

**Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD)  
National Child and Maternal Health Education Program (NCMHEP)**

**Understanding Pregnant Women's Perceptions of  
Non-Medically Indicated Delivery Prior to 39 Weeks of Gestation  
To Inform Educational Outreach Efforts**

90-minute Focus Group with  
**\*Currently Pregnant Women\***

**Discussion Facilitator Guide**

*March 2012*

**Introduction (15 minutes)**

[Note: Facilitator will adjust talking points based on whether the focus group is via telephone or in-person.]

Good afternoon or good evening, depending on your time zone. My name is [facilitator's name] and I will be facilitating our discussion. All of you on this call are pregnant, so first and foremost, my sincere congratulations to each of you. [I am a mother of two myself.]

Before we dive in, I would like to confirm that each of you has received a link to three videos that we will be viewing together later on this call. Does everyone have this link on their computer screen in front of them? Okay, great—please hold off on clicking on the link until I direct you there.

I would now like to do a roll call. [Facilitator takes “attendance.”] Why don't we have each of you go around the virtual table and state your first name only, your geographic location, and how many weeks pregnant you are, BRIEFLY. Anyone can jump in and follow. Who would like to start?

The main purpose of our discussion is to: (1) understand what you know about a topic called, “non-medically indicated induction prior to 39 weeks of gestation,” (2) get your feedback on 3 short videos, and (3) share suggestions for how best to promote awareness of this topic and videos. There are no right or wrong answers during the entire discussion. I am interested in your opinions.

I had nothing to do with the development of the videos we'll be looking at in a few moments, so please be honest in your feedback—you will not hurt my feelings.

We have a very limited amount of time together—our discussion will end in about 1 ½ hours, at X:XX p.m. Eastern. So, if I interrupt you, please don't take it personally—I am simply trying to

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make sure we cover all of our discussion topics before our time is up. It is also critical that each of you speaks one at a time and that you allow each other to get more or less equal “air time.”

I am audio-recording our discussion and my colleague is on the line taking notes. I am interested in what is said, not who said it. This means your feedback is secure to the extent permitted by law. With that in mind, do I have everyone’s permission to proceed?

### **Knowledge, attitudes, behaviors, and beliefs (20 minutes)**

I would first like to explore what you have heard of a topic called, “non-medically indicated induction prior to 39 weeks of gestation,” or said in another way, “elective induction prior to 39 weeks of gestation.”

1. What does this terminology mean to you?
  - a. How would you define it?
  - b. Are there other terms for this occurrence that you have heard or would use?
  - c. What do you think are the possible short- and long-term effects of delivering a baby *before* 39 weeks of pregnancy (with no medical reason for doing so)?
  - d. Do you know anyone who underwent a “non-medically indicated delivery prior to 39 weeks of pregnancy?” If so, what was their experience? What was your reaction?
  - e. How many of you have *never* heard of this practice?

Okay, now I will read to you the official definition of, “non-medically indicated induction prior to 39 weeks of gestation:”

***The induction of labor, or undergoing a scheduled cesarean section, without an accepted medical or obstetrical indication before the spontaneous onset of labor or rupture of membranes, before 39 weeks of pregnancy. This means to choose to have labor initiated by your doctor prior to 39 weeks of pregnancy for reasons not related to your health or the health of the baby.***

2. How does this “official” definition change your original perspectives?
3. Why do you think some pregnant women may elect to take this path?
4. How would you react if you learned of a pregnant mother who requested to have a non-medically indicated delivery before completing 39 weeks of pregnancy? Why?
5. Would you personally ever consider having a non-medically indicated delivery before completing 39 weeks of pregnancy? Why?/Why not? (In what situations?)
  - a. How would your husbands or partners react to this?
  - b. How much weight do your husbands or partners have in decisions related to your healthcare in general and your pregnancy specifically?

- c. What about other family members/close friends—how would they influence your healthcare and pregnancy decisions?

**Video Viewing: “Is It Worth It?” (45 minutes)**

At this point, I’d like to show you 3 videos – the first is 3 minutes in length, the second 60 seconds in length, and the third 30 seconds in length.

Now, I would like to have my colleague, Stacy, who is on the line, start the **3-minute video** called, “*Is It Worth It?*” Please let’s all turn our attention, and listen quietly, to this video together. We will talk about the video after it is completed.

[All participants watch video together.]

1. What are your initial reactions to this video?
  - a. What do you like best about this video? Why?
  - b. What do you dislike about this video? Why?
2. What is this video communicating?
  - a. What is this video asking you, the viewer, to do? (What is the main message of the video?)
  - b. What do you think of the focus on “39 weeks”? Is that a message/number that you are likely to remember easily?
    - i. A baby’s brain at 37 weeks compared with a baby’s brain at 39 weeks is at a very different developmental stage. What would help support this message or help the viewer understand this better? [Only probe if necessary: e.g., showing comparison photos.]
  - c. Who is the ideal audience for this video?
  - d. Would you change any of your behaviors based on this video? How? Why/why not?
3. What did you learn from this video that was new?
  - a. What surprised you?
4. Was anything confusing in this video? What and why?
  - a. Do you think that Maddie looks different than a baby who had not been born premature? [Only probe if necessary: What would help the viewer understand this difference better? e.g., a photo of Maddie next to a photo of another, healthy child to emphasize the differences in physical development.] If not, what made you feel that way and what would help emphasize that point?
  - b. What do you think of Dr. Catherine Spong’s comment when she said, “It’s not that many weeks ... it’s about a month of your life...?” [Moderator will listen for any possible confusion relating to not having a reference point for “month.”]
5. Was anything offensive in this video? What and why?

- d. Does anything need to be removed from this video? What and why?
6. What do you think of the visual aspect of the video?
7. What do you think of the language used in the video?
- a. Is the language too technical, too simple, or just right?
- i. What are some words (perhaps technical or medical) used in the video that you may not have understood (such as “spontaneously prematurely,” “amniotic fluid,” “prematurity,” and “induction”)?
8. What do you think of the length of this video? Too short, too long, or just right?
9. How well do you trust the information in this video? Why?
- a. Did you notice the sponsor(s) of the video? How important is knowing the sponsor to you?
- b. Would you visit the website presented at the end of the video? Why/why not?
- c. The mother in the video, Heather, has a blog. If this blog’s address were included in the video, would you visit this blog? Why/why not?
10. What suggestions might you have for improving this video?
11. Would you recommend that others view this video? Why/why not?
12. What do you wish were in this video that is not there now? Why?
- a. What questions does this video generate for you?
- i. For example, would you want to know at how many weeks Maddie was born?

I’d like to show you very short clip/slide that could be added to the video.

[Participants look at the clip/slide together.]

1. What do you think of this clip/slide about what happened to Maddie?
2. Would you say the video would be more effective if it included this clip/slide (in other words, if the video explicitly communicated that Maddie died)? Why?
3. Would you prefer to have the video leave this a vague point as you initially saw (the video that you saw initially says “Maddie suffered from life-long complications of her prematurity”)? Why?

Let’s now take a quick look at the **60-second version of the video**.

[All participants view the video together.]

1. What do you like about this 60-second version?

2. What do you dislike about this 60-second version?

Let's now take a quick look at the **30-second version of the video**.

[All participants view the video together.]

1. What do you like about this 30-second version?

2. What do you dislike about this 30-second version?

3. Which of the three videos do you like most and why? (Which would you be most likely to view on your own?)

### **Promoting the Topic and Videos (10 minutes)**

Now I would like to explore ways in which the sponsor of this project, the *Eunice Kennedy Shriver* National Institute of Child Health & Human Development, or the "NICHD," one of the 27 institutes and centers that make up the National Institutes of Health, can promote awareness of this topic and of the videos.

1. How do you personally currently prefer to learn about your health in general and your pregnancy in specific?
  - a. How much influence does your husband or partner have in decisions about your health in general and your pregnancy in specific?
2. How do you currently share information with other pregnant moms or friends/family members who might be planning to get pregnant?
3. What would be the most effective ways to promote awareness of this topic and of the videos to other pregnant moms like you? (Probe for communication channels: prenatal clinics, prenatal classes, pharmacies, websites [which ones?], baby merchandise stores, etc.)

### **Wrap Up and Thank You**

Finally, what else should the NICHD keep in mind as it develops health education materials for families?

**Thank you very much for your time and valuable input. Your contributions today will inform the NICHD's outreach efforts to families across the country.**