

**Appendix 1. Screening Practices for Hypertensive Disorders of Pregnancy by Clinician Type\***

Characteristics	Overall (n=1,502)		Primary Care Physicians† (n=1,000)		Obstetricians and Gynecologists (n=251)		Nurse practitioners and Physician Assistants (n=251)	
	n	Percent (95% CI)	n	Percent (95% CI)	n	Percent (95% CI)	n	Percent (95% CI)
“Which populations do you typically screen for a history of hypertensive disorders of pregnancy (e.g., gestational hypertension, preeclampsia, and eclampsia)?” †								
Pregnant women	941	62.6 (60.2-65.1)	590	59.0 (55.9-62.1)	228	90.8 (87.3-94.4)	123	49.0 (42.8-55.2)
Postpartum women	744	49.5 (47.0-52.1)	473	47.3 (44.2-50.4)	187	74.5 (69.1-79.9)	84	33.5 (27.6-39.3)
Non-pregnant women of reproductive age	591	39.3 (36.9-41.8)	371	37.1 (34.1-40.1)	154	61.4 (55.3-67.4)	66	26.3 (20.8-31.7)
Perimenopausal or menopausal women	457	30.4 (28.1-32.8)	294	29.4 (26.6-32.2)	112	44.6 (38.5-50.8)	51	20.3 (15.3-25.3)
Others	56	3.7 (2.8-4.7)	43	4.3 (3.0-5.6)	3	1.2 (0.0-2.5)	10	4.0 (1.6-6.4)
I do not typically screen for this	396	26.4 (24.1-28.6)	279	27.9 (25.1-30.7)	13	5.2 (2.4-7.9)	104	41.4 (35.3-47.5)
“Hypertensive disorders of pregnancy can increase risk of which of the following conditions?” ††								
Chronic hypertension	1,202	80.0 (78.0-82.1)	784	78.4 (75.8-81.0)	238	94.8 (92.1-97.6)	180	71.7 (66.1-77.3)
Stroke	1,088	72.4 (70.2-74.7)	688	68.8 (65.9-71.7)	214	85.3 (80.9-89.6)	186	74.1 (68.7-79.5)
Heart attack	988	65.8	628	62.8	206	82.1	154	61.4

Ford ND, Robbins CL, Nandi N, Hayes DK, Loustalot F, Kuklina E, et al. Clinician knowledge and practices related to assessing prior hypertensive disorders of pregnancy. *Obstet Gynecol* 2022;139.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.

		(63.4-68.2)		(59.8-65.8)		(77.3-86.8)		(55.3-67.4)
Other cardiovascular disease	1,033	68.8 (66.4-71.1)	663	66.3 (63.4-69.2)	211	84.1 (79.5-88.6)	159	63.3 (57.4-69.3)
Future pregnancy problems	1,111	74.0 (71.7-76.2)	724	72.4 (69.6-75.2)	228	90.8 (87.3-94.4)	159	63.3 (57.4-69.3)
Infertility	351	23.4 (21.2-25.5)	245	24.5 (21.8-27.2)	51	20.3 (15.3-25.3)	55	21.9 (16.8-27.0)
None of these/Not sure	87	5.8 (4.6-7.0)	56	5.6 (4.2-7.0)	2	0.8 (0.0-1.9)	29	11.6 (7.6-15.5)

“From your experience what are the barriers to referring patients to other medical care providers for women of reproductive age who are at risk for future cardiovascular disease?” <sup>¶</sup>

Concerns related to cost of referral	456	30.4 (28.0-32.7)	298	29.8 (27.0-32.6)	90	35.9 (29.9-41.8)	68	27.1 (21.6-32.6)
Lack of patient follow through	774	51.5 (49.0-54.1)	476	47.6 (44.5-50.7)	169	67.3 (61.5-73.1)	129	51.4 (45.2-57.6)
Patient refusal	504	33.6 (31.2-35.9)	338	33.8 (30.9-36.7)	94	37.5 (31.5-43.4)	72	28.7 (23.1-34.3)
Lack of communication between providers	363	24.2 (22.0-26.3)	239	23.9 (21.3-26.5)	70	27.9 (22.3-33.4)	54	21.5 (16.4-26.6)
Problems with transfer of medical records	200	13.3 (11.6-15.0)	150	15.0 (12.8-17.2)	29	11.6 (7.6-15.5)	21	8.4 (4.9-11.8)
Lack of time to facilitate the referral	235	15.6 (13.8-17.5)	159	15.9 (13.6-18.2)	41	16.3 (11.8-20.9)	35	13.9 (9.7-18.2)
Lack of staff support	195	13.0 (11.3-14.7)	142	14.2 (12.0-16.4)	33	13.1 (9.0-17.3)	20	8.0 (4.6-11.3)
Lack of local referral sources/specialists	348	23.2 (21.0-25.3)	225	22.5 (19.9-25.1)	57	22.7 (17.5-27.9)	66	26.3 (20.8-31.7)
Other/None of these	337	22.4	232	23.2	34	13.5	71	28.3

Ford ND, Robbins CL, Nandi N, Hayes DK, Loustalot F, Kuklina E, et al. Clinician knowledge and practices related to assessing prior hypertensive disorders of pregnancy. *Obstet Gynecol* 2022;139.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.

(20.3-24.5) (20.6-25.8) (9.3-17.8) (22.7-33.9)

“What resources would improve your ability to make referrals for women of reproductive age with histories of hypertensive disorders of pregnancy?” #

Professional recommendations or guidelines	512	34.1 (31.7-36.5)	335	33.5 (30.6-36.4)	98	39.0 (33.0-45.1)	79	31.5 (25.7-37.2)
Medical provider training	364	24.2 (22.1-26.4)	257	25.7 (23.0-28.4)	58	23.1 (17.9-28.3)	49	19.5 (14.6-24.4)
Patient education materials	543	36.2 (33.7-38.6)	348	34.8 (31.8-37.8)	115	45.8 (39.6-52.0)	80	31.9 (26.1-37.6)
More community referral options (e.g., primary care, cardiology, nutrition counseling)	645	42.9 (40.4-45.4)	424	42.4 (39.3-45.5)	111	44.2 (38.1-50.4)	110	43.8 (37.7-50.0)
Additional staff support to facilitate referrals	457	30.4 (28.1-32.8)	313	31.3 (28.4-34.2)	73	29.1 (23.5-34.7)	71	28.3 (22.7-33.9)
Technology changes/support to facilitate transfer of medical record information	358	23.8 (21.7-26.0)	246	24.6 (21.9-27.3)	61	24.3 (19.0-29.6)	51	20.3 (15.3-25.3)
Other	23	1.5 (0.9-2.2)	16	1.6 (0.8-2.4)	3	1.2 (0.0-2.5)	4	1.6 (0.0-3.1)
No changes are needed	300	20.0 (17.9-22.0)	201	20.1 (17.6-22.6)	41	16.3 (11.8-20.9)	58	23.1 (17.9-28.3)

\* Data from the Fall DocStyles 2020 Survey (n=1,502) (<https://styles.porternovelli.com/docstyles/>). P values calculated for chi square tests of differences among the clinician types.

† Defined as Family Practitioners or Internists.

‡ Screening by clinician type differs for all population groups except Others (P<.05). Not screening also varied by clinician type (P<.05).

|| Knowledge of risk factors varied by clinician type for all conditions except infertility (P<.05).

¶ Prevalence of clinicians citing lack of patient follow through, problems with transfer of medical records, lack of staff support, and other/none of these as barriers to referral differed by provider type (P<.05).

# Prevalence of clinicians identifying patient education materials as a needed resource to facilitate referrals differed by clinician type (P<.05).

Ford ND, Robbins CL, Nandi N, Hayes DK, Loustalot F, Kuklina E, et al. Clinician knowledge and practices related to assessing prior hypertensive disorders of pregnancy. *Obstet Gynecol* 2022;139.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.

**Appendix 2. Clinician- and Practice-Level Characteristics Associated With Not Screening for a History of Hypertensive Disorders of Pregnancy, Fall DocStyles 2020 (N=1,502)**

Characteristic	PR (95% CI)	aPR (95% CI)
<b>Clinician type</b>		
Obstetrician–gynecologist	REF	REF
Primary care physician	5.39 (3.14-9.23)	5.54 (3.24- 9.50)
Nurse practitioner or physician assistant	8.00 (4.62- 13.86)	7.42 (4.27- 12.88)
<b>Years in practice</b>		
21-48	REF	REF
11-20	0.96 (0.77-1.19)	0.88 (0.72-1.09)
3-10	1.17 (0.95-1.45)	0.94 (0.77-1.15)
<b>Practice type</b>		
Inpatient	REF	REF
Individual outpatient	0.92 (0.70-1.20)	1.01 (0.76-1.35)
Group outpatient	0.77 (0.61-0.97)	0.92 (0.73-1.15)
<b>Practice size (# of practitioners)</b>		
≥15	REF	REF
5-14	0.75 (0.60-0.92)	0.82 (0.66-1.01)
< 5	0.95 (0.78-1.17)	0.99 (0.79-1.23)
<b>Patient volume (# patients per week)</b>		
≥110	REF	REF.
80-109	1.21 (0.95-1.56)	1.20 (0.94-1.53)
< 80	1.94 (1.54-2.45)	1.81 (1.43-2.28)
<b>Geographical Region</b>		
Midwest	REF	REF
Northeast	0.87 (0.69-1.11)	0.95 (0.76-1.19)
South	0.79 (0.63-0.99)	0.86 (0.70-1.06)
West	0.80 (0.63-1.03)	0.89 (0.70-1.13)
<b>Clinician Location</b>		

Ford ND, Robbins CL, Nandi N, Hayes DK, Loustalot F, Kuklina E, et al. Clinician knowledge and practices related to assessing prior hypertensive disorders of pregnancy. *Obstet Gynecol* 2022;139.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.

Rural	REF	REF
Suburban	0.88 (0.69-1.12)	0.94 (0.75-1.19)
Urban	0.80 (0.61-1.04)	0.80 (0.62-1.04)

---

Estimates are adjusted prevalence ratios (95% confidence interval) from a multivariable log-binomial model, controlling for all other variables in the model. Abbreviations: PR, prevalence ratio; CI, confidence interval; aPR, adjusted prevalence ratio; REF, reference.

Ford ND, Robbins CL, Nandi N, Hayes DK, Loustalot F, Kuklina E, et al. Clinician knowledge and practices related to assessing prior hypertensive disorders of pregnancy. *Obstet Gynecol* 2022;139.

The authors provided this information as a supplement to their article.

©2022 American College of Obstetricians and Gynecologists.