

Attachment 3 Couples Interview Guide

Introduction

Thank you both very much for being willing to take part in this interview. Your ideas and opinions are very important to us. I'm _____, and also on the phone is my colleague _____ who will be helping me and taking notes. We're both from RTI International, a non-profit organization that conducts health-related research.

We are holding these discussions for the Centers for Disease Control and Prevention (CDC). CDC is the government agency that works to improve detection and prevention of many different health issues, all over the country.

Our goal today is to get your opinions about how women and their partners work together and communicate about women's health and healthy behaviors. This discussion will last about an hour.

We are not physicians or nurses, so we are not able to answer any medical questions you may have. If you have medical questions, please plan to ask your doctor or nurse.

Interview Process

- For our discussion, there are no right or wrong answers. We want to know your honest ideas and opinions.
- If you do not understand a question that I ask, please let me know. I'll try to re-phrase it or explain what we are trying to get at with the question.
- We will be audiotaping the interview. We want to give you our full attention and not have to take a lot of notes. No one except project staff will hear the audiotapes. We will be writing a summary report of the findings from all the interviews we conduct and will refer to the tapes when writing our report. When we write our report, we will report on what was said, but not on who said it.
- Your identity and anything you say here will remain secure. Your name, addresses, and phone numbers will not be given to anyone, and no one from RTI or CDC will contact you after this interview.
- [If appropriate] There are also some people from CDC listening in on the telephone. They will have their phones on mute, so you will not hear anything from them.

Privacy Statement

Public reporting burden of this collection of information is estimated to average 55 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0798)

Prior to the call you were mailed a consent form. Let's take a minute right now to review that. [REVIEW FOLLOWING KEY POINTS FROM CONSENT]

- Your participation today is voluntary. If any question makes either of you feel uncomfortable, you do not have to answer it. You can also choose to end your participation at any time.
- As I mentioned, we will write a summary report of the findings from all the interviews we conduct. Your name won't be used in the report for any reason.
- You will each receive a \$35 check mailed to you to thank you for your time today.
- If you have any questions regarding this interview after it is over, there are telephone numbers at the bottom of the consent form that you can call.

Do you have any questions about the consent form?

Do you agree to participate? [Yes – CONTINUE] [No – Thank you for your time].

Introduction

Let's start by talking about the kinds of behaviors or things you know of that women ages 18-44 should do to stay healthy.

Awareness of General Health Behaviors

[Note: Across all questions probe spouse/partner as appropriate if he does not contribute to discussion.]

1. What kinds of things should men and women ages 18-44 do to stay healthy?
2. What kinds of things should couples, in which the women is pregnant do in terms of their health?
 - a. What are the reasons they should do these things?
 - b. What behaviors do you think are most important for the health of the baby? What makes you say that? [If necessary] What behaviors could prevent birth defects?
 - c. What about for the health of the mother?
3. Have you ever heard of the term "pregnancy planning?" What does that mean to you?
 - a. When do you think pregnancy planning should start?
4. What about couples who are not yet planning a pregnancy, but could have a pregnancy the future - what types of behaviors should they practice?
 - a. What are the reasons the behaviors are important for couples who are not yet planning a pregnancy, but could have a pregnancy in the future?
 - b. Which behaviors are most important for the health of the baby, if the couple were to get pregnant? What makes you say that?
 - c. What about for the health of the mother?

5. Has a doctor, nurse, or any other healthcare provider ever discussed any of these behaviors with you – either in relation to [tailor appropriately] planning a pregnancy or the possibility of becoming pregnant? [If yes] What behaviors did s/he discuss with you? How were they discussed?
 - a. What type of healthcare provider discussed these behaviors with you?
 - b. How would you describe the context in which they were mentioned (e.g., you were planning a pregnancy, you were pregnant, at a wellness visit)?
6. Have you ever heard of the term “preconception health” or “preconception care”? What do those terms mean to you? For women? For men?
 - a. Have you ever heard of the term “reproductive life planning”? What does that mean to you?
 - b. Have you ever heard of the term “preconception health promotion”? What does that mean to you?

Preconception health is a woman's health before she becomes pregnant. It involves knowing how health conditions and risk factors like foods, medicines, and habits could affect a woman or her unborn baby if she becomes pregnant. Preconception health applies to women who have never been pregnant, and also to women who could become pregnant again, including women who may not be planning a pregnancy.

I'm going to read to you a list of preconception behaviors. If you have a piece of paper and something to write with it may help to write these down. Preconception behaviors include things like:

- *Talking to a doctor about pregnancy*
 - *Avoiding using illegal drugs*
 - *Eating a healthy diet*
 - *Exercising at least 30 minutes a day on most days of the week*
 - *Avoiding drinking alcohol*
 - *Avoiding smoking cigarettes*
 - *Taking a multivitamin with folic acid*
 - *Being aware of your family medical history*
 - *Being up-to-date with all of your vaccines*
 - *Getting a flu shot*
 - *Screening for and treating sexually transmitted infections (STIs)*
7. Based on this definition, are there any other terms or phrases you would use to describe this? What terms might you use to describe these behaviors to a friend in your own words?

Motivation for PCH Behaviors

In the next set of questions, I want to talk about the types of things that would motivate couples to talk about and work together to engage in preconception behaviors.

8. How motivated do you think couples are to talk about healthy behaviors that could prevent birth defects before they know they are pregnant? What makes you say this?
 - a. How easy or difficult is it to discuss these behaviors?
 - b. What circumstances/situations do you think would make couples motivated to discuss these behaviors?
 - c. What circumstances/situations do you think are barriers to couples discussing these behaviors?
9. [FOR COUPLES WHO HAVE CHILDREN] Did you have any conversations between the two of you about behaviors that could prevent birth defects during your pregnancy (or pregnancies)? [If Yes] What behaviors? What factors motivated you to discuss them? What did you discuss about the behaviors?
10. What do you think it would mean for couples to “work together” to engage in preconception behaviors? How would you define couples working together for preconception health?
 - a. What role would women play in preconception behaviors?
 - b. What role do you think men (partners or spouses) can play in preconception behaviors? How might they support their partners in practicing these behaviors?
 - c. What might couples do together? Are there any behaviors that they would practice together? If so, which ones?
 - d. What things would they not do together? What makes you say this?
11. What factors would make couples more likely to work together to engage in preconception behaviors (e.g., not smoking, not drinking alcohol, taking folic acid)?
 - a. What might they be thinking about if the woman was to (e.g., not smoke, not drink alcohol, take folic acid)?
 - b. Are there particular behaviors that you think women may be more likely to start or stop before pregnancy? If yes, which ones? What makes you say that?
 - c. Are there particular behaviors that you think a woman’s spouse/partner may be more likely to start or stop before her pregnancy? If yes, which ones? What makes you say that?

12. Do you think there are any differences in whether couples would work together to engage in these behaviors if they are planning a pregnancy versus they were not?
 - a. What factors do you think would motivate couples who are planning a pregnancy to work together to engage in these behaviors?
 - b. What factors do you think would motivate couples are not planning a pregnancy to work together to engage in these behaviors?
13. What do you think would make it easier for couples who are planning a pregnancy to work together to engage in preconception behaviors to ensure a healthy baby?
 - a. What would make it easier for couples who are not planning a pregnancy?
14. What do you think are the barriers to couples who are planning a pregnancy to work together to engage in these behaviors to ensure a healthy baby?
 - a. What are the barriers for couples who are not planning a pregnancy?

Now let's talk about the types of things you might say to couples to encourage them to engage in preconception behaviors.

Developing Preconception Messages

15. What do you think couples would need to know about preconception health behaviors in order to be more likely to work together to engage in them **before** pregnancy?
 - a. How would you describe what preconception health behaviors are? What terms or phrases would you use?
 - b. How would you describe the benefits of preconception health behaviors? Would you focus on? [e.g., the health of the baby, the health of the pregnancy or the health of the mother? A combination? A different focus?] What makes you say that?
16. If you worked at the CDC and were asked to promote preconception health behaviors to couples, what would your primary message be? What message would you use to encourage people like you to work together to engage in these types of behaviors?
 - a. What would you tell couples who are planning on becoming pregnant in the future?
 - b. What would you tell couples who are not wanting or trying to get pregnant?
 - c. Are there specific messages would you direct to women? Men? [If yes] How would the messages be different?

17. If you worked at CDC and were asked to develop a message for couples about women seeing their doctors before they get pregnant, what would your message be? What might you communicate specifically to women? Men?
18. Would information be more effective that said negative things that could happen if you don't do these behaviors or the positive effects if you do? Why?

We've talked about a number of different preconception behaviors and things you might say to encourage them. [Refer back to list of behaviors given earlier] Now I want to get your thoughts on how we might present information.

19. If someone, such as a healthcare provider, or an organization was to communicate information to women about preconception behaviors, would you prefer to hear about each behavior and its health effect individually or all of them together? What makes you say that?
20. Which behaviors would you prefer to learn about together? What makes you say that? [Probes: hear at the same time, same "image," same message about health effect, relevant to me, common motivators, common barriers?]
21. What behaviors would you say do not belong together? What behaviors would you communicate about separately? What makes you say that? [Probes: hear from different sources, hear at different times, different messages about health effects, personal relevancy, different motivators, different barriers?]
22. I want to share with you some ways behaviors might be grouped. Tell me what you think of each grouping.
 - a. Healthy Lifestyle
 - b. Screening and testing
 - c. Manage and Monitor
 - d. Prevention and Treatment
 - e. Do's and Don'ts
 - f. With the doctor and On your own

Trusted Sources/Channels

In the next set of questions, I want to talk about sources of health information.

23. When you need health information where you do go for that information? Who or what do you consider to be reliable sources of women's health information? Family health information?

24. Who or what do you think would be reliable sources of information for about preconception health behaviors?
- What types of organizations would you think would be reliable? [Probe if necessary for CDC, March of Dimes, State Health Department]?
 - What types of Internet/Web sites would be reliable information for women about preconception health behaviors? For men? For couples?
 - Among the sources mentioned, which would be the 3 most important sources? Most frequently used? For women? For men? For couples?
25. What strategies do you think would be effective at getting information about preconception health to couples? Who or what would be the best ways to communicate this information to couples? [Probe if necessary for brochures in doctor's offices, television ads/features, websites, etc.]

Some health experts have suggested that preconception health should be a topic that doctors, nurses, or other healthcare providers raise with all women of childbearing age on a regular basis, such as during a routine checkup.

26. **[For couples with children or want to have children]** Have you ever gone together to see a doctor or other provider to talk about becoming pregnant sometime in the future?
- [If Yes, If No – probe to see if applicable for woman] What was discussed during this visit?
 - What type of doctor did you visit?
 - Was this an appointment only to discuss pregnancy planning? [If yes] Did your doctor have a name for this type of visit? What was it called?
27. When would be the best time to get information about preconception health behaviors for couples from a healthcare provider? [Probe, if necessary for at a special preconception visit, well woman visits, just after having a baby, at pediatric visits?]
28. How would you feel if your healthcare provider gave you information about preconception care (e.g. at a routine check-up)? What makes you say this? What information may be appropriate to provide?

[EMAIL CDC OBSERVERS IF THEY HAVE ANY QUESTIONS]

Closing

That is all of the questions that we had for our discussion. Before we close, are there any other thoughts you would like to share about the topics we discussed today?

Thank you very much to all of you for your time. Your comments and insights have been very helpful. Again, we sincerely appreciate your willingness to take part in the discussion.