

Family Planning in the Emergency Department Focus Group Discussion

Facilitator's Guide

Final Draft

Part 1. Background

About Family Planning in the Emergency Department

According to the latest estimates, upwards of 218 million women of reproductive age globally have an unmet need for family planning.¹ In other words, they want to avoid a pregnancy, but are not using a modern method of contraception. In the United States, despite efforts to expand access to contraceptive care—including through the requirement under the Affordable Care Act that insurance companies cover contraceptive methods and counseling with no out-of-pocket costs for consumers—many women still fall through the cracks, especially among racial/ethnic, income, and age lines. Moreover, the recent elimination of the U.S. constitutional right to abortion has lent fresh urgency to identifying additional strategies and entry points to reach women who have unmet need for contraception and are left behind.

In this spirit, the World Economic Forum’s (WEF) Women's Health Initiative (WHI) “Family Planning in the Emergency Department” (FP in the ED) seeks to provide family planning services in EDs and other hospital settings with linkages to downstream care. Many women in underserved communities lack health insurance or have little access to normal gynecological care. As a result, emergency departments of hospitals often become the location for key life-planning decisions. There are 6,000 emergency departments in the United States and approximately 20 million women of childbearing age seeking care in an ED per year. While there is great potential to reach women with contraceptive information and/or methods in the emergency department, to date, most EDs currently do not offer these services.

Words matter!

While the terms “family planning” and “contraception” are used to describe the project among technical audiences, these words are not commonly used by women in the United States. In the women/patient-facing materials and FGD questionnaire in this guide, we use the word “birth control.” Focus group discussions with women should ask women about their preferred terminology for “family planning.”

Before moving forward with any family planning intervention in the ED, it is imperative to understand what women want. This is especially important given that women of color and low-income women in the United States have been historically subjected to reproductive injustice and coercion. When patients are meaningfully engaged in the design and development of programs meant to benefit them:

- Services and interventions fit and meet context-specific interests and needs.
- People feel acknowledged, valued, and respected and have more trust in the health system.
- Champions are fostered that increase service and intervention promotion and utilization.
- It acknowledges systems of oppression in health systems and the historical legacy and generational trauma of coercive programs and establishes new norms and ways of interaction.

Therefore, this focus group discussion guidance has been developed to understand women’s reactions, thoughts, and feedback on the possibility of getting FP information or services in the ED—a precursor step to developing and scaling associated solutions. This guide is designed to be used by anyone

¹ <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

interested in exploring or introducing FP in the ED, including but not limited to ED doctors, hospital administrators, health researchers, women’s health leaders, and others.

About the partners: The FP in the ED project is a collaboration among the Women’s Health Initiative at the World Economic Forum, Jefferson Health (project champion), Hologic, Inc. and VPS Healthcare. White Ribbon Alliance was commissioned to develop this guide.

About Focus Group Discussions

A focus group discussion (FGD) format was selected as the preferred format to elicit input from women on FP in the ED. A focus group discussion gathers people together with similar experiences or characteristics in a small and safe setting to discuss a specific topic. A skilled facilitator guides the participants by introducing the topic for discussion and encouraging the group to have a natural, lively, and thoughtful discussion amongst themselves. FGDs are a great way to explore the nuanced thoughts, opinions, and recommendations of people with a connection to the topic.

Helpful hint

As budget allows, a series of focus groups is recommended to move FP in the ED from idea to implementation (if it is what women want!). These include:

- FGDs with patients to understand their perspectives on getting FP in the ED
- FGDs with providers to understand and address barriers to implementation
- FGDs with patients and providers on best practices for implementation and solution co-creation

The ideal size for a focus group discussion is 6-10 participants. This group size is large enough to generate rich discussion but not so large that it is hard to hear from everyone. FGDs are structured around a set of predetermined questions, though the discussion is free flowing. Participants often stimulate the thinking and sharing of others, leading to an even richer conversation. FGDs can last anywhere from 1-3 hours.

One important thing to keep in mind is that the information generated from a FGD discussion is specific to that group of participants/target population and the local context. For example, results—and any potential associated solutions—from a FGD on FP in the ED among women in urban centers in the Northeast should not be extrapolated and generalized to women in the rural South. Interested stakeholders should adapt/replicate the FGD methodology (using this tool) to find out what women want locally when it comes to FP in the ED, as their preferences and potential solutions will likely vary.

Part 2. Preparing for the FP in the ED focus group

Set objectives

The first step in organizing a focus group discussion on FP in the ED is to develop an overall objective. In general, the objective of the FGD will be to gather the opinions, feedback, and recommendations from target women on the possibility of getting FP information or services in the emergency department and their recommendations for appropriate implementation.

Confirm participant selection criteria

Next, clearly identify who should participate in the discussion. Importantly, participants must have had a somewhat recent experience in an ED to contribute to the conversation in a practical way. Participant selection criteria to use or adapt based on your local context and objectives include²:

- Age 18-44³
- Woman or non-binary (with ability to menstruate)
- Have been in the ED in the last 18 months
- Comfortable talking about birth control

Recruit participants

Devise a plan for how you will recruit and enroll participants into your FGD. The most efficient way to reach the target population is directly through the emergency department. An advantage of recruiting from the ED is that it may help buy-in from hospital stakeholders from the beginning. Other places to recruit participants include patient advisory groups, community health centers, Title X centers, universities, or even in communities and neighborhoods. Keep in mind that some places may require special authorization for patient recruitment and participation in the FGD, such as approval from an Institutional Review Board.

Use catchy promotional materials such as flyers, leaflets, or emails to generate interest (see Annex A for a sample flyer). As your budget allows, consider using financial or other incentives to encourage participation. For example, offer a financial stipend for participation and travel costs; provide refreshments during the FGD; make on-site childcare available.

Create an interest form to collect information from prospective FGD participants. This can be done via paper or electronic forms. At minimum, collect each person's name, age, gender, and contact information. It can also be useful to collect other demographic information (race/ethnicity, income, health insurance status), information to validate participant criteria for the FGD, and/or their preferences on timing and location. See Annex B for a sample Focus Group Participant Interest Form.

Helpful hint

Always recruit more participants than needed for your focus group discussion. Some women may not be available on the selected FGD date and others may not be reachable. Over-recruiting also helps the organizer curate a group that is most representative of the target population.

Develop the FGD discussion guide

After you've solidified your overall objective and inclusion criteria, develop your FGD questions. This can be done in parallel with participant recruitment. We have made this easier by drafting an initial questionnaire/discussion guide for FP in the ED which can be further adapted and contextualized to meet the needs of your particular FGD and target audience. See pages 6-12 for an introductory script and questionnaire, as well as Annex C for an easy to print handout of the questionnaire.

² Language spoken may also be an important criterion to include.

³ This age range covers young women and women in their prime reproductive years. Some FGDs may wish to engage adolescents under the age of 18. If that is the case, additional measures may need to be put in place to obtain informed/parental consent to participate, in accordance with any relevant local or state laws.

Identify a facilitator and assistant

Effective facilitation is key to a successful FGD. Ideally, a focus group discussion is conducted by a team consisting of a facilitator and an assistant. The facilitator guides the discussion, and the assistant offers logistical support and takes notes without participation in the discussion.

When identifying a FGD facilitator, it is ideal to bring on board someone who:

- Can create a warm and friendly environment
- Can listen attentively and with sensitivity and empathy
- Has knowledge of the topic at hand
- Is organized, prepared, and good at sticking to time
- Is flexible, adaptable, and able to make adjustments in real-time
- Believes that all participants have something valuable to add
- Can keep personal views/egos out of the facilitation
- Can appropriately manage challenging group dynamics
- Is someone the group can relate to/has a similar background to the participants

Qualities of an effective assistant include:

- Warm personality
- Well organized
- Proactive in helping with tasks
- Good listener
- Excellent note-taker
- Savvy with IT and audio-visual technology
- Able to let the facilitator lead (and provide input only when called on by facilitator)

Confirm FGD logistics

With the facilitation team identified and participant recruitment underway, it is time to confirm the date, time, and location of the FGD. Choose a date and time that is convenient for participants and the facilitation team (as indicated on the participant interest form), as well as a location that is safe and accessible, including near public transport if possible. Place catering orders in advance and finalize any arrangements with on-site babysitters.

Confirm participants

Review your FGD sign-up list and move any individuals who may not completely fit the eligibility criteria to the bottom of your list. Then, begin calling each person on the list to confirm their participation in the FGD. For those who say yes, follow your call with an email containing the FGD details. It is recommended to confirm 5 additional participants above the target number of participants to account for “no-shows” on the day of. Call or text each confirmed participant two days before the FGD to remind them to join.

Conduct final preparations

A week or two before the FGD, it's a good idea to bring together FGD organizers with the facilitator and assistant. Items to review and finalize include each person's role at the FGD, the agenda for the workshop, the FGD discussion guide, and any supporting materials for facilitators or participants.

Part 2. Facilitating the FGD

This section is the heart of the guide, designed for the facilitator to pick up and run with. It is intended to be further adapted and customized by the facilitator based on the overall FGD objective and target population and on the facilitator's individual style. It is designed for an approximately 3-hour FGD with 6-10 individuals. See Annex D for a corresponding workshop agenda.

Set up

The facilitation team should arrive at the venue at least an hour early and handle event set up. This includes:

- Arranging chairs/tables in a way that promotes discussion and openness (circle or U shape preferred).
- Preparing any needed flip charts or white board activities (see facilitation guide for tips).
- Laying out participant materials (nametags, notepads, pens, colored notecards).
- Setting up catering.
- Testing A/V as needed, including audio recorder.
- Getting familiar with the venue—location of bathrooms, nursing/mother's room, childcare room.

Welcome and getting settled

- The facilitator and assistant should greet each FGD participant upon arrival and introduce themselves. The assistant should quickly explain where things are.
- The assistant should “check-in” each participant from the registration list and ask them to make a name tag. If childcare is needed, the assistant can show the participant where to bring their children.
- Encourage participants to get refreshments and let them know at what time the FGD will start.

Introducing the FGD and each other

The first few minutes of the FGD are critical in creating a friendly and safe space and in building rapport with and among the participants. The recommended flow for opening a FGD is (1) Welcome, (2) Overview of the topic, (3) Ground rules, (4) Participant introductions/first question. Below is a sample script for the facilitator.

Introductory script

Hello everyone and welcome to our session. Thanks for taking the time to join us to talk about birth control in the emergency department. My name is [Facilitator] and assisting me is [Assistant]. We're both with [Affiliations].

We know that many women don't want to become pregnant anytime soon and want to be able to plan for this when the time is right. Many of these women aren't using birth control for a number of reasons. But for some women, they would like to start or resume birth control or learn more about if it's right for them.

The Women's Health Initiative at the World Economic Forum is working with women across the U.S. to come up with new ideas for reaching women who want birth control. One of these ideas is to provide

birth control information and services in the emergency department (the “ED”). Regardless of the reason the woman is there, it may be a good place and time to have this conversation. Most emergency departments don’t currently offer birth control counseling or services, like prescriptions or method placement. But given this is a place where many women and their families get healthcare, we are exploring whether it’s a good opportunity.

We know this topic may stir up different feelings. If any effort to offer birth control in the emergency department were to move forward, it must take into account the perspectives of women themselves. We’re having this conversation with you today to understand what you want, what you like, and what you don’t like about the idea of being offered birth control in an emergency department—whether or not you are there for yourself or your family. Your input is extremely valuable as someone who has recently been in an ED and can reflect what you think may or may not work.

Please know that there are no right or wrong answers, only differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we’re just as interested in negative comments as positive comments about the concept of birth control in the emergency department.

This is a good segue into our “ground rules” for today’s discussion. Ground rules are the principles we will stick to throughout the conversation. The flip chart lists some common ground rules. Are there others that are missing or that you’d like to add?

- No topics or questions are off limits
- Respect the ideas of others
- Listen with an open mind
- Ask questions when confused
- Everyone participates
- Silence phones

I also want to point out that we are audio recording the session. People often say very helpful things in these discussions, and we can't write fast enough to get them all down. If you choose to remain in this focus group, we will take that to mean you give consent to be recorded. We will be on a first name basis today, and we won't use any names or any other information that would identify you individually in our reports. You may be assured of complete confidentiality. The reports will go back to the World Economic Forum to help them plan future efforts and we will share the reports with you too.

Finally, a few housekeeping notes. The restrooms are located [here]. Feel free to get up and use the restroom whenever you need to. You will receive your stipend at the end of the discussion; please see [Assistant] who will hand them out. We are having lunch delivered at [time] and encourage you to stick around to have a bite or to take lunch home with you. We will adjourn by [time]. Are there any questions about these items or the agenda?

Okay, let’s go ahead and get started. Let’s find out some more about each other...

FGD discussion guide/questionnaire

Questions	Facilitation and activity notes
<p>1. Please introduce yourself by saying your first name, about how long you've lived around [location], and your answer to our icebreaker question: who first taught you about birth control and what did they call it? What term do you use?</p>	
<p>2. Which birth control methods do you know of?</p> <p>On the flip chart at the front of the room, put a green sticky dot next to all the birth control methods that you know of.</p>	<p>During set up, the assistant will have put the names of different birth control methods on a flip chart/whiteboard. During this exercise, participants will get up and put a sticky dot on the methods they are familiar with. See Annex E for list of methods.</p>
<p>3. How comfortable are you talking about birth control in general? What about with your friends? With your medical provider?</p>	
<p>4. Let's now turn to your experience in the emergency department. Thinking about your most recent visit, how would you rate your experience in the emergency department in terms of comfortability expressing your needs and communicating with providers? Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>a) Possible follow ups:</p> <ol style="list-style-type: none"> i. How were your needs met or not when you were at the emergency department? ii. Were you comfortable asking your provider questions about the care you received? 	

<p>iii. Which staff member was the most approachable and would you feel the most comfortable speaking to? (optional)</p> <p>For those who indicated red or yellow, in a perfect world, what specifically would you change in the emergency department to have conversations about birth control there?</p>	
<p>5. How do you feel about getting information about birth control in an emergency department?</p> <p>Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>Ask those under each "color" to say more about why they chose this ranking.</p>	<p>During set up, the assistant will ensure that each participant receives the four notecards of a different color.</p> <p>If the facilitator is asked what is meant by "information" about birth control, some illustrative examples include:</p> <ul style="list-style-type: none"> • Explanation of what birth control is • Types of birth control available • Advantages/disadvantages of different types of birth control methods, including effectiveness • How to use different types of birth control • How to get a prescription
<p>6. For those who feel supportive, how would you like to learn about birth control during a visit to the emergency department?</p> <p>Prompts if needed: Some possibilities are through a conversation with a health provider; through an app or digital tool; through a pamphlet or fact sheet; or some other way?</p> <p>a) Probe for when it is a good time to be approached with birth control information. Some possibilities include when you check in; when you are in the waiting room; during or after your examination; at discharge.</p> <p>b) Probe for who should approach women with information about birth control. Some possibilities</p>	

<p>include doctor, nurse, receptionist, community outreach person/navigator, or someone else.</p> <p>c) Probe on preferences for provider gender. Does it matter if the provider is a male or female?</p> <p>d) Probe for when it is NOT okay for someone to approach women with information about birth control in the emergency department. This might include the reason for the visit or the level of pain or discomfort a woman is experiencing.</p>	
<p>10-minute break</p>	
<p>7. How do you feel about getting a birth control method while at the emergency department (for example, receiving a prescription or getting an injection)? Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>Ask those who selected yellow, red, or white to say more about why they chose this ranking.</p>	<p>Participants will re-use the colored notecards from the previous exercise.</p>
<p>8. For those who selected green, what would you want an interaction with a provider to look like when getting a birth control method?</p> <p>a) Probe for when it is a good time to be counseled and given a birth control method. See if there are initial reactions before giving examples.</p> <p>b) Probe for time concerns: e.g., how much longer would you be willing to stay in the emergency department to get a method?</p>	<p>Examples of when a patient might receive counseling on birth control:</p> <ul style="list-style-type: none"> • In the waiting room, before being admitted to the ED • Before the ED physician arrives to examine you • During the initial examination • After the examination, while waiting for test results • During discharge

<p>c) Probe for who should counsel and/or provide the birth control method of choice. What type of trained provider are women comfortable with?</p> <p>d) What information about birth control options would you want a provider to discuss with you so you can make an informed decision?</p> <p>e) What makes the difference between a good and not-so-good interaction with a provider about birth control?</p> <p>For those who selected red in the previous question, do they have any reactions or concerns about any of the suggestions shared?</p>	
<p>9. What type of birth control methods are good to provide in the emergency department?</p> <p>Ask participants to return to the list of birth control methods on the flipchart/whiteboard and ask them to put a sticky dot of a different color next to the methods they think are good for the emergency department.</p> <p>Probe for what makes these good or not good options for the emergency department.</p>	<p>This uses the same list of birth control methods on a flip chart/whiteboard that was prepared earlier. Include an option for “no birth control” for those who do not want to be counseled on birth control methods.</p>
<p>10. How do you feel about getting a referral appointment or prescription for birth control while at the emergency department? Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>Ask those under each “color” to say more about why they chose this ranking.</p>	

<p>11. For women who get birth control information or services at the emergency department, how should they be supported AFTER they leave?</p> <p>Probe for issues related to follow-up conversations, referral or follow-up visits, resupply (if needed), cost/insurance. What would be your top concern about follow-up appointments on birth control?</p>	
<p>12. Is there anything else you'd like to say about the idea of getting birth control in the emergency department?</p>	
<p><i>Optional: Depending on your target population/location, you may wish to add question(s) specific to the context (e.g., military hospitals, hospitals on Native American reservations, etc.)</i></p>	

Wrap up

- Thank each participant for their time, for being present, and sharing their opinions.
- Remind participants of the confidentiality of their responses and how reports will be shared with them and the World Economic Forum.
- Ask participants to do a very quick evaluation of today's focus group discussion. Write + (plus sign) on one side of a notecard along with one thing they liked about today's FGD. Write – (minus sign) on the other side of the notecard along with one thing they'd like to see changed or done differently in a future FGD.
- Ensure each participant receives their financial stipend (if issuing) and any associated paperwork is signed.
- Invite participants to stay for lunch (or dinner) or take food home.

Part 3. Following up on the FGD

- **Organize a debrief meeting.** Either directly following the FGD or the day or so after, the lead facilitator, assistant, and any other support staff should debrief the FGD – sharing their impressions and key takeaways.
- **Thank participants.** A day after the FGD, send participants a thank you email and remind them of approximately when they may expect to receive the final report.
- **Analyze the discussion.** Go through the FGD notes to identify key themes and rough areas of consensus. Revisit the recording to validate or supplement the notes as needed and to harvest compelling quotes to illustrate a key theme (to be kept anonymous).
- **Package findings into a report.** Organize the report by key themes and recommendations, again keeping participant responses anonymous.
- **Share report and findings with relevant stakeholders.** Disseminate the final report among key stakeholders including the FGD participants, ED doctors, hospital administrators, and others. Consider holding a brown bag lunch or other interactive forum to share findings and engage in a wider conversation on how to move forward.

HAVE YOU BEEN IN THE EMERGENCY ROOM IN THE LAST YEAR?

WE WANT TO HEAR FROM YOU!

FOCUS GROUP OPPORTUNITY

Participants must meet the following criteria:

- Age 18-44
- Woman or non-binary (with the ability to menstruate)
- Have been in the ER in the last 18 months
- Comfortable talking about birth control

Learn more

SCAN ME

Learn more : whiteribbonalliance.org/family-planning-in-the-emergency-department/

Annex B: Sample Focus Group Participant Interest Form

Thank you for your interest in participating in our upcoming focus group discussion on birth control in the emergency department. This focus group is being organized by [Organization].

What: Participants in the focus group discussion will be asked to share their reactions, thoughts, and feedback on the idea of getting birth control information or services during a visit to the emergency department.

When: The exact date is still to be determined based on the availability of participants. We are aiming to host the focus group discussion [date range].

Where: [Address/location]

Duration: 9:00am-12:00noon or 1:00-4:00pm

1. First Name:
2. Last Name:
3. Age:
4. Email:
5. Phone Number:
6. Gender:
 - Woman
 - Man
 - Gender Fluid
 - Non-binary
 - Prefer not to say
 - Other:
7. Are you comfortable discussing the topics of birth control, menstruation, and your experience in the Emergency Department?
 - Yes
 - No
 - Unsure
8. Have you ever been in a medical Emergency Department?
 - Yes, I've been a patient in the Emergency Department
 - Yes, I've been in an Emergency Department, but was not the patient
 - No, I've never gone to an Emergency Department, but I have gone to Urgent Care

- I have never been to an Emergency Department or an Urgent Care
 - Unsure
9. How long ago were you in an emergency room, either as a patient or as a companion?
- In the last 6 months
 - In the last 12 - 18 months
 - In the last 18 - 24 months
 - 24+ months
 - I've never been in an Emergency Department
10. Do you have the ability to menstruate?
- Yes
 - No
 - Prefer not to say
11. Are you currently using birth control?
- Yes
 - No
 - Unsure
 - Prefer not to say
 - Other:
12. If you are currently using birth control, what method are you using?
- Birth control implant
 - IUD (intra-uterine device)
 - Birth control shot
 - Birth control vaginal ring
 - Birth control patch
 - Birth control pill
 - Condoms
 - Diaphragm or cervical cap
 - Spermicide & gel
 - Fertility awareness
 - Sterilization (tubal ligation)
 - Withdrawal method
 - Prefer not to say
 - Not applicable
 - Other:
13. What race/ethnicity best describes you?
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific islander

- Hispanic
- White or Caucasian
- Prefer not to say
- Other:

14. Do you currently have health insurance?

- Yes
- No
- Prefer not to say

15. Will you require assistance with childcare? If yes, how many children will you bring and what are their ages?

16. What are your preferred days of the week for the focus group discussion? Check all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

17. Do you prefer a morning focus group discussion or an afternoon focus group discussion?

- Morning
- Afternoon
- No preference

18. Do you have any questions for us?

Annex C: Focus Group Discussion Questionnaire Template

Questions	Notes
<p>1. Please introduce yourself by saying your first name, about how long you've lived around [location], and your answer to our icebreaker question: who first taught you about birth control and what did they call it? What term do you use?</p>	
<p>2. Which birth control methods do you know of?</p> <p>On the flip chart at the front of the room, put a green sticky dot next to all the birth control methods that you know of.</p>	
<p>3. How comfortable are you talking about birth control in general? What about with your friends? With your medical provider?</p>	
<p>4. Let's now turn to your experience in the emergency department. Thinking about your most recent visit, how would you rate your experience in the emergency department in terms of comfortability expressing your needs and communicating with providers? Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>a. Possible follow ups:</p> <ol style="list-style-type: none"> i. How were your needs met or not when you were at the emergency department? ii. Were you comfortable asking your provider questions about the care you received? 	

<p>iii. Which staff member was the most approachable and would you feel the most comfortable speaking to? (optional)</p> <p>For those who indicated red or yellow, in a perfect world, what specifically would you change in the emergency department to have conversations about birth control there?</p>	
<p>5. How do you feel about getting information about birth control in an emergency department?</p> <p>Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>Ask those under each "color" to say more about why they chose this ranking.</p>	<p>During set up, the assistant will ensure that each participant receives the four notecards of a different color.</p> <p>If the facilitator is asked what is meant by "information" about birth control, some illustrative examples include:</p> <ul style="list-style-type: none"> • Explanation of what birth control is • Types of birth control available • Advantages/disadvantages of different types of birth control methods, including effectiveness • How to use different types of birth control • How to get a prescription
<p>6. For those who feel supportive, how would you like to learn about birth control during a visit to the emergency department?</p> <p>Prompts if needed: Some possibilities are through a conversation with a health provider; through an app or digital tool; through a pamphlet or fact sheet; or some other way?</p> <p>a. Probe for when it is a good time to be approached with birth control information. Some possibilities include when you check in; when you are in the waiting room; during or after your examination; at discharge.</p> <p>b. Probe for who should approach women with information about birth control. Some possibilities</p>	

<p>include doctor, nurse, receptionist, community outreach person/navigator, or someone else.</p> <p>c. Probe on preferences for provider gender. Does it matter if the provider is a male or female?</p> <p>d. Probe for when it is NOT okay for someone to approach women with information about birth control in the emergency department. This might include the reason for the visit or the level of pain or discomfort a woman is experiencing.</p>	
<p>7. How do you feel about getting a birth control method while at the emergency department (for example, receiving a prescription or getting an injection)? Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>Ask those who selected yellow, red, or white to say more about why they chose this ranking.</p>	<p>Participants will re-use the colored notecards from the previous exercise.</p>
<p>8. For those who selected green, what would you want an interaction with a provider to look like when getting a birth control method?</p> <p>a. Probe for when it is a good time to be counseled and given a birth control method. See if there are initial reactions before giving examples.</p> <p>b. Probe for time concerns: e.g., how much longer would you be willing to stay in the emergency department to get a method?</p> <p>c. Probe for who should counsel and/or provide the birth control method of choice. What type of trained provider are women comfortable with?</p>	<p>Examples of when a patient might receive counseling on birth control:</p> <ul style="list-style-type: none"> • In the waiting room, before being admitted to the ED • Before the ED physician arrives to examine you • During the initial examination • After the examination, while waiting for test results • During discharge

<p>d. What information about birth control options would you want a provider to discuss with you so you can make an informed decision?</p> <p>e. What makes the difference between a good and not-so-good interaction with a provider about birth control?</p> <p>For those who selected red in the previous question, do they have any reactions or concerns about any of the suggestions shared?</p>	
<p>9. What type of birth control methods are good to provide in the emergency department?</p> <p>Ask participants to return to the list of birth control methods on the flipchart/whiteboard and ask them to put a sticky dot of a different color next to the methods they think are good for the emergency department.</p> <p>Probe for what makes these good or not good options for the emergency department.</p>	<p>This uses the same list of birth control methods on a flip chart/whiteboard that was prepared earlier. Include an option for “no birth control” for those who do not want to be counseled on birth control methods.</p>
<p>10. How do you feel about getting a referral appointment or prescription for birth control while at the emergency department? Hold up the color notecard that best reflects your opinion.</p> <p>Green = positive/good Yellow = so-so/mixed Red = negative/bad White = unsure or don't know</p> <p>Ask those under each “color” to say more about why they chose this ranking.</p>	
<p>11. For women who get birth control information or services at the emergency department, how should they be supported AFTER they leave?</p>	

<p>Probe for issues related to follow-up conversations, referral or follow-up visits, resupply (if needed), cost/insurance. What would be your top concern about follow-up appointments on birth control?</p>	
<p>12. Is there anything else you'd like to say about the idea of getting birth control in the emergency department?</p>	
<p><i>Optional: Depending on your target population/location, you may wish to add question(s) specific to the context (e.g., military hospitals, hospitals on Native American reservations, etc.)</i></p>	

Annex D: Sample FGD Agenda

This is a sample agenda for a morning focus group discussion that runs from 9:00am-12:00noon.

Timing	Module	Who
8:00-8:30am	FGD set up: Room, equipment, materials, refreshments	Facilitator, assistant, any additional support staff
8:30-9:00am	Participants arrive, sign-in, and get settled	Facilitator and assistant to welcome each participant
9:00-9:30am	Introducing the FGD and each other	Facilitator
9:30-10:40am	FGD questions 2-6	Facilitator
10:40-10:50am	Break	All
10:50-11:50am	FGD questions 7-12	Facilitator
11:55-12:00noon	Wrap up and quick evaluation	Facilitator
12:00-12:30pm	Lunch and distribute stipends	All
1:00pm	Facilitation team debrief (optional)	Facilitator and assistant

Annex E: Birth Control Methods

- Birth control implant
- IUD (intra-uterine device)
- Birth control shot
- Birth control vaginal ring
- Birth control patch
- Birth control pill
- Condoms
- Diaphragm or cervical cap
- Spermicide & gel
- Fertility awareness
- Sterilization (tubal ligation)
- Withdrawal method