

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

Table S2. Topics addressed in the interviews.

- **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

<p>Caseload midwife 1: previous caesarean section</p>	<p>Midwife-led homebirth</p>	<p>Hospital birth led by a community midwife Shared Care between community midwife and obstetrician Continuous electronic foetal monitoring</p>
<p>Caseload midwife 2: previous caesarean section</p>	<p>Vaginal birth: midwife-led continuity of carer in the hospital</p>	<p>Hospital birth led by a community midwife Shared Care between community midwife and obstetrician Continuous electronic foetal monitoring</p>
<p>Hospital-based midwife 1: previous caesarean section</p>	<p>Water birth No vaginal examinations, no IV-access A hands-off birth No active management of labour</p>	<p>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</p>
