HAND HYGIENE DURING FACILITY-BASED CHILDBIRTH IN CAMBODIA: A THEORY-DRIVEN, MIXED-METHODS OBSERVATIONAL STUDY

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# ADDITIONAL INFORMATION

**Additional File 1: Inclusion and Exclusion Criteria for structured observation**

|  |  |  |
| --- | --- | --- |
| Criteria | Patient (Woman) | Health care worker |
| Inclusion |  |  |
|  | Women in active labour: cervical dilation >3cm (estimated by cervical examination performed by midwife/doctor)   * Women admitted to deliver at the facility * Clinical staff present (midwife, nurse or doctor) * Provide consent for the study | * Works – either in a clinical or non-clinical capacity – in labour and delivery and/or post-natal care wards within the facility * Staff responsible for the cleaning or management of maternity or neonatal care areas (SSIs only) * Provide consent for the study |
| Exclusion | * Women who present in stage 2 labour: cervical dilation of 10cm (estimated by cervical examination performed by midwife/doctor)[[1]](#footnote-1); * Women who are in pain or distress prior to enrolment * Women with complicated labour, delivery or postnatal care * Women who are separated from the neonate after delivery due to complications * Absence of a clinical staff member during stage two or stage three labour * Women under the age of 18 years not accompanied by her partner or guardian | * Not involved in labour and delivery or post-natal care wards |

1. The primary rationale for this exclusion is an ethical concern related to whether it is appropriate to consent a woman during active labour when she is likely to be in pain and/or distress. Agreement to participate commits the woman to up to 16 hours of observation, both at the health facility and at home, which is a significant undertaking. Any potential perceived coercion or perception that medical care is dependent on participation in the research study is much more likely to occur when the woman is in physical distress during labour. [↑](#footnote-ref-1)