INTERVIEW GUIDE FOR DOCTOR LEVEL PROVIDERS WHO USED UBT IN A FACILITY WHERE EMERGENCY HYSTERECTOMY COULD HAVE BEEN AN ALTERNATIVE APPROACH IN TREATING UNCONTROLLED PPH

Introduction & Verbal Consent: “We are a research team from the Massachusetts General Hospital and Harvard Medical School (Boston, MA, USA) working in collaboration with KMET. We are trying to understand how UBT can be used in women suffering from uncontrolled PPH. We have heard that you used UBT to treat a mother with uncontrolled PPH and would like to learn more about your experience. We have some questions for you that should take about 15 to 20 minutes. Please be assured that this will not be used to judge your performance as a facility or individual, but rather as an assessment to understand how UBT is used. Your responses will remain anonymous and participation in this survey is completely voluntary. Would you like to participate and would it be possible for us to speak with you now?”

FACILITY CHARACTERISTICS:

Facility Name:
Level of facility:
Does the facility offer emergency hysterectomy for uncontrolled PPH? (if “no” the interview is complete)
Does the facility offer other surgical interventions for uncontrolled PPH, such as B-lynch sutures?

PROVIDER CHARACTERISTICS:

Provider Name:
Level of training (Medical Officer with internship only, OB/Gyn, or other postgraduate training):
Provider years of clinical experience since the end of medical school:
Provider number of cases of uncontrolled/severe PPH in the past year:
Number of mothers the provider has seen die from severe PPH in his/her career?
Provider number of emergency hysterectomies for PPH performed in career? In past year?
  - Prior to UBT skills obtained? After UBT skills obtained?
Provider number of emergency B-Lynch Sutures for PPH performed in career? In past year?
  - Prior to UBT skills obtained? After UBT skills obtained?
Total number of cases of uncontrolled PPH that the provider has treated with UBT:
Best estimate of date(s) of cases of PPH treated with UBT:

UBT TRAINING:

Can you please describe for us how you learned about UBT:
   ➢ When did you learn about UBT?
   ➢ How were you trained on UBT (EMOC, KMET)?
   ➢ Did you learn about UBT in your pre-service training?
   ➢ Following training, how would you describe your comfort level with UBT?
DECISION TO USE UBT:

We would like to understand your decision to use UBT:

- Please describe for us why you decided to use UBT.
- If you had not had knowledge of UBT, what would you have done for this mother?
- Why did you decide to use UBT as compared to surgical intervention?

UBT PROCESS AND IMPACT:

We would like to understand what happened after you decided to use UBT for this mother:

- Did you have preassembled UBT kits available?
- What happened to the bleeding after you placed the balloon? (Did the bleeding stop immediately, did it slow, or did it continue?)
- How soon after the balloon was inserted did the bleeding stop?
- What was the clinical status after the balloon was inserted?
- Did the patient require a surgical intervention such as hysterectomy? If so, please describe the decision to proceed to hysterectomy.

PROVIDER PERCEPTIONS:

- Do you feel that UBT was successful in controlling the mother’s bleeding?
- Do you feel that the balloon prevented the mother from being taken for surgery?
- Were there any concerns you had with UBT?
- What are the strengths and challenges of UBT?
- Would you use UBT in future cases of uncontrolled PPH?
- What factors would determine in the future whether you would use UBT as compared to hysterectomy or other surgical procedures?

Thank you so much for your help!