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

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| **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 care  Closure of community-based perinatal services  Reduced choice in birth plan  Changes in visiting regulation  Lack of person-centred care  Changes as a result of staffing shortages  Increasing use of technology to promote engagement with care |
| Limitations placed on the partnerc  (11, 13, 15, 16, 19, 20) | Inconsistency in protocols  Absence throughout women’s care  Negative birth experiences for women  Unaddressed parental mental health |
| Mental health and lack of support networksb  (10, 12, 15, 16, 17, 18, 19, 21, 24) | Reduced staff morale  Increased staff workload  Increased need for perinatal mental health support  Concerns in how to support women’s mental health  Staff neglection of own mental health  Care-providers self-sacrificing |
| Barriers to implementation of reconfiguration strategiesb  (11, 12, 15, 17, 18, 20, 22, 23, 24) | Preexisting staff shortages and overstretched services  Increased work demands  Finite resources  Lack of guidance  Time constraints and discontinuity of care as a barrier to mental health monitoring  Lack of ethnic equity |
| Virtual care | Impact on quality of careb  (11, 13, 14, 16, 17, 23, 24) | Quality of relationships  Assessment of mental health or domestic violence  Child safeguarding |
| Increased convenience and flexibilityc  (14, 16, 17, 21, 22, 23, 24) | Perceived for women:  Reduced need for childcare,  Reduced travel time  Reduced waiting times  Privacy to discuss sensitive issues  Increased frequency of contacts  For care-provider:  Patients easier to react  Reliance on dedication of individual care-providers  Often limited time due to job planning |
| Digital exclusionb  (13, 14, 16, 17, 23) | Access to internet  Access to electronic devices  Language barriers  Digital skills |
| Ethical future of maternity care | Optimising patient caren  (12, 13, 14, 16, 17, 21, 23, 24) | Hybrid blend of virtual and in-person care  Increased autonomy for women  Address 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 staff  Provisions to encourage open discussions  Involvement of risk groups  Overall improvement in quality of care  Realistic changes in line with staff experience |
| a Mapped theme to Flaherty *et al.* (2022) theme: Altered maternity care  b Mapped theme to Flaherty et al. (2022) theme: Personal and professional impact  c 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) | | |