

## SUPPLEMENTARY FILE

Codes	Subcategories	Category
<p>When mother tell us about a problem, we need proper examination and immediate action            If referred mother says she's tired and had long labour, she needs hastily action            We take action after checking partograph.            No development in 3 PVs need fast action            Action must be taken when head is not descending despite enough contractions            Some have strong contractions but not dilation - then you have to take action            Partograph leads to action and if baby is big you must take early action</p>	<p>Take action</p>	<p>Using appropriate intervention at appropriate time</p>
<p>Early admittance exhausts mother            Early admittance ends in PL            For referrals there is a long process of diagnosing PL, organizing transport and do the transport.            If referred PL case, the baby can be tired on arrival and can have poor outcome.            wrongly early admission is bad for the mother</p>	<p>Too early or too late admission</p>	
<p>Delayed ARM prevents PL            timing ARM            Sometimes membranes can rupture on its own            tell us when to rupture membranes            ARM is done from 4cm            ARM can be enough, some also need oxy            ARM is helpful if level is ok            We can not do ARM before 6-7cm            ARM at 7-8 cm gives quick descent            ARM-results are 50/50            ARM can detect meconium            ARM from 7cm            ARM can help to identify position            ARM will not make big baby descend            ARM at 8-9cm prevents cord            Suspect nurses delay ARM because they worry about PL            Membranes can be blocking the passage causing PL            ARM add to fetal heart rate about baby's condition            If we don't do ARM we don't know how baby is doing</p>	<p>When to perform artificial rupture of membranes</p>	
<p>Time of oxytocin administration            Dilation in favour of oxytocin            timing oxytocin            Oxy at 3cm will fail            Before no oxy at night, now anytime</p>	<p>When to administer oxytocin</p>	

<p>Before oxy until 6pm, now one nurse is alone in monitoring oxy  Oxytocin if foetal heart rate is ok  Oxytocin and extraction if no progress  What is to be done when mother is stagnant but already on oxy?  On oxy you need to hear foetal heart rate most of the time</p>		
<p>Early ARM leads to PL  ARM when HIV gives problem to child  ARM and oxy at 2-3cm will give delay  Alert when silence after oxytocin  No ARM in HIV-patients  No ARM in HIV-patients  ARM can not be done with head high  oxy can cause overstressed uterus  improper administration of oxy can give PL  Early application of oxy causes PL  Early ARM can cause baby infection  ARM can give cord prolapse  Early ARM can risk the baby's life  ARM can cause PL  unnecessary induction causes PL</p>	<p>Risks associated with artificial rupture of membranes and oxytocin</p>	
<p>Scared of vacuum, not put into good use  If you do vacuum extraction you have to be sure the baby will come out</p>	<p>Use of vacuum extraction</p>	
<p>Referred PL needs only ARM to birth, parto says c-section  If PL we consider CS 2 hours after starting oxytocin  Referral case called PL and with 3cm dilation but no danger signs was sent straight to operation  If they stay long they should get CS  Mother refused operation and got normal birth  If early interventions are done, only CS is left  CS depends on cause of PL  If no descent on 10cm you might have to do CS  If PL I think we might need CS, I call doctor  Referral with hot vagina and high level can not get trial of labour  Too big baby for the pelvis means CS  Those with OPP and transverse will get PL and CS.  Partograph says c-section but only need for ARM</p>	<p>Use of caesarean section</p>	
<p>Woman wants oxy to shorten labour  Sometimes decision is affected by mothers demands - we have humanity  Many ask for operation  Listen to those with HIV when they want CS</p>	<p>Mothers want interventions</p>	

<p>Some think crying will give operation If no danger, we don't give CS on request If mother wants CS, but no danger signs, I reassure her she will be fine If mothers wish is not the best for her, we don't approve Some patients say if you cry much you will have operation. Little knowledge of labour pain may lead to women demanding c-section</p>		
--	--	--