

# 1. What is your position / specialty? Please chose one.

☐

MD/DO Anesthesiologist

☐

Certified Registered Nurse Anesthetist (CRNA)

Other (please specify)

This part of the questionnaire asks for specific data that will allow us to describe the practice of obstetric anesthesia as well as the availability and extent of involvement by anesthesia personnel as it exists in the U.S. today. No individual hospital or respondent will ever be identifiable in any report.

# 2. Which of the following best describes your hospital? (Check only one)

Other (please specify)

# 3. How many deliveres occurred at this hospital in 2011?

# 4. Is your hosptial a regional referral center for high-risk obstetrics?

☐

yes

☐

no

# 5. For each of the following types of providers, how many have privileges to provide OBSTETRICAL anesthesia services in your hospital? Please give the number of individuals.

Anesthesiologists

CRNAs

Other (Examples include

Anesthesiologist Assistants,

Family Practitioners,

Obstetricians). Please specify

type of provider and number of

providers.

**6. Which of the following are assigned to labor and delivery at your hospital during  
NORMAL BUSINESS HOURS (e.g. 7am-4pm)**

	yes	no
An anesthesiologist, medically directed resident, or medically-directed CRNA assigned full time to labor and delivery without other duties	<input type="radio"/>	<input type="radio"/>
An anesthesiologist, medically-directed resident, or medically-directed CRNA assigned part-time to labor and delivery with other duties	<input type="radio"/>	<input type="radio"/>
A CRNA, without physician direction, assigned full-time to labor and delivery without other duties	<input type="radio"/>	<input type="radio"/>
A CRNA, without physician direction, assigned part-time to labor and delivery with other duties	<input type="radio"/>	<input type="radio"/>
An obstetric provider (e.g. Obstetrician, Family Practitioner)	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## 7. Which of the following are assigned to Labor and Delivery at your hospital during NIGHTS and WEEKENDS?

	yes	no
An anesthesiologist, medically directed resident, or medically-directed CRNA assigned full time to labor and delivery without other duties	<input type="checkbox"/>	<input type="checkbox"/>
An anesthesiologist, medically-directed resident, or medically-directed CRNA assigned part-time to labor and delivery with other duties	<input type="checkbox"/>	<input type="checkbox"/>
A CRNA, without physician direction, assigned full-time to labor and delivery without other duties	<input type="checkbox"/>	<input type="checkbox"/>
A CRNA, without physician direction, assigned part-time to labor and delivery with other duties	<input type="checkbox"/>	<input type="checkbox"/>
An obstetric provider (examples would include Obstetricians and Family Practitioners)	<input type="checkbox"/>	<input type="checkbox"/>

yes

no

Other (please specify)

This part of the questionnaire asks for specific data that will allow us to describe availability and provision of LABOR ANALGESIA. Neuraxial = spinal, epidural, or combined spinal epidural.

**8. Making your best estimate, what percentage of your hospital's 2011 laboring patients received each of the following TYPES of PAIN RELIEF during labor? (These percentages may total more than 100% if patients received more than one type of analgesia.)**

None	<input type="text"/>
Parenteral Medication	<input type="text"/>
Paracervical Block	<input type="text"/>
Lumbar epidural	<input type="text"/>
Combined Spinal Epidural	<input type="text"/>
Spinal analgesia only, no epidural catheter	<input type="text"/>

**9. During labor, what is the percentage of maternity patients who receive neuraxial analgesia in your hospital? By the term neuraxial analgesia, we mean spinal, epidural, or combined spinal epidural analgesic techniques.**

**10. Please indicate the percentage of neuraxial analgesics provided for obstetric patients at your hospital by the following personnel (percentages should total 100%). Neuraxial analgesia refers to spinal, epidural, or combined spinal epidural analgesic techniques.**

Anesthesiologist	<input type="text"/>
Anesthesiology Resident	<input type="text"/>
Other M.D. (e.g. Obstetrician, Family Practitioner)	<input type="text"/>
CRNA under medical supervision by an anesthesiologist	<input type="text"/>
CRNA under medical supervision by a non-anesthesiologist M.D.	<input type="text"/>
CRNA without medical direction	<input type="text"/>
Other (e.g. Anesthesiology Assistant)	<input type="text"/>

**11. Are regional anesthetic techniques for labor available on a 24-HOUR BASIS at your hospital?**

☐ yes☐ no

**12. If yes, are these techniques available:**

☐ Only on call

☐ In-house

**13. Does your hospital require IN-HOUSE presence of an anesthesiologist or CRNA during an epidural infusion?**

☐ yes

☐ no

**14. Does your hospital use patient-controlled analgesia (PCEA) during labor?**

- ☐ yes
- ☐ no (If no, proceed to question 16)

**15. If yes, what percentage of patients with an epidural receive PCEA during labor?**

**16. Does your anesthesia group provide ANTEPARTUM CONSULTATION services prior to admission to labor and delivery?**

- ☐ yes
- ☐ no

**17. If yes, check all that apply:**

- ☐ For all obstetric patients
- ☐ Only for high-risk patients
- ☐ For scheduled cesarean deliveries

**18. Which of the following patient groups does your group routinely evaluate after admission to labor and delivery?**

	yes	no
All patients	<input type="radio"/>	<input type="radio"/>
Patients requesting labor analgesia	<input type="radio"/>	<input type="radio"/>
Patients for cesarean delivery	<input type="radio"/>	<input type="radio"/>
High-risk patients	<input type="radio"/>	<input type="radio"/>

**19. Prior to neuraxial analgesia, does the anesthesia service in your hospital REQUIRE all parturients to have a routine platelet count?**

- ☐ yes
- ☐ no

This part of the questionnaire asks for specific data that will allow us to describe availability and provision of ANESTHESIA and POSTOPERATIVE ANALGESIA FOR CESAREAN DELIVERY AND POSTPARTUM TUBAL LIGATION.

**20. Are your hospital's NPO guidelines (an example would be i.e., 2 hours for clear liquids, 8 hours for solids) for elective obstetric procedures different from patients in the main operating room?**

- ☐ yes
- ☐ no

**21. If yes, what is your hospital's obstetric NPO policy?**

**22. Prior to operative procedures, do you require (check all that apply):**

- ☐ Antacids
- ☐ Metoclopramide
- ☐ H2 Blockers
- ☐ None of the above

Other (please specify)

**23. What was your hospital's overall cesarean delivery rate in 2011?**

**24. Does your hospital allow trial of labor after cesarean delivery? (TOLAC)?**

- ☐ yes
- ☐ no (If no, proceed to question 26)

## 25. If yes, during TOLAC/VBAC:

	yes	no
Is an anesthesiologist or CRNA required to be in the hospital?	<input type="radio"/>	<input type="radio"/>
If neuraxial analgesia is NOT utilized, is an Anesthesiologist or CRNA required to be in the hospital?	<input type="radio"/>	<input type="radio"/>
Is an Obstetrician required to be in the hospital?	<input type="radio"/>	<input type="radio"/>

What percentage of the time are the following types of anesthetics used for cesarean deliveries (These percentages may add up to greater than 100%)

## 26. Elective Cesarean Delivery

Lumbar Epidural	<input type="text"/>
Spinal	<input type="text"/>
Combined Spinal Epidural	<input type="text"/>
General Anesthesia	<input type="text"/>

## 27. Urgent/Emergent Cesarean Delivery

Lumbar Epidural	<input type="text"/>
Spinal	<input type="text"/>
Combined Spinal Epidural	<input type="text"/>
General Anesthesia	<input type="text"/>

## 28. When you provide general anesthesia for cesarean delivery, what is (are) the most common indications? Please provide percentages.

Patient request	<input type="text"/>
Obstetrician request	<input type="text"/>
Urgency	<input type="text"/>
Maternal co-morbidity	<input type="text"/>
Other	<input type="text"/>



**29. If your hospital has an anesthesiology resident training program, what is the approximate number of GENERAL ANESTHETICS for cesarean delivery each of your trainees perform prior to program completion? (If no anesthesiology resident training program, go to question 30.)**

- ☐ <5
- ☐ 5-10
- ☐ 10-20
- ☐ 20-30
- ☐ More than 30

**30. Do you have difficult airway management equipment in the labor and delivery area?**

☐ yes

☐ no

**31. On the labor and delivery unit, do you have immediate access to (check all that apply):**

	yes	no
Laryngeal Mask Airway (LMA)	<input type="radio"/>	<input type="radio"/>
Intubating LMA	<input type="radio"/>	<input type="radio"/>
Combitube	<input type="radio"/>	<input type="radio"/>
Videolaryngoscopy (e.g., C-Mac, glidescope)	<input type="radio"/>	<input type="radio"/>
Fiberoptic bronchoscope	<input type="radio"/>	<input type="radio"/>
Jet ventilator	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**32. Do anesthesia providers at your hospital routinely administer neuraxial morphine for post-cesarean analgesia?**

☐ yes

☐ no

**33. If the answer to the previous question is no, how important are each of the following in this decision?**

	Very important	Somewhat important	Not at all important
pulse oximetry is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side-effects are concerning (e.g., nausea, pruritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing support inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		

**34. How often do patients recover in the following locations after cesarean delivery?**

	never	occasionally	usually	always
Main operating room post-anesthesia care unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor and delivery post-anesthesia care unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor and delivery patient room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

**35. Are labor and delivery nurses required to attend formal training at your hospital to provide post-anesthesia care? (Some examples are e.g., ASPAN, ACLS.)?**

☐ yes

☐ no

**36. Are postpartum tubal ligations allowed at your hospital?**

☐ yes

☐ no

**37. IF YES, when do they typically occur?**

☐ Within 12 hours of delivery

☐ After 12 hours but before discharge

☐ They are always done after 6 weeks postpartum

**38. If postpartum tubal ligations are allowed following delivery, what percentage of your postpartum tubal ligations used the following types of anesthesia?**

Lumbar Epidural

Spinal

Combined Spinal Epidural

General Anesthesia

**39. How frequently does inadequate staffing interfere with your group's ability to provide anesthesia for postpartum tubal ligation?**

☐ Never or rarely

☐ Only nights or weekends

☐ Always

**40. Does your hospital have a massive transfusion protocol that applies to OB?**

☐ yes

☐ no

**41. Does your hospital have an electronic medical record?**

☐ yes

☐ no

**42. If yes, which of the following does the electronic medical record include?**

- ☐ Preoperative Care
- ☐ Postoperative Care
- ☐ Intraoperative Care (e.g. cesarean delivery, dilation and curettage, postpartum tubal ligation)
- ☐ Intrapartum care (e.g. labor analgesia)
- ☐ Orders

**43. What percentage of maternity patients at your hospital fall into the following payer categories:**

Self-pay

Governmental payer (e.g.  
Medicaid)

Private Insurance

**44. How do you bill for labor epidurals:**

- ☐ Flat fee
- ☐ Base units + actual face time
- ☐ Base units + hourly unit with cap
- ☐ Procedure code

This part of the questionnaire asks for your opinion on the practice of obstetric anesthesia and extent of involvement by anesthesia personnel.

**45. In your opinion, hospitals like yours should have mandatory 24-hour in hospital obstetric anesthesia coverage provided by (check one):**

- ☐ Anesthesiologist
- ☐ Medically directed resident or CRNA
- ☐ CRNA without medical direction
- ☐ In-hospital coverage is unnecessary

**46. In your opinion, hospitals like yours should have mandatory 24-hours in-hospital obstetrical coverage provided by (check one):**

- ☐ Obstetrician
- ☐ Other physician with surgical privileges
- ☐ Physician without surgical privileges
- ☐ Certified nurse midwife
- ☐ In-hospital coverage unnecessary

**47. What questions weren't asked that should be included in future obstetric anesthesia surveys?**