

**Consumer Follow-up Interview Guide**  
**Postpartum - Depression****Criteria for Follow-up Interview**

- Actively engaged in virtual focus group;
- Shared experiences related to struggling with a decision to continue/start medication during pregnancy;
- Participant responded that they rely on more than one source of information for medication use during preconception/pregnancy (see question #10 in the VFG transcript);
- 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 during 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 12: Follow-up Interview, Postpartum, Depression

- 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 the process you went through when you thought about your medication use and pregnancy.*

1. Before you became pregnant, how did you think you would manage your depression while pregnant?
  - a. Did you make a plan with your doctor? Did you bring questions to the doctor or did the doctor talk with you first?
  - b. How did you become aware that you might have to think about your prescription differently during pregnancy? Probe: from friends, family, doctor, past pregnancies?
  - c. How far in advance of becoming pregnant did you start to think about making a plan?
2. What concerns, if any, did you have about taking prescription depression medication during pregnancy?
  - a. Were you ever told that taking depression medication might include risks? Who discussed the risk with you?
  - b. What types of risks were you most concerned about? Probe: birth defects, miscarriage, preterm birth, developmental problems like autism or learning disabilities? overall harm to self or baby?
3. Can you share an experience of talking with your doctor about continuing/starting depression medication while pregnant? How did your doctor talk to you about any benefits and any potential risks?
  - a. What type of doctor did you talk to? What did he/she discuss with you?
  - b. After discussing with your doctor, did you feel you had enough information about the risks and benefits?
  - c. How did you apply your doctor's guidance to your current medication use routine?
  - d. What do you wish the doctor had said or done?
4. Which type of doctor was your primary point of contact for questions about your depression medication during pregnancy? Probe: OB/GYN, Psychiatrist, Midwife, Pharmacists etc
5. What other sources of information did you look for to help you weigh the risks and benefits?
  - a. Probe: Online resources, husband/partner, friends and family
  - b. Whose opinion mattered most?

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6. How did you use all of this information to make a decision regarding medication use?
  - a. Was the information ever conflicting about what would be safest to take during pregnancy?
  
7. Did your medication use change during pregnancy? If so, how?
  - a. At what point did you change your medication use? Probe: when planning a pregnancy, when trying for a baby, after becoming pregnant?
  - b. How did you change the dose/frequency of your medication during pregnancy?
  
8. What information did you wish you had, but was not available about medication use during pregnancy?
  
  
9. Has health insurance played a role in what medications you can take to treat your depression? If so, how?
  - a. Was it 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 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).