GRAMMS - O'Cathain A, Murphy E, Nicholl J. The quality of mixed methods studies in health services research. J Health Serv Res Policy. 2008;13(2):92-98

Reporting Item	Where in Manuscript
(1) Describe the justification for using a mixed methods approach to the research question	Methods : Quantitative analyses will describe the distribution of use of EC types within the province. The qualitative analysis will explore reasons for the trends in use and help interpret quantitative findings. The findings will be shared in a contiguous approach to allow expansion or confirmation of the respective findings. The qualitative and quantitative data will be triangulated to see if there is any agreement, disagreement or complement.
(2) Describe the design in terms of the purpose, priority and sequence of methods	Methods : This mixed-methods study was conducted with concurrent quantitative and qualitative approaches.
(3) Describe each method in terms of sampling, data collection and analysis	Methods : Quantitative Sample: PharmaNet, IVQIA Analysis: descriptive statistics Qualitative Purposive sampling Data collection: one-on-one semi-structured interviews
(4) Describe where integration has occurred, how **it** has occurred and who has participated in it	Methods : Once data analysis was complete, all co-authors reviewed and discussed qualitative and quantitative components.
(5) Describe any limitation of one method associated with the present of the other method	Interpretation: Limitations included no guarantee people take medications dispensed and no provincial BMI data.
(6) Describe any insights gained from mixing or integrating methods	Conclusion: We found increased UPA and stable levonorgestrel use from 2015-2018. We identified multiple barriers to access: low awareness of UPA, perceived and experienced shame and stigma, and health systems barriers reinforcing challenges to access emergency contraception . There is potential to optimize recommended clinical practice with comprehensive sexual education and health care curricular augmentation addressing stigma to normalize emergency contraception access. At a health system level, it is critical to move towards cost-free, prescription-free and solely 'over the counter' emergency contraception to improve patient-centred access and evidence-based care.

Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research {COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6) :349-357.

No	Personal Characteristics	Guide questions/description	Where in Manuscript
I Domain 1: Research team and reflexivity			
I Personal Characteristics			
1	Interviewer/facilitator	Which author/s conducted the interview or focus group?	Methods: MCC, a cis-female of colour feminist obstetrician/gynecologist, conducted all interviews and obtained verbal consent to participate in the study. MCC has a Masters-level qualitative course and previously conducted telephone surveys and research interviews in other studies.
2	Credentials	What were the researcher's credentials? E.g. PhD, MD	
3	Occupation	What was their occupation at the time of the study?	
4	Gender	Was the researcher male or female?	
5	Experience and training	What experience or training did the researcher have?	
Relationship with participants			
6	Relationship established	Was a relationship established prior to study commencement?	No. Methods: There were no pre-existing relationships with study participants and non-participation was not tracked.
7	Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Yes - informed consent See appended interview guide: "Thank you for agreeing to participate in this interview. We appreciate you taking the time to help us with our research. This project is looking at the facilitators and barriers to emergency contraception in British Columbia. We are hoping to use the data to facilitate enhanced access to emergency contraception in British Columbia."
8	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Methods: MCC, a cis-female of colour feminist obstetrician/gynecologist
I Domain 2: Study Design			
I 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	Methods: MCC led a hybrid inductive-deductive thematic analysis informed by a critical feminist reproductive justice lens
Participant Selection			
10	Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Methods: purposive
11	Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	Methods: Pharmacists - province-wide faxing Patients - Options for Sexual Health clinics and social media networks Prescribers - Divisions of Family Practice e-newsletters
12	Sample size	How many participants were in the study?	Results: 39 participants 12 patients (6 urban, 6 rural) 12 prescribers (6 urban, 6 rural) 12 pharmacists (6 urban, 6 rural) 3 nurses - no geographic differentiation
13	Non-participation	How many people refused to participate or dropped out? Reasons?	Methods: There were no pre-existing relationships with study participants and non-participation was not tracked.
Setting			
14	Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	Methods: Virtual conference platform
15	Presence of non-participants	Was anyone else present besides the participants and researchers?	No. Methods : one-on-one semi-structured interviews
16	Description of sample	What are the important characteristics of the sample? e.g. demographic data, date Data collection	Table 1
I Data Collection			
17	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	See appended interview guides Methods: authors reviewed the developed interview guides

18	Repeat interviews	Were repeat interviews carried out? If yes, how many?	Not applicable
19	Audio/visual recording	Did the research use audio or visual recording to collect the data?	Methods: We recorded interviews on a secure virtual conferencing platform .
20	Field notes	Were field notes made during and/or after the interview or focus group?	Yes. Methods : Throughout we engaged in verification strategies including bracketing exercises, maintaining audit trail and field notes (MCC), and frequent team discussions of analysis in progress.
21	Duration	What was the duration of the interviews or focus group?	Methods: A professional transcription service transcribed all audio recordings, averaging 1-1.5 hours.
22	Data saturation	Was data saturation discussed?	Methods: Recruitment stopped once purposeful sampling was completed (31-34). Previous reviews note thematic saturation with purposeful sampling within twelve interviews (35).
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	Methods: A professional transcription service transcribed all audio recordings. Transcripts were cleaned to ensure de-identification and checked for quality/accuracy (MCC, FM).

I Domain 3: analysis and findings

I Data Analysis

24	Number of data coders	How many data coders coded the data?	Methods: MCC coded three transcripts to test the preliminary codebook for fit and relevance and reviewed the coding with SM. They made minor revisions to the codebook for conceptual fit. MCC then coded all transcripts with the assistance of NVivo 12 Pro.
25	Description of the coding tree	Did authors provide a description of the coding tree?	
26	Derivation of themes	Were themes identified in advance or derived from the data?	Methods: The primary author read and re-read the transcripts to gain familiarity with the data. MCC and SM generated a preliminary inductive codebook, and then deductively matched the codes to

			the Theoretical Domains . MCC coded three transcripts to test the preliminary codebook for fit and relevance and reviewed the coding with SM .
27	Software	What software, if applicable, was used to manage the data?	Methods: Nvivo Pro 12
28	Participant checking	Did participants provide feedback on the findings?	No. Methods: There were no pre-existing relationships with study participants, we did not track non-participation and there was no participant checking.
Reporting			
29	Quotations presented	Were participant quotations presented to illustrate the themes/ findings? Was each quotation identified? e.g. participant number	Yes - see quotes in boxes as requested throughout the text.
30	Data and findings consistent	Was there consistency between the data presented and the findings?	
31	Clarity of major themes	Were major themes clearly presented in the findings?	Results: 1. There was low awareness surrounding UPA (Knowledge). 2. Beliefs about or experience of shame and stigma (Beliefs about Consequences) 3. Health care system barriers (Reinforcement)
32	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	