**Immediate IUD insertion after second trimester abortion: process evaluation and implications for service delivery**

**INTERVIEW GUIDE FOR PARTICIPANTS**

**Cover page**

**General information**

Interviewer Initials: |\_\_\_|\_\_\_|

Interview date: |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/2019

Interview Start time: |\_\_\_|\_\_\_| h |\_\_\_|\_\_\_| m Interview End time |\_\_\_|\_\_\_|h |\_\_\_|\_\_\_|m

Has Consent been signed & dated by interviewee: Yes|\_\_\_| No |\_\_\_|

Interview location: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group

Immed: got IUD at GSH Delayed: Got IUD at 3 weeks at CHC

**6 weeks**: IUD in situ / IUD placed for first time / IUD expulsed or removed and replaced /IUD expulsed or removed and NOT replaced / No IUD

**3 months**: IUD in situ/ IUD placed for first time / Last IUD expulsed or removed and replaced / Last IUD expulsed or removed and NOT replaced/No IUD

**6 months:** IUD in situ/Last IUD expulsed or removed and replaced /Last IUD expulsed or removed and NOT replaced/No IUD

**Comments/Observations:**

I / D

Y / N

Y / N

***Questions***

***I. INTRODUCTION***

In this conversation we will be talking about your decisions regarding contraception, and your experiences in the healthcare services and in the IUD study from when you joined the study to today. You do not have to answer any questions that make you feel uncomfortable and you may stop this interview at any time. I am not associated with healthcare services or with the IUD study processes. You don’t have to tell me what you think is a right answer - there are no right or wrong answers. We are interested in what you really feel and how you really made decisions.

Do you have any questions before we begin? *IF YES, DISCUSS AS NEEDED*

Now I’m going to start the recorder. ***START RECORDING***

***1. I’ll begin by asking you about what your views were regarding contraceptive methods before joining the study***

So - before you came to GSH for your abortion procedure

a) What did you know and think about the different contraceptive methods?

b) What were your experiences with the different contraceptive methods

*Prompt: Previous methods used, ask specifically about the injectable, preferred methods, why did you stop? knowledge/heard about IUD before the counselling at GSH, influence of friends, partners*

***2. When you came for your abortion at Groote Schuur hospital, Nurse Hendricks spoke to you in a group, or perhaps individually, and counselled you about the different contraceptive methods:***

Thinking back to that counselling session, can you describe your experience of the contraception counselling and how that may have influenced your thoughts about the IUD?

*Prompts – new information/ changed my mind, reconsidered planned post-abortion contraception method?*

**3**. ***After the counselling session, women who opted for the IUD were offered participation in the IUD trial:***

What were your reasons for participating in the study? (Instead of getting the IUD without participating in the study)

*Prompt: Would you say that the financial compensation influenced your decision to participate in the IUD study, and if so, how?*

***4. I am going now to ask you about your experience with the health care you received for your abortion in the different health facilities you visited.***

a) Lets start at the community health centre or clinic you went to, where you got your referral to Groote Schuur - how you found the health care you received there?

b) What about at Gynae out-patients department, at the Groote Schuur Hospital?

c) And, during the abortion process from when you were admitted to the ward (F12) until you were discharged?

*Probe: How did you feel supported by the doctors and nurses, or not?*

***5. After you were admitted to the ward (F12) for your abortion, a member of the IUD trial staff who is not a member of hospital staff allocated you to a study group:***

a) Thinking back when you were allocated to a group, how did you feel when you were put in the (X) group?

*Prompt: Had you hoped to be in 1 or other group – if so why? Positives/negatives*

b) How did that influence your motivation to get the IUD?

*Prompt: Positives/negatives/disappointed/second thoughts*

***6. You described you felt x after being allocated to immediate/delayed.***

***Then you went through the abortion experience, and after it was all over you may have had more pain/bleeding. So…***

Can you describe how the abortion experience affected your feelings about

**(choose the option that applies to the participant)**

a) having an IUD immediately inserted?

b) getting an IUD three weeks later?

*Prompt: pleased for delay/scared of pain for immediate*

**INTERVIEWER NOTE FOR Q7**

**Question 7 relates to several moments of interaction and care provided by the IUD study staff: At baseline and randomization, follow-ups at 6 weeks, 3 months and 6 months, phone contacts with the field worker, home visits if needed to track the participant who is supposed to be in the study. We are looking for how they view and feel the contact with the team might have influenced the decisions regarding the use of IUD or not using the IUD**

***7. Overall from the time you consented to join the IUD study up until today, how would describe your experience of care and communication with the IUD study staff?***

a) How did the interactions, the text messaging and calls influence your actions or decisions about attending study visits.

b) In which ways do you think the experience of being in the IUD study and having interactions with the study staff influenced or changed your views about the IUD as a contraception method?

**INTERVIEWER NOTE FOR Q8 For question 8, before the interview, ring the correct answers the appropriate box below. Strike out the incorrect ones. Now read from the appropriate box**

***Q8 Immediate group: You received your IUD / did not receive at GSH***

***At 6 weeks: IUD was in situ & kept/ IUD was placed for first time / Last IUD was expulsed or removed and replaced / Last IUD was expulsed or removed and NOT replaced/No IUD***

a) Can you explain why you made this decision at this point

*Prompts: Please explain your decision-making process in detail - What has supported your decision? What aspects/factors?*

***At 3 months: IUD was in situ & kept/ IUD was placed for first time / Last IUD was expulsed or removed and replaced / Last IUD was expulsed or removed and NOT replaced/No IUD***

b) Can you explain your decision about the IUD at this point

*Prompts: Please explain your decision-making process in detail - What has supported your decision? What aspects/factors?*

***Q8 Delayed group: You received your IUD /did not receive at 3 weeks at the CHC***

a) Can you explain why you made this decision at this point

*Prompts: Please explain your decision-making process in detail - What has supported your decision? What aspects/factors?*

***At 6 weeks: IUD was in situ & kept/ IUD was placed for first time / Last IUD was expulsed or removed and replaced / Last IUD was expulsed or removed and NOT replaced/No IUD***

b) Can you explain why you made this decision at this point

*Prompts: Please explain your decision-making process in detail - What has supported your decision? What aspects/factors?*

***At 3 month: IUD was in situ &kept/ IUD was placed for first time / Last IUD was expulsed or removed and replaced / Last IUD was expulsed or removed and NOT replaced/No IUD***

b) Can you explain your decision about the IUD at this point

*Prompts: Please explain your decision-making process in detail - What has supported your decision? What aspects/factors?*

***9. Now, try and imagine this scenario: Imagine that all the care to do with contraception that you received while in the study was done at your Community Health Clinic (the one you first visited when you decided for abortion). This would include the counselling on the different contraceptive methods, the IUD insertion and 1 follow-up visit. So it would exclude the actual abortion itself at GSH.***

Now, please try and describe what would make this a good/acceptable experience for you?

*Prompts: What would be a quality experience in the CHC for this type of care? What would you ideally expect this experience to be like at the CHC (care, interaction with the staff, time, etc)? How could this be a high quality experience in terms of health care?*

*Health care provider attitude, timing of visit after abortion at GSH, delays and waiting, booking, information provided, privacy issues.*

*Lastly – if abortion had been earlier in pregnancy and done at CHC –same questions*

***10. This is our last question. in general, considering contraception and the various different methods available***

Which aspects do you think are the most important when you choose your contraception method? Why?

*Prompts: Effectiveness, what friends use/say, previous experience, ease of use, ease of stoppage – and why is this most important*

***Is there anything else you would like to tell me or ask?***

***Thank you for talking to me.***

**INTERVIEW GUIDE FOR HOSPITAL STAFF: DOCTORS:**

Interviewers Initials: \_\_\_

Interview Start time: \_\_\_ hh \_\_\_ mm. Int. End time \_\_\_hh \_\_\_mm

Has Consent been signed & dated by interviewee: Y/N

Interviewee: Male/Female

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| --- |
| ***I. INTRODUCTION AND BACKGROUND INFORMATION*** |

Good morning/afternoon. My name is [NAME], I work for the Women’s Health Research unit. Thank you for agreeing to speak with me today for the research study documenting the Immediate versus delayed insertion of the IUD following second trimester medical abortion I want to remind you again that the purpose of the study is to document your experiences with providing the IUD over the course of this study, and your opinion and clinical judgement on this, in this setting.

You do not have to answer any questions that you do not feel comfortable answering and you may stop this interview at any time. The interview should take 15-20 minutes

Do you have any questions before we begin? *IF YES, DISCUSS AS NEEDED*

Now I’m going to start the recorder. ***START RECORDING***

I’d like begin with a few questions about your background and individual practice.

1. What is your official job title?

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1. What are your responsibilities here generally

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1. What is your role in the in the 2nd trimester TOP service at this facility?

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1. Prior to starting your current rotation at this hospital: approximately how many IUDs had you inserted and for which groups of women (post-abortion- trimester?, interval, postpartum insertion)
2. Have you done training in Family Planning at OPD during your current rotation?
3. If so, how many IUDs did you insert during this training?
4. How many IUDs have you provided for women undergoing second trimester medical abortion at this hospital

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1. Now I’d like to ask more details about your experiences and thoughts about providing IUDs to women having second trimester medical abortion

Experience with IUD insertion immediately after second trimester medical abortion – with trial participants

1. You said that you have inserted [X] IUDs for study participants. Please could you describe your experience with this procedure.
2. Could there be situations where an immediate insertion might be/was difficult and would you be able to discuss any clinical concerns you might have /have had in that case ?

Opinion on the IUD in general and after 2nd trimester abortion

1. Please could you outline your opinion on the IUD as a contraceptive method, generally and the specifically for women following a second trimester medical abortion?

**Prompts**: *any specific groups of women*

1. What are your thoughts on the timing of IUD insertion after 2nd trimester abortion (prompt delayed vs immediate insertion?
2. Considering only your daily work schedule, is there an optimal time for IUD insertion in the ward?

Women’s perspectives, generally and this group

1. In your view, what do you consider to be women’s feelings and perspectives about the IUD – generally and specifically those undergoing second trimester medical abortion

Facility barriers

1. What facility routines or practices help or hinder immediate provision of the IUD for 2nd trimester medical TOP patients?

**Prompts:** *equipment nurses, timing* - *any specific barriers in the ward*

1. ASK IF APPROPRIATE: Do you have any ideas on how these barriers might be addressed?

Sustainability

1. How feasible would it be to implement immediate insertion of the IUD following second trimester medical abortion at this facility in the future? Why/why not?
2. Can you explain if your experience inserting IUDs for trial participants has influenced your approach to providing the IUD to other patients
3. Interval provision of the IUD

READ: In the study, the control group were given COCs and directed to get the IUD at 3 weeks post abortion at a local CHC with a trained provider onsite:

1. What is your opinion of this protocol for providing the IUD to women after second trimester medical abortion?

**Prompts:** *How feasible is the delayed protocol for women interested in the IUD but not eligible for or wanting immediate insertion at this facility*

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1. Impact of study interventions on adherence to trial protocols

READ: For this last set of questions, I’m changing the focus of the interview to discuss the interventions put in place by the study team for the trial.

1. *Group and/or individual training sessions were held for registrars at the start and as the study progressed – how did this impact on confidence/competence and willingness to provide the IUD as done for the study?*
2. *There was a Whatsapp group to communicate with registrars – was this helpful or not for doctors providing the IUD to study participants, and how important was this intervention?*
3. *Please discuss if IUD provision to trial participants became part of your routine service provision or more of a chore for you?*

We have come to the end of the interview. Thank you very much for your time and for sharing your opinions with the study team.

**INTERVIEW GUIDE FOR STUDY CLINICIAN:**

Interviewers Initials: \_\_\_

Interview Start time: \_\_\_ hh \_\_\_ mm. Int. End time \_\_\_hh \_\_\_mm

Has Consent been signed & dated by interviewee: Y/N

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| --- |
| ***I. INTRODUCTION AND BACKGROUND INFORMATION*** |

Good morning/afternoon. My name is [NAME], I work for the Women’s Health Research unit. Thank you for agreeing to speak with me today for the research study documenting the Immediate versus delayed insertion of the IUD following second trimester medical abortion I want to remind you again that the purpose of the study is to document your experiences with providing the IUD over the course of this study, and your opinion and clinical judgement on this, in this setting.

You do not have to answer any questions that you do not feel comfortable answering and you may stop this interview at any time. The interview should take 30 minutes

Do you have any questions before we begin? *IF YES, DISCUSS AS NEEDED*

Now I’m going to start the recorder. ***START RECORDING***

I’d like begin with a few questions about your background and individual practice.

### What is your official job title?

### What was your role in the in the study “Immediate versus delayed insertion of the IUD following second trimester medical abortion”

1. Prior to starting this study: approximately how many IUDs had you inserted and for which groups of women (post-abortion- trimester?, interval, postpartum insertion)
2. How many IUDs have you provided for women undergoing second trimester medical abortion at this hospital
3. Please describe in detail your other clinical and research experience that was directly relevant to the study:

**READ: Now I’d like to ask more details about your experiences and thoughts about providing IUDs to women having second trimester medical abortion**

1. You said that you have inserted [X] IUDs for study participants. Please could you describe your experience with this procedure.
2. Could there be situations where an immediate insertion might be/was difficult and would you be able to discuss any clinical concerns you might have /have had in that case ?
3. What facility routines or practices help or hinder immediate provision of the IUD for 2nd trimester medical TOP patients? And do you have any ideas on how these barriers might be addressed?

**Prompts:** *EXPLORE AT LENGTH Providing the service, equipment, nurses, timing* - *any barriers specific to the service, solutions*

1. Considering registrars’ daily work schedule, is there an optimal time for IUD insertion in the ward?

### **Opinion on the IUD in general and after 2nd trimester abortion**

1. Please could you outline your opinion on the IUD as a contraceptive method, generally, in specifically for women in the South African setting

**READ: You conducted the physical examination of study participants at 6 weeks post abortion. This is the time point for the primary outcome of the study**

1. In your opinion, what are the risk and benefits of providing the IUD immediately following second trimester medical abortion – generally, and specifically in this setting?
2. Given the study findings – what would your recommendations be?

### **Women’s perspectives, generally and this group**

1. In your view, what do you consider to be women’s feelings and perspectives about the IUD – generally, in the South African setting and specifically those undergoing second trimester medical abortion

### **Interval provision of the IUD**

**READ: In the study, the control group were given COCs and directed to get the IUD at 3 weeks post abortion at a local CHC with a trained provider onsite:**

1. What is your opinion of this protocol for providing the IUD to women after second trimester medical abortion?

**Prompts:** *How feasible is the delayed protocol for women interested in the IUD but not eligible for or wanting immediate insertion at this facility*

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**Impact of study interventions on adherence to trial protocols**

**READ: For this last set of questions, I’m changing the focus of the interview to discuss the interventions put in place by the study team for the trial.**

1. Group and/or individual training sessions were held for registrars at the start and as the study progressed – how did this impact on confidence/competence and willingness to provide the IUD as done for the study?
2. There was a Whatsapp group to communicate with registrars – in your opinion was this helpful or not for doctors providing the IUD to study participants, and how important was this intervention?
3. In your opinion, how much did the trial factors play a role in the study findings – ie personal contact with participants and reimbursement , reduced waiting times, attending GSH for follow-up

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We have come to the end of the interview. Thank you very much for your time and for sharing your opinions with the study team.

**INTERVIEW GUIDE FOR HOSPITAL STAFF: NURSES**

Interviewers Initials: \_\_\_

Interview Start time: \_\_\_ hh \_\_\_ mm. Int. End time \_\_\_hh \_\_\_mm

Has Consent been signed & dated by interviewee: Y/N

**Interviewee: Male/Female**

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| --- |
| ***I. INTRODUCTION AND BACKGROUND INFORMATION*** |

Good morning/afternoon. My name is [NAME], I work for the Women’s health research unit. Thank you for agreeing to speak with me today about the research study documenting Immediate versus delayed insertion of the IUD following second trimester medical abortion. I want to remind you again that the purpose of ***this*** interview is to document your experiences with providing healthcare to study participants, the impact of the study on your daily activities at work and your opinion and clinical judgement on providing the IUD to women undergoing second trimester medical abortion, in this setting.

You do not have to answer any questions that you do not feel comfortable answering and you may stop this interview at any time. The interview should take 30-45 minutes

Do you have any questions before we begin? *IF YES, DISCUSS AS NEEDED*

Now I’m going to start the recorder. ***START RECORDING***

I’d like begin with a few questions about your background and individual practice.

What is your official job title?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What are your responsibilities here generally

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What is your role in the in the 2nd trimester TOP service at this facility?

Women’s perspectives, generally and this group

1. In your view, what are the main barriers to women’s use of contraception?
2. What do you consider to be women’s feelings and perspectives about the IUD – generally and specifically those undergoing second trimester medical abortion

Facility barriers

1. What facility routines or practices help or hinder immediate provision of the IUD for 2nd trimester medical TOP patients?

**Prompts:** *equipment nurses, timing* - *any specific barriers in the ward*

1. ASK IF APPROPRIATE: Do you have any ideas on how these barriers might be addressed?

Sustainability:

1. How feasible would it be to implement immediate insertion of the IUD following second trimester medical abortion at this facility in the future? Why/why not?
2. Can you explain if your experience inserting IUDs for trial participants has influenced your approach to providing the IUD to other patients

Interval provision of the IUD

READ: In the study, the control group were given COCs and directed to get the IUD at 3 weeks post abortion at a local CHC with a trained provider onsite:

1. What is your opinion of this protocol for providing the IUD to women after second trimester medical abortion?

**Prompts:** *How feasible is the delayed protocol for women interested in the IUD but not eligible for or wanting immediate insertion at this facility*

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Impact of study interventions on adherence to trial protocols

READ: For this last set of questions, I’m changing the focus of the interview to discuss the interventions put in place by the study team for the trial.

1. *Group and/or individual training sessions were held for registrars at the start and as the study progressed – how did this impact on confidence/competence and willingness to provide the IUD as done for the study?*
2. *There was a Whatsapp group to communicate with registrars – was this helpful or not for doctors providing the IUD to study participants, and how important was this intervention?*
3. *Please discuss if IUD provision to trial participants became part of your routine service provision or more of a chore for you?*

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ASK IF TIME AVAILABLE:

1. In which ways the study has influenced or changed your health care practice?
2. In your perception, what are the main barriers to women’s use of contraception? And in particular the use of IUD?
3. What is your opinion about the protocol approach (immediate insertion or 3 w insertion?) and how feasible do you consider it?
4. What would be the best approaches to increase the uptake of IUD among TOP women?

**INTERVIEW GUIDE FOR COMMUNITY HEALTHCARE FACILITIES: DOCTORS AND NURSES**

**Cover page**

**General information**

Interviewer Initials: |\_\_\_|\_\_\_|

Interview date: |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/2019

Interview start time: |\_\_\_|\_\_\_| h |\_\_\_|\_\_\_| m Interview end time |\_\_\_|\_\_\_|h |\_\_\_|\_\_\_|m

Has consent been signed & dated by interviewee: Yes|\_\_\_| No |\_\_\_|

Interview location: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INTRODUCTION***

Good morning/afternoon. My name is [NAME], I work for the Women’s health research unit. Thank you for agreeing to speak with me today about the study on Immediate versus delayed insertion of the IUD following second trimester medical abortion. I want to remind you again that the purpose of ***this*** interview is to understand your experiences with providing care to study participants, how the study impacted on your daily activities at work, and your opinion and clinical judgement on providing the IUD to women undergoing second trimester medical abortion, in your setting.

You do not have to answer any questions that you do not feel comfortable answering and you may stop this interview at any time. The interview should take about 40 minutes.

Do you have any questions before we begin? *IF YES, DISCUSS AS NEEDED*

***BACKGROUND INFORMATION***

I’d like begin with a few questions about your background and individual practice.

1. What is your official job title and your qualifications?
2. What are your responsibilities here generally?
3. What is your role in the in the 2nd trimester TOP service and provision of contraception at this facility?

**Now I’m going to start the recorder. *START RECORDING***

1. **QUESTIONS**

**I’ll start by asking you about contraceptive counselling and provision at your facility**

**Counselling services**

1. How should comprehensive counselling for contraception be provided to any women requesting TOP at your facility, in order to achieve informed choice of all appropriate methods?
2. What about for women who had an abortion in the second trimester of pregnancy, do you have any specific thoughts on that?
3. How could counselling be provided to all women in need (not only those coming for TOP)?

***Prompts:*** *Where and when? By whom? Please can you give more detail and explain further.*

**Challenges women face using contraceptive methods**

1. In your view, what are the main challenges that women generally face regarding getting contraception?
2. What do you consider to be women’s feelings and perspectives about the IUD – generally and specifically those who have undergone second trimester medical abortion.

**Contraception provision in your service**

1. Please describe what contraceptive methods are usually offered to women at this facility, outside of the study.

b) Please describe your role(s) in the provision of the services you just described.What would happen to this service if you were away?

**Immediate versus delayed insertion of the IUD**

***READ:*** *In the IUD RCT study, the immediate group received the IUD in the first 24h post TOP and the delayed group were given OCs and directed to get the IUD at 3 weeks post abortion at their local CHC with a trained provider onsite:*

1. At this facility, what were the barriers to providing the IUD *3 weeks after* 2nd trimester medical abortion to study participants?

***Prompts:*** *equipment nurses, timing - any specific barriers?*

1. At this facility, what resources or routines were needed to enable providing the IUD to study participants 3 weeksafter 2nd trimester medical abortion?

***Prompts-*** *space, instruments, staff*?

1. At this facility, how feasible is it to continue this service of providing the IUD at 3 weeks after 2nd trimester medical abortion?

**READ:** *Sometimes our study participants came to a study-designated CHC to get their IUD, but did not get it. They reported getting lost at the facility or being turned away or other non-clinical reasons*

1. In addition to what you have already mentioned ***(in b&c, above),*** what do you think needs to be in place at this facility to ensure that the IUD could be provided in the most efficient way for women requesting it?
2. **Overall,** what is your opinion of a regimen in which women who have had a second trimester medical abortion are referred to CHCs at 3 weeks post abortion forthe IUD?

***Prompts:*** *please can you explain more , Why/why not? How could the challenges you spoke of be addressed? What about contraception cover in the interim?*

**Impact of study interventions on adherence to trial protocols**

***READ:*** *For this set of questions, I’m changing the focus of the interview to discuss the interventions put in place by the study team for the trial.*

1. Refresher training sessions were held for nurses before the start of the study - how did this impact on confidence/competence and willingness to provide the IUD to study participants at this facility?
2. There was routine communication between the study team and youabout study participants **admitted/coming** to your facility who needed an IUD –how important was this intervention to ensure study participants received their IUD – how well did this work?
3. Please discuss if IUD provision to study participants became part of your routine service provision or if it felt more like a chore for you?

**READ:** *Most study participants came for their 6 week study interview with the study doctor at Groote Schuur Gynae OPD (for which they received R150 compensation for their time). Others who didn’t come to GSH were contacted and interviewed by phone, and also received R150 airtime.*

*If they came, those in the delayed group who had not been to the clinic at 3 weeks for their IUD were again offered the IUD, for insertion there and then by the study doctor. Many of them agreed and had the IUD inserted at this visit.*

1. What do you think might be the reasons for these participants to do it like this?

**READ:** *They were also asked to return for a string check and interview by the study doctor 6 weeks later at GSH gynae OPD, and numbers of participants did this. Those who didn’t come were interviewed on the phone. All received R150 for this visit/interview*

1. What do you think might be the reasons for these participants to adhere to attend the string check visit ?
2. Since the study finished, are women at your facility getting an IUD – how/ how well is this working?

***Prompts:*** *Discuss b), d) & e) at length - ask for more detail and solutions after the trial - how well did this work, what if there was no study team, how should this happen*

**TOP service provision (Ask this section only if time permits)**

**READ:** *Your facility provides TOP for women. Please may I ask you about your opinions regarding this service*

1. In your opinion, how well does the medical abortion service work and what, if any, are the major challenges you (in your capacity as \_(\_\_\_\_\_\_\_\_\_\_\_\_\_)\_experience regarding providing medical abortion?
2. Can you describe how other staff involved in abortion service provision feel about the service?
3. Do you have suggestions on ways to address the challenges you have identified?