Supplementary file 4 Interview guide for health care professionals for the qualitative study in 6B

AIM OF INTERVIEWS: To conduct individual telephone or video interviews with obstetricians/senior trainee obstetricians to determine the acceptability and feasibility of the planned RCT.

STRUCTURE

1.0 Introductions

2.0 Confidentiality and Consent

3.0 Sociodemographic Information

4.0 Interview

1.0 INTRODUCTIONS

We are interested in your views of the acceptability and feasibility of a randomised controlled trial we have designed to test which of the different techniques to manage 'impacted fetal head' during a late caesarean section are best.

Caesareans performed late in labour, where the neck of the womb is fully open and the baby's head has entered the pelvis can be complicated. If the baby's head is deeply wedged in the woman's pelvis it can be difficult to lift it up, so delivery can occur. This is called 'impacted fetal head'. There are a number of different techniques that can be used when the baby's head is impacted, however, it is not clear which is the best or most effective. This project is looking at whether it would be possible to do a clinical trial to test these different techniques and find out which is most effective. We are interested in the views of health care professionals to

determine whether the clinical trial we have designed is acceptable to them.

2.0 CONFIDENTIALITY & CONSENT

- Please can you confirm that you have read and understood the information sheet for this study?
- As you'll know from the information sheet your participation is voluntary and that you are free to withdraw at any time, without giving any reason. The interview will be recorded and the transcript will be anonymised to maintain your confidentiality.
- Re-confirm consent (verbally): Are you still happy to give your consent to be interviewed?

3.0 SOCIODEMOGRAPHIC INFORMATION

- What is your health profession or discipline? e.g. obstetrician, midwife, anaesthetist etc
- What is your grade of qualification? e.g. ST3-5, ST6-7, Consultant, SAS doctor etc
- How many years have you been practicing since qualification?
- How would you rate your exposure to impacted fetal head in your role? e.g. approx. how many times in the last year / 5 years

4.0 INTERVIEW

Different types of techniques

Outline the different techniques chosen for the randomised controlled trial [push technique or fetal pillow] What technique would you usually use when faced with this scenario?

Probes: Why this technique (or combination of techniques)? What would be your next technique if this wasn't successful? Pros and Cons to this method? Have you always used this technique?

What would be the most important outcome(s) for you in terms of which type of technique is most effective? **Probes:** Time to deliver,

woman not requiring critical care, no injury caused to the woman, no complications to the baby, need for neonatal support reduced.

Would you be willing to use [push technique or fetal pillow] within the context of a randomised controlled trial if appropriate training were provided to you?

Acceptability of a trial

Thinking about the randomised controlled trial of techniques for managing impacted fetal head we have designed, what are your views on how **acceptable** it is to conduct research like this? Would you be prepared to take part in this trial testing the effectiveness of different techniques to manage impacted fetal head?

Probes: yes, why? no, why? Not sure, why?

What factors are important to you in deciding whether to take part?

Probes: types of techniques trialled; resources; training; timing

What advice would you give the research team about how to make the trial more **acceptable** to healthcare professionals?

Feasibility of a trial

The trial we are proposing to do will compare push technique with the fetal pillow.

How **feasible** do you think it would be to run this trial in your Trust?

What do you think would be the main barriers or challenges in your Trust to running this trial? What could be done to facilitate the trial running at your Trust?

What advice would you give the research team about how to make the trial more **feasible** to implement in different Trusts? Is there anything else you would like to add?