Supplementary appendix Table: Summary of studies used to test line of argument synthesis

| Authors, year | Aim | Country (Region) | Resource | Setting | Number of participants | Method | Quality assessment |
|-------------------------------|---|---------------------------------|----------|-----------------|--|---|--------------------|
| What health profes | isionals say about the feasibility of interventions to reduce unnecessary interventions in child | birth and increase norm | al birth | | | | |
| Binfa (2016) | To explore professionals' perceptions (obstetricians and midwives), as well as consumers' perceptions of this humanised assistance during labour and childbirth | Chile (Americas) | Middle | Rural and urban | 40 Midwives and 29 obstetricians | Focus groups | Not assessed |
| Binfa (2013) | To explore the perception of this humanised attention during labour and delivery by both the professional staff (obstetricians and midwives) and consumers | Chile (Americas) | Middle | Urban | Unclear (6 focus groups and 2 in- depth interviews involving women, health professionals and Directors) | Focus groups and in- depth interviews | Not assessed |
| Janani (2015) | To explore challenges in implementing the PBP from perspective of midwives and obstetricians that provide maternity care | Iran (Eastern Mediterranean) | Middle | Urban | 32 midwives and 6 obstetricians | Focus groups and semi- structured interviews | Not assessed |
| Kennedy (2016) | To investigate facilitators and barriers to the achievement of primary vaginal birth in first-time mothers in hospital settings | USA (Americas) | High | Urban | 18 Registered Nurses, 8 Midwives, 26 Obstetricians, 3 Paediatricians, 6 Anaesthetists | Individual or small group interviews | Not assessed |
| Darling (2016) | To seek the views of midwives about the usefulness and relevance of the Keeping Birth Normal tool in measuring and supporting practice, and barriers to implementation | UK (European) | High | Urban | 9 Midwives | Semi-structured interviews | Not assessed |
| Kerrigan (2015) | To explore practitioners' experiences of and strategies for providing intrapartum care to obese women to inform the develop of an intervention to promote normal birth | UK (European) | High | Urban | 6 Consultant Obstetricians, 2 Consultant Anaesthetists, 16 midwives | Focus groups and individual interviews | Not assessed |
| Cheyne (2013) | To explore and explain the ways in which the Keeping childbirth Natural and Dynamic (KCND) programme worked or did not work in different maternity care contexts | UK (European) | High | Rural and urban | 73 Health Professionals | Semi-structured interviews and focus groups | Not assessed |
| Hunter (2014, 2010a,2010b) | To explore how the All Wales Clinical Pathway for normal labour was developed and used in real life settings and evaluate its implementation from the perspectives of all key players: midwives, doctors, mothers and midwifery managers | UK (European) | High | Rural and urban | 41 midwives, 5 midwifery managers, 6 doctors | Observation, focus groups and interviews | Not assessed |
| Behruzi (2010) | To explore the Japanese child birthing experience in different birth settings where the humanization of childbirth has been identified among the priority goals of the institutions concerned, and also to explore the obstacles and facilitators encountered in the practice of humanized birth in those centres | Japan (Western Pacific) | High | Urban | 44 Health professionals | Semi-structured interviews and focus groups | Not assessed |
| Kennedy (2013, 2010) | To identify factors that foster or hinder the support of normal birth and elective caesarean delivery | UK (European) | High | Urban | 34 clinicians (midwifery, obstetric, anaesthesia) | Interviews and observations | Not assessed |

| How health profess | sionals perceive women's choice of delivery mode and the feasibility of reducing unnecessary | y CSs | | | | | |
|--------------------|---|---------------------------------|--------|--------------------|--|-------------------------------|--------------|
| Huang (2013) | To determine the population based CS rates in two counties in rural China and explore the factors associated with choice for CS as mode of delivery | China (Western Pacific) | Middle | Rural | n=58 Unclear how many Health Professionals - at least 2 doctors | Focus Groups | Not assessed |
| Bagheri (2013) | To explore obstetrician's views of what might influence pregnant women's choice of delivery method. | Iran (Eastern Mediterranean) | Middle | Urban | 18 physicians | Semi-structured interviews | Not assessed |
| Weaver (2007) | To examine whether, and in what context, maternal requests for caesarean section are made | UK (European) | High | Rural and urban | 29 Obstetricians (consultants and registrars) | Semi-structured Interviews | Not assessed |

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