**Modified semi-structured interview guide -Tanzania**

Introduction – year of working as midwife/dr etc….. Experience, cadre?

1. Which stage of labour do you find most difficult to manage? Please explain (latent <4cm, or active phase of labour comprising first stage (4-10cm) or second stage (pushing phase))
2. What are your options to relief or solve the situation? (rupture of membranes, empty bladder, food/energy, different positions, rest/sleep, pain relief, presence of staff/comfort/support, oxytocin augmentation, vacuum, C-section etc)
3. How do you understand “prolonged labour”?
4. What are the risks related to prolonged labor? (neonatal asphyxia, uterine rupture, postpartum hemorrhage, fistula, fear of birth etc)
5. What kind of tools do you have to identify prolonged labor? (abdominal palpation/vaginal examination, contractions, membranes, caput succedaneum, partograph, expression of pain, exhaustion etc)
6. How do you perceive the usefulness of these tools?
7. What are the difficulties of carrying out these examinations and interpret the findings? (assessing the leading part? abdominal level?, spine level?, sutures/fontanelles, cervix, membranes etc)
8. Do you encounter difficulty in monitoring and describing contractions, and interpret fetal heart rate? How?
9. Do you think pain perception may influence decisions on the management of prolonged labour? How?
10. How important is the opinion of the mother (and relative) in the management of prolonged labour?
11. How is the teamwork in relation to prolonged labour?
12. How can the department ensure the best possible quality of the maternity care for mother and child in case of prolonged labor?