

HCP Interview topic guide

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TOPIC GUIDE FOR INTERVIEWS WITH HEALTHCARE PRACTITIONERS

Indicative topics and questions for discussion during semi-structured interviews.

PRACTITIONER'S CURRENT ROLE/PREVIOUS EXPERIENCE

Could you begin by telling me a little bit about your current role, and what it involves?

- Length of time in post/organisation?
- Previous roles/organisations? Any key differences from working in the current context?

DECISION-MAKING DURING LABOUR

The key issue that the study is exploring is women's involvement in decision-making, and the extent to which this is possible in practice. We are keen to learn more about practitioners' experiences with decision-making during labour, and the issues they think are important.

How far do you think women want to be involved in decision-making during labour in your experience? Are there any limits on when and how women should be involved?

What kinds of decisions routinely need to be made during a low-risk labour?

- Vaginal examinations? Fetal monitoring? A woman's positioning e.g. during delivery (use of birthing pool/birthing chair/birthing rope)? Pain relief? Cord clamping? Perineal suturing?

What kinds of decisions need to be made when a labour becomes high-risk?

How would you describe your role in these kinds of decisions? Is it different from that of an obstetrician/midwife [delete as appropriate]?

Has your approach to decision-making in labour always been the same? Or has it changed based on your experiences? (If so, how)

What kinds of factors do you think impact on women's involvement in decision-making during labour?

- Do different women want different levels of involvement? How do you go about managing this in practice?
- Are there aspects of the context in which you work that impact on decision-making during labour? For example – how is it impacted by e.g. levels of staffing, who is on shift (e.g. skill mix), busyness of the Unit (how full), shift changes, time of day?
- Are there any local protocols or policies that impact on decision-making during labour because a certain course of action has to be offered/encouraged in particular circumstances? For example – time-limits on the second or third stage of labour? Criteria surrounding cervical dilation and getting into the birthing pool? Policy if meconium is present? Cutting of umbilical cord? Management of blood loss?

What role does the woman's birth partner have in decision-making in labour?

Could you talk me through the documents that are used to record the decisions that are made during labour?

Is there anything else you think the research team should be aware of when it comes to understanding health practitioners' experiences of decision-making during labour that we haven't already talked about?

THE VIP STUDY

As well as talking to HCPs about their experiences of decision-making during labour, we wanted to give them the opportunity to comment on the broader study and provide feedback about the way in which it is working in practice.

What are your views about the study's recording of women's labours? Do you think this is a useful approach? Will it help us to better understand decision-making during labour?

How do you feel about the way in which the study has been implemented? Is it working in practice? Are there things that could be improved? Is it generating any tensions or difficulties for healthcare practitioners?