Date:	9/19/2023	
Your Name:	Catrin Evans	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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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.

		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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None HSDR Project:NIHR134535 Payment made to the University of Nottingham, School of Health Sciences Click the tab key to add additional rows.	
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	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	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None [
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/19/2023	
Your Name:	Georgia Clancy	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	 ☑ None □	
3	Royalties or licenses	☑ 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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/19/2023	
Your Name:	Kerry Evans	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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		Name all entities with whom you have relationship or indicate none (add rows	-	ments (e.g., if payments were our institution)
		Time frame: Since the in	al planning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Image: None Image:	Click the tab key to add ac	ditional rows.
3	Royalties or licenses	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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/25/2023	
Your Name:	Andrew Booth	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Joint Principal Investigator – NIHR HS&DR Evidence Synthesis Centre, NIHR Public Health Evidence Synthesis Team; NIHR Evidence Synthesis Programme Evidence Synthesis Group (Sheffield EnSygN)	

		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)
3	Royalties or licenses	None None Royalties for Systematic Approaches to a Successful Literature Review (Sage Publishers)	Personal annual royalty payments
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None He has received funded travel and accommodation from the World Health Organisation for attendance at methodological guidance meetings on complex interventions (2017-2018) and to attend as a technical expert, not panel member, at WHO guideline meetings. However, none of these guidelines relate to the topic of this publication.	Expenses reimbursed only
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety	⊠ 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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NoneAndrew Booth is a former member of the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research (HSDR) Funding Board (2019–2022) and the NIHR Evidence Synthesis Advisory Group (2019–2022). In 2023 he served on the NIHR SEISMIC Funding Board.	
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None Co-Convenor of Cochrane Qualitative and Implementation Methods Group and author on Cochrane Handbook for Qualitative Evidence Synthesis chapter on Realist Synthesis	Non-financial academic interest.
Plea	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.		

Date:	9/20/2023	
Your Name:	Benash Nazmeen	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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3	Royalties or		
	licenses	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	None Baby Lifeline Association of South Asian Midwives Care Quality Commission	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Reproductive Justice Network Royal College of Midwives	
6	Payment for expert testimony	D None	
7	Support for attending meetings and/or travel	None National Perinatal Epidemiology Unit-MBRRACE	
8	Patents planned, issued or pending	□ None none	
9	Participation on a Data Safety Monitoring Board or Advisory Board	 None Race and Health Observatory- NHs Confederation National Perinatal Epidemiology Unit-MBRRACE Nursing and Midwifery Council 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	D None Birth Plus Iolanthe Midwifery Trust	

		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	None none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None none	
13	Other financial or non-financial interests	None None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	_9/22/2023	
Your Name:	Candice Sunney	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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3	indicated in item #1 above). Royalties or	⊠ None	
	licenses		

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/25/2023	
Your Name:	Mark Clowes	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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		Name all entities with whom you hav relationship or indicate none (add row		were
		Time frame: Since the	initial planning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Image: None Image:	Click the tab key to add additional rows.	
	#1 above).			
3	Royalties or licenses	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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Manuscript Number (if known):	ERO Project: NIHR135855 - HSDR NIHR134535 - Synopsis	
Manuscript Title:	How to implement digital clinical consultations in UK maternity care: the ARM@DA realist review	
Your Name:	Dr Nia Wyn Jones	
Date:	5/10/2024	
Date:	5/16/2024	

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3	Royalties or licenses	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	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/19/2023	
Your Name:	Stephen Timmons	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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		Time frame: Since the initial planning o	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or	Image: None Image: Display the second se	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	NIHR MRC	
3	Royalties or licenses	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	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	D None Taipei Medical University	Paid to me
6	Payment for expert testimony	[⊠] None [
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None NHS ACCIA	

		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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	 [⊠] None 	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/19/2023	
Your Name:	HELEN SPIBY	
Manuscript Title:	Implementing Digital Clinical Consultations in Maternity Care: Realist Synthesis with Knowledge User Involvement	
Manuscript Number (if known):	ERO Project:NIHR135855 - HSDR NIHR134535 - Synopsis	

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			s with whom you have this ndicate 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					
present manuscript (e.g funding, provisi of study materia 	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	 ☑ None ☑ None ☑ None 	Time frame: past 36 month	Click the tab key to add additional rows.		
3	Royalties or licenses	☑ 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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	[⊠] None [
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	 ☑ None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
Please place an "X" next to the following statement to indicate your agreement:				