

If you are retired or decline to participate in this study, check this box and return the survey blank.

ACOG Zika Virus Survey

1. Which of the following do you consider your primary medical specialty?

① General Obstetrics and Gynecology	② Gynecology only
③ Obstetrics only	④ Reproductive Endocrinology/Infertility
⑤ Maternal Fetal Medicine	⑥ Urogynecology
⑦ Gynecologic Oncology	⑧ Other (please specify): _____

2. Please indicate your gender below.

① Male	③ Prefer not to answer
② Female	④ Other

3. What is your age? _____

4. How many years since you completed residency training? _____

5. In what state is your primary clinical practice located? _____

6. What best describes the location of your current practice?

① Urban, inner city	② Urban, non-inner city	③ Suburban
④ Midsized Town (10,000 – 50,000)	⑤ Rural	
⑥ Military		

7. Which category best describes your current primary practice?

① Solo private practice	② Ob-gyn partnership/group
③ Multi-specialty group	④ Community hospital
⑤ Military/government	⑥ University faculty practice/academic medical center
⑦ HMO/staff model	⑧ Other (please describe): _____

8. How often do you use each of these sources to find clinical guidance on Zika virus?

	Never	Less than once a month	1 to 2 times a month	1 to 2 times a week	More than 2 times a week
CDC website	①	②	③	④	⑤
ACOG website	①	②	③	④	⑤
AAP website	①	②	③	④	⑤
Other medical website: _____	①	②	③	④	⑤
Academic journals	①	②	③	④	⑤
State health department	①	②	③	④	⑤
Your university/hospital system	①	②	③	④	⑤
News media (eg, newspapers,	①	②	③	④	⑤

Public reporting burden of this collection of information is estimated to average 10 minutes, 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 (0920-1154).

online news, radio)					
ACOG Mobile app	①	②	③	④	⑤
Webinars	①	②	③	④	⑤
Information from colleagues	①	②	③	④	⑤
Other: _____	①	②	③	④	⑤
Other: _____	①	②	③	④	⑤

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9. What barrier(s), if any, do you face in applying the most updated Zika virus clinical guidance?

	Not a barrier	Minor barrier	Major barrier
Lack of reliable sources of updated Zika virus guidance	①	②	③
Lack of time to stay informed of rapidly changing Zika virus guidance	①	②	③
Lack of notification when clinical guidance changes	①	②	③
Difficulty understanding clinical guidance	①	②	③
Conflicting guidance between ACOG and federal agencies	①	②	③
Conflicting guidance between ACOG and local health departments	①	②	③
Lack of time to discuss Zika virus guidance with patients	①	②	③
Lack of high-quality patient education materials	①	②	③
Slow laboratory processing time	①	②	③
Lack of confidence that my patient will follow preventative guidance	①	②	③
Poor communication between ob-gyns, hospitals, and pediatric care providers	①	②	③
Not applicable to my patient population	①	②	③
Other (please specify): _____	①	②	③

10. What resources do you find most helpful in discussing Zika virus with your patients?

	Not helpful	Somewhat helpful	Extremely helpful	Not available in my practice, but would be helpful
Paper pamphlets	①	②	③	④
Paper tear pads	①	②	③	④
Posters	①	②	③	④
Web resources (e.g. online FAQ sheet)	①	②	③	④
Infographic or algorithm	①	②	③	④
Provider script	①	②	③	④
Zika virus prevention kit (insect repellent, condoms, etc.)	①	②	③	④
Patient-focused video or webinar	①	②	③	④
Materials in patient's native language	①	②	③	④
Shared decision-making tool	①	②	③	④
Detailed clinical guidance	①	②	③	④
Summary of clinical guidance	①	②	③	④
Video explaining clinical guidance	①	②	③	④
Case studies	①	②	③	④
Other (please specify): _____	①	②	③	④

11. When do you discuss Zika virus with your patients?

	Never	If they ask me for information	If they are at risk for contracting Zika	At every visit	Once per new patient
Patients who are pregnant	①	②	③	④	⑤
Patients planning pregnancy	①	②	③	④	⑤
Patients not planning pregnancy	①	②	③	④	⑤

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12. Do you provide prenatal care?

- ① Yes ② No (If 'No' is selected, skip to Question 20)

13. In the past 12 months, how many pregnant patients have you seen? _____

14. In the past 12 months, what percent of your pregnant patients have you assessed for Zika exposure (i.e. travel to an area of active Zika virus transmission or possible sexual transmission from someone who has traveled to an area of active Zika virus transmission)? _____ %

15. In the past 12 months, what percent of your pregnant patients have you recommended be tested for Zika? _____ %

16. In the past 12 months, how many of your pregnant patients have had confirmed cases of Zika virus? _____

17. In the past 12 months, how many of your patients have given birth to children diagnoses with, or have had prenatal ultrasound findings consistent with, congenital Zika virus syndrome?

18. For your patients who tested positive for Zika virus while pregnant, how do you primarily communicate the results to the infant's primary health care provider?

- ① Link maternal and infant lab results in HER
 ② Provide information to my patient to give to infant's provider
 ③ Contact infant's provider or provider's office directly
 ④ I do not communicate with the infant's provider
 ⑤ None of my patients have tested positive for Zika virus while pregnant (If selected, skip to Question 20)

19. What barrier(s), if any, do you face in sharing prenatal testing information with pediatric care providers?

	Not a barrier	Minor barrier	Major barrier
Health information privacy concerns	①	②	③
Lack of time to follow up	①	②	③
No established method of communication between obstetric and pediatric providers	①	②	③
Do not know who the infant's provider is	①	②	③
Other (please describe): _____	①	②	③

20. Do you or your practice have an established follow-up policy for patients who test positive for Zika virus (e.g. reporting to the registry, communication with infant's health care provider)?

- ① Yes ② No ③ I don't know

If yes, what is that policy? _____

21. Which of the following types of information do you seek from your state or local health department? (*Check all that apply.*)

- Clinical guidance Patient education materials
 Pregnancy registry information Laboratory information
 Travel information Other (please specify): _____

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22. What are the three best ways ACOG can support health care providers in responding to an infectious disease outbreak or other evolving emergency? (*Select three*)

- Maintain up-to-date clinical guidance online
 Develop patient education materials
 Collaborate with federal agencies in development of clinical guidance and patient education materials
 Include clinical guidance and patient education materials on the ACOG app
 Email alerts when updated clinical guidance is available
 Send push notifications through the ACOG app when updated clinical guidance is available
 Host webinars on clinical guidance
 Host grand rounds or educational sessions at regional or national ACOG meetings
 Develop channels of communication between ACOG members and state and/or federal health authorities
 Collaborate with professional associations for other health care provider types
 Maintain an email account/hotline where members can direct questions
 Provide case study examples
 Other (please specify): _____

23. Thinking about your attitudes toward Zika virus, please indicate to what extent you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I think that Zika is <i>currently</i> a critical issue for my community	①	②	③	④	⑤
I think that Zika was, but is <i>no longer</i> , a critical issue for my community	①	②	③	④	⑤
I think that Zika could be a critical issue for my community <i>in the future</i>	①	②	③	④	⑤
I am confident that I understand the newest Zika virus recommendations	①	②	③	④	⑤
I am confident in my ability to implement the newest Zika virus recommendations	①	②	③	④	⑤

I feel comfortable discussing Zika virus with
my patients

①

②

③

④

⑤

Thank you for your participation in this survey!

Please return the survey in the addressed postage-paid envelope provided for you or mail back to:

Research Department, American College of OB/GYNs

409 12th St SW, Washington, DC 20024