

Table S1. Definitions

Condition	Definition
Anaemia	Haemoglobin (Hb) <11 g/l, <10.5 g/l, <10 g/l antenatally, according to definition.
Antenatal day unit (ADU)	Assessment unit for pregnant women attending with unplanned concerns such as APH and diminished fetal movements as well as for outpatient monitoring of hypertension, itching etc.
Antepartum haemorrhage (APH)	Bleeding from the birth canal after the 24 th week of pregnancy.
Birthweight (Kg)	Maximum birthweight = largest infant; Total birth weight = additive weight of all fetuses.
Chorioamnionitis	Inflammation of the amnion and chorion caused by bacterial infection. Diagnosis defined by attending clinicians.
Digit avoidance	Numbers avoided, usually due to documentation of these volumes requiring action, leading to lower numbers selected (e.g. 495 or 499 ml).
Digit preference	Numbers preferred and therefore volumes rounded up or down to accommodate this preference (numbers ending in 0 or 5, 50 or 100 ml).
Elective Caesarean section	Planned surgical delivery, timed to suit mother and/or staff.
Emergency Caesarean section	Surgical delivery performed due to fetal and/or maternal compromise, which may be life threatening.
Estimated blood loss (EBL)	An estimate of the blood volume lost, usually achieved by visual assessment, but also by weighing (especially for theatre cases).
Ethnicity	As described in NHS notes.
Generally unwell (no diagnosis)	Attendance at antenatal day unit (ADU) with symptoms of lethargy, aches/discomfort, loss of appetite, not feeling "quite right". No diagnosis made or treatment given, as all investigations showed no deviation from normal.
Gestational hypertension	Blood pressure $\geq 140/90$ on 2 occasions at least 4 hours apart without proteinuria, diagnosed after 20 weeks of gestation.
Female genital mutilation (FGM)	Also referred to as female circumcision.
Index of multiple deprivation (IMD)	The level of social deprivation, estimated by matching individual postcodes to a small area (Local Super Output Area, LSOA) of ~2,000 people, then to the 2010 IMD for that LSOA.
Macrosomia	Birthweight > 4.0kg, and >4.5kg
Medications pre-birth	All medications in week prior to birth, excluding labour.
No labour onset	No labour onset (spontaneous or induced). This may be followed by elective Caesarean section or an emergency Caesarean section for concerns about maternal or fetal condition.
Physiological third stage (or expectant management)	Following birth of the baby, no uterotonic drug is given, no fundal guarding or controlled cord traction. The placenta and membranes are left to separate and are delivered by maternal effort.
Placenta praevia	The placenta is attached to the lower uterine wall

(Major, minor, anterior and posterior)	extending to or covering the internal cervical os. Minor; reaches the lower uterine segment and partially covers the os. Major; completely within the lower uterine segment and the internal os is occluded. Anterior; attached to the anterior uterine wall (minor or major). Posterior; attached to the posterior uterine wall (major or minor).
Postpartum haemorrhage (PPH) <ul style="list-style-type: none"> • Minor PPH • Moderate PPH • Severe PPH 	Blood loss from the genital tract within 24 hours of the birth of a baby $\geq 500\text{ml}$ (WHO, 1996) <ul style="list-style-type: none"> • EBL 500-999ml • EBL 1000-1499ml • EBL $\geq 1500\text{ml}$, encompassing other thresholds used previously in severe PPH i.e. $\geq 2000\text{ml}$ and $\geq 2500\text{ml}$, sometimes referred to as 'major', 'life threatening', 'massive' or 'catastrophic'. Other definitions sometimes include responses such as shock and blood transfusion.
Pre-eclampsia	New onset hypertension after 20 th week of pregnancy and significant proteinuria.
Pre-eclampsia screen	Suspicion of pre-eclampsia. Serial BP, urinalysis and blood taken for full blood count, liver function tests, and renal function.
Preterm prelabour rupture of the membranes	Breaking of the amniotic sac before labour and before 37 completed weeks of gestation
Probable PPH	Women with a fall in haemoglobin of $\geq 4\text{ g/l}$ between late pregnancy (≥ 34 weeks) and postnatal, or where clinicians undertook actions indicative of PPH such as rubbing up a contraction, additional uterotonics, insertion of second cannula, use of head-down tilt etc.
Raised temperature	Temperature rise above 37.0 C, with normal and low temperatures treated as 0 C rise.
Rupture of membranes (ROM) <ul style="list-style-type: none"> • Spontaneous • Artificial 	Breaking of the amniotic sac and expulsion of the amniotic fluid. May occur spontaneously before or during labour or artificially during induction or augmentation of labour.
Spontaneous vaginal birth (SVD)	A normal vaginal birth, without the assistance of a vacuum extractor or forceps.
Steroids <ul style="list-style-type: none"> • Maternal • Fetal 	Maternal steroids – prescribed for maternal reasons. Fetal steroids – administered IM to the mother to promote fetal lung maturity.
Threshold <ul style="list-style-type: none"> • Avoidance • Preference 	Thresholds in blood loss management are typically 500ml, 1000ml, 1500ml, 2000ml and 2500ml. Avoidance; use of EBLs close to but not at the recognised thresholds, usually lower. Preference; use of EBLs at the recognised thresholds.
Urinary tract infection (UTI)	Diagnosis of UTI documented in the notes.
'Warning' APH (for PPH)	1) Recurrent (at least 3 episodes); 2) Like a period or heavier; 3) Placental.