## Additional File 1: Characteristics of qualitative studies included after quality review

| Author /date                        | Vaate et al (2002)   | Sibley et al (2007)  | Matsuyama and Moji (2008)   | Jangsten et al (2010)   |
|-------------------------------------|--|--|---|---|
| Code                                | 1  | 2  | 3   | 4   |
| Topic area and aims                 | To assess knowledge, attitudes, practices, and role of trained Gambian traditional birth attendants (TBAs) in prevention, recognition and management of postpartum haemorrhage                           | To identify local cultural theories that women and (untrained) TBAs use to recognize and care for postpartum problems, including PPH.  | To explore local understanding of bleeding during pregnancy and at delivery, and the meaning attached to it.  | To explore midwives' experiences of management of the third stage of labour and assessment of risk.   |
| Theoretical perspective             | No clear theoretical perspective   | No clear theoretical perspective   | Grounded theory   | No clear theoretical perspective  |
| Design                              | Semi-structured interview study and group discussions  | Qualitative data collection and multivariate analysis  | Interview study and case histories  | Focus group study   |
| Setting and context                 | Rural villages in The Gambia,<br>West Africa   | Rural Bangladesh   | Rural Nepal   | Six hospital labour wards, Sweden   |
| Sampling strategy and sampling size | 22 trained TBAs and their 2<br>supervisors were identified in<br>the 12 villages of interest   | 20 informants from 4 groups: women of reproductive age who gave birth in 2005; women between 50 and 70 years living in extended family; trained and skilled birth attendants.  | Snowball sampling   | Recruitment through the labour ward manager at each hospital. Criteria set by research team – e.g. labour ward midwifery experience for more than 15 years.                                   |
| Other participant characteristics   | TBAs had received 6 weeks training and attended an average of 15 births per annum. Supervisors were Government employed Community Health Nurse-Midwives and provided on-going education and supervision. | Almost all were women, parity 1-3, married, Muslim, no formal education or none beyond 5 <sup>th</sup> year. 18-70 years. Women of reproductive age younger, lower parity and reported more formal education than TBAs and elder women. TBAs had attended 10 or fewer births in the previous year. | 28 participants were interviewed 2-5 times each. Key informants, included village wise men, wise women, village health volunteers, mothers-in-law, women with small children, husbands, TBAs, traditional healers and pharmacists. They were carefully selected after an initial interview. | 32 midwives in 6 focus groups 4 had worked for less than 15 years (14,11,9,and 6 years). Participants had a total of 772 years of experience (average 24 years). Ages between 24 and 65 years |
| Data collection methods             | Semi-structured interviews in TBAs home for 45-60 minutes, and group discussions in a central neutral location.  | Face-to-face interview using semi-<br>structured questionnaire with<br>open-ended questions. Free-<br>listing also carried out.  | Semi-structured interviews using ethnographic interview guides. Also used free-listing, ranking and pile sorts  | Focus group discussions, tape recorded and transcribed verbatim   |
| Analytical approach                 | Data was 'ordered' in relation to<br>the research questions and<br>categorised into themes   | SPSS for demographic and social data. Qualitative data coded using Atlas software.   | Content analysis  | Content analysis  |
| Quality rating                      | С  | С  | В   | В   |

| Author /date /country               | Kalim et al (2009)  | Elmir et al (2012)   | Mapp and Hudson ( 2005)  |  |
|-------------------------------------|---|--|--|--|
| Code                                | 5   | 6  | 13   |  |
| Topic area and aims                 | Explored the differences in perceived knowledge and careseeking behaviours of women in relation to PPH or eclampsia | To describe women's experiences of having an emergency hysterectomy following a severe PPH   | Women's 'lived expereince' of obstetric emergencies  |  |
| Theoretical perspective             | No clear theoretical perspective  | Naturalistic inquiry ???   | Husserlian phenomenology   |  |
| Design                              | 'A mix of qualitative research methods'   | Interview study  | Interview study  |  |
| Setting and context                 | Districts of Sylhet and Jessore,<br>Bangladesh  | Australia  | NHS Hospital Trust, South West of England  |  |
| Sampling strategy and sampling size | Respondents chosen randomly from address lists  | 21 women self-selected following<br>a media release, posters and<br>flyers in a range of public<br>locations.                                      | A sample of 10 women, recruited following two local radio interviews and an advertisement in a local newpaper  |  |
| Other participant characteristics   | Women of reproductive age (15-49 years) and elderly women (50-70 years)   | Age of women: 24-57 years. Time from hysterectomy to interview was 5 weeks to 28 years. 13 women had a caesarean birth, 8 women had vaginal birth. | One woman experienced eclampsia, 5 women experienced placental abruption, 7 women experienced moderate and major postpartum haemorrhage, of which 2 led to hysterectomy. |  |
| Data collection methods             | Free listing, rating exercises, hypothetical case scenarios and in-depth interviews                                 | Face-to-face, telephone and internet email interviews.   | Face to face interview at a location chosen by the woman.  |  |
| Analytical approach                 | Content analysis and ranking  | 'Data inductively analysed'  | Colaizzi's method  |  |
| Quality rating                      | В   | A/B  | C/D  |  |