

Adjunctive Social Media for More Effective Contraceptive Counseling: A Randomized Controlled Trial

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1. List and define details of randomization that are considered important to include in a manuscript. These include: allocation concealment, a description of who assigns the intervention, and how the randomization was assigned. Review the [CONSORT guidelines and checklist](#). Did the authors include all this information in the manuscript? What are the pitfalls of not adequately concealing randomization? Of not specifying the randomization schema? Of indicating who made randomization assignments?
2. Did the authors register this trial with www.Clinicaltrials.gov? Are there similar trials registered? Why is it important that trials be registered?
3. Define what the primary outcome of the study is. At what time point was the primary outcome assessed? How does this strengthen or weaken the study?
4. This study was powered to detect a 3-point difference in scores on the Contraception Knowledge Questionnaire. Why do you think that the authors chose a difference of 3 points as significant? The authors state that they could see a 3-point difference with a power of 80% if 50 women were included in each group and that with 82 women in each group they had a power of 95% to see the same difference. What is the difference between a power of 80% and a power of 95%? The authors state that they continued to enroll patients past the number of women they had determined by their power calculation. Discuss the pitfalls of continued enrollment after exceeding planned sample size. Why would continued enrollment not be acceptable in a trial investigating more risky interventions, such as surgery?
5. What is the definition of a surrogate outcome? Discuss whether or not the primary outcome, Contraceptive Knowledge Questionnaire scores, is a surrogate outcome. What would be the outcome of interest for this intervention?
6. The authors discuss the difficulty in counseling women for interventions. Discuss other methods than social media that are used to improve recall following counseling, including teach-back methods. What are the advantages and disadvantages of these approaches versus using social media? What methods do you employ in your practice to ensure that patients are able to understand information presented during a counseling session? Under what clinical scenarios is understanding most compromised?
7. The authors found that women in the Facebook group were more likely than the standardized counseling group to use barrier methods of contraception (32 [43.2%] vs 18 [26.1%]; $P=.03$). Why do you think that this occurred, particularly since this was a randomized controlled trial, and randomization is supposed to eliminate bias between groups? What if the authors had set an alpha error of 1% versus 5%? Would this reduce this kind of error? If the difference was still found with the new alpha, how much more (or less) likely would the difference found in use of barrier methods be due to chance?
8. Table 5 shows a graded response in stated preference for long-acting reversible contraception methods with increases in the Contraception Knowledge Questionnaire scores. Does this strengthen the conclusions? Why?
9. Does your practice have information on a social media site? Does the site include specific medical information? How many of your patients participate in the social media? Do you think that it strengthens or weakens patient retention of knowledge?