

<b>Supplementary Table 1: Time frames of data collection &amp; response rates by country and cohort</b>						
		<b>England</b>	<b>Poland</b>	<b>Northern Ireland</b>	<b>Australia</b>	<b>USA</b>
Time frame of data collection (From month/year to month/year)		February 2019 to June-Sept 2021	November 2020 to November 2021	November 2021 to September 2023	October to December 2022	August 2020 to August 2022
Response rate (#participants/#cohort)	Early Programme	39% (n=66/166)	73.8% (n=31/42)	81% (n=13/16)	25% (n=15/60)	39.7% (n=39/98)
	Mid Programme	35% (n=59/167)	87.2% (n=116/133)	34% (n=33/97)	33% (n=15/45)	35.8% (n=33/92)
	Late Programme	27% (n=37/136)	58.5% (n=72/123)	30% (n=21/71)	22% (n=7/32)	12.8% (n=13/101)
	Overall	34.5%(n=162/469)	73.4% (n=219/298)	36% (n=67/184)	21% (n=37/174)	29.2% (n=85/291)

**Supplementary Table 2. Participating midwifery education program characteristics**

Country	Participating universities	Degrees offered & length of program	Entry qualification	International students & countries of origin	Age range of students
EN	AA University	BSc (Hons) Midwifery (3 years)	Post-secondary with proper academic qualifications	Several (ex. Poland, Spain, France, USA, South Africa, Ireland, Nigeria)	18-54
NI	BB University	BSc (Hons) Midwifery (3 years) MSc Midwifery (2 years)	Post-secondary with proper academic qualifications	Kingdom of Saudi Arabia, USA	18 - 50
PO	CC University	BSc (Hons) Midwifery (3 years) MSc Midwifery (2 years)	Post-secondary with proper academic qualifications	None	18-50
	DD University				
	EE University				
AU	FF University	Bachelor of Nursing and Midwifery, 4 years full time  MSc of Midwifery, 1.5 years full time	Post-secondary with proper academic qualifications	None	18-50
	GG University	Bachelor of Midwifery, 3 years full time			
US	HH University	MSc (2 years, 4 months) Doctor of Nursing Practice (2 years, 8 months)	Registered Nurse with a Bachelor's degree	None	25-40

BSc (Hon) – Bachelor of Science with Honours; MSc – Master of Science

STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation	Page No
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	1
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2
Objectives	3	State specific objectives, including any prespecified hypotheses	3
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	3
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	3-4
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	4
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	3-4
Bias	9	Describe any efforts to address potential sources of bias	4
Study size	10	Explain how the study size was arrived at	4
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	4
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	4-5
		(b) Describe any methods used to examine subgroups and interactions	5-8
		(c) Explain how missing data were addressed	4
		(d) If applicable, describe analytical methods taking account of sampling strategy	5-8
		(e) Describe any sensitivity analyses	5-8
<b>Results</b>			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	3-4
		(b) Give reasons for non-participation at each stage	3-4

		(c) Consider use of a flow diagram	n/a
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	3-4
		(b) Indicate number of participants with missing data for each variable of interest	n/a
Outcome data	15*	Report numbers of outcome events or summary measures	5-8
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	n/a
		(b) Report category boundaries when continuous variables were categorized	n/a
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n/a
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	12
<b>Discussion</b>			
Key results	18	Summarise key results with reference to study objectives	8
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	11-12
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	8-11
Generalisability	21	Discuss the generalisability (external validity) of the study results	8-11
<b>Other information</b>			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	n/a

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).