Supplementary file 2: Questions for in-depth interviews

Presentation of interview to the participant

- I am a student/researcher and part of a Tanzanian and international team that looks into health care workers' and managers' experiences with working at the maternity wards at several hospitals in Dar es Salaam Region
- Thank you for taking the time to talk to me about your work and your experiences working in the maternity ward.
- With your permission, I would like to ask you about the work at the maternity ward.
- You have been asked to take part in this interview, because you have experience from working at the maternity ward at x- hospital.
- Your answers will be kept strictly confidential. Your name will not appear anywhere. If you are uncomfortable partaking in this interview, you are free to let me know and we will stop the interview. If you want to take a break and continue at another time, please let me know.
- Your experiences are very important to us. Keep in mind that we are interested in both negative and positive comments. We would like to learn from your sincere opinions and experiences, so please do not fear to give your honest answers.
- There is no right and wrong to the answers and the interview is not a test of your knowledge, but it is to understand how you think and act.
- There are no right or wrong answers we are only interested in your personal experiences and views.
- The interview will take approximately one hour.
- Can I have your permission to interview you?
- [If yes] Can I have your permission to record our talk? In this way, I do not have to write down all your comments while we talk.
- Do you have any questions before we start the interview? [turn on recorder]

uestic	ons	What we want toknow
nders	tanding the daily life and context of the participant	
1. - - - - -	Please tell me a little bit about yourself. What is your professional background How many years have you been a midwife/doctor? How long time have you worked at Mwananyamala Hospital (MH)? How long time have you worked with deliveries? How many deliveries have you done? What type of training in delivery care have you received? tanding the participant's perceptions and experiences of working at the labour ward	Building rapport. The context about what it is like to work as a birth attendant in Dar es Salaam
		-
2.	Internationally, people are somehow in disagreement about how to define what prolonged labour is. How do you define prolonged labour? How fast is a normal labour progression according to you?	- 1
3.	After how many hours of active labour do you start to get worried?	The participant's view on prolonged labour
4. - -	I have been told that in this hospital a primiparous woman should not be in the labour ward more than 8 hours. Do you know why/how this rule was made? How was it before? Do you like this rule? What happens if a labour lasts for longer time?	and natural labour progression.
5.	What is good and supportive care in your experience, and do you use supportive care, why/why not? (empty bladder, ensure food and drink, ambulation, pain relief)	Understanding of the use of supportive car and rupture of
6.	When would you typically choose to rupture the membranes? Can you give me an example?	membranes
7.	Let us talk a bit about the use of oxytocin here a. In which situations do you apply oxytocin for augmentation? Can you give me some examples?(help with an example). What happens if you don't use oxytocin in these situations but wait and see? b. Do you think oxytocin works well? Can you give me an example? c. Have you experienced oxytocin being harmful? Can you give me an example? What are other harmful effects of oxytocin have you seen? d. Have you experienced giving too much oxytocin? What happened? Is there a maximum dose you would give? What is the maximum strength of contractions (length, number)? e. I have noticed that not many staffs measure contractions and count drips. What do you think is the reason for that? How is the right dose assured? f. How many patients do you think gets oxytocin for augmentation? (few/many/suggest a percentage). Why do you think so many women are given oxytocin for augmentation here? Has it always been like that? i. What is the role of number of patients? ii. What is the role of fear of prolonged labour? iii. Can you imagine using it less?	Understanding the overuse of oxytocin to augment labour including why protocorare not being follower Understand the perceptions of oxytocas being good or harmful.
8.	Can you tell me how second stage of labour is typically managed here? Do you have a passive and an active phase? What do you do if the baby is not coming? Why is the oxytocin drip sometimes being increased rapidly during second stage? Bolus oxytocin and fundal pressure is sometimes being applied? in which situations? What is your experience with these actions?	Understanding why second 2 nd stage labo is managed very activ

Supplementary file 2: Questions for in-depth interviews

-	In Denmark (other places) many women are in second stage for 3 hours. What do you think about that? Could you imagine that happening here? What challenges do you see with this?	Vacuum extractions		
9.	Can you explain your experience with vacuum extraction?	Perceived causes for problems in partograph		
10.	What is your experience with using the partograph? Do you find it useful? In which situations is it useful?	use		
-	Do you use the partograph alert and action line? If yes, how do you use the alert and action line to guide you?			
-	I have observed in the labour ward, that partographs are often filled in after delivery. Why do you think that happens?	Understanding of causes of the lack of		
11.	How often do you assess labour progress? What are the challenges in relation to assessing labour progress routinely here (to many/too few PV)?	monitoring		
	Now I want to tell you about a fictive case from a hospital. A woman is in labour and was started on oxytocin at 2.30 am. At 10 o'clock she has the same dilatation. The Partograph shows that there had been no monitoring of her. a. What are your thoughts on this case? b. Could this have happened here? c. Can you think of reasons why she was not monitored during the night? d. Does this happen often that women are not monitored over the night? e. I have seen that sometimes the ward is not very busy and still mothers would not be monitored adequately, do you know why that happens sometimes? f. Who is responsible in such case? What happens if the Apgar Score is low? Is it correct that there is a great fear of low "scores", can you explain something about that? I have noticed that Apgar Scores are often 8-10, even if I would tell it to be lower. Why do you think that is?	Assess the understanding newborn care, low Apgar scores and oxytocin		
	(i.e. could be fear of low scores, difficult to assess Apgar, assessing apgar too late?)			
14.	Why do you think are the reasons when there are low apgar scores here?			
Understanding of the responsibilities and the collaboration in the labour ward				
- m:	What do you think about the cooperation among nurse-midwives, orderlies, students and doctors in the ward? Can you give examples of good (or otherwise) cooperation between nurses, idwives and doctors? Do you feel supported (in the labour ward?) o you feel supported by your colleagues	The micro-political dimensions within the work group		
Closing the interview				
that you	rere all my questions. Thank you very much. Is there anything else of importance think I should have asked you? have any questions about our research or final comments to the interview?			