**Table S5:** Process of theme development according to RESILIENT concepts

|  |
| --- |
| **Table S5: Process of theme development according to RESILIENT concepts** |
| **RESILIENT concept** | **Theme (references)** | **Descriptive code**  |
| Care-seeking and care experience  | Changes to existing carea(10, 11, 12, 15, 17, 18, 19, 20, 21, 23, 24) | Reduction in midwifery-led careClosure of community-based perinatal servicesReduced choice in birth planChanges in visiting regulationLack of person-centred careChanges as a result of staffing shortagesIncreasing use of technology to promote engagement with care |
| Limitations placed on the partnerc(11, 13, 15, 16, 19, 20) | Inconsistency in protocolsAbsence throughout women’s careNegative birth experiences for womenUnaddressed parental mental health |
| Mental health and lack of support networksb(10, 12, 15, 16, 17, 18, 19, 21, 24) | Reduced staff moraleIncreased staff workloadIncreased need for perinatal mental health supportConcerns in how to support women’s mental healthStaff neglection of own mental healthCare-providers self-sacrificing  |
| Barriers to implementation of reconfiguration strategiesb(11, 12, 15, 17, 18, 20, 22, 23, 24) | Preexisting staff shortages and overstretched servicesIncreased work demandsFinite resourcesLack of guidanceTime constraints and discontinuity of care as a barrier to mental health monitoringLack of ethnic equity  |
| Virtual care | Impact on quality of careb(11, 13, 14, 16, 17, 23, 24) | Quality of relationshipsAssessment of mental health or domestic violenceChild safeguarding |
| Increased convenience and flexibilityc(14, 16, 17, 21, 22, 23, 24) | Perceived for women: Reduced need for childcare,Reduced travel timeReduced waiting timesPrivacy to discuss sensitive issuesIncreased frequency of contactsFor care-provider:Patients easier to reactReliance on dedication of individual care-providersOften limited time due to job planning |
| Digital exclusionb(13, 14, 16, 17, 23) | Access to internetAccess to electronic devicesLanguage barriersDigital skills  |
| Ethical future of maternity care | Optimising patient caren(12, 13, 14, 16, 17, 21, 23, 24) | Hybrid blend of virtual and in-person careIncreased autonomy for womenAddress unequal access to technology and increasing access |
| Patients and staff as the driving force for changen(10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 24) | Co-design approach with patients and staffProvisions to encourage open discussionsInvolvement of risk groupsOverall improvement in quality of careRealistic changes in line with staff experience |
| a Mapped theme to Flaherty *et al.* (2022) theme: Altered maternity careb Mapped theme to Flaherty et al. (2022) theme: Personal and professional impactc Included in themes derived from Women’s experiences, but not HCP data in original review (Flaherty *et al.* (2022))n Not included in results of the original review ((Flaherty *et al.* (2022) |