

Table S1. Characteristics of the participants (n=10).

Characteristic		Role in care process	The client's initial request
Women, (n)	7		
Men, (n)	3		
Age (yrs)			
<30	0		
31-40	5		
41-50	2		
51-60	3		
>60	0		
Profession, (n)			
Community midwife			
1		Referral to the clinic	Midwife-led VBAC
2		Referral to the clinic	Midwife-led VBAC
3		Referral to the clinic	Midwife-led VBAC
Caseload midwife			
1		Referral to the clinic	Midwife-led VBAC
2		Referral to the clinic	Midwife-led VBAC
Hospital-based midwife		Intrapartum care	Waterbirth VBAC
Obstetrician (working within the clinic)			
Obs. 1		Decision-making process and intrapartum care	Twin birth (vaginal), request: no vaginal examinations, no IV-access, No foetal monitoring during birth.
Obs. 2		Decision-making process and intrapartum care	Midwife-led VBAC

**Obstetrician (working with
the clinic)**

Obs. 3

Intrapartum care

Midwife-led VBAC

Obs. 4

Intrapartum care

Midwife-led VBAC

Work experience (yrs)

1-5

1

6-10

5

10-20

1

>20

3

Table S2. Topics addressed in the interviews.

<ul style="list-style-type: none"> • Experience with working outside the guidelines: General introduction of the specific case The client's request(s) and care provider's thoughts, opinions and feelings about it Participants' reaction to the request(s) The initial medical recommendation The decision-making process at the clinic and the care provider's role in this The participant's agreement and satisfaction with this process Flexibility on both sides Discussion of medical advice, risks and interventions with client Role of the birth plan Relationship with the client Trust and how to obtain it How was the communication between care provider and client? Mutual expectations The collaboration with other professionals at the clinic How do you look back on this specific case? • Your opinion about the outpatient clinic What are its strengths? What could be done better? • Values and vision on maternity care Trust: what does trust mean to you and how do you achieve it? What is a good birth? Meaning of personal care How to tailor care? What is good communication? What is bad communication? • Concerns, barriers and fears • How do you perceive risks? • Guidelines • Shared Decision Making What do you think of Shared Decision Making?

Table S3. Characteristics of the ten cases.

Participant: woman's medical indication	G/P Age Gestational age	The woman's request/refusal	The birth plan after negotiation	Outcomes
Obs. 1: twin pregnancy		Vaginal birth: no vaginal examinations, no intravenous-access (IV-access), no continuous intrapartum foetal heart monitoring, no medication postpartum. Birth on All-Fours.	No intravenous-access (IV-access), no continuous electronic foetal monitoring. No active management after twin one and postpartum: interventions only if complications arise Ultrasound examination after birth of first twin Birth on All-Fours.	
Obs. 2: previous caesarean section		Vaginal birth: midwife-led continuity of carer in the hospital	Hospital birth led by a community midwife Shared Care between community midwife and obstetrician Continuous electronic foetal monitoring	
Obs. 3: previous caesarean section		Vaginal birth: midwife-led continuity of carer in the hospital	Hospital birth led by a community midwife Shared Care between community midwife and obstetrician Intermittent foetal heart auscultation	

**Obs. 4: previous
caesarean section**

Vaginal birth: midwife-led continuity of carer in the
hospital
Interventions only if complications arise

Hospital birth led by a
community midwife
Shared Care between
community midwife and
obstetrician
Interventions only if
complications arise

**Community midwife 1:
previous caesarean
section**

Vaginal birth: midwife-led continuity of carer in the
hospital
No continuous intrapartum foetal heart monitoring

Hospital birth led by a
community midwife
Shared Care between
community midwife and
obstetrician
Intermittent foetal heart
auscultation

**Community midwife 2:
previous caesarean
section**

Vaginal birth: midwife-led continuity of carer in the
hospital

Hospital birth led by a
community midwife
Shared Care between
community midwife and
obstetrician
Continuous electronic foetal
monitoring

**Community midwife 3:
previous caesarean
section and previous
post-partum
haemorrhage**

Midwife-led homebirth
No vaginal examinations
No IV-access

Hospital birth led by a
community midwife
Shared Care between
community midwife and
obstetrician
Intermittent foetal heart
auscultation
No IV-access

Caseload midwife 1: previous caesarean section	Midwife-led homebirth	Hospital birth led by a community midwife Shared Care between community midwife and obstetrician Continuous electronic foetal monitoring
Caseload midwife 2: previous caesarean section	Vaginal birth: midwife-led continuity of carer in the hospital	Hospital birth led by a community midwife Shared Care between community midwife and obstetrician Continuous electronic foetal monitoring
Hospital-based midwife 1: previous caesarean section	Water birth No vaginal examinations, no IV-access A hands-off birth No active management of labour	Obstetrician-led care in the hospital VBAC, water birth No vaginal examinations, no IV-access Hands-off birth Continuous electronic foetal monitoring No active management of labour Interventions only if complications arise
