Appendix 2 - *A priori* framework

THEMES	POTENTIAL EXAMPLES
RESOURCES AND ACCESS	• Resource Availability - Could be a facilitator as well as a lack/barrier? i.e maternal resources, to access care, or resources at a facility or available to a visiting professional care giver • Capacity to access health facility or healthcare provider? It could be quite close, but hard to get to, or a long way away, but easy to get to. In some systems, women don't go to health facility to access care, the healthcare provider comes to them • Place of postnatal care/delivery arrangements (including issues around integration of mother and baby care, and issues around the question of home visits) • Time/waiting times
BEHAVIORS AND ATTITUDES	• (Lack of) Respectful care • (Lack of) trust in the system • Belief (or not) in the need for postnatal care? • Fear of stigma/test results/ policy/child services taking child away/knowing something is wrong with herself or the baby • Value or otherwise of the mother/baby to the family/society (including not seeking care because babies are "weak", not considered "important", money not well spent if used for newborn care, etc.)
EXTERNAL INFLUENCES	• Influence of family/peers • Capacity for women to travel for care/Freedom of movement/quarantine • Influence of traditional/societal beliefs/superstitions (including social beliefs about postnatal care in modern and postmodern society that are not well grounded in evidence)
WHAT WOMEN WANT AND NEED	• Continuity of care/carer • Need for information/advice (recognition of danger signs) • Optimising health of the baby (including thriving and feeding) • Optimising health of the mother (physical, psychological, emotional support)

Supplemental material

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	• Support for effective transition to motherhood (confidence, competence and adapting to changes in self and relationships to others)