

## **WP2 Phase 2 LARC User Interview Topic Guide**

### ***Service users***

*Main question: We would like to ask you about conversations you've had with health care professionals about weight loss and diets.*

Probe questions:

We understand from feedback that talking about weight in a healthcare setting is often a negative experience. One of the things we would like to explore in these interviews is how things can be different and how it can be done well.

Can you tell us about conversations you've had that have been positive (or the least negative)?

What was positive about it, what worked for you, how did the practitioner approach the topic, or how would you approach it if you were a practitioner? (or how do you if you are a practitioner?) Did you feel that enough time was allocated to the discussion?

If the practitioner is overweight themselves, does this help because they are relatable or does it make asking you about your weight seem like hypocrisy? What kind of things could the practitioner do to make them seem more understanding – would it help if they told you they struggled to lose weight themselves?

*Main question: We would like to ask you about the things that you may have found helpful in managing your weight now or in the past*

By the time women are thinking about becoming pregnant they have often had many years of experience of trying to manage their weight - some things being more helpful than others.

What have you found to be most helpful? For example, a particular type of support, e.g. a group like slimming world, a particular idea that motivates you,

What do you think was helpful about that?

What attracted you to try it in the first place?

Did it include psychological support?

Did it give you confidence that you could lose weight? If yes how?

Are you still doing it/using it? (If no) why did you stop?

Would you go back to it? For example if it was part of the preconception programme?

What would you include in an ideal weight management programme?

*Main question: We have developed an intervention based on some key ideas which have proved to be successful (option 2 presented). What is your **opinion** of the intervention?*

Probe questions

Target weight loss

We know that losing 5-10% body weight makes a significant difference to risks in pregnancy and we know from other studies that losing 5-10% body weight in 12-16 weeks is possible so for example someone who is 14 stone 4lbs (91kgs) losing between 10 and 20lbs (4.5-9kg)

What do you think about that? For example when you have lost weight what would you hope to lose in four months?

Is it helpful to say this 5-10% weight loss is the goal because it is based on evidence of reducing risk? Or is it better to have no goal specified - just say that 5-10% can make a significant difference?

Meal Replacement

Our evidence base suggests that meal replacement as part of the diet in the first 8 weeks would work for quick results, but the feedback we've had from service users on meal replacements is negative. What is your opinion of a meal replacement aspect? We wondered about having it as an option so the woman would have choice whether to include it?

Mode of delivery

We think we will need to have some things online e.g. information about nutrition and some things in person e.g. talking about your goals. Are there things that work better online and things that work better for you in person?

Resources

We would need to include already existing NHS resources like the online weight loss plan and national exercise referral scheme. What do you think about including these?

Feedback weight

How do you think we should find out about people weight as part of the support assuming we are not meeting them weekly? E.g. how would people feel about using Bluetooth scales so the research team could know your weight? or photo of weight on scales?

## Engagement

How do you think we can describe it to make it appeal to people?

What ideas would you think would engage people and how should we describe them?

Do you think it would be more or less helpful to talk about the risks associated with being overweight during pregnancy?

How do you like to be spoken to by health care professionals? Are there words or phrases you really don't like or think are better for when we describe it?

## Group support

Some people have suggested that actually although group support is often helpful, in this intervention it might be difficult with some people getting pregnant before others etc. – what do you think? What about an online anonymous group?

## Potential participants

In our intervention, we have given the option to enrol on the intervention with or without LARC removal. If you were offered these options, which would you take and why?

Should we offer it to everyone - maybe via a social media advert for people planning on being pregnant in the next year or does it need a health care professional to introduce it?

Would this be an intervention you'd be happy to be offered or to join? Would it be something you'd recommend to a friend?

*Main question: Is this an intervention that would be acceptable to people who are overweight or obese and want to get pregnant?*

## BMI for participants

The evidence shows that as people's BMI gets higher so does the risk so we need to think who to ask to take part.

Our feedback suggests that people with a moderately high BMI (who are moderately overweight e.g. 5ft 5" and 12 stone, but not obese so in BMI terms 25-30 might find it more insulting to have the topic of weight management brought up.

However, people they might feel more able to lose 5-10% of body weight because the amount of weight to lose is less.

So do we offer it to people with a moderately high BMI 25-30 or only people who have the higher category of BMI i.e. BMI over 30? Why?

Being weighed in clinic

If practitioners in the GPs or sexual health clinic are going to offer this, they will need to know the woman's BMI. How would you feel about being weighed in clinic when you came for LARC removal?

[Optional extras if the conversation is short, if long, skip straight to "anything to add"]

*Main question: Are there any obstacles to this intervention that you can foresee?*

We have tried to make the intervention as flexible and accessible as possible, while maintaining the focus of pre-pregnancy weight loss. Other than what we've already discussed, do you foresee any challenges, barriers or obstacles either for the health service or patients?

What would you change in order to reduce these challenges?

*Main question: What is your opinion on the feasibility of this intervention(s) - do you think this would be successful?*

*Main question: Is the timing of the intervention acceptable? i.e. at LARC removal*

Our feedback has indicated that LARC removal might be too late to introduce this intervention. When do you think a good time would be to raise the topic of pre-pregnancy weight management?

If the topic of pre-pregnancy weight management were raised by a practitioner before you'd told them you wanted to try to get pregnant, e.g. at LARC insertion, how would this make you feel? How do you think you'd react? i.e. would this be helpful as a warning that you might want to consider before removing the LARC? Would the assumption that you want to get pregnant in the future or that you might be overweight in the future be insulting to you?

If it were raised at LARC removal, how would you feel?

If you were sent leaflets about weight management or spoken to about the topic at some point during your LARC use, e.g. when a review is due, how would you feel?

*Main question: Anything else you want to add?*