's people that shouldn't be expected to read flyers in the hallway to know that their child is getting submitted to something. I think it needs to be, like, very explicitly like, 'You are signing this consent form.'"
Preference for alternative consent	"The reality of the situation is in either approach both are standards of care. There's no obvious risks or unknowns about either intervention. So I feel the [alternative consent] approach is a great pro because you're just furthering the research and the science along, and you're not unnecessarily like weighing in on the parents' anxieties. Yes, you're auto enrolling people in the study, which could be unethical, but your kid is also just going to get either, right? And that seems kind of random because doctors don't know which one is better anyway. You're just operating in the unknown, which is what you're doing anyway in real life."