Women's suggestions on how to improve the quality of maternal and newborn hospital care: a qualitative study in Italy using the WHO Standards as framework for the analysis

Supplementary files

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Supplementary Table 1. Standards for Reporting Qualitative Research (SRQR) Checklist

Source: http://www.equator-network.org/reporting-guidelines/srqr/

Page

Title and abstract

Title - Concise description of the nature and topic of the study Identifying the study as	
qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection	
methods (e.g., interview, focus group) is recommended	1
Abstract - Summary of key elements of the study using the abstract format of the intended	
publication; typically includes background, purpose, methods, results, and conclusions	2

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review	
of relevant theory and empirical work; problem statement	5
Purpose or research question - Purpose of the study and specific objectives or questions	6

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography,	
grounded theory, case study, phenomenology, narrative research) and guiding theory if	
appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist)	
is also recommended; rationale**	7-8
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the	
research, including personal attributes, qualifications/experience, relationship with participants,	
assumptions, and/or presuppositions; potential or actual interaction between researchers'	
characteristics and the research questions, approach, methods, results, and/or transferability	7
Context - Setting/site and salient contextual factors; rationale**	7
Sampling strategy - How and why research participants, documents, or events were selected;	
criteria for deciding when no further sampling was necessary (e.g., sampling saturation);	
rationale**	7

Ethical issues pertaining to human subjects - Documentation of approval by an appropriate	
ethics review board and participant consent, or explanation for lack thereof; other confidentiality	
and data security issues	3-4
Data collection methods - Types of data collected; details of data collection procedures	
including (as appropriate) start and stop dates of data collection and analysis, iterative process,	
triangulation of sources/methods, and modification of procedures in response to evolving study	
findings; rationale**	7-8
Data collection instruments and technologies - Description of instruments (e.g., interview	
guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the	
instrument(s) changed over the course of the study	7-8
Units of study - Number and relevant characteristics of participants, documents, or events	
included in the study; level of participation (could be reported in results)	9
Data processing - Methods for processing data prior to and during analysis, including	
transcription, data entry, data management and security, verification of data integrity, data	
coding, and anonymization/de-identification of excerpts	8
Data analysis - Process by which inferences, themes, etc., were identified and developed,	
including the researchers involved in data analysis; usually references a specific paradigm or	
approach; rationale**	8
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility	
of data analysis (e.g., member checking, audit trail, triangulation); rationale**	8
or data analysis (sign, mornisor oricolarity, data trail, triarity data original	

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes);	
might include development of a theory or model, or integration with prior research or theory	9-14
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to	
substantiate analytic findings	9-14

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short	
summary of main findings; explanation of how findings and conclusions connect to, support,	
elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of	
application/generalizability; identification of unique contribution(s) to scholarship in a discipline	
or field	14-18
Limitations - Trustworthiness and limitations of findings	17-18

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and	
conclusions; how these were managed	4
Funding - Sources of funding and other support; role of funders in data collection, interpretation,	
and reporting	4

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Supplementary Table 2. Comparison with missing cases

Mothers	Women who made	Women who did not	P value
	comments	make comments	
	N (%)	N (%)	
	(N=392)	(N=852)	
Age, median (range)	33.5 (18-46)	33.2 (18-59)	-
Italian nationality	360 (91.6)	764 (89.7)	0.82
Primiparous	222 (56.5)	436 (51.2)	0.34
Multiple pregnancy	5 (1.3)	16 (2.0)	0.45
Education			
No formal education	0 (0)	2 (0.2)	0.93
Primary school	1 (0.3)	4 (0.5)	0.99
Lower secondary education	23 (5.9)	75 (8.8)	0.21
Upper secondary education	138 (35.1)	338 (39.7)	0.34
Degree	153 (38.9)	313 (36.7)	0.64
Post-graduate studies	76 (19.3)	113 (13.3)	0.02
Caesarian section			
Elective cesarean section	40 (10.2)	74 (8.7)	0.38
Emergency cesarean section	55 (14.0)	116 (13.6)	0.8
Baby in intensive care unit	43 (11.0)	102 (12.0)	0.6088