**Survey of Obstetrics-Gynecology (Ob-Gyn) Physicians Regarding Vaccination**

# Instructions

* Please answer the following questions with respect to your primary site of outpatient practice. If you practice at more than one outpatient site, please respond to this survey for the site at which you spend the most time.
* The questions in this survey pertain to the delivery of routinely recommended vaccinations for your patients. Please exclude travel vaccines when answering questions in this survey.

1. **Which of the following best describes your practice?** (*Please select the ONE best response*)

 Gynecology only Please skip to question 22

**1.A. Are you a maternal fetal medicine specialist?**

Yes

No

Obstetrics only

Gynecology/Obstetrics

1. **Please indicate how each of the following individuals is involved in discussing risks and benefits of vaccines with patients in your practice.** *(Please check the ONE best response for each row)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Has a major role in discussing vaccines** | **Sometimes discusses, but generally defers to another team member** | **Rarely or never discusses** | **Don’t have this personnel in my office** |
| 1. Nurse |  |  |  |  |
| 1. Medical Assistant (MA) |  |  |  |  |
| 1. Physician or advanced care practitioner (PA, NP, CNM) seeing the patient |  |  |  |
| 1. Front desk staff |  |  |  |

1. **Does your practice administer any vaccines to pregnant women?**

Yes

No **Please skip to question 7**

1. **If a pregnant woman refuses influenza or Tdap vaccine and you are unsuccessful in convincing her to receive it at that visit, what happens in future visits?**

|  |  |  |
| --- | --- | --- |
|  | **Influenza** | **Tdap** |
| 1. I continue to recommend the vaccine | YesNo | YesNo |
| 1. My staff continues to recommend the vaccine | YesNo | YesNo |

**The following 2 questions are regarding the use of standing orders for vaccination. For this survey, standing orders can be defined as a written or verbal policy that persons other than a medical provider, such as a nurse or medical assistant, may consent and vaccinate a person without speaking with the physician or advanced care provider first. In such a case, a vaccine may be given before or after a physician encounter, or in the absence of a physician encounter altogether.**

1. **Do you use standing orders for the following vaccines?** *(Please select ONE best response for each vaccine)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. We use standing orders for influenza vaccine |  |  |
| 1. We use standing orders for Tdap vaccine |  |  |

1. **Whether or not you use standing orders for vaccination, to what extent are each of the following barriers to the use of standing orders in your office?**

(*Please check the ONE box that applies for each statement*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Major barrier** | **Somewhat of a barrier** | **Minor barrier** | **Not at all a barrier** |
| 1. My concern that my patients would prefer to speak with me about a vaccine before receiving it |  |  |  |  |
| 1. My belief that it is important for me to be the person who recommends a vaccine to my pregnant patients |  |  |  |  |
| 1. Our staff members’ discomfort with standing orders because of having to answer questions about vaccines |  |  |  |  |
| 1. My concern that pregnant women may mistakenly receive the wrong vaccine if I don’t personally assess their eligibility for vaccination |  |  |  |  |
| 1. The extra staff time that it would take to implement standing orders |  |  |  |  |
| 1. My belief that having standing orders is less efficient than not having them |  |  |  |  |
| 1. My belief that it is difficult to change processes around patient flow in my office |  |  |  |  |

1. **Regardless of whether you stock and administer vaccines in your practice, please tell us what your current practice is with respect to recommending the following vaccines.**

(*Please check the ONE best response for each row*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly recommend the vaccine** | **Recommend the vaccine, but not strongly** | **Make no recommendation** | **Recommend against the vaccine** |
| 1. Tdap for pregnant women |  |  |  |  |
| 1. Influenza for pregnant women |  |  |  |  |

1. **How often do you recommend to a pregnant woman that her newborn’s household contacts receive the following vaccines?** (*Please check the ONE best response for each row*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never/Rarely** | **Sometimes** | **Often** | **Always** |
| 1. Tdap vaccine |  |  |  |  |
| 1. Influenza vaccine |  |  |  |  |

1. How much time do YOU personally usually spend talking and/or making recommendations about immunizations for pregnant women in the following scenarios?

*(Please check the ONE best response for each statement)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No time or someone else discusses** | **1-2**  **minutes** | **3-5**  **minutes** | **≥ 6**  **minutes** |
| 1. A pregnant woman who does not have concerns about vaccines and needs one or more vaccinations |  |  |  |  |
| 1. A pregnant woman who has substantial concerns about vaccines and needs one or more vaccines |  |  |  |  |

1. **In a typical month, what percent of pregnant women refuses each of the following vaccines when told they need it?** *(Please check the ONE best response for each row)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **1 to 9%** | **10-19%** | **20-29%** | **≥30%** |
| 1. Refuse influenza vaccine |  |  |  |  |  |
| 1. Refuse Tdap vaccine |  |  |  |  |  |
| 1. Refuse both vaccines |  |  |  |  |  |

1. **How often do pregnant women and/or their partners ask you questions about vaccines for their newborn?**

Never/Rarely

Sometimes

Often

Always

1. **Among pregnant women who initially refuse a vaccine, please tell us how often you use each of the following strategies to convince them to receive the vaccine. Whether or not you use a strategy, please tell us how effective you think that strategy is at convincing pregnant women to be vaccinated.**

(*For each row, you should check two boxes)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **How often do you use each of the following strategies?** | | | |  | **How effective do you think this is at convincing pregnant women?** | | | |
|  | **Never/Rarely** | **Sometimes** | **Often** | **Always** |  | **Not at all effective** | **Not very effective** | **Somewhat effective** | **Very effective** |
| 1. State that you would immunize yourself or your family member if pregnant |  |  |  |  |  |  |  |  |  |
| 1. Inform her that not getting the vaccine is against your recommendation |  |  |  |  |  |  |  |  |  |
| 1. Explain that not getting the vaccine puts her own health at risk |  |  |  |  |  |  |  |  |  |
| 1. Explain that not getting the vaccine puts her fetus/newborn’s health at risk |  |  |  |  |  |  |  |  |  |
| 1. Discuss recent outbreaks of vaccine preventable diseases |  |  |  |  |  |  |  |  |  |
| 1. Discuss your personal experiences observing mothers and/or babies with influenza |  |  |  |  |  |  |  |  |  |
| 1. Discuss your personal experiences observing mothers and/or babies with pertussis |  |  |  |  |  |  |  |  |  |
| 1. State that you are confident that it is safe to receive the vaccine during pregnancy |  |  |  |  |  |  |  |  |  |

1. How strongly do you agree or disagree with the following statements about communicating with pregnant women about the risks and benefits of vaccination? (*Please check the ONE box that applies for each statement*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Somewhat agree** | **Somewhat disagree** | **Strongly disagree** |
| 1. I am comfortable discussing Tdap vaccine with my pregnant patients. |  |  |  |  |
| 1. I am comfortable discussing influenza vaccine with my pregnant patients. |  |  |  |  |
| 1. I feel comfortable addressing questions or concerns about the infant series of vaccines. |  |  |  |  |

1. **To what extent are each of the following barriers to routinely discussing the risks and benefits of vaccines with pregnant women?** (*Please check the ONE box that applies for each barrier*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Major barrier** | **Somewhat of a barrier** | **Minor barrier** | **Not at all a barrier** |
| 1. Not knowing how to communicate with patients about risk |  |  |  |  |
| 1. Not knowing enough about existing evidence regarding vaccine safety |  |  |  |  |
| 1. Other health issues taking precedence over discussion of vaccine risks and benefits |  |  |  |  |
| 1. The amount of time it takes |  |  |  |  |
| 1. Not being knowledgeable enough about the severity of vaccine-preventable diseases |  |  |  |  |
| 1. Not feeling well prepared to address unanticipated questions that patients raise about vaccines |  |  |  |  |
| 1. My belief that I am unlikely to change patients’ minds about their vaccination decision |  |  |  |  |
| 1. My concern that the discussion will make patients worry that vaccines are not safe |  |  |  |  |
| 1. Not wanting to take the time to discuss the vaccine I don’t stock in my practice |  |  |  |  |

1. **Please tell us how strongly you agree or disagree with the following statements about vaccination of pregnant patients in your practice.** *(Please check the ONE best response for each statement)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Strongly Disagree** |
| 1. It is my responsibility to make sure my pregnant patients receive recommended vaccines, even if they get them somewhere else. |  |  |  |  |
| 1. Vaccinations are a shared responsibility between myself and the other providers my patient sees. |  |  |  |  |
| 1. Many of my pregnant patients receive the vaccinations recommended for their pregnancy (i.e. influenza, Tdap) in primary care offices. |  |  |  |  |
| 1. It is my responsibility to stock and administer all recommended vaccines for pregnant women. |  |  |  |  |
| 1. Pregnant women are at greater risk of severe influenza disease than non-pregnant women. |  |  |  |  |
| 1. Tdap vaccine administered during pregnancy is effective in preventing pertussis in pregnant women. |  |  |  |  |
| 1. Tdap vaccine administered during pregnancy is effective in preventing pertussis in infants. |  |  |  |  |
| 1. Influenza vaccine administered during pregnancy is effective in preventing influenza in pregnant women. |  |  |  |  |
| 1. Influenza vaccine administered during pregnancy is effective in preventing influenza in infants. |  |  |  |  |
| 1. It is just as good for a pregnant woman to get Tdap vaccine in the hospital, after delivery, as it is for her to get it during her pregnancy. |  |  |  |  |
| 1. It is just as good for a pregnant woman to get influenza vaccine in the hospital, after delivery, as it is for her to get it during her pregnancy. |  |  |  |  |
| 1. I prefer that pregnant women receive Tdap vaccine after delivery rather than during their pregnancy because they can get it in the hospital |  |  |  |  |
| 1. I prefer that pregnant women receive influenza vaccine after delivery rather than during their pregnancy because they can get it in the hospital |  |  |  |  |
| 1. It is safe to give influenza vaccine to pregnant women. |  |  |  |  |
| 1. It is safe to give Tdap vaccine to pregnant women. |  |  |  |  |

1. In your practice, how much do each of the following contribute to pregnant women refusing vaccines? (*Please check the ONE box that applies for each statement*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **A little** | **Some** | **A lot** |
| 1. Belief that vaccine-preventable diseases are not severe enough to warrant vaccination |  |  |  |  |
| 1. Belief that they are unlikely to get a vaccine-preventable disease |  |  |  |  |
| 1. Belief that vaccines are not very effective |  |  |  |  |
| 1. The desire to maintain a ‘natural’ pregnancy |  |  |  |  |
| 1. Concern that their fetus will suffer immediate, short-term effects (such as spontaneous abortion) from vaccines |  |  |  |  |
| 1. Concern that their fetus/newborn will suffer long-term complications if they receive a vaccine in pregnancy |  |  |  |  |
| 1. Concern that their child could develop autism as a result of them receiving a vaccination |  |  |  |  |
| 1. General worries about vaccines without a specific concern |  |  |  |  |
| 1. Belief that vaccination recommendations are driven by profit considerations of drug companies |  |  |  |  |
| 1. Belief that the influenza vaccine makes them sick |  |  |  |  |
| 1. Belief that the Tdap vaccine makes them sick |  |  |  |  |
| 1. Religious objections to vaccination |  |  |  |  |

1. **When do you feel is the BEST TIME for pregnant patients to receive Tdap vaccine?**

*(Please select ONE best response)*

At a preconception visit or before becoming pregnant

Anytime during pregnancy

Between 27 and 36 weeks of pregnancy

Just prior to delivery if possible

After delivery

1. **Each year, the CDC’s Advisory Committee on Immunization Practices publishes an Adult Immunization Schedule of the current recommendations for licensed vaccines for adults, including pregnant women.**

**Is the Adult Immunization Schedule (either paper or electronic) used in your practice?**

I’m not aware of this schedule **Please skip to question 21**

No, we don’t use it **Please skip to question 20**

Yes, we use it on daily basis

**18.A. If yes, in what format(s) do you use the schedule?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Paper |  |  |
| 1. Electronic |  |  |

**Please continue with question 19**

Yes, we use it about once a week

Yes, we use it about once a month

Yes, we use it about once a year

1. **Please tell us who is using the Adult Immunization Schedule in your practice and how frequently.** *(Please check the ONE box that applies for each statement)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Always** | **Often** | **Sometimes** | **Rarely/Never** |
| 1. Medical assistant uses the schedule to determine vaccines needed for pregnant patients. | **** | **** | **** | **** |
| 1. Medical assistant uses the schedule to determine vaccines needed for non-pregnant patients. | **** | **** | **** | **** |
| 1. Nurse uses the schedule to determine vaccines needed for pregnant patients. | **** | **** | **** | **** |
| 1. Nurse uses the schedule to determine vaccines needed for non-pregnant patients. | **** | **** | **** | **** |
| 1. MD or advanced medical provider uses the schedule to determine vaccines needed for pregnant patients. | **** | **** | **** | **** |
| 1. MD or advanced medical provider uses the schedule to determine vaccines needed for non-pregnant patients. | **** | **** | **** | **** |

1. **Please tell us to what extent you agree or disagree with the following statements regarding the Adult Immunization Schedule.** *(Please check the ONE best response for each statement)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Strongly Disagree** | **I don’t use it enough to have an opinion** |
| 1. The Adult Immunization Schedule is too complicated to be helpful. | **** | **** | **** | **** | **** |
| 1. I don’t use the Adult Immunization Schedule because I know when my pregnant patients should get influenza and Tdap vaccines | **** | **** | **** | **** |  |
| 1. I don’t use the Adult Immunization Schedule because in my practice we use a software program through our electronic medical record or immunization registry to determine what immunizations a patient needs. | **** | **** | **** | **** |  |
| 1. I am comfortable using the schedule to determine what vaccines my pregnant patients need. | **** | **** | **** | **** | **** |
| 1. The medical condition-based indications on the schedule make it hard to determine what vaccines my pregnant patients need. | **** | **** | **** | **** | **** |
| 1. The schedule is easily accessible when I need it to make a decision about a pregnant patient’s vaccinations. | **** | **** | **** | **** | **** |
| 1. The schedule provides clear guidance on what to do when the immunization status of a pregnant woman is unknown. | **** | **** | **** | **** | **** |
| 1. The footnote section of the schedule is complicated and hard to understand. | **** | **** | **** | **** | **** |

1. **Currently, recommendations for pregnant women are included with recommendations for other adults in the Adult Immunization Schedule. If a separate immunization schedule that provides recommendations for pregnant women only was available and endorsed by ACOG, how useful it would be for your practice?**

Very useful

Somewhat useful

A little useful

Not at all useful

**The remaining questions are included so that we will know about the characteristics of practices of the physicians reached by this survey.**

1. **How many providers are at your primary site of outpatient practice?**

**23.A. Advanced care practitioners (e.g., physician assistants, nurse practitioners, nurse midwives)**

0 1 2-4 5-7 8-10 > 10

**23.B. Physicians**

1 2-4 5-7 8-10 > 10

1. **Which of the following best describes your practice?** *(Please check the ONE best response)*

Stand-alone practice

Part of a system with other sites

**Please estimate how many sites are in your entire multi-site system:**

2-3 4-6 7-9 ≥ 10

1. **Are you part of a closed panel health maintenance organization (HMO) or managed care organization (MCO) that does not submit any vaccine related claims to an outside insurer?**

Yes

No

1. **In your primary outpatient practice, roughly what percentages of your adult patients are in the following groups?** (*Please approximate based on your best estimates; groups are not mutually exclusive and may not sum up to, or may exceed, 100 %)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0%** | **1-9%** | **10-24%** | **25-49%** | **50-74%** | **75-100%** | **I don’t know** |
| * 1. Uninsured patients (patients with no insurance) |  |  |  |  |  |  |  |
| * 1. Medicare Part B |  |  |  |  |  |  |  |
| * 1. Medicare Part D |  |  |  |  |  |  |  |
| * 1. Private insurance (including Medicare supplemental) |  |  |  |  |  |  |  |
| * 1. Medicaid |  |  |  |  |  |  |  |

1. In a typical week, roughly what percentage of the patients you see is pregnant?

0% 1-9% 10-24% 25-49% 50-74% 75-100% I don’t know

1. In your primary outpatient practice, roughly what percentages of your patients are in the following age groups? *(Please approximate based on your best estimates; groups are not mutually exclusive and may not sum up to, or may exceed, 100%)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **0%** | **1-9%** | **10-24%** | **25-49%** | **50-74%** | **75-100%** |
| 1. < 19 years |  |  |  |  |  |  |
| 1. 19 – 49 years |  |  |  |  |  |  |
| 1. 50 – 64 years |  |  |  |  |  |  |
| 1. ≥ 65 years |  |  |  |  |  |  |

1. In your primary outpatient practice, roughly what percentages of your patients are in the following racial/ethnic groups? *(Please approximate; groups may not sum up to 100%)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **0%** | **1-9%** | **10-24%** | **25-49%** | **50-74%** | **75-100%** |
| 1. White (non-Hispanic) |  |  |  |  |  |  |
| 1. Hispanic or Latino |  |  |  |  |  |  |
| 1. Black (African American) |  |  |  |  |  |  |
| 1. Other group *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

**Thank you for participating. Please return this survey using the enclosed stamped envelope addressed to:**

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