## Web Appendix B. Maternity service quality measurement instrument

Topics	Dimensions	<b>Theoretical Constructs</b>
Capacity Related	Care capacity	Tangible
Concerns	Patient room availability	Physical aspects (Brahmbhatt et al., 2011)
	Space in wards	Infrastructure (Padma et al., 2009, 2010)
	Patient privacy	Responsiveness (Anbori et al., 2010)
	Hospital ward capacity	
	Comfort on the ward	
	Staff availability	
	Midwives' capacity	
	Doctors' English language capability	
	Language comprehension for foreign	
	patients	
Insufficient Amenities	Parking situation	Tangible
	Conditions of the toilets	Tangible (S. Andaleeb, 2008) Physical aspects
	Conditions of hospital infrastructure	(Brahmbhatt et al., 2011)
	Appropriate washing and bathroom	(=
	facilities	
Night-time Care	Noise level in wards	Tangible
Conditions	Patient care at night	Physical aspects (Brahmbhatt et al., 2011)
	Wards staffing	Responsiveness (Abuosi & Atinga, 2013;
	Partner presence to assist new mothers	Ahmadi, 2017; Lam & Woo, 1997; Lin et al.,
		2004)
		Empathy/Access (Adams et al., 2009)
		NIGHT TIME CARE CONDITIONS (author's
		construct)
Labour Ward Access	Facility accessibility	Tangible
		Physical aspects (Brahmbhatt et al., 2011)
		Tangibles (Lin et al., 2004)
Staff Attitude	Nurse availability	Empathy
	Nurse capacity	Empathy (Processes) (D. H. Lee, 2017; D. Lee
	Staff attitude	& Kim, 2017)
	Doctor empathy	Communication with nurses (Webster et al.,
	Consultant approach towards patients	2011)
	Patient privacy	
	Staff patience	
Deficit of Hospital	Availability of hospital resources	Tangible
Resources	Hospital staffing	Responsiveness (Anbori et al., 2010)
		Tangibles (Abuosi & Atinga, 2013)
Appointment	Appointment ticketing system	Process
Management System	Accuracy of appointment times	Convenient and Fair Process (Otalora et al.,
	Patient informed about appointments	2018)
	Appointment waiting times	Process of healthcare Administrative procedures
	Length of appointment	(Siddiq et al., 2016)
		Process (Brahmbhatt et al., 2011)
Quality of Food	Standard of hospital food	Tangible
	Nutrition levels of breakfast offered	Food and beverage (Aborumman &
	Portion size	Aborumman, 2011)
		Tangibles (Ahmadi, 2017) Physical aspects
		(Brahmbhatt et al., 2011)
Management of	Flexibility of visiting times	Process
Visiting Times	Visits limitations	Process (Brahmbhatt et al., 2011)
	Enforcement of visiting times	Process of healthcare administrative procedures
	Noise levels during ward visiting times	(Siddiq et al., 2016)

Topics	Dimensions	Theoretical Constructs
Insensitive Care	Sleep hygiene on wards	Empathy
Conditions	Mothers access to milk during the nights	Empathy (Abuosi & Atinga, 2013; Lam, 1997;
	Access to neonatal ward	Lin et al., 2004)
	Sensitivity around ward co-location of	
	those pregnant and those experiencing	
	miscarriages	
Doctors' Pre-visit	Doctors' preparedness	<b>Process</b> of clinical care (Padma et al., 2009,
Preparation Preparation	Doctors' communication with care team	2010)
rieparation	Communication and agreement on visit	2010)
	timings	
Labour Postnatal	Frequency of delays or cancellation	Process
	Timeliness	
Support and Delayed	Timenness	Service Reliability (Otalora et al., 2018)
Appointments		Responsiveness (Büyüközkan et al., 2011)
		Process (Büyüközkan et al., 2011)
		Process of healthcare administrative procedures
		(Siddiq et al., 2016)
Care Under Exceptional		Empathy
Circumstances	specific needs	Empathy (Abuosi & Atinga, 2013)
		Physician-Patient Relationship (Otalora et al.,
		2018)
Access to Pain Relief	Pain management	Pain management (Webster et al., 2011)
	Options for pain relief	
	Early-stage access to pain relief	
	Staff responsiveness to pain	
	Epidural pain relief	
Discharge Issues	Discharge timing	Process
2 isomarge issues	Information clarity from staff on	Process (Brahmbhatt et al., 2011)
	discharge	Trocess (Brainfionatt et al., 2011)
	discharge	Process of healthcare administrative procedures
		(Siddiq et al., 2016)
Need for Increased	Crystom symments for broastfeeding	Competency
	System supports for breastfeeding Breastfeed expectations	
Breastfeeding Support		Professionalism/Skill/Competence (Ramsaran-
T.C C.	Breastfeeding support	Fowdar, 2005)
Information Support	Early discussion on birth method	Empathy
and Individualised	Information provision on all delivery	Empathy (Abuosi & Atinga, 2013; Al-Damen,
Options	options	2017; Anbori et al., 2010; Lam, 1997; Lin et al.,
	Consultant attitude of consultant towards	2004; Ramsaran-Fowdar, 2005)
	birth decisions	Personalization (Isa et al., 2014; Karami et al.,
	Provision of clear information from staff	2016; Raajpoot, 2004)
	Respect of patients' personal choices	Reliability (Brahmbhatt et al., 2011)
	Access to required scans at appointments	Responsiveness (Ahmadi, 2017)
	Active listening to women	
Holistic Care	Primary and technical quality	Process
Experience	Treatment process and its outcome	Credibility (Pakdil & Harwood, 2005;
	Reliability	Parasuraman et al., 1990; Zeithaml et al., 1990)
	Understanding of illness	(Zeithaml et al. 1990)
	Comprehensive care satisfaction	Process of clinical care (Padma et al., 2009,
	Midwives experience	2010)
	Midwives attitude	/
	Up-to-date dietary advice	
	Operational devices	
Insufficient Care		Dwogogg
	Conduct process shocks	Process Process of clinical care (Padma et al. 2000)
Checks (Pre and Postnatal)	Conduct process checks Midwives post-delivery care	Process of clinical care (Padma et al., 2009, 2010)
		1 (1) 1 (1)

Topics	Dimensions	Theoretical Constructs
Topics	Explanation of birth process and feeding	Process (Brahmbhatt et al., 2011)
	progress	
	Delivery of medical information by	
	midwives rather than doctors	
	Post delivery mental health checks	
	Provision of mental health supports	
	(related to postnatal depression and	
	coping mechanisms) at antenatal stage by	
	public health nurse and GP after the birth	
	Postnatal patient check-up	
	Personally tailored care	
	Inclusion of the woman in addition to	
	focus on the child	
	Prenatal scans	
	Access to necessary scans	
	Patient privacy	
Ineffective Post Care	Post c-section care	Reliability
	Mother and child contact post c-section	Service Reliability (Otalora et al., 2018)
	Monitoring of baby post birth	Empathy (Ramsaran-Fowdar, 2005)
	Access to necessary scans	
	Patient privacy	
	Postnatal care management	
	Maternity baby app for maternity timeline	
	information and supports	
	Appropriate postnatal check	
<b>D</b>	Communication in initial post-natal days	75 H 14H
Detection and	Public health nurse capability to treat post	Reliability
Treatment of Infections	op wound infection	Reliability (Adams et al., 2009; Ramsaran-
	Appropriate treatment of patients after	Fowdar, 2005)
Como Comeiatamore	detection of infection Consistency of advice	Daliability
Care Consistency	Detailed explanations by staff	Reliability Reliability (Lin et al., 2004)
	Alignment between GP and midwives	Empathy (Ramsaran-Fowdar, 2005)
	advice	CARE CONSISTENCY (author's construct)
	Aligned best practice advice given by	CARE CONSISTENCT (audior's construct)
	midwives on breastfeeding	
	Consistent care by different staff	
	Consistent care across labour stage	
	Availability of space in delivery suite	
	Appropriate move into labour ward	
	Appropriate space in labour ward	
Rushed Care	Midwives' patience during birth	Reliability
	Appointment care and time	Reliability (Lin et al., 2004; Peprah & Atarah,
	Doctors' opinions towards induction	2014)
	process	Empathy (Ramsaran-Fowdar, 2005)
	Availability of information on	
	occurrences during induction process	
	Presentation of induction as an option	
Integrated GP Care	Patient note sharing between hospital and	Process (Coordination)
Services	GP	CO-ORDINATED CARE (author's construct)
	Care continuity	,
Ineffective	Communication of pregnancy changes	Communication
Communication	Information relevance	Communication (S. Andaleeb, 2008; S. S.
	Information availability regarding	Andaleeb, 2000, 2001; Pakdil & Harwood,
	occurrences in theatre following delivery	

Topics	Dimensions	Theoretical Constructs
	Access to information on physical	2005; Zeithaml et al., 1990) Empathy
	changes post pregnancy	(Büyüközkan et al., 2011)
	Active listening by doctors	Communication / interpersonal relationship
	Addressing patient questions or concerns	(Peprah & Atarah, 2014)
	Adequate communication with consultant	
	Full responses to questions about how a	
	procedure went	
	Respectful consideration of patient	
	questions	
	Communication between midwives and	
	the patient during labour	
I	Staff communication prior to labour	
Partner Participation	Partner participation	EMOTIONAL/MORAL SUPPORT (author's
	Partner access to mother and child	construct)

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