

## ICMJE DISCLOSURE FORM

**Date:** 12/9/2022

**Your Name:** Mairead Black

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)												
<b>Time frame: Since the initial planning of the work</b>															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>															
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR research grant</td> <td style="width: 40%;">Research funding awarded to University of Aberdeen to fund the research project ‘Planning mode of birth in routine antenatal care: development of a decision aid (Plan-A).</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	NIHR research grant	Research funding awarded to University of Aberdeen to fund the research project ‘Planning mode of birth in routine antenatal care: development of a decision aid (Plan-A).					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
NIHR research grant	Research funding awarded to University of Aberdeen to fund the research project ‘Planning mode of birth in routine antenatal care: development of a decision aid (Plan-A).														
<b>3</b>	Royalties or licenses	<input type="checkbox"/>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> NIHR	
			STOPPIT3 Trial data monitoring committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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>							

**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:** 12/9/2022

**Your Name:** Cassandra Yuill

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)								
Time frame: Since the initial planning of the work										
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>							Click the tab key to add additional rows.	
Click the tab key to add additional rows.										
Time frame: past 36 months										
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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)								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

**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:** 12/13/2022

**Your Name:** Mairi Harkness

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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)								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <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"/>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/>	

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.

## ICMJJE DISCLOSURE FORM

**Date:** 7/6/2023

**Your Name:** Sayem Ahmed

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during Induction of Labour- – prospective cohort study, process evaluation and economic analysis (CHOICE 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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">None</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	None					Click the tab key to add additional rows.
None								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">- None</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	- None					
- None								

	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)						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 383 1015 479"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 622 1015 752"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 842 1015 943"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 1189 1015 1285"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 1402 1015 1503"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 1626 1015 1722"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <table border="1" data-bbox="440 1839 1015 1935"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None					
None								

		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)
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/>	
		None	
1 1	Stock or stock options	<input checked="" type="checkbox"/>	
		None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	
		None	
1 3	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:** 12/9/2022

**Your Name:** Linda Williams

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>	None					
None								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	None					
None								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	None					
None								

		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)
4	Consulting fees	<input type="checkbox"/>	
		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		None	
6	Payment for expert testimony	<input type="checkbox"/>	
		None	
7	Support for attending meetings and/or travel	<input type="checkbox"/>	
		None	
8	Patents planned, issued or pending	<input type="checkbox"/>	
		none	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	
		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
		None	

		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 type="checkbox"/>	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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:** 5/24/2023

**Your Name:** Dr Kathleen A Boyd

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Funding from NIHR HTA for Health Economics components of the current study (CHOICE) and conference dissemination of results</td> <td>University of Glasgow</td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>	Funding from NIHR HTA for Health Economics components of the current study (CHOICE) and conference dissemination of results	University of Glasgow	Click the tab key to add additional rows.			
Funding from NIHR HTA for Health Economics components of the current study (CHOICE) and conference dissemination of results	University of Glasgow							
Click the tab key to add additional rows.								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Funding from NIHR HTA for Health Economics components of STOPPIT-3 study NIHR131352</td> <td>Funding from NIHR HSR for Health Economics components of RIGHT study NIHR 127801</td> </tr> <tr> <td>Funding from NIHR PH for Health Economics components of BeST study NIHR 12/211/54</td> <td>Funding from NIHR PH for Health Economics components of TIPS2 study NIHR131613</td> </tr> <tr> <td>Funding from NIHR PH for Health Economics components of TIPS study NIHR 15/55/54</td> <td>Funding from What Works for Childrens Social Care for Economics components of PFC study</td> </tr> </table>	Funding from NIHR HTA for Health Economics components of STOPPIT-3 study NIHR131352	Funding from NIHR HSR for Health Economics components of RIGHT study NIHR 127801	Funding from NIHR PH for Health Economics components of BeST study NIHR 12/211/54	Funding from NIHR PH for Health Economics components of TIPS2 study NIHR131613	Funding from NIHR PH for Health Economics components of TIPS study NIHR 15/55/54	Funding from What Works for Childrens Social Care for Economics components of PFC study
Funding from NIHR HTA for Health Economics components of STOPPIT-3 study NIHR131352	Funding from NIHR HSR for Health Economics components of RIGHT study NIHR 127801							
Funding from NIHR PH for Health Economics components of BeST study NIHR 12/211/54	Funding from NIHR PH for Health Economics components of TIPS2 study NIHR131613							
Funding from NIHR PH for Health Economics components of TIPS study NIHR 15/55/54	Funding from What Works for Childrens Social Care for Economics components of PFC study							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></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)								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/>	<table border="1"> <tr> <td>Advisory Board member for Beatson CRUK Clinical Trials Unit, University of Glasgow</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Advisory Board member for Beatson CRUK Clinical Trials Unit, University of Glasgow							
Advisory Board member for Beatson CRUK Clinical Trials Unit, University of Glasgow											

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

**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:** 12/9/2022

**Your Name:** Maggie Reid

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">None</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>Click the tab key to add additional rows.</td> </tr> </table>	None					Click the tab key to add additional rows.
None								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">-Clevermed Limited</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	-Clevermed Limited					
-Clevermed Limited								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">None</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	None					
None								

		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)
4	Consulting fees	<input type="checkbox"/>	
		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		None	
6	Payment for expert testimony	<input type="checkbox"/>	
		None	
7	Support for attending meetings and/or travel	<input type="checkbox"/>	
		None	
8	Patents planned, issued or pending	<input type="checkbox"/>	
		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	
		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
		None	

		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 type="checkbox"/>	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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:** 12/9/2022

**Your Name:** Amarnath Bhide

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">None</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	None				Click the tab key to add additional rows.	
None								
Click the tab key to add additional rows.								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute of Health research (NIHR) TRUFFLE-II study</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	National Institute of Health research (NIHR) TRUFFLE-II study					
National Institute of Health research (NIHR) TRUFFLE-II study								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Royalty for the book - High Risk Pregnancy and Delivery: A South Asian Perspective, Elsevier (India).</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Royalty for the book - High Risk Pregnancy and Delivery: A South Asian Perspective, Elsevier (India).					
Royalty for the book - High Risk Pregnancy and Delivery: A South Asian Perspective, Elsevier (India).								

		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)
4	Consulting fees	<input type="checkbox"/>	
		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		None	
6	Payment for expert testimony	<input type="checkbox"/>	
		None	
7	Support for attending meetings and/or travel	<input type="checkbox"/>	
		Support for attending meetings/trave from Nordic Federation of Obstetrics and Gynaecology	
8	Patents planned, issued or pending	<input type="checkbox"/>	
		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	
		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
		Acta Obstetricia Gynaecologia Scandinavica	



		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 type="checkbox"/>	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/>	
		Receipt of equipment from St. George's Charity	
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:** 12/9/2022

**Your Name:** Neelam Heera

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)								
Time frame: Since the initial planning of the work										
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>								Click the tab key to add additional rows.
	Click the tab key to add additional rows.									
Time frame: past 36 months										
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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)
4	Consulting fees	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
6	Payment for expert testimony	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
7	Support for attending meetings and/or travel	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
8	Patents planned, issued or pending	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

		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)						
<b>11</b>	Stock or stock options	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>Founder and Chair of Trustees at Cysters</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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:** 12/9/2022

**Your Name:** Jane Huddleston

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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)								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

**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:** 12/9/2022

**Your Name:** Neena Modi

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR</td> <td style="width: 50%;">Grant award to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR	Grant award to institution			Click the tab key to add additional rows.		
NIHR	Grant award to institution								
Click the tab key to add additional rows.									
Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR150958, NIHR153935, NIHR203323, HS&amp;DR Project: 15/70/104, PR-PRU-1217-21202.</td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIHR150958, NIHR153935, NIHR203323, HS&DR Project: 15/70/104, PR-PRU-1217-21202.						
NIHR150958, NIHR153935, NIHR203323, HS&DR Project: 15/70/104, PR-PRU-1217-21202.									
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <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)								
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <table border="1"> <tr><td> </td><td> </td></tr> <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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

**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:** 7/7/2023

**Your Name:** John Norrie

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)																		
<b>Time frame: Since the initial planning of the work</b>																					
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">University of Edinburgh NIHR/HTA grant</td> <td style="padding: 2px;">NIHR127569</td> </tr> <tr> <td style="padding: 2px;">HTA Commissioning Sub-Board (EOI) 2016-2017</td> <td></td> </tr> <tr> <td style="padding: 2px;">NIHR CTU Standing Advisory Committee 2018-2023</td> <td></td> </tr> <tr> <td style="padding: 2px;">NIHR HTA &amp; EME Editorial Board 2015-2019</td> <td></td> </tr> <tr> <td style="padding: 2px;">Pre-Exposure Prophylaxis Impact Review Panel 2017</td> <td></td> </tr> <tr> <td style="padding: 2px;">EME - Funding Committee Members 2019-2022</td> <td></td> </tr> <tr> <td style="padding: 2px;">HTA General Committee 2016-2019</td> <td></td> </tr> <tr> <td style="padding: 2px;">HTA Post-Funding Committee teleconference 2016-2019</td> <td></td> </tr> <tr> <td style="padding: 2px;">HTA Funding Committee Policy Group 2016-2019</td> <td></td> </tr> </table>	University of Edinburgh NIHR/HTA grant	NIHR127569	HTA Commissioning Sub-Board (EOI) 2016-2017		NIHR CTU Standing Advisory Committee 2018-2023		NIHR HTA & EME Editorial Board 2015-2019		Pre-Exposure Prophylaxis Impact Review Panel 2017		EME - Funding Committee Members 2019-2022		HTA General Committee 2016-2019		HTA Post-Funding Committee teleconference 2016-2019		HTA Funding Committee Policy Group 2016-2019		
University of Edinburgh NIHR/HTA grant	NIHR127569																				
HTA Commissioning Sub-Board (EOI) 2016-2017																					
NIHR CTU Standing Advisory Committee 2018-2023																					
NIHR HTA & EME Editorial Board 2015-2019																					
Pre-Exposure Prophylaxis Impact Review Panel 2017																					
EME - Funding Committee Members 2019-2022																					
HTA General Committee 2016-2019																					
HTA Post-Funding Committee teleconference 2016-2019																					
HTA Funding Committee Policy Group 2016-2019																					
<b>Time frame: past 36 months</b>																					
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Long-Term Outcomes Of Synthetic Mid-Urethral Slings (Mesh Tapes) In Surgical Treatment Of Stress Urinary Incontinence In Women – A Long-term Follow-Up Of The SIMS RCT.</td> <td style="padding: 2px;">NIHR133092</td> </tr> <tr> <td style="padding: 2px;">Glucocorticoids in Adults With Acute Respiratory Distress Syndrome: Randomised Clinical Trial (GuARDS Trial)</td> <td style="padding: 2px;">NIHR151601</td> </tr> <tr> <td style="padding: 2px;">Inpatient GRAduated Compression stocking use as an adjunct to Extended duration</td> <td style="padding: 2px;">NIHR155294</td> </tr> </table>	Long-Term Outcomes Of Synthetic Mid-Urethral Slings (Mesh Tapes) In Surgical Treatment Of Stress Urinary Incontinence In Women – A Long-term Follow-Up Of The SIMS RCT.	NIHR133092	Glucocorticoids in Adults With Acute Respiratory Distress Syndrome: Randomised Clinical Trial (GuARDS Trial)	NIHR151601	Inpatient GRAduated Compression stocking use as an adjunct to Extended duration	NIHR155294													
Long-Term Outcomes Of Synthetic Mid-Urethral Slings (Mesh Tapes) In Surgical Treatment Of Stress Urinary Incontinence In Women – A Long-term Follow-Up Of The SIMS RCT.	NIHR133092																				
Glucocorticoids in Adults With Acute Respiratory Distress Syndrome: Randomised Clinical Trial (GuARDS Trial)	NIHR151601																				
Inpatient GRAduated Compression stocking use as an adjunct to Extended duration	NIHR155294																				

	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)
	pharmacoprophylaxis for venous thromboembolism prevention – the GRACE multi-centre randomised controlled trial	
	Early Vasopressors in Sepsis (EVIS) trial	NIHR132594 (19/162/02)
	Thromboprophylaxis in individuals undergoing superficial endoVenous treatment (THRIVE)	NIHR152877
	Examining the benefit of graduated compression stockings in the Prevention of vEnous Thromboembolism in low-risk Surgical patients: a multicentre cluster randomised controlled trial (PETS Trial)	NIHR133776
	ESPriT2: A multi-centre randomised controlled trial to determine the effectiveness of laparoscopic treatment of isolated superficial peritoneal endometriosis for the management of chronic pelvic pain in women	NIHR129801
	A randomised Placebo-Controlled Trial of Antenatal Corticosteroids for Planned Birth in Twins: STOPPIT-3	C-10333879 NIHR131352
	Duration of External Neck Stabilisation following odontoid fracture in older or frail adults: a randomised controlled trial of early versus late collar removal	NIHR131118
	A Placebo Controlled Randomised Trial Of Intravenous Lidocaine In Accelerating Gastrointestinal Recovery After Colorectal Surgery	15/130/95
	A parallel group, double-blind, randomised, placebo-controlled trial comparing the effectiveness and cost effectiveness of low dose oral modified release morphine versus placebo on patient-reported worst breathlessness in people with chronic breathlessness: Morphine And BrEathLessness trial	2019-002479-33
	Designing a platform trial to assess the effectiveness of interventions for peripheral arterial disease: The PAEDIS trial Development Project.	NIHR155342
	Venous leg ulcers: management and eradication (VEIN Platform Study)	NIHR155477
	Alpha 2 Agonists for Sedation to produce Better Outcomes from Critical Illness (A2B TRIAL): A Parallel Group Randomised Controlled Trial Comparing Clonidine, Dexmedetomidine and Current Usual Care	16/93/01
	Diagnostic tools to establish the presence and severity of peripheral arterial disease in people with diabetes	NIHR131855
	CHAPS - Compression Hosiery To Avoid Post-Thrombotic Syndrome	17/147/47
	The CATHETER II Study: Randomised Controlled Trial Comparing The Clinical And Cost-Effectiveness Of Various Washout Policies Versus No Washout Policy In Preventing Catheter	17/30/02

		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)
		Associated Complications In Adults Living With Long-Term Catheters	
		Female Urgency, Trial of Urodynamics as Routine Evaluation ( FUTURE )	15/150/05
		Feasibility and design of a trial to determine the optimal mode of delivery in women presenting in preterm labour or with planned preterm delivery	17/22/02 125193
<b>3</b>	Royalties or licenses	<input type="checkbox"/>	
		None	
<b>4</b>	Consulting fees	<input type="checkbox"/>	
		None	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
		None	
<b>6</b>	Payment for expert testimony	<input type="checkbox"/>	
		None	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/>	
		None	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/>	
		None	

		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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	
		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/>	
		Chair of MRC/NIHR Efficacy and Mechanism Evaluation Board, 2019-present	
11	Stock or stock options	<input type="checkbox"/>	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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:** 12/9/2022

**Your Name:** D Pasupathy

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">None</td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	None					Click the tab key to add additional rows.
None								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">None</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>	None					
None								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">None</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>	None					
None								

		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)
<b>4</b>	Consulting fees	<input type="checkbox"/> None  	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None  	
<b>6</b>	Payment for expert testimony	<input type="checkbox"/> None  	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> None  	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> None  	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None  	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> Obstetric lead National Maternity Perinatal Audit, UK 2016-2020  	



		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 type="checkbox"/>	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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:** 12/9/2022

**Your Name:** Julia Sanders

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b> All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">As co-investigator I had funded time as part of the the NIHR grant that funded the study.</td> <td>Payments made to my institution.</td> </tr> <tr> <td>Pool study NIHRDH-16/149/01 CAPE Study <a href="#">NIHR127325</a> ABA Feed NIHR129182 iHOLDS NIHRDH-17/137/02 Listen 2 Baby NIHR134306 Midwifery Continuity of Care NIHR151802</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	As co-investigator I had funded time as part of the the NIHR grant that funded the study.	Payments made to my institution.	Pool study NIHRDH-16/149/01 CAPE Study <a href="#">NIHR127325</a> ABA Feed NIHR129182 iHOLDS NIHRDH-17/137/02 Listen 2 Baby NIHR134306 Midwifery Continuity of Care NIHR151802		Click the tab key to add additional rows.	
As co-investigator I had funded time as part of the the NIHR grant that funded the study.	Payments made to my institution.							
Pool study NIHRDH-16/149/01 CAPE Study <a href="#">NIHR127325</a> ABA Feed NIHR129182 iHOLDS NIHRDH-17/137/02 Listen 2 Baby NIHR134306 Midwifery Continuity of Care NIHR151802								
Click the tab key to add additional rows.								
Time frame: past 36 months								
<b>2</b> Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">In the past 36 months I have held grants from the NIHR, the Scottish Government and the Burdett Trust for Nursing.</td> <td>All payments and grants were made to my institution.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	In the past 36 months I have held grants from the NIHR, the Scottish Government and the Burdett Trust for Nursing.	All payments and grants were made to my institution.				
In the past 36 months I have held grants from the NIHR, the Scottish Government and the Burdett Trust for Nursing.	All payments and grants were made to my institution.							

		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)
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/>	
		I am self-employed as a midwifery witness	Payments for self-employed work are made directly to me.
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/>	
		None outside of grant funding	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/>	
		I am a member of study steering committees for various NIHR funded studies.	
<b>10</b>	Leadership or fiduciary role in	<input type="checkbox"/>	

		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)
	other board, society, committee or advocacy group, paid or unpaid	Wellbeing of Women funding panel member NIHR PCAF funding panel member NPEU, Oxford University, Trials advisory group member	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/>	

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:** 12/2/2022

**Your Name:** Gordon Smith

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)
<b>Time frame: Since the initial planning of the work</b>		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px;">           Study Ref codes:            71276070            HTA 17.148.07            HER00660            NIHRDH-HTA/15/105/01         </div>
<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px;">           Illumina             Consumable support for studies on genotyping and analysis of plasma RNA in predicting preeclampsia         </div>

		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)
		Roche Diagnostics Ltd	Financial and consumable support for randomized controlled trial of screening for pregnancy complications near term.
		Sera Prognostics	Financial and consumable support for studies on proteomics in predicting preterm birth
		NIHR	PI and Co-PI of grants awarded by NIHR HTA
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	

		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)
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Cambridge Enterprise for novel predictive test for fetal growth disorder	Application planned
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		GSK Vaccines	Member of DSMC for multiple studies of investigational RSV Maternal vaccine (GSK3888550A), from 2016-present.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		SANDS charity (Stillbirth and Neonatal Death Society)	Ambassador since 2021
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 type="checkbox"/> None	
		NIHR Cambridge Biomedical Research Centre (cycle 3)	Theme Lead: Women's Health & Paediatrics theme.
		NIHR Cambridge Biomedical Research Centre (cycle 4)	Key Researcher: Antenatal, Maternal and Child Health theme.
		NIHR	Ad hoc reviewer for multiple agencies within NIHR: Policy Research Programme, HTA, PGfAR, EME and Fellowships

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

	<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
--	---	--

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:** 12/9/2022

**Your Name:** Rosemary Townsend

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> N/a <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> CSO Early Postdoctoral Fellowship (from October 2022) <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input type="checkbox"/> n/a <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <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)						
<b>4</b>	Consulting fees	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>6</b>	Payment for expert testimony	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> n/a <table border="1"> <tr><td></td><td></td></tr> <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)
<b>11</b>	Stock or stock options	<input type="checkbox"/> none	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> none	
<b>13</b>	Other financial or non-financial interests	<input 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:** 12/9/2022

**Your Name:** Helen Cheyne

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIHR</td> <td style="width: 50%;">Research grant funding paid to University of Stirling</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	NIHR	Research grant funding paid to University of Stirling			<small>Click the tab key to add additional rows.</small>		
NIHR	Research grant funding paid to University of Stirling								
<small>Click the tab key to add additional rows.</small>									
Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIHR</td> <td style="width: 50%;">Research grant funding NIHR130619; HS&amp;DR 17/105/16; NIHR133727</td> </tr> <tr> <td>Aberlour</td> <td>Evaluation of peer support project</td> </tr> <tr> <td>Scottish Government Chief Scientist office</td> <td>MAHP Research Unit core funding</td> </tr> </table>	NIHR	Research grant funding NIHR130619; HS&DR 17/105/16; NIHR133727	Aberlour	Evaluation of peer support project	Scottish Government Chief Scientist office	MAHP Research Unit core funding	
NIHR	Research grant funding NIHR130619; HS&DR 17/105/16; NIHR133727								
Aberlour	Evaluation of peer support project								
Scottish Government Chief Scientist office	MAHP Research Unit core funding								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <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)
<b>4</b>	Consulting fees	<input type="checkbox"/>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	
<b>6</b>	Payment for expert testimony	<input type="checkbox"/>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/>	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/>	
		NIHR, University of Aberdeen	Project advisory board
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
		UK Sepsis Trust	Trustee

		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)						
<b>11</b>	Stock or stock options	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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.

# ICMJJE DISCLOSURE FORM

**Date:** 12/9/2022

**Your Name:** Christine McCourt

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour- – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 70%; height: 20px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 70%; height: 20px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 70%; height: 20px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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)								
4	Consulting fees	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <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"/> <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 type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <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 type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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:** 12/13/2022

**Your Name:** Professor Sarah J Stock

**Manuscript Title:** Cervical Ripening at Home or In-Hospital during induction of labour – prospective cohort study and process evaluation (CHOICE Study)s

**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.

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)										
<b>Time frame: Since the initial planning of the work</b>													
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">National Institute of Healthcare Research Health Technology and Assessment</td> <td style="width: 50%;">Paid to institution. <b>NIHR131352. NIHR HTA 17/22/02. NIHR HTA (project number 16/151/01).</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	National Institute of Healthcare Research Health Technology and Assessment	Paid to institution. <b>NIHR131352. NIHR HTA 17/22/02. NIHR HTA (project number 16/151/01).</b>	<small>Click the tab key to add additional rows.</small>							
National Institute of Healthcare Research Health Technology and Assessment	Paid to institution. <b>NIHR131352. NIHR HTA 17/22/02. NIHR HTA (project number 16/151/01).</b>												
<small>Click the tab key to add additional rows.</small>													
<b>Time frame: past 36 months</b>													
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">National Institute of Healthcare Research Health Technology and Assessment</td> <td style="width: 50%;">Paid to institution</td> </tr> <tr> <td>Wellcome Trust</td> <td>Paid to institution</td> </tr> <tr> <td>MRC</td> <td>Paid to institution</td> </tr> <tr> <td>Chief Scientist Office Scotland</td> <td>Paid to institution</td> </tr> <tr> <td>Tommy’s charity</td> <td>Paid to institution</td> </tr> </table>	National Institute of Healthcare Research Health Technology and Assessment	Paid to institution	Wellcome Trust	Paid to institution	MRC	Paid to institution	Chief Scientist Office Scotland	Paid to institution	Tommy’s charity	Paid to institution
National Institute of Healthcare Research Health Technology and Assessment	Paid to institution												
Wellcome Trust	Paid to institution												
MRC	Paid to institution												
Chief Scientist Office Scotland	Paid to institution												
Tommy’s charity	Paid to institution												
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<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>										

		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)
4	Consulting fees	<input type="checkbox"/> None	
		Natera – consultancy on preterm birth treatments	Paid to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Hologic – honoraria for educational talk	Paid to institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		National Institute of Healthcare Research Health Technology and Assessment DMC and TSC in last 36 months	
		HTA Funding committee 2016 to 2020.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Trustee of Sands charity	

		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	
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.