

Form Approved
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Survey of Knowledge, Attitudes and Practice Management Patterns of Obstetricians Regarding Stillbirth Pregnancy Outcomes

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Survey Eligibility Questions

Please fill in all of the boxes below that describe your practice as a physician:

- Active in clinical practice in the field of obstetrics
- Active in clinical practice in a field other than obstetrics
- Retired from active obstetrics
- Administration
- Teaching
- Research

In what county (ies) is your practice located? **Circle** all that apply.

- | | | |
|--------------------------------|--------------------------------|--|
| <input type="radio"/> Cherokee | <input type="radio"/> Fayette | <input type="radio"/> Rockdale |
| <input type="radio"/> Clayton | <input type="radio"/> Forsyth | <input type="radio"/> Other,
specify_____ |
| <input type="radio"/> Cobb | <input type="radio"/> Fulton | |
| <input type="radio"/> Coweta | <input type="radio"/> Gwinnett | |
| <input type="radio"/> DeKalb | <input type="radio"/> Henry | |
| <input type="radio"/> Douglas | <input type="radio"/> Paulding | |

IF YOU ARE NOT CURRENTLY INVOLVED IN CLINICAL PRACTICE IN THE FIELD OF OBSTETRICS IN EITHER: CLAYTON, COBB, DEKALB, FULTON, OR GWINNETT COUNTIES; PLEASE STOP HERE AND RETURN THIS SURVEY.

For each of the items that follow, please circle or fill in the appropriate response.

Section 1. Demographic Information

1. Age: _____
2. Gender: Male Female (Circle)
Race ethnicity: (circle)
 - a) White
 - b) Black or African American
 - c) Hispanic or Latino
 - d) Not Hispanic or Latino
 - e) Asian
 - f) American Indian or Alaska Native
 - g) Native Hawaiian or other Pacific Islander
3. What month/year did you start practicing medicine (excluding residency/fellowship training)?
___ Month ___ Year
4. In what type of practice setting do you work? (**Circle ALL** that apply)
 - a) Obstetric-gynecological partnership or group
 - b) Solo practice
 - c) University faculty and practice
 - d) Multi-specialty group
 - e) Health maintenance organization
 - f) Military

g) Other, specify _____

5. What is your primary specialty? (**Circle** Answer)

- a) Obstetrics and gynecology
- b) Maternal-fetal medicine
- c) Reproductive endocrinology
- d) Gynecological oncology
- e) Urogynecology
- f) Other primary specialties, specify _____

6. Approximately how many births do you attend annually? (**Circle** Answer)

- a) 10-20
- b) 21-50
- c) 51-100
- d) 101-200
- e) More than 200

7. What is the racial/ethnic make up of your patients? (**Indicate by percentage**)

- a) White ___ %
- b) Black or African American ___ %
- c) Hispanic or Latino ___ %
- d) Not Hispanic or Latino ___ %
- e) Asian ___ %
- f) American Indian or Alaska Native ___ %
- g) Native Hawaiian or other Pacific Islander ___ %

Section 2. Definition and Case Ascertainment

1. On average, how many stillbirth cases do you see annually?

On average, I see _____ stillbirth cases annually.

2. What percentage of these is the cause of death not identified?

__ % of the cases of stillbirth I see annually has no cause identified.

3. What minimum gestational age do you consider defines a stillbirth?

_____ or more weeks gestational age.

4. In addition to question 3, how do you define "stillbirth"? (**Circle** Answer)

- a) Death of a fetus <500g within hours of birth
- b) Death within moments of birth in a non-viable fetus
- c) Unsuccessful resuscitation in the delivery room
- d) No heart beat or breathing at birth
- e) Other, specify _____

5. In your opinion, should the definition for stillbirth be standardized? (**Circle** Answer)

- a) Yes
- b) No
- c) Uncertain

6. Please rate the extent to which you agree with the following statements: (Put a check in the box which applies)

	Disagree 1	2	3	Neither Disagree nor Agree 4	5	6	Agree 7
The use of an evaluation protocol for post-mortem stillbirth management is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The provider/clinician should spend sufficient time and resources to conduct a comprehensive search for the cause of stillbirth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A standardized universal protocol for post-mortem stillbirth evaluation would be helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A standardized protocol for post-mortem stillbirth evaluation should be required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For cases of stillbirth, the provider/clinician should be meticulous in completing the fetal death report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When providing stillbirth-related patient care, how frequently do you do each of the following:

	Never 1	2	3	Some- times 4	5	6	Always 7
Discuss the need for stillbirth evaluation with your patients to determine the cause of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend autopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send placenta and cord for histopathologic examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. [Following a case of stillbirth, how frequently do you recommend/offer an autopsy?](#)

- [a\) <25%](#)
- [b\) 26-50%](#)
- [c\) 51-75%](#)
- [d\) 76-100%](#)

9. How many of your patients who have [experienced/suffered](#) a stillbirth consent to a fetal autopsy?

- e) <25%
- f) 26-50%
- g) 51-75%
- h) 76-100%

10. Which of the following do you regularly offer to your patients if they refuse an autopsy? (**Circle ALL** that apply)

- a) Cytogenetic testing
- b) Radiographs
- c) Limited/focused autopsy
- d) Photographs
- e) Other (specify) _____
- f) Usually do not offer additional studies

10.1 In your opinion, what is the **MOST** important factor determining whether an autopsy is conducted? (**Circle only one** Answer)

- a) Extent to which medical staff member(s) (i.e., neonatologist, obstetrician, midwife or neonatal nurse) encouraged the patient to have an autopsy conducted
- b) Patient refusal
- c) Concern for liability issues
- d) Cost/reimbursement
- e) Cause is usually suspected and an autopsy is not needed
- f) Other (specify) _____

11.2 Who usually completes the fetal death certificate? (**Circle ALL** that apply)

- a) Physician
- b) Labor and delivery nurse
- c) Pathologist
- d) Physician assistant
- e) Not sure
- f) Other, specify _____

13. Is the fetal death certificate usually completed before all test results, (e.g. cultures, histopathology and autopsy) are available: (**Circle** Answer)

- a) Yes
- b) No
- c) Never had to fill out a fetal death certificate
- d) unsure

14. Have you ever filed an amendment to a fetal death certificate to update it with new information? (**Circle** Answer)

- a) Yes
- b) No

15. How many times per year does your institution review cases of stillbirth?

- a) Always and usually on a regular basis
- b) Always but not on a regular basis
- c) Sometimes, but not on a regular basis
- d) Never

16. Do you routinely use a post-mortem stillbirth evaluation protocol?

- a) Always
- b) Sometimes
- c) Never

Section 4. Professional Education and Self-Evaluation

1. Please rate your level of comfort in each of the following areas related to the management of stillbirth-related patient care: (Put a check in the box which apply)

	Not comfortable 1	2	3	Somewhat comfortable 4	5	6	Very comfortable 7
Ability to manage high risk pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge regarding the causes and prevention of stillbirth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which of the following have you found **MOST** helpful as a source of knowledge on the causes, prevention, and management of stillbirth? (**Circle** up to three)

- a) Medical school
- b) [On-line Tutorials](#)
- c) Residency
- d) Continuing Medical Education (CME)
- e) American College of Obstetrics and Gynecology (ACOG) materials
- f) Journals
- g) Textbooks
- h) Self study materials
- i) Conferences/meetings
- j) Other source (specify) _____

Thank you very much for the time you took to complete this survey. We know how valuable your time is.

Please return your survey to us in the postage paid envelope provided.