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Supporting Information

Supplementary methods

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Perkins JK, James S, Mazza D, Botfield JR. General practitioners' views and experiences of postpartum contraception counselling and provision: a qualitative–descriptive study. *Med J Aust* 2024; doi: 10.5694/mja2.52438.

1. Explanatory statement

Project ID: 38294
Project title: General practitioners' views and experiences of postpartum contraception counselling and provision: a qualitative study

You are invited to take part in this study. Please read this Explanatory Statement in full before deciding whether to participate. If you would like further information regarding any aspect of this project, please contact the researcher(s) via the phone number or email address listed above.

What does the research involve?
The aim of this study is to explore general practitioners' views and experiences of undertaking postpartum contraception counselling and contraceptive provision.

Participants will be interviewed by the primary investigator, Jenna Perkins. Interviews will occur either in-person, via zoom or telephone at a mutually agreeable time and will take approximately 45-60 minutes. They will be audio-recorded with permission.

Who is eligible for this research?
General practitioners who provide postnatal care in an Australian primary healthcare setting are eligible to participate.

Source of funding
This study is supported by SPHERE NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care at Monash University.

Consenting to participate
You will be asked to provide verbal consent for the interview and audio-recording prior to starting the interview.

Your involvement in this study is voluntary and your decision whether or not to participate will not affect any current or future relationships with Monash University or the research team. You may choose to withdraw from the study at any time, prior to the commencement of interview data analysis.

Possible benefits and risks to participants
There are no foreseeable risks to you by participating in this study, or direct benefits. We anticipate the findings will allow for better understanding of GPs views, experiences and education/training needs in Australia relating to postpartum contraception. Findings will inform policy and practice improvements to support GPs in providing postpartum contraceptive care and increase access to postpartum contraception information and services for women.

Payment
As compensation for your time, a $150 AUD e gift voucher will be emailed to you following the interview.

Confidentiality
Interview data will be de-identified for analysis. No participants will be identified in reports, publications, or conference proceedings.

Storage of data
All data will be securely stored on the Monash network storage (S: Drive), encrypted and only accessible to the researchers involved in this study. Data will be imported into NVivo, a qualitative analysis application that allows researchers to collect, organise and analyse qualitative data. Data will be destroyed five years following the completion of the study.

Results
We anticipate the findings of the study will be published in reports and academic journals and presented at professional conferences.

Complaints
Should you have any concerns or complaints about the conduct of the study, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Room 111, Chancellery Building D,
26 Sports Walk, Clayton Campus
Research Office
Monash University VIC 3800

2. Semi-structured interview guide

General provision of postnatal care

- Can you tell me about a postnatal check that went really well and why?
- Can you remember a postnatal check that was not so good and tell me why it didn't go well?
- What do you routinely cover during the postnatal check, and what are your main priorities to cover?
- What is your experience in providing postpartum contraception during the postnatal check? [prompts: do you provide information, counselling and/or provision?]
- Thinking about the women you typically see for the postnatal check, are they usually existing patients, have you seen them antenatally or are they new patients?
- How do you think your priorities for the postnatal check differ from women's priorities or expectations?

Plans for future pregnancies

- What do you routinely discuss regarding fertility during a postnatal check? [prompts: return of fertility after birth, safe interpregnancy intervals / birth spacing, plans for future pregnancies, etc] What would you typically discuss?
- What do you normally recommend in relation to safe birth spacing and family planning and why?
- How confident do you feel in discussing birth spacing and family planning? Why/not?

Postpartum contraception

- Do you typically discuss postpartum contraception during the postnatal check (or at other times postnatally / antenatally / or not usually at all)?
- What do you normally discuss or recommend in relation to contraception after birth?
- Who usually initiates discussions regarding postpartum contraception?
- When talking with women about postpartum contraception, how do you find women respond to these discussions? [prompts: Are they receptive? Is it often new information to them, or have they commonly discussed with someone previously (and who)? Do they usually know what they want in terms of family planning/contraception?]
- How do you usually approach/manage postpartum contraception provision, i.e. do you manage contraception during the single visit, or multiple visits?
- How confident do you feel in discussing postpartum contraception? Why/why not?
- What are the barriers for you personally in relation to discussing and providing postpartum contraception?
- What are the facilitators/enablers that help and support you?

Breastfeeding

- What are your thoughts about breastfeeding in the context of lactational amenorrhea and contraception? [prompts: do provide education on lactational amenorrhea and how to ensure it is effective? What do you normally advise women in relation to this?]
- How confident do you feel in discussing lactational amenorrhea?

Training and support needs

- Do you use any guidelines for the postnatal check and/ or postpartum contraception? [prompts: please describe]
- Do you use any resources for yourself and/or to give to patients for postpartum contraception? [prompts: please describe]
- What additional education or training in this area could be helpful and what might this look like?

Collaboration

- Do you work/collaborate with other healthcare providers regarding postpartum contraception (e.g., midwives, community health nurses, OBs, etc)? [prompts: please describe]
- If not, or infrequently, do you think this would be beneficial / what might this look like?

Final question

- In your opinion, how could postpartum contraception counselling and provision for women be improved in general practice?

3. Coding manual

Category	Code
Barriers	• Competing issues • Funding • Guidelines • Insufficient time • Lack of support • Multiple visits • Provider confidence • Religious factors • Staff shortage • Untrained to provide LARC • Women aren't receptive
Confidence	• Birth spacing and family planning • Lactational amenorrhea • Postpartum contraception
Facilitators	• Adequate time for consult • Bridging contraception • Building relationships • Communication from other practitioners • Contraception discussion raised early • Contraceptive options • Education and training • Personal experience • Resources • Support
Improvements	• Additional appointments • Awareness • Booking adequate time for consultation • Centralised information and resources • Courses • Funding • Incentives • Incorporating collaboration • Information at discharge • Initiating discussions earlier • Making sure it happens • Postpartum specific resources • Shared care • Understanding women's needs and wants
Postnatal check	• Barriers • Facilitators
Priorities	• GP • Women
Provider views	• Additional education and training • Lactational amenorrhea • Postpartum contraception • Short inter-pregnancy intervals
Women's thoughts	• Contraception • Negative • Positive

COREQ (COnsolidated criteria for REporting Qualitative research) checklist
The page numbers in this checklist refer to the submitted manuscript, not to the published article or its Supporting Information file.

Item No.	Topic	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity Personal characteristics			
Personal characteristics			
1	Interviewer/facilitator	Which author/s conducted the interview or focus group?	5
2	Credentials	What were the researcher's credentials? E.g., PhD, MD	SI2
3	Occupation	What was their occupation at the time of the study?	SI2
4	Gender	Was the researcher male or female?	SI2
5	Experience and training	What experience or training did the researcher have?	SI2
Relationship with participants			
6	Relationship established	Was a relationship established prior to study commencement?	5
7	Participant knowledge of the interviewer	What did the participants know about the researcher? e.g., personal goals, reasons for doing the research	SI2
8	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g., Bias, assumptions, reasons, and interests in the research topic	SI2
Domain 2: Study design			
Theoretical framework			
9	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis	4
Participant selection			
10	Sampling	How were participants selected? e.g., purposive, convenience, consecutive, snowball	4
11	Method of approach	How were participants approached? e.g., face-to-face, telephone, mail, email	5
12	Sample size	How many participants were in the study?	5
13	Non-participation	How many people refused to participate or dropped out? Reasons?	NA
Setting			
14	Setting of data collection	Where was the data collected? e.g., home, clinic, workplace	5
15	Presence of nonparticipants	Was anyone else present besides the participants and researchers?	NA
16	Description of sample	What are the important characteristics of the sample? e.g., demographic data, date	5, Table 1

Data collection			
17	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	5, SI3
18	Repeat interviews	Were repeat inter views carried out? If yes, how many?	NA
19	Audio/visual recording	Did the research use audio or visual recording to collect the data?	5
20	Field notes	Were field notes made during and/or after the interview or focus group?	5
21	Duration	What was the duration of the interviews or focus group?	5
22	Data saturation	Was data saturation discussed?	5
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	5
Domain 3: Study analysis and findings			
Data analysis			
24	Number of data coders	How many data coders coded the data?	5
25	Description of the coding tree	Did authors provide a description of the coding tree?	SI4
26	Derivation of themes	Were themes identified in advance or derived from the data?	5
27	Software	What software, if applicable, was used to manage the data?	5
28	Participant checking	Did participants provide feedback on the findings?	5
Reporting			
29	Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g., participant number	Table 2
30	Data and findings consistent	Was there consistency between the data presented and the findings?	6-10
31	Clarity of major themes	Were major themes clearly presented in the findings?	6-10
32	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	6-10