

ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Elsa Montgomery

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known): NIHR HS&DR 17/99/85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/1/2022

Your Name: Alexander Heazell

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known):NH NIHR HS&DR 17/99/85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Medicolegal practice	During the period of this project I have provided reports from the perspective of obstetric expert for medicolegal cases.
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		National Institute for Health Research	Travel costs to attend study meetings at central study site.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/07/2022

Your Name: Julie Hartley

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/12/2021

Your Name: Jane Sandall

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known):NH NIHR HS&DR 17/99/85

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ICMJE DISCLOSURE FORM

Date: 7/14/2021

Your Name: Mary Adams

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known):NH NIHR HS&DR 17/99/85

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Maria Booker

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known): NIHR HS&DR 17/99/85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/7/2022

Your Name: Maureen Treadwell

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known):NH NIHR HS&DR 17/99/85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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11	Stock or stock options	<input type="checkbox"/> None	
		Stock holding across the UK investment trust sector some of which involve pharmaceutical and life science sector (FTSE100, 250 and Small Caps)	None known to be affected by the study and no single share representing more than approximately 2- 3% of total holding
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 7/1/2022

Your Name: Natalie Sanford

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known):NH NIHR HS&DR 17/99/85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">King's College London</td> <td style="width: 50%; padding: 5px;">Centre for Doctoral Studies PhD Studentship for Resilience and Adaptive Capacity in Hospital Teams study</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	King's College London	Centre for Doctoral Studies PhD Studentship for Resilience and Adaptive Capacity in Hospital Teams study				
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/28/2022

Your Name: Charlotte Bevan

Manuscript Title: Strengthening Open Disclosure in Maternity Services in the English NHS: a realist evaluation study

Manuscript Number (if known): NIHR HS&DR 17/99/85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		NIHR	Public and Patient Involvement payment made to Sands (my employer) to support my involvement as a co-investigator in the study
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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NIHR	Travel expenses covered for the odd face to face meeting in London								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td>MBRRACE-UK, national audit programme, collaboration member representing Sands</td><td>MBRRACE-UK pays Sands for participation as part of collaboration's advisory</td></tr><tr><td>Perinatal Mortality Review Tool (PMRT) collaboration member representing Sands</td><td>PMRT pays Sands for participation as part of collaborations advisory</td></tr><tr><td>National Child Mortality Database Steering Group member representing Sands</td><td>unpaid</td></tr></table>	MBRRACE-UK, national audit programme, collaboration member representing Sands	MBRRACE-UK pays Sands for participation as part of collaboration's advisory	Perinatal Mortality Review Tool (PMRT) collaboration member representing Sands	PMRT pays Sands for participation as part of collaborations advisory	National Child Mortality Database Steering Group member representing Sands	unpaid	
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National Child Mortality Database Steering Group member representing Sands	unpaid								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Sands' Parent Engagement in Review online training Webinar</td> <td style="width: 50%; padding: 5px;">It is part of my job role at Sands to improve and develop this training tool, which is currently delivered free to health care professionals across the UK</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Sands' Parent Engagement in Review online training Webinar	It is part of my job role at Sands to improve and develop this training tool, which is currently delivered free to health care professionals across the UK					
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.