Perioperative Antibiotics for Cesarean Section

Perioperative Antibiotics for Cesarean Section: A Practice Survey

You are being asked to participate in this survey because you are a current member of the American Society of Anesthesiologists (ASA). As perioperative physicians, anesthesiologists play a critical role in the reduction of surgical site infections. The aims of this study are to assess current practice patterns in routine antibiotic prophylaxis for cesarean sections, to identify factors related to practice variation and factors that might help target future educational initiatives.

This study is being conducted by Karthik Raghunathan, MD, MPH, of Baystate Medical Center, Tufts University School of Medicine (Karthik.Raghunathan@baystatehealth.org), and is being sent electronically to 5000 randomly chosen active members of the ASA. It should take approximately 5 minutes to complete.

Your participation is completely voluntary and you may quit at any time. You may also skip any question, but continue to complete the rest of the survey. No "identifiable" data is being collected by the survey. Since we do not know who will actually take the survey, your responses are anonymous. When results are reported, responses will be aggregated and described in summary.

If you would like to discuss your rights as a research participant, or wish to speak with someone not directly involved in the study, please contact the Baystate Medical Center Institutional Review Board at (413) 794-4356. In the event that you experience technical difficulties with this survey, please contact Dr. Deborah Naglieri Prescod at (413) 794-8832 or <u>Deborah.Prescod@baystatehealth.org.</u>

Thank you for participating in this effort. With your participation, we hope to improve our knowledge of current perioperative practice in the area of "Antibiotic Prophylaxis for Cesarean Sections."

* 1. I would like to:

n Proceed

jn Exit Now (please click "Next" on bottom of page, then "Done" on the last page.)

Provider Demographics

2. Do you consider yourself an Obstetric Anesthesiologist?

in Yes

jn No

Perioperative Antibiotics for Cesarean Section 3. How often do you administer anesthesia for Cesarean Sections? Very Often (several times a week) Occasionally (a few times a month) Rarely (less than once a month) TO Very Rarely (only a few times a year) 4. Please choose the State where you work now: State: 5. Years in Practice since the completion of training: * 6. What best describes your primary practice setting? University or Teaching Hospital (with physician trainees present) \uparrow_{Ω} Non-teaching or Community Hospital (No trainees present) public or Military Hospital (funded by City, State or Federal gov't) Locum with variable practice settings 7. Approximately how many deliveries per year are performed at your primary practice institution? ├∩ Less than 200 ├∩ Between 200 and 500 †∩ Between 501 and 1000 more than 1000 Hospital Characteristics 8. Approximately how many Cesarean Sections per year are performed at your primary practice institution? h Less than 100

in Between 100 and 500

m More than 500

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9. How often does a [your] Cesarean Section patient have the following?

	Never	Rarely	Sometimes	Often	Always
Obesity	Jo	ja	j to	jn	jn
Diabetes	Jn	j m	j m	j m	j m
Lack of pre-natal care	j n	j to	j n	j ta	j ta
Low Socio-economic status	j n	j m	ĴΩ	j n	j n

*	10.	When	do 7	ou ro	outine	ly ad	minis	tera	antib	iotic	prop	hyla	xis	for	<u>sche</u>	dule	<u>k</u>
	Ces	sarean	Sec	tions	?												

- Pre-incision (within 60 minutes prior to incision)
- post-cord clamp (following delivery after the umbilical cord is clamped)
- It varies/Depends on the obstetrician
- $\ensuremath{\uparrow}_{\Omega}$ Administration of antibiotics is not within my scope of practice

11. Has your practice changed recently?

- No, this is how I was trained.
- † Yes, my practice changed within the past 2 years.
- Yes, my practice changed more than 2 years ago.

12. Does your practice for <u>urgent or emergent</u> Cesarean Sections differ from that of <u>routine</u> Cesarean Sections? (*Please check all that apply.*)

- Ro, I use antibiotic prophylaxis the same way for scheduled, urgent and emergent Cesarean Sections.
- Yes, antibiotic prophylaxis is not a priority in an urgent situation.
- Yes, these patients may be receiving antibiotics for other reasons.
- Yes, there is inadequate time for prophylaxis prior to incision.
- Yes, antibiotics are not immediately available.
- e Yes, this depends on the obstetrician.

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13. What antibiotic do you most commonly use for routine surgion	:al
prophylaxis for <u>Cesarean Sections</u> ?	

j_{\cap} Cephalosporins (Cefazolin, etc.)	jn Combination Therapy
j_{\cap} Penicillins (Ampicillin, etc.)	jn Other
j_{\cap} Aminoglycosides (Gentamicin, etc.)	
Other (please specify)	

14. If indicated, when do you routinely administer perioperative antibiotic prophylaxis for <u>non-obstetric surgery</u> (e.g., hysterectomy)?

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jn Pre-incisionjn Post-incisionjn It varies depending on the surgeon
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* 15. Considering the risks and benefits of perioperative antibiotic prophylaxis, what should the current practice be with regards to Cesarean Sections?

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jn Routine pre-incision prophylaxis for all patients
jn Routine post-cord clamp prophylaxis for all patients
jn Leave this decision to the Obstetrician
fn More evidence is needed to make this determination
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* 16. Who should take responsibility for perioperative antibiotic prophylaxis and lead the development and implementation of evidence-based practice in this area?

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jn Anesthesia Providersjn Obstetric Providersjn Hospital Practice Committeesjn Others
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17. Please enter any comments you may have on this topic.
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Thank you for participating in this effort to improve our knowledge of perioperative practices. Once again, please be assured that your responses are completely anonymous.
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