

**S3 Table - Themes and quotes relevant to care for women with suspected or confirmed COVID-19 and their newborns**

	First wave	Slow period	Second wave
Period-specific themes	<p><b>Importance of preparedness and learning from first case of COVID-19 positive woman</b>            “ we heard that this woman that needed a delivery and the hospital was not ready at that time but we had to improvise. The good thing is that even though there was a need for an urgent delivery, she was not an emergency, it was more an urgent delivery because she had been planned for a planned delivery, what we call an elective C-section. So I had to approach the hospital management who were very supportive. And I remember the Chief medical director said: tell me what you need. I said that I needed a team. At that time I had no team and had to try and assemble a team. I had to start calling people, some of them I knew had volunteered like me and some of them I had to contact. It was very difficult because it kept changing. Some said they gave me their word they would be with me in the theatre only to change their mind five minutes later.” (Respondent D, LUTH)</p> <p>“We had a lot of challenges and obviously were not prepared but we had to move fast, and I think given the situation, we had to do what we could do within the time and with the resources available. So we were not prepared when we had the first case.” (Respondent D, LUTH)</p> <p><b>Caring for COVID-19 maternity patients</b>            “if a COVID patient comes and delivers, of course you can't really tell her in the second stage of labour, you can't deliver her, we would deliver them; we did them, we even did a caesarean. But... I mean the emergency cases were taken care of... and then after that they would be transferred to the isolation hospitals.” (Respondent C, MNH)</p> <p><b>No mother-baby separation and breastfeeding encouraged</b>            “They (babies) stayed with their mum all through even for the one that was not well. The baby was still in its space but there was enough distance, there was cot that was far away, well, almost like 6-10 meter space from where the mother is. She can see her baby and was allowed to breastfeed with all the infection prevention and control practices, washing hands, wearing a face mask and all that, cleaning their breasts and all that. We did those protocols for them.” (Respondent D, LUTH)</p> <p><b>Not including care to pregnant women in the planning and training for COVID-19</b>            “The people who volunteered for the initial training did not have obstetricians in that group. So there were little or no obstetricians in that group. Internal medicine and ID experts were the ones driving the prevention at that time. That was all part of what I would call the oversight, the deficiencies in the planning that we thought – we just thought everybody who would get COVID would be adults male and female, and probably babies, a child....” (Respondent D, LUTH)</p>	<p><b>Labour augmentation</b></p> <p>“If a woman presents with a fever, a cough and she is in labor, you speed up the labor, you first inform, but you speed up the labor so that the woman can be released and then you refer the child and the woman to the CTPI (COVID-19 treatment center)” (Respondent 6, HNID)</p>	<p><b>Lack of guidelines challenging to care provision</b></p> <p>“There is enough support, though we still have some dilemmas at the time of management, like when you see a pregnant woman during that time, is it COVID patient, and we don't know at what time you have to deliver the woman and so forth. So, sometimes, in terms of guideline, I think we have not reached to that point yet and there are organisations that carried out to make sure that we have a guideline to tell us what to do, but in terms of other support, we were highly supported, we had the spirit and everything was online.” (Respondent D, MNH)</p>
Themes raised during the whole study period	<p><b>Lack of rapid testing for COVID-19</b>            “It was also a challenge trying to pick a sample from these because the turn-around time was quite longer. You pick samples but you wouldn't see the results before 48 hours. That was another challenge. Yet labour is not... it can't wait for you, for your results to return.” (Respondent B, KNRH)</p> <p><b>Confusing symptoms – COVID-19 or obstetric complications</b>            Those symptoms are very confusing and maybe misleading because if they send, refer the mother who has PPH, she is bleeding. She starts bleeding and then they want her to come over and see maybe you can get her blood. These are not people who are breathing normally and that was our biggest challenge. Doctors, once they see a person who is not breathing, they would say 'suspected COVID', and maybe they will not touch [the patient] and they request for a COVID test to be done, but COVID kits were not available at all in these facilities. They were only in the COVID treatment units who had them. They were also not accessible by everybody, aaa, so, that is the challenge and because we take long to get a test, nowadays, there is a rapid test; they are also not very available. So, you find that a patient may continue to deteriorate or you isolate her for days and then again the access of the health workers would be limited, especially doctors, until the results come back. Some people were isolated and results came back and they were negative even they had suffered. Others did not live to get the results, and others had died but they were negative and now as.... (Respondent D, MSWNH)</p> <p>“At the clinics we used to wear N95... all the precautions at the clinic and we kind of linked all the complaints to COVID just to see that this patient is only, is purely an obstetric patient without COVID or a gynaecological patient without COVID. Like women who had cardiomyopathy, they were also referred to us because you know how cardiomyopathy in pregnancy can present difficulties like shortness of breath, cough... and everybody said: “no, no, no, no this is a COVID suspect” and then they will be set aside and screened and after screening if they're positive they are taken care of by the isolation wards, in other hospitals, not even at Muhimbili and if negative then we kept taking care of them like any other patient.” (Respondent C, MNH)</p>		