**Additional file 4: Sum score behaviour categories derived from the questionnaire items for each SCT construct**

| **SCT construct** | **Behaviour category** | **Behaviour sub-category** | **Questionnaire items** |
| --- | --- | --- | --- |
| **Self-efficacy** | Communication-related behaviours | Weight communication  | I am confident in my weight-related communication skills when discussing weight status with obese women.I am confident that I have the skills to sensitively verbally communicate when discussing weight status with obese women.I am confident that my non-verbal communication skills are sensitive when discussing weight status with obese women. |
| Risk communication | I am confident in my knowledge of risks to the mother when discussing risks of having a BMI in the obese range.I am confident in my knowledge of risks to the baby when discussing risks of having a BMI in the obese range.I am confident that my verbal risk communication skills are sensitive to women with a BMI in the obese range.I am confident that my non-verbal risk communication skills are sensitive to women with a BMI in the obese range. |
| Support- and intervention-related behaviours | Diet, nutrition, physical activity  | I am confident in my ability to provide practical and tailored dietary advice to pregnant women.I am confident in my ability to provide practical and tailored physical activity advice to pregnant women.I am confident in my knowledge of the benefits of physical activity during pregnancy.I am confident in my knowledge of the safety of physical activity in pregnancy. |
| Weight management  | I am confident my ability to provide evidence based weight management advice to pregnant women.I am confident in my ability to provide evidence based weight management advice to postnatal women.I am confident in my knowledge of evidence based weight management strategies.I am confident in my knowledge of the impact of postnatal weight loss on women’s ability to breastfeed.I am confident in my knowledge of the impact of postnatal weight loss on the quality of breast milk.I am confident in my knowledge of the gestational weight gain evidence base.I am confident in my ability to advise women about evidence based gestational weight gain recommendations. |
| Referrals and signposting | I am confident in my knowledge of existing weight management support services available for pregnant women.I am confident in my knowledge of existing weight management support services available for postnatal women.I am confident in my knowledge of reputable sources of weight management information for pregnant women. |
| **Outcome expectancies** (negative outcome expectancies reverse coded\*, higher score = more positive outcome expectancy) | Communication-related behaviours | Weight communication  | If I discuss weight status with pregnant women who have a BMI in the obese range then they will react negatively.\*If I discuss weight status with pregnant women who have a BMI in the obese range then they will become upset anxious angry (etc).\*If I discuss weight status with pregnant women who have obese BMI then it will negatively impact on the relationship I have with them.\*If I discuss weight status with pregnant women who have obese BMI the it will have a negative impact on my emotions (e.g. I will feel upset about the discussion, or worried about them, or fearful of being reported).\* |
| Risk communication | If I discuss obesity risks with pregnant women then they will react negatively.\*If I discuss obesity risks with pregnant women then they will become upset anxious angry (etc).\*If I discuss obesity risks with pregnant women then it will cause harm to the woman.\*If I discuss obesity risks with pregnant women then they will try to lose weight to reduce risks.\*If I discuss risks of gaining too much weight with pregnant women who have an obese BMI then they will react negatively.\*If I discuss risks of gaining too much weight with pregnant women who have an obese BMI then they will try to lose weight.\* |
| Support- and intervention-related behaviours | Diet, nutrition, physical activity  | If I support pregnant women with their weight management then it will help to have a healthier diet.If I support pregnant women with their weight management then it will help them to be more physically active. |
| Weight management  | If I support pregnant women with their weight management then it will help to minimise gestational weight gain.If I support pregnant women with their weight management then it will help to reduce risks to the mother.If I support pregnant women with their weight management then it will help to reduce risk to the baby.If I support pregnant women with their weight management then it will help to minimise their postnatal weight retention.If I support pregnant women with their weight management then it will help them to lose weight postnatally. |
| Referrals and signposting | If I refer pregnant women to an antenatal weight management service they will not want to attend.\*If I refer women for postnatal weight management support they will not want to attend.\* |
| **Intentions** | Communication-related behaviours | Weight communication  | I intend to explain to all pregnant women why BMI is required during the booking appointment.I intend to explain to all pregnant women how BMI will be used to plan their subsequent care during the booking appointment.I intend to discuss weight status (women’s individual BMI) with all pregnant womenI intend to use sensitive language when discussing weight with pregnant women with a BMI in the obese range.I intend to address the weight-related concerns of pregnant women with a BMI in the obese range (e.g. worries they have about weight gain). |
| Risk communication | I intend to explain to women the obesity-related risks to them.I intend to explain to women the obesity related risks to their baby.I intend to explain to women with a BMI in the obese range that they should not try to lose weight while pregnant.I intend to explain to women how the obesity risks will be managed by the health professionals caring for them during pregnancy.I intend to explain to women with an obese BMI the risks of gaining too much weight during pregnancy. |
| Support- and intervention-related behaviours | Diet and nutrition | I intend to discuss eating habits with all pregnant women.I intend to ask all pregnant women if they have any concerns about their diet.I intend to give all pregnant women practical and tailored advice about their diet.I intend to discuss pregnancy myths about what and how much to eat during pregnancy with all pregnant women. |
| Physical activity  | I intend to ask all pregnant women about their levels of physical activity.I intend to ask all pregnant women if they have any concerns about the amount of physical activity they do.I intend to explain to all pregnant woman the benefits of being physically active for their own health.I intend to explain to all pregnant women the benefits of being physically active for their baby.I intend to advise all women that moderate intensity activity is safe to her and her baby.I intend to advise all pregnant women of the number of minutes per day they should be active.I intend to explain to all pregnant women that they should avoid being sedentary as much as possible.I intend to provide practical advice for all pregnant women about how to build physical activity into their daily life. |
| Weight management  | I intend to advise all pregnant woman that having a healthy diet and being active during pregnancy will help them to achieve a healthy weight postnatally.I intend to encourage pregnant women with an obese booking BMI to lose weight after pregnancy when I see them in the last trimester.I intend to encourage women with a booking BMI in the obese range to lose weight when I see them postnatally.I intend to reassure women that a gradual postnatal weight loss through following a healthy diet and regular activity will not adversely affect their ability to breastfeed.I intend to reassure women that a gradual postnatal weight loss through following a healthy diet and regular activity will not adversely affect the quality of breast milk.I intend to reassure women that a gradual postnatal weight loss through following a healthy diet and regular activity will not adversely affect the quantity of breast milk.I intend to discuss evidence based gestational weight gain recommendations with women if they ask me about weight gain. |
| Referrals and signposting | I intend to refer women with a booking BMI in the obese range a referral to a dietitian or appropriately trained health professional for assessment and personalised advice.I intend to advise all pregnant women to seek information or advice on diet activity and weight management from a reputable source.I intend to provide details of appropriate community based services to all women who want support to lose weight postnatally. |
| **Behaviour** | Communication-related behaviours | Weight communication  | I explain to all pregnant women why BMI is required.I explain to all pregnant women how BMI will be used to plan their subsequent care.I discuss weight status (their individual BMI) with all pregnant women.I use sensitive language when discussing weight with pregnant women who have a BMI in the obese range.I address the weight-related concerns of pregnant women who have a BMI in the obese range (e.g. worries they have about weight gain). |
| Risk communication | I explain the pregnancy-related risks to themselves when women have a BMI in the obese range.I explain the risks to their baby to women with a BMI in the obese range.I explain to women with an obese BMI that they should not try to lose weight while pregnant.I explain how the obesity risks will be managed by health professionals caring for them during pregnancy.I explain to women with an obese BMI the risks of gaining too much weight during pregnancy. |
| Support- and intervention-related behaviours | Diet and nutrition | I discuss eating habits with all pregnant women.I ask all pregnant women if they have any concerns about their diet.I give all pregnant women practical and tailored advice about their diet.I discuss pregnancy myths about what and how much to eat during pregnancy with all pregnant women. |
| Physical activity  | I ask all pregnant women about their levels of physical activity.I ask all pregnant women if they have any concerns about the amount of physical activity they do.I explain to all pregnant women the benefits of being physically active for their own health.I explain to all pregnant women the benefits of being physically active for their baby.I advise all women that moderate intensity physical activity is safe to her and her baby.I advise all pregnant women of the number of minutes per day they should be active.I explain to all pregnant woman that they should avoid being sedentary as much as possible.I provide practical advice for all pregnant women about how to build physical activity into their daily life. |
| Weight management  | I advise all pregnant women that having a healthy diet and being active during pregnancy will help them to achieve a healthy weight postnatally.In the last trimester, I encourage pregnant women who had a booking BMI in the obese range to lose weight after their pregnancy.I encourage women with an obese booking BMI to lose weight when I see them postnatally.I reassure women that a gradual postnatal weight loss will not adversely affect their ability to breastfeed.I reassure women that a gradual postnatal weight loss will not adversely affect their quantity of breast milk.I reassure women that a gradual postnatal weight loss will not adversely affect their quality of breast milk.I discuss evidence-based gestational weight gain recommendations with women when they ask me about weight gain in pregnancy. |
| Referrals and signposting | I refer all women with an obese BMI to a dietitian or appropriately trained health professional for assessment and personalised advice.I advise all pregnant women to seek information or advice on diet activity and weight management from a reputable source.I provide details of appropriate community based services to all women who want support to lose weight postnatally. |

\* Questions required reverse coding