

Additional files

Additional file 1 – QUESTIONNAIRE FOR MIDWIVES:

Personal and professional Data:

Gender: male female

Age: _____ years

Place where you studied midwifery specialty: _____

At what year did you end your training? _____

How long have you worked in this hospital? _____ years

How long have you work in natural birth? _____ years

Training in complementary and alternative therapies:

	Duration	During nurse training		Before nurse training		Continuous training		Years of experience
		Yes	No	Yes	No	Yes	No	
Training in:	N° hours							
NATURAL PRODUCTS:								
Phytotherapy								
Bach remedies								
Orthomolecular medicine								
MIND-BODY MEDICINE:								
Continued support								
Hydrotherapy								
Hypnosis								
Music therapy								
Relaxation techniques								
Deep-breathing exercises								
Guided imagery								
Postural therapy								
Yoga								
WHOLE MEDICAL SYSTEMS:								
Acupuncture								
Aromatherapy								
Ear puncture								
Homeopathy								
MANIPULATIVE AND BODY-BASED PRACTICES:								
Acupressure								
Perineum compresses								
Transcutaneous electrical nerve stimulation (TENS)								
Sterile water injection								
Massage								
Reflex therapy								
Shiatsu								
ENERGETIC THERAPYES:								
Reiki								
Therapeutic touch								
Others:								

Use of therapies during labour:

Mark with X your opinion for every therapy indication, next, tell us your opinion on their usefulness from 1 (useless) to 5 (very useful).

Use of therapies	Number of women	Indications	Use utility				
			1 nothing	2 any	3 regular	4 rather	5 much
NATURALS PRODUCTS:							
Phitotherapy		<input type="checkbox"/> stimulation uterine contractions					
		<input type="checkbox"/> promote cervical dilation					
		<input type="checkbox"/> others:					
Bach remedies		<input type="checkbox"/> reduce fears					
		<input type="checkbox"/> reduce anxiety					
		<input type="checkbox"/> improve foetus wellbeing					
		<input type="checkbox"/> reduce discouragement					
		<input type="checkbox"/> others:					
Orthomolecular medicine		<input type="checkbox"/> stimulation uterine contractions					
		<input type="checkbox"/> others:					
MIND-BODY MEDICINE:							
Continued support		<input type="checkbox"/> reduce anxiety					
		<input type="checkbox"/> others:					
Hydrotherapy		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> promote cervical dilation					
		<input type="checkbox"/> others:					
Hypnosis		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> others:					
Music therapy		<input type="checkbox"/> promote relaxation					
		<input type="checkbox"/> improve concentration					
		<input type="checkbox"/> others:					
Relaxation techniques		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> others:					
Deep-breathing exercises		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> others:					
Guided imagery		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> others:					
Postural therapy		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> promote cervical dilation					
		<input type="checkbox"/> change foetus presentation					
Yoga		<input type="checkbox"/> promote relaxation					
		<input type="checkbox"/> improve concentration					
		<input type="checkbox"/> others:					
WHOLE MEDICAL SYSTEMS							
Acupuncture/ Ear puncture		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> stimulation uterine contractions					
		<input type="checkbox"/> promote cervical dilation					
		<input type="checkbox"/> others:					
Aromatherapy		<input type="checkbox"/> stimulation uterine contractions					
		<input type="checkbox"/> reduce anxiety					
		<input type="checkbox"/> others:					
Homeopathy		<input type="checkbox"/> stimulation uterine contractions					
		<input type="checkbox"/> others:					

MANIPULATIVE AND BODY-BASED PRACTICES							
Perineum compress		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> reduce perineum trauma					
Transcutaneous nerve stimulation		<input type="checkbox"/> pain relief					
Sterile water injections		<input type="checkbox"/> pain relief					
Massage		<input type="checkbox"/> pain relief					
		<input type="checkbox"/> reduce anxiety					
		<input type="checkbox"/> others:					
Reflex therapy		<input type="checkbox"/> stimulation uterine contractions					
		<input type="checkbox"/> others:					
ENERGETIC THERAPIES							
Reiki		<input type="checkbox"/> reduce anxiety					
		<input type="checkbox"/> others:					
Therapeutic touch		<input type="checkbox"/> reduce anxiety					
		<input type="checkbox"/> others:					
other:		<input type="checkbox"/>					
		<input type="checkbox"/>					

**Additional file 2 –QUESTIONNAIRE FOR NURSING SUPERVISORS ON THE LABOUR
WARDS.**

Personal and professional Data

Gender: Male Female

Age: _____ years

Professional Category: _____

How long have you been working in this labour area? _____

Currently do you assist labours? _____

Number of parts of the hospital during 2011: _____

Number of parts for normal birth in 2011: _____

Hospital resources

Hospital resources:	Yes	No
Acupuncture needles		
Bath		
Hot water bottles		
Perineum compresses		
Shower		
Transcutaneous nerve stimulation (TENS)		
Phytotherapy		
Bach Remedies		
Homeopathy		
Sterile water injections		
Birthing bed		
Orthomolecular medicine		
Massage oils		
Essential Oils		
Balls		
Radio or CD for music therapy		
Other (specify):		