

Additional File 2. Development of strategies to increase the proportion of pregnant women who receive assessment at subsequent antenatal visits and care at all antenatal visits.

Priority barrier	COM-B (source of behaviour) & TDF domains	Intervention function	Behaviour Change Technique (BCT)	Mechanism of Action (MoA)	Implementation strategy [47]	Strategy description	Sustainability of technique
I forget to assess alcohol consumption at subsequent antenatal visits I forget to explain the risks of alcohol consumption in pregnancy to all women	COM-B: Physical opportunity TDF: Environmental context and resources	<ul style="list-style-type: none"> Environmental restructuring 	<ul style="list-style-type: none"> Restructuring the physical environment Prompts, triggers, cues 	<ul style="list-style-type: none"> Environmental context and resources Memory, attention and decision processes Behavioural cueing 	Remind clinicians	<ul style="list-style-type: none"> Point of care prompts for assessment of alcohol consumption at subsequent antenatal visits and advice on the risks of alcohol consumption in pregnancy will be included on women's medical records. The placement of the prompts will fit with each service's usual clinical workflow. The prompts will include a place to record that action was taken in the visit. 	Staff who are usually responsible for ordering resources and managing medical record files in each of the services will receive instruction in the ordering and placement of the prompts in the women's medical records.
	COM-B: Psychological capability TDF: Memory, attention and decision making	<ul style="list-style-type: none"> Enablement 	<ul style="list-style-type: none"> Action planning 	<ul style="list-style-type: none"> Behavioural cueing 	Facilitation	<ul style="list-style-type: none"> A CME will facilitate a process of peer-to-peer interactive problem solving and support with antenatal providers to identify behavioural cues for providing assessment and care within antenatal visit clinical workflow. Action plans that document the identified cues in clinical workflow will be developed. 	Examples of identified behavioural cues will be included in existing training and resources for new antenatal providers.

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<p>I don't believe alcohol needs to be assessed at subsequent visits</p> <p>I don't believe the risks of alcohol consumption need to be explained to all women</p>	<p>COM-B: Reflective motivation</p> <p>TDF: Beliefs about consequences</p>	<ul style="list-style-type: none"> • Education • Persuasion 	<ul style="list-style-type: none"> • Information about health consequences • Credible source • Framing/reframing 	<ul style="list-style-type: none"> • Beliefs about consequences • Intention • Attitude towards the behaviour • Perceived susceptibility/vulnerability 	Conduct educational meetings	<ul style="list-style-type: none"> • Information on the harms of alcohol consumption in pregnancy will be delivered by an expert in FASD. • A CME will guide a discussion with antenatal providers to reframe the purpose of providing assessment and care for alcohol consumption in multiple antenatal visits. 	Maternity services will be supported to incorporate this education into existing resources and schedules.