**Appendix A:** Complete Study Methods

*Study Design*

 We conducted an qualitative descriptive study of women 18 years and older who presented to the emergency department (ED) or early pregnancy clinic (EPC) of an urban tertiary care hospital with early pregnancy complications or loss.

*Setting and Sampling*

This study was conducted with <Blinded> Hospital and obtained research ethics board approval from <Blinded>. Purposive sampling was carried out on women who presented to the ED or EPC of an urban tertiary care hospital with early pregnancy complications or loss. Eligible patients in the ED or EPC were identified by a treating physician or nurse and then approached by a research coordinator, who verbally reviewed the study and distributed letters of information about the study. If the patient was interested in participating in the study, they were asked to either contact the study coordinator to schedule an interview at least 6 weeks following the visit or were given the opportunity to be contacted via email or telephone and provided written consent to be contacted at 4 weeks to schedule the interview at least 6 weeks following the initial contact. Six weeks following this initial contact, the patient was contacted via telephone to conduct the interview. The letter of information and consent were reviewed again with each participant and verbal consent will be obtained at the time of the interview by the research coordinator.

*Interview Methods*

 Individual in-depth, one-on-one telephone interviews were conducted 4 to 6 weeks after the index ED visit. This timing was felt to be an appropriate and respectful amount of time following an early pregnancy loss to request participants share their experiences. A semi-structured interview guide was developed by the study team and based on the literature and input from a patient representative and experts in emergency medicine and qualitative research (Appendix B). The interviews were conducted by a research coordinator who was trained in qualitative research practices. For the first 3 interviews were also accompanied by an experienced qualitative researcher. All interviews were supplemented with field notes, a common practice used in qualitative research to collect data that cannot be captured on audio-tape (ex. dynamics, emotional aspects, contextual factors, etc.). The interviews lasted approximately 45-60 minutes and were conducted by the same trained qualitative research coordinator. All interviews were digitally recorded and transcribed verbatim by an external transcription service for analysis. All interview participants were assigned a confidential study identification number, and all documentation was referred to by that study number for the duration of the study. The audio files were destroyed immediately following transcription, and any personally identifying information was deleted from the transcriptions. De-identified transcribed files were stored on password protected computers in the emergency medicine research offices.

*Analysis*

 In keeping with the iterative process of qualitative methodology, data analysis occurred in conjunction with data collection in order to continuously monitor emerging themes and general areas for further exploration. Interviews were conducted until thematic saturation had been reached, and no new insights would be gleaned from talking with further participants. Emergent codes were used to guide analysis of the entire corpus for overarching subthemes, which were recorded in each interview to ensure their accurate representation in the analysis. Our research team of 2 qualitative researchers, a clinician, a clinical researcher, and a research student performed the thematic analysis including three phases of coding to identify essential patterns of lived experience and meaning across the sample.