Coding tree of article entitled "Understanding the perspectives and values of midwives, obstetricians, and obstetric registrars towards episiotomy: qualitative interview study"

1) **Vision on childbirth**
    a. Harm versus protection
        i. Effect episiotomy
        ii. Anatomic result
        iii. Episiotomy versus spontaneous ruptures
        iv. Seeing episiotomy as a technical operation
    b. Tendency to intervene
        i. Physiological versus pathological
        ii. Perspectives on national incidences
        iii. Variation in / vision on methods during second stage of labour
    c. Paternalistic versus client – who decides
    d. Narrow idea on others' way of acting/thinking
        i. Standard way of working
        ii. Feeling of being judged by care providers from other professional background
    e. Personal evaluation
        i. Evaluating with themselves/colleagues/woman
        ii. Training, eagerness to learn
        iii. Too few of overuse of episiotomies
    f. External factors
        i. Experience
        ii. Profession/education
        iii. Colleagues

2) **Discrepancy between vision or literature and daily practice**
    a. Restrictive vision versus list of indications
        i. Fetal distress, prolonged second stage, exhaustion, instrumental birth, OASI in history, tight perineum, short perineum, prevention of long-term harm, prevention of spontaneous ruptures/OASI, prevention of instrumental birth, shoulder dystocia, breech presentation, macrosomia, care provider's interest, specific maternal history.
        ii. High national incidences
    b. Justification – harm versus aim
        i. Feeling confident in policy and practice
        ii. Feeling uncertain/unexperienced
        iii. Intrapartum factors influencing decision making: birthing situation, maternal characteristics, medical technology, women's desires (to a lesser extent)

    iv. Justification of high incidence in obstetric-led care
c. Fear of the demand to justify
d. Limitations for optimal care
    i. Women's desires
    ii. Lack of postpartum check-ups
    iii. Blunt scissors
    iv. Difficulties with evaluation
e. Literature versus practice
    i. Only for fetal distress
    ii. Limitations in applying the literature
    iii. Using literature to justify actions
    iv. Variation in episiotomy techniques
    v. Variation in pelvic floor protection and pushing instructions
f. Deciding on own clinical expertise
    i. Personal methods
    ii. Acting autonomously
g. Influence of other care providers:
    i. Supervision, final responsibility
    ii. Practices that are imposed
    iii. Shared decisions

3) Women's involvement

a. Absence of women's voice
    i. Birth plan
b. Absence of informed consent
    i. Trusting bond
    ii. Opting out
    iii. Convincing/threatening
    iv. Women's inability:
        - State during second stage
        - Unrealistic expectations
        - Letting go of control
        - Wrong perception of episiotomy
c. Women's autonomy
    i. Body integrity
    ii. Individualized support
    iii. Influence of birthplace
    iv. Decision made by care provider
d. Being informed prenatally
e. Use of trivializing words