

## ICMJE DISCLOSURE FORM

**Date:** 10/2/2023

**Your Name:** Sara Kenyon

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**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>											
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Member of HSDR Project NIHR150979 Plan A Steering Committee.</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>	Member of HSDR Project NIHR150979 Plan A Steering Committee.						
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<b>10</b>	Leadership or fiduciary role in	<input 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)						
	other board, society, committee or advocacy group, paid or unpaid	Labour representative on British Maternal and Fetal Medicine Society	Member of HTA MNCH Panel 01/03/2013-31/03/2017, and HTA Prioritisation Committee C (Mental health, women and childrens health) 01/03/2017-31/07/2019.						
		Deputy Chair of NIHR PCAF panel 2018- 22							
		Member of the NIHR DCAF panel 2023- to date							
<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 28th September 2023

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**Your Name:** Tracey A Johnston

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**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

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**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<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>	Co-investigator for HOLDS trial (NIHR HTA 14/140/44) – time funded  Click the tab key to add additional rows.	
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	Co-investigator for iHOLDS trial (NIHR HTA 17/137/02) – time funded	
<b>3</b>	Royalties or licenses	X <b>None</b>	

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4	Consulting fees	x <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x <b>None</b>	
6	Payment for expert testimony	x <b>None</b>	
7	Support for attending meetings and/or travel	x <b>None</b>	
8	Patents planned, issued or pending	x <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x <b>None</b>	

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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Treasurer for the British Maternal and Fetal Medicine Society Trustee for the British Maternal and Fetal Medicine Society	
<b>11</b>	Stock or stock options	X <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X <b>None</b>	
<b>13</b>	Other financial or non-financial interests	X <b>None</b>	

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

X    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:** 9/30/2023

**Your Name:** Jason Waugh

**Manuscript Title:** Click or tap here to enter text. High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/23/2023

**Your Name:** Kim Hinshaw

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 1/17/2024

**Your Name:** Julia Sanders

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

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		<p><i>Calcium Supplementation for Prevention of Pre-eclampsia in High Risk Women: CaPE Trial</i> <a href="#">NIHR127325</a></p>	<p><i>The POOL Study. Establishing the safety of waterbirth for mothers and babies: A cohort study with nested qualitative component</i> Award ID: 16/149/01</p>
		<p><i>Listen2Baby Listen2Baby - Improving monitoring of the baby during uncomplicated labour: a study using experience-based co-design</i></p> <p><a href="#">NIHR134306</a></p>	<p><i>The SIMCA (Studying the Implementation of Midwifery Continuity of Carer) project</i> <a href="#">NIHR151802</a></p>
		<p><i>Clinical and cost-effectiveness of a maternity quality improvement programme to reduce excess bleeding and need for transfusion after childbirth: the Obstetric Bleeding Study UK (OBS UK) Stepped Wedge Cluster Randomised Trial</i> <a href="#">NIHR152057</a></p>	<p><i>Accelerating the development of a perinatal platform trial to efficiently evaluate the effectiveness of multiple interventions in maternity and neonatal care</i> <a href="#">NIHR156043</a></p>
<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 type="checkbox"/> <b>None</b>	
		Self employment as legal expert witness	

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11	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: 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>									
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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)
	gifts or other services		
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 10/3/2023

**Your Name:** Andrew K Ewer

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**Manuscript Number (if known):** N/K

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

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

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

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NIHR HTA									
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 1/17/2024

**Your Name:** Lee Jonathan Middleton

**Manuscript Title:** High or Low Dose Oxytocin for Delay in Labour

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

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

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<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> </table>						

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4	Consulting fees	<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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 9/30/2023

**Your Name:** Clive Stubbs

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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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:** 9/25/2023

**Your Name:** Versha Cheed

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 9/29/2023

**Your Name:** Hannah Summers

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**Manuscript Number (if known):** 14/140/44

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/29/2023

**Your Name:** Ruth Hewston

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 9/29/2023

**Your Name:** Adrian Wilcockson

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

**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.

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

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

## ICMJE DISCLOSURE FORM

**Date:** 9/27/2023

**Your Name:** Kate Siddall

**Manuscript Title:** High or Low Dose Syntocinon for delay in labour

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

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/25/2023

**Your Name:** Dee Wherton

**Manuscript Title:** High or Low Dose Syntocinon for delay in labour

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2023

**Your Name:** Peter Brocklehurst

**Manuscript Title:** High or low dose oxytocin for nulliparous women delayed in the first stage of labour: the HOLDS RCT

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

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			Giant PANDA: Pregnancy Antihypertensive Drugs; Which Agent is best? (NIHR HTA 128721) - funding as a grant co-applicant
			eMOTIVE: Early detection of postpartum haemorrhage and treatment using the World Health Organization MOTIVE 'first response' bundle: a cluster randomised trial with health economic analysis and mixed-methods evaluation (Gates Foundation) - funding as a grant co-applicant
			ADEPP: AntiDEpressants for the Prevention of depression following first episode Psychosis (NIHR HTA 127700) - funding as a grant co-applicant
			The POOL Study: Establishing the safety of waterbirth for mothers and babies: A cohort study with nested qualitative component (NIHR HTA 16/149) - funding as a grant co-applicant
			C-STICH 2: Rescue Cervical Cerclage To Prevent Miscarriage and Preterm Birth a Randomised Controlled Trial (NIHR HTA 13/04/107) - funding as a grant co-applicant
<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>	

		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)
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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Member of CTUs funded by NIHR until 2021-08-31, HTA Efficient Study Designs - 2 01/11/2015-31/07/2016, HTA Efficient Study Designs Board 13/10/2014-17/12/2014, HTA MNCH Panel 01/12/2014-30/06/2018, HTA Commissioning Committee 29/03/2010-30/04/2012.
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	

		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)
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.