

Follow-up Interview Guide
Group 1 Preconception - Pain**Criteria for Follow-up Interview**

- Actively engaged in virtual focus group;
- Shared experiences related to struggling with a decision to take medication during pregnancy;
- Participant responded that they rely on more than one source of information for medication use during preconception/pregnancy;
- Participant had a detailed response to the message testing questions.

Introduction

Thank you 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.

As you know from the virtual focus group, we are holding these discussions in collaboration with the Centers for Disease Control and Prevention (CDC) and the March of Dimes. You stood out as having some unique experiences related to medication use while planning a pregnancy, and we wanted to follow up with you to hear more of your story.

The session will last about 30 minutes.

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.

The public reporting burden of this collection of information is estimated to average 30 minutes per response, 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: OMB (0920-0990)

Attachment 4: Follow-up Interview, Pain

- 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, CDC, or March of Dimes will contact you after this interview.
- [If appropriate] There are also some people from CDC/March of Dimes listening in on the telephone. They will have their phones on mute, so you will not hear anything from them.

Do you agree to participate? [Yes – CONTINUE] [No – Thank you for your time].
Is it okay with you if we audio record the interview?

Introduction

Thanks so much for sharing in our virtual focus group. Today, we wanted to talk to you more in-depth about how you make decisions about medication use for your future pregnancy.

1. Based on your response in the virtual focus group, you take medication to treat pain. What do you think will be your medication routine when you become pregnant?
 - a. Probes: would you continue taking medication? Frequency? Would you stop taking your medication?
 - b. If you choose to change your routine, please tell me your thought process.
 - c. If you choose not to change your routine, please tell me your thought process.
2. When you visit your doctor, do you discuss your current medications in light of your future pregnancy?
 - a. If yes, what type of doctor is he or she (family doctor, OB/GYN, pharmacist or midwife, specialist)? Why did he/she discuss with you?
3. Has your doctor talked with you about a treatment plan during pregnancy?
 - a. What does your doctor recommend?
 - b. When would the treatment plan take affect?
4. What concerns, if any, do you have about taking medication during preconception/pregnancy?
 - a. Were you ever told that taking a medication during pregnancy might include risks? Who discussed the risk with you?
 - b. What types of risks are you most concerned about? Probe: birth defects, miscarriage, preterm birth, harm to self or baby?
5. What type of information does you doctor provide? How does your doctor talk to you about any benefits and any potential risks?
 - a. After discussing with your doctor, do you feel you have enough information about the risks and benefits?
 - b. What do you wish the doctor had said or done?

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6. Do you ask other sources about any concerns you may have with your medication use during preconception/pregnancy?
 - a. If yes, who do you ask and what do you ask?
 - b. If no, explain why

7. What other sources of information did you look up to help you weigh the risks and benefits?
 - a. Probe: Online resources, pharmacists, husband/partner, friends and family.
 - b. Whose opinion mattered most?
 - c. Was the information ever conflicting about what would be safest to take during preconception/pregnancy?

8. How will you use all of this information to make a decision regarding medication use during pregnancy or while planning a pregnancy?
 - a. At this point, what do you think your decision will be?

9. What information do you wish you had, but is not available about medication use during preconception/pregnancy?

10. Does health insurance play a role in what medications you take currently?
 - a. Do you know if it will be different during your pregnancy than now?

Closing (1 min)

Thank you again for participating in today's interview. Your experiences and input were extremely valuable in helping us to understand how individuals make decisions about medication use before and during pregnancy.

As a token of appreciation for your interest, you will receive a check for \$25. You should receive it within 5-7 business days. If you do not receive the check, please contact Molly Lynch at 1-800-334-8571 (extension 22709)