

University of Wisconsin - Madison
Research Participant Information and Consent Form

Study Title: Pregnancy Considerations, Trajectories, and Outcomes among Prenatal Care Patients

Principal Investigator:

Dr. Jenny Higgins

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Description of the research

You are invited to participate in a research study about the effects and experiences of pregnancy for Wisconsinites. The purpose of the research is to understand the impact of recent policy changes on how Wisconsinites navigate their pregnancy trajectories. We will ask about the experience of discovering a pregnancy and how your pregnancy then unfolded, including your potential considerations of an abortion or birth.

You have been asked to participate because you recently took our survey about pregnancy considerations, trajectories, and outcomes in prenatal care patients, and you indicated that you would be interested in participating in further research about that experience.

This study will include people living in the state of Wisconsin who are or recently were pregnant and said that they considered abortion for even a second.

This research will be conducted all virtually, either through a secure video chat or by phone.

What will my participation involve?

If you decide to participate in this research, you will be asked to have one phone or video call with a researcher from the University of Wisconsin-Madison. This researcher will ask you questions about your pregnancy and abortion seeking experience, including but not limited to questions about the process of seeking and/or obtaining an abortion, your decision-making process, and the impact of this pregnancy on your life.

Your participation will last approximately 60 - 90 minutes.

Protected health information (PHI) used in this study

Protected health information, also called PHI, is information about your physical or mental health that includes your name or other information that can identify you, like your date of birth or medical record number. To do this study, we will use the following kinds of PHI:

- Things you tell the researchers about your health
- Information currently in your medical records as well as information added to your medical records during the course of this study. This information could include your pregnancy-related diagnoses; billing records; and other information about your pregnancy, including any births. We will get this information from your health care providers.

What happens if I say yes, but I change my mind later?

You can leave the research at any time. If you choose to leave the study, your choice will not affect your healthcare or any services you receive. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights.

Your authorization for researchers to use your protected health information (PHI) does not have an end date. However:

- You can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research.
- If you take back your authorization, information that was already collected may still be used and shared with others, but the researchers will no longer be able to collect NEW information about you.
- If you take back your authorization, you will not be able to take part in the research study.
- To take back your authorization, you will need to tell the researchers by writing to the Lead Researcher, Jenny Higgins, at UW Collaborative for Reproductive Equity, 1300 University Avenue, Medical Sciences Center 4245, Madison, WI 53706.

Recording information

Audio recordings will be made of your interview so that researchers can write out the words in the conversation. After this is done, the audio files will be destroyed.

Are there any risks to me?

The risks of being in this study include the possibility that you may feel uncomfortable when being asked study questions, including questions about your mental health. Also, you could feel that participation is inconvenient. You might be concerned about the potential loss of privacy/confidentiality. We will do everything we can to protect your confidentiality, but there is always the risk of a breach of confidentiality, meaning that someone outside the study team learns your information. We will only ask you for the information needed for the study. Also, you can choose to not answer any questions that you wish to skip or stop at any time. Any identifying information that is recorded in the audio file (for example, your name) will not be written into our records.

Are there any benefits to me?

We do not expect any direct benefits to you from participation in this study.

Will I be compensated for my participation?

If you participate in this study, you will receive a \$75 electronic gift card once the interview is done.

How will my confidentiality be protected?

This study is confidential. We will never publish your name or any other identifiable information. The study team is trained in data security and care about keeping your information private. We will assign you a study number, and all your materials will be marked only with that study number. The key that links your study number to your name

and contact information will be password protected and stored securely. This will reduce the chance that someone would be able to identify you.

Authorizing the research team to use your and your baby's PHI means that we can release it to the people or groups listed in this form for the purposes described in this form. Once we share your identifiable health information outside UW-Madison, the HIPAA Privacy Rule may no longer protect it. However, we try to make sure that everyone who sees your health information keeps it confidential.

This study is collecting information from you, some from the survey and some from the EMR. We would like to make your information from only the survey available for other research studies that may be done in the future without additional consent from you. The research may be about similar diseases or conditions to this study. However, research could also be about unrelated diseases, conditions, or other types of research. These studies may be done by researchers at this institution or other institutions, including commercial entities. Your information may be shared with researchers around the world. Our goal is to make more research possible. We plan to keep your information indefinitely. To get your information, future researchers must seek approval from this institution and review by an IRB may be required.

Your name and other information we think could identify you, such as your date of birth or medical record number, will be removed from any information you provide before it is shared with other researchers. Researchers cannot easily link your identifying information to the information. However, there remains a possibility that someone could identify you. There is also the possibility that people who are not supposed to might access your information. In either case, we cannot reduce the risk to zero.

Participating in this study means you agree to share your information. You can change your mind later, but researchers might still use your information if it has already been shared or have been de-identified and can't be removed. If you do not want your information used for other research studies, then tell the researchers by writing to the Lead Researcher, Jenny Higgins, at UW Collaborative for Reproductive Equity, 1300 University Avenue, Medical Sciences Center 4245, Madison, WI 53706.

We may share survey responses with researchers at other institutions. We will remove direct identifiers about you, such as your name, date of birth and other information we think could be used to identify you. However, we cannot guarantee there is no risk you could be identified. Information in free text fields such as those in survey responses may contain details that could be used with other available information to identify you (such as an employer name, job title or rare diagnosis).

Whom should I contact if I have questions?

You may ask any questions about the research at any time. If you have questions, concerns, or complaints, or think that participating in the research has hurt you, talk to the research team or contact the Principal Investigator Jenny Higgins at 608-262-7738.

If you have any questions about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. Staff will work with you to address concerns about research participation and assist in resolving problems.

Participation is voluntary. If you decide not to participate or to withdraw from the study, you may do so. Not participating will not affect your access to health care or other services in any way.

If you would like a copy of the consent terms for this study, please let a researcher know and we will send one to you.

Do you have any questions?

****answer questions, turn on recording****

Do you consent to participate in this study?