# Supplementary Material 1

### Questionnaire for clinicians on opinions and practice of mode of birth



**Cassava Clinicians Survey (electronic)**

GDPR Information

The EU General Data Protection Regulation (GDPR), along with the new UK Data Protection Act, governs the processing (holding or use) of personal data in the UK. Any personal details collected for this survey will be held securely on an electronic database within the Clinical Trials Office, Queen's Medical Research Institute, for the University of Edinburgh and will not be used for any other purpose apart from informing the CASSAVA clinical research trial.

***About you:***

1. **What is your clinical specialty (drop down):**

Obstetrics

Neonatology

Midwifery

Neonatal Nursing

Anaesthetics

Other

If you selected Other, Please specify: (Free text)

**Your Experience**

1. **What is your clinical experience (drop down):**

Consultant for >=5 years

Consultant for <5 years

Specialty Doctor for>= 5 years

Speciality Doctor for < 5 years

Midwife/Neonatal Nurse for >=5 years

Midwife/Neonatal Nurse for <5 years

Speciality Trainee ST 1-3

Speciality Trainee ST 6-7

Subspecialty Trainee

Other

If ‘Other’, Please specify: (Free Text)

**Which maternity unit do you predominantly work at? (drop down):**

|  |
| --- |
| Aberdeen Maternity Hospital, Grampian |
| Airedale Maternity Unit  |
| Arrowe Park Hospital, Wirral |
| Ayrshire Maternity Unit |
| Barnet Hospital |
| Barnsley District General Hospital |
| Basildon Hospital |
| Basingstoke and Norht Hampshire Hospital |
| Bassetlaw District General |
| Bedford Hospital |
| Birmingham Women's Hospital |
| Blackpool Maternity unit |
| Borders General Hospital |
| Bronglais Hospital Gwennian Maternity Unit |
| Burnley General Hospital, East Lancashire Hospitals NHS Trust |
| Calderdale Royal Hospital |
| Chelsea & Westminster Hospital |
| Chesterfield Birth Centre |
| City Hospital Maternity Unit, Nottingham |
| Colchester Hospital |
| Conquest Maternity unit |
| Countess of Chester Hospital |
| Croydon Health Services Maternity unit |
| Darent Valley Hospital |
| Diana Princess of Wales Hospital Grimsby |
| Doncaster Royal Infirmary |
| Dorset county Hospitals Maternity unit |
| Dr. Gray’s Hospital Elgin |
| Dumfries and Galloway Royal infirmary Cresswell Maternity wing |
| East Surrey Hospital |
| Epsom Hospital |
| Forth Valley Royal Hospital |
| Frimley Park Hospital |
| Furness Generals Hospital |
| Gateshead Hospitals Queen Elizabeth Maternity unit |
| George Eliot Maternity Unit, Nuneaton |
| Glangwili Hospital |
| Gloucester Royal Hospital, The Gloucester Women’s Centre |
| Good Hope Hospital |
| Great Western Hospital Swindon |
| Harrogate District Hospital Maternity Unit |
| Heartlands Hospital Princess of Wales Women's Unit, Birmingham  |
| Hereford County Hospital |
| Hillingdon Hospital Duchess of Kent Maternity Unit  |
| Hinchingbrooke Hospital The Park Maternity Centre |
| Homerton Maternity Unit, London |
| Hull and East Yorkshire Women and Childrens Hospital, Hull |
| James Cook University Hospital |
| James Paget University Hospital |
| John Radcliffe Hospital |
| Kettering General Hospital Rockingham Wing |
| King’s College Hospital, London |
| Kings Mill Hospital Sherwood Birthing centre |
| Kingston Maternity Unit |
| Leeds General Infirmary |
| Leicester General Hospital  |
| Leicester Royal Infirmary |
| Leighton Hospital |
| Liverpool Womens Hospital |
| Luton & Dunstable University Hospital |
| Macclesfield Birth Centre |
| Medway Maritime Hospital |
| Milton Keynes Maternity Unit  |
| Musgrove Park Hospital |
| Nevill Hall Hospital |
| New Cross Hospital, Wolverhampton |
| Newham General Hospital |
| Ninewells Hospital, Dundee |
| Norfolk and Norwich University Hospital |
| North Devon Hospital |
| North Manchester General Hospital |
| North Middlesex Maternity unit |
| Northampton Maternity Unit |
| Northumbria Specialist Emergency care Hospital, Cramlington |
| Northwick park Hospital |
| Ormskirk Maternity Unit |
| Peterborough City Hospital |
| Pilgrim Hospital, Boston |
| Plymouth Hospital |
| Prince Charles Hospital, Merthr Tydfill |
| Princess Alexandra Hospital Maternity unit, Harlow |
| Princess Anne Hospital, Southampton |
| Princess of Wales Hospital, Bridgend |
| Princess Royal Hospital, Haywards Heath |
| Princess Royal Maternity, Glasgow |
| Princess Royal University Hospital, Bromley |
| Queen Alexandra Hospital, Portsmouth  |
| Queen Charlotte's and Chelsea Hospital  |
| Queen Elizabeth Hospital, King’s Lynn |
| Queen Elizabeth University Hospital Maternity Unit, Glasgow |
| Queen Elizabeth University Hospital, Woolwich |
| Queen’s Medical Centre, Nottingham |
| Queens Hospital, Romford |
| Raigmore Hospital, Inverness |
| Rosie Maternity Hospital, Addenbrooke’s, Cambridge |
| Rotherham hospital Maternity Unit |
| Royal Alexandra Hospital, Paisley |
| Royal Berkshire Hospital Maternity Unit |
| Royal Bolton Hospital Princess Anne Maternity Unit, Bolton |
| Royal Cornwall Hospital, Truro |
| Royal Derby Hospital |
| Royal Devon and Exeter Centre for Women’s Health, Wonford |
| Royal Free Hospital, London |
| Royal Glamorgan Hospital |
| Royal Gwent Hospital |
| Royal Hampshire County Hospital |
| Royal Infirmary Edinburgh Simpson centre for reproductive health |
| Royal Lancaster Hospital |
| Royal London Hospital |
| Royal Oldham Hospital |
| Royal Preston Hospital |
| Royal Stoke Hospital |
| Royal Surrey County Hospital |
| Royal Sussex County Hospital  |
| Royal United Hospital Bath Princess Anne Wing |
| Royal Victoria Infirmary, Newcastle |
| Russells Hall Maternity Unit, Dudley |
| Salisbury Maternity Unit |
| Scarborough General Hospital |
| Sheffield Teaching Hospital, Jessop wing |
| Singleton Hospital, Swansea |
| Stoke Mandeville Hospital |
| South Tyneside District Hospital |
| South Warwickshire Maternity unit |
| Southend University hospital |
| Southmead Hospital Maternity unit, Bristol  |
| St George’s Hospital, London |
| St Helier Hospital |
| St James University Hospital Leeds |
| St John’s Hospital Livingston |
| St Mary’s Hospital London |
| St Mary’s Hospital, Manchester |
| St Mary’s Maternity Unit Poole |
| St Marys Hospital Maternity Unit Newport |
| St Michael’s Hospital, Bristol  |
| St Peter's Hospital, Chertsey |
| St Richards Hospital, Chichester |
| St Thomas Hospital, London |
| Stepping Hill Hospital |
| Tameside Hospital |
| Torbay Hospital |
| Tunbridge Wells Hospital at Pembury  |
| University College Hospital, Elizabeth Garrett Anderson Wing  |
| University Hospital of North Durham |
| University Hospital of North Tees  |
| University Hospital of Wales |
| University Hospital, Coventry |
| University Hospital, Lewisham |
| Victoria Hospital, Kirkcaldy |
| Walsall Manor Maternity Unit |
| Warrington Maternity Unit |
| Watford General Hospital |
| West Cumberland Hospital |
| West Suffolk Hospital |
| Western Isles Hospital Maternity Unit |
| Wexham Park Hospital |
| Whipps Cross Hospital |
| Whiston Maternity Unit |
| Whittington Hospital |
| Wigan maternity Unit |
| William Harvey Hospital |
| Wirral Women and Childrens Hospital |
| Wishaw General Hospital |
| Worcestershire Royal Hospital |
| Worthing Hospital |
| Wrexham Maelor |
| Wythenshawe Hospital |
| Yeovil Maternity Unit |
| York Hospital |
| Ysbyty Glan Clwyd |
| Ysbyty Gwynedd |
| Other |

*If you selected Other, please* specify: (free text)

***What is the highest level of neonatal care facilities at your unit (radio button)***

*Neonatal intensive Care Unit*

*Neonatal Unit*

*Special Care Baby Unit*

*No Neonatal Care Unit*

*I’m not sure*

*Other*

*If you selected Other, please specify: (free Text)*

**SCENARIOS**

*In each of the* ***FIVE*** *following clinical scenarios you will be asked to rank how likely you would be to recommend Caesarean delivery*

***Please assume in all cases:***

* *decisions have been made to actively manage the pregnancy to optimise neonatal outcome(s) and the baby is thought to have reached a viable gestation and/or weight*
* *antenatal corticosteroids and magnesium sulphate have been given*
* *the parents have no strong preference for mode of delivery*

Scenario 1- Uncomplicated pregnancy in a primigravida

You are asked to see a woman

* who has had an uncomplicated first pregnancy to date.
* has a singleton pregnancy
* is in established spontaneous labour (5cm dilated; membranes intact)
* there are no signs of fetal compromise.

*She asks your opinion on mode of delivery*

***How likely would you be to recommend Caesarean delivery (as opposed to allowing to labour with view to aiming for vaginal delivery)?***

*(NB assume that - decisions have been made to actively manage the pregnancy to optimise neonatal outcome and the baby is thought to have reached a viable gestation and/or weight; antenatal corticosteroids and magnesium sulphate have been given; the parents have no strong preference for mode of delivery)*

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| At 23 weeks gestation with cephalic presentationPlease don’t select more than 1 answer(s) per row  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **26** weeks gestation with **cephalic** presentation Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **cephalic** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **23** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **26** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

Scenario 2 – Previous Caesarean Section

You are asked to see a woman who

* has had an **uncomplicated** second pregnancy to date
* had a ***caesarean section*** in her first pregnancy
* has a singleton pregnancy
* is in established **spontaneous labour** (5cm dilated; membranes intact)
* there are no signs of fetal compromise.
* She asks your opinion on mode of delivery.

***How likely would you be to recommend repeat Caesarean delivery (as opposed to trial of vaginal delivery)?***

*(NB assume that - decisions have been made to actively manage the pregnancy to optimise neonatal outcome and the baby is thought to have reached a viable gestation and/or weight; antenatal corticosteroids and magnesium sulphate have been given; the parents have no strong preference for mode of delivery)*

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| At **23** weeks gestation with **cephalic** presentationPlease don’t select more than 1 answer(s) per row  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **26** weeks gestation with **cephalic** presentation Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **cephalic** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

Scenario 3 – Pre-Eclampsia

You are asked to see a woman who

* has a **singleton pregnancy**
* is in her first pregnancy
* has **no signs of labour** (cervix long and closed; no contractions)
* **delivery is indicated** due to worsening pre-eclampsia
* there are no signs of fetal compromise.

She asks your opinion on mode of delivery.

***How likely would you be to recommend Caesarean delivery (as opposed to induction of labour with view to vaginal delivery)?***

*(NB assume that - decisions have been made to actively manage the pregnancy to optimise neonatal outcome and the baby is thought to have reached a viable gestation and/or weight; antenatal corticosteroids and magnesium sulphate have been given; the parents have no strong preference for mode of delivery)*

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| At **23** weeks gestation with **cephalic** presentation Please don’t select more than 1 answer(s) per row  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **cephalic** presentation  Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **cephalic** presentation  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **flexed breech presentation** Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **flexed breech presentation** Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

Scenario 4 – Growth Restriction

You are asked to see a woman who

* has a **singleton pregnancy**
* is in her **first pregnancy**
* there are **no signs of labour** (cervix long and closed; no contractions)
* the baby has **fetal growth restriction**
* delivery is now **indicated** due to fetal Doppler findings/CTG.

***She asks your opinion on mode of delivery.***

***How likely would you be to recommend Caesarean delivery (as opposed to induction of labour with view to vaginal delivery)?***

*(NB assume that - decisions have been made to actively manage the pregnancy to optimise neonatal outcome and the baby is thought to have reached a viable gestation and/or weight; antenatal corticosteroids and magnesium sulphate have been given; the parents have no strong preference for mode of delivery)*

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| At **23** weeks gestation with **cephalic** presentationPlease don’t select more than 1 answer(s) per row  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **cephalic** presentation Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **32** weeks gestation with **cephalic** presentation  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **26** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **26** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

Scenario 5 - Twins

You are asked to see a woman who

* has a dichorionic diamniotic **twin pregnancy**
* her pregnancy has had an **uncomplicated** pregnancy to date
* is in established **spontaneous lab**our (5cm dilated; membranes intact)
* there are no signs of fetal compromise.

 **She asks your opinion on mode of delivery.**

***How likely would you be to recommend Caesarean delivery (as opposed to allowing to labour with view to aiming for vaginal delivery)?***

*(NB assume that - decisions have been made to actively manage the pregnancy to optimise neonatal outcome and the baby is thought to have reached a viable gestation and/or weight; antenatal corticosteroids and magnesium sulphate have been given; the parents have no strong preference for mode of delivery)*

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| At **23** weeks gestation with **cephalic** presentationPlease don’t select more than 1 answer(s) per row  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **cephalic** presentation Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **cephalic** presentation  |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

|  |
| --- |
| At **23** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **flexed breech presentation** Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **flexed breech presentation**Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **23** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| At **26** weeks gestation with **footling breech** presentationPlease don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

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| --- |
| At **32** weeks gestation with **footling breech** presentation Please don’t select more than 1 answer(s) per row |
| Very likely to recommend Caesarean Section | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Very Likely to recommend Vaginal Delivery |
| **(**radio button) | I am uncertain as it is not within my clinical expertise |

FINAL QUESTIONS

Is there a lower limit of gestation before which you would not offer/recommend caesarean section?

Yes If, ‘Yes’ specify the gestation in weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Are there any situations (other than those described above) where you would nearly always recommend caesarean delivery of a preterm infant?

Are there any situations (other than those described above) where you would nearly always recommend aiming for vaginal delivery of a preterm infant?

Would you be willing to be contacted in the future to take part in an interview about this trial,

YES

NO

If ‘Yes’. Please give your Name:

Please enter a response that contains letters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address

Please enter a valid email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:

Please enter a valid phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR YOUR TIME**

This study is funded by the NIHR Health Technology Assessment Programme (project number 17/22/02). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the HTA