



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Default Question Block

Practice Patterns related to Opioid Use during Pregnancy and Lactation

Do you treat pregnant women?

Yes

No

Prenatal & Postpartum Care

To what extent is any routine screening of the following among pregnant patients in your practice a priority?

	Not a Priority	Moderate Priority	High Priority
Prescription opioid use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-medical use of prescription opioids (i.e. using opioids for reasons other than prescribed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-medical use of other prescription medications (benzodiazepines, barbiturates, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illicit substance use (heroin, cocaine, hallucinogens, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does your practice obtain information about pregnant patients' substance use (including illicit use and non-medical use of prescription opioids)? (Select all that apply)

A physician asks the patient

Other staff asks the patient

Patient fills out a questionnaire

Biologic test

Other (please specify)

I do not screen my pregnant patients for substance use

(Obtain Information) Other: Please specify

In your practice, how often do you screen for substance use among pregnant patients (including illicit use and non-medical use of prescription opioids)?

Never

Rarely

Sometimes

Usually

Always

My practice does not screen for substance abuse

If your practice uses a questionnaire to assess substance use, please check the one most frequently used:

My practice does not use a standard screener

4P's Plus© Screen for Substance Use in Pregnancy

5Ps Prenatal Substance Abuse Screen

Substance Use Risk Profile –Pregnancy (SURP-P)

CRAFFT screener for Adolescent and young adult substance abuse

Wayne Indirect Drug Use Screener (WIDUS)

National Institute on Drug Abuse (NIDA) Quickscreen

Other (please specify)

(Questionnaire) Other: Please specify

The following questions are on your practices, beliefs and attitudes on opioid use disorders.

Do you typically refer patients who have opioid use disorder in pregnancy to other prenatal care providers or manage their care yourself?

Refer to another provider

Manage the patient myself

Co-manage the patient with another provider

To whom do you typically refer pregnant patients who have opioid use disorders?

	Never	Rarely	Sometimes	Usually	Always	N/A
Maternal fetal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A treatment program or facility within my institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A treatment program or facility outside of my institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A nutritional education program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Referral) Other: Please specify

For patients you refer to opioid-assisted therapy (OAT), also referred to as medication assisted recovery or medication-assisted therapy (MAT), do you communicate with an addiction specialist/ treatment facility staff regarding the patients' status?

Never

Rarely

Sometimes

Usually

Always

N/A

How do you manage pregnant patients who have opioid use disorders (illicit use or non-medical use of prescription opioids)?

	Never	Rarely	Sometimes	Usually	Always
Advise opioid cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise inpatient, monitored withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise methadone maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise buprenorphine maintenance (i.e. subutex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise buprenorphine and naxolone maintenance (i.e. suboxone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct brief intervention/motivational interviewing/cognitive behavioral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for alcohol or tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for anxiety or use of benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for intimate partner violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform about fetal effects (e.g., Neonatal Abstinence Syndrome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Management of pregnant patients) Other: Please specify

Do you communicate any information about your patients with opioid use disorders during pregnancy to:

	Never	Rarely	Sometimes	Usually	Always
Hospital pediatric team prior to delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The newborn's pediatrician after delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Protective Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is reporting of opioid use disorders during pregnancy or at delivery mandatory in your State?

Yes

No

I don't know

How do you manage postpartum patients who have opioid use disorders (illicit use or non-medical use of prescription opioids)?

	Never	Rarely	Sometimes	Usually	Always
Advise opioid cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise inpatient, monitored withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise methadone maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise buprenorphine maintenance (i.e. subutex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise buprenorphine and naxolone maintenance (i.e. suboxone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommend breastfeeding if on opioid-assisted therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counsel on effective contraceptive methods (long acting reversible contraceptives, oral contraceptives, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer to a treatment program or facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer to addiction specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer to psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for alcohol and tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for anxiety or use of benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for intimate partner violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

(Management of postpartum patients) Other: Please specify

To what extent is prescribing effective contraceptive methods (e.g. long acting reversible contraceptives, oral contraceptives, etc.) for patients who have opioid use disorder during pregnancy before hospital discharge a priority for you?

Not a priority

Moderate priority

High priority

I do not prescribe contraceptives before hospital discharge

Block 1**Provider Beliefs and Attitudes**

Approximate to the best of your ability the percentage of your pregnant patients who have opioid use disorders?



To what extent do you agree or disagree with the following statements?

	Disagree	Neutral	Agree
Patients with opioid use disorders should completely quit during pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with opioid use disorders to cut down on the amount used per day during pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women on opioid-assisted therapy should be encouraged to breastfeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you feel confident that you can appropriately treat your pregnant patients who are using the following substances?

	Not Confident	Somewhat Confident	Confident	Very Confident
Opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are the following potential barriers to screening and treating pregnant and postpartum patients for opioid use disorder?

	Not a Barrier	Minor Barrier	Major Barrier
Time limitations during patient visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about patient confidentiality issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient sensitivity to this topic (e.g., fear of offending patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient denial or resistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doubt about the efficacy of brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited training or experience in screening for opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited training or experience in treating opioid use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of facilities/resources for treatment of opioid use disorder once identified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of or inadequate financial reimbursement for opioid screening, assessment, and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient inability to pay for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State reporting laws and repercussions for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not sure what screener to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Barriers to screening) Other: Please specify

Please indicate how much you agree or disagree with each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is my responsibility to screen all pregnant patients for substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my responsibility to be aware of local resources available for patients with substance use disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my responsibility to make sure patients enter treatment after I refer them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When there is a legal or medical obligation for testing patients for substance use, it is my responsibility to notify patients of this testing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does the Affordable Care Act include a provision that requires that pregnant patients on Medicaid receive coverage for comprehensive substance use services, including both counseling and pharmacotherapy?

- Yes
- No
- I don't know

In general, how prepared do you feel to do the following in your clinical practice:

	Very Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
Screen pregnant patients for opioid use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct brief interventions with pregnant patients who use opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate pregnant patients about the effects of opioids on their fetus/baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilize resources to refer patients who need a opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

cessation program	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Prescribe opioid-assisted therapy for pregnant patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen postpartum patients for opioid use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate breastfeeding patients about the effects of opioids on their infant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe opioid-assisted therapy for non-pregnant patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In which cases do you prescribe naloxone? (Select all that apply)

- To all pregnant patients who are prescribed long-term opioids
- To all pregnant patients who have opioid use disorder
- To all pregnant patients who are at risk of experiencing or witnessing an overdose
- I never prescribe naloxone to pregnant patients
- I don't know what naloxone is

What resources do you need to improve treatment of opioid use disorder in your clinical practice? (Select all that apply)

- What resources do you need to improve treatment of opioid use disorder in your clinical practice?
- Patient information regarding infectious disease associated with use by injection
- Referral resources and treatment facilities for pregnant and postpartum patients with opioid use disorder
- Access to phone consultation line to ask questions regarding opioid use disorders in pregnant patients
- Information regarding relapse prevention for patients who seek treatment for addiction in pregnancy
- Specific standardized screening questionnaire for substance use during pregnancy
- Training and advice on brief interventions/motivational interviewing
- Reimbursement by insurance for screening and assessment
- Other (please specify)

(Resources Needed) Other: Please Specify

Block 2

Demographics

Gender

Female

Male

Years of practice post-residency:



What racial/ethnic group do you most identify with? (Select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian/ Other Pacific Islander

White

Are you certified as an addiction specialist?

Yes

No

Are you board certified in MFM?

Yes

No

In what state is your practice located?

Which best describes your current practice?

- Solo private practice
 - Ob/Gyn partnership/group
 - Multi-specialty group
 - Hospital or clinic
 - University full-time faculty & practice
 - HMO/Staff model
 - Other (please specify)
-

(Current Practice) Other: Please Specify

Which of the following best describes your practice location?

- Urban – inner city
 - Urban – non-inner city
 - Suburban
 - Mid-sized town (10,000-50,000)
 - Rural
 - Military
-

What is the approximate racial/ethnic distribution of your active patient population (Give a percentage for each; total must equal 100%)

American Indian or Alaska Native	<input style="width: 40px; height: 20px;" type="text" value="0"/>
Asian	<input style="width: 40px; height: 20px;" type="text" value="0"/>
Black or African American	<input style="width: 40px; height: 20px;" type="text" value="0"/>
Hispanic or Latino	<input style="width: 40px; height: 20px;" type="text" value="0"/>
Native Hawaiian or Other Pacific Islander	<input style="width: 40px; height: 20px;" type="text" value="0"/>
White	<input style="width: 40px; height: 20px;" type="text" value="0"/>
Total	<input style="width: 40px; height: 20px;" type="text" value="0"/>

Please estimate the percentage of your patients who have:

Medicaid/Medicare insured	<input style="width: 40px; height: 20px;" type="text" value="0"/>
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Privately insured

0

Uninsured

0

Total

0

Approximately how many new pregnant patients do you see in a month?

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