

## Appendix 1. 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
- ☐ Obstetrics only —→
- ☐ Gynecology/Obstetrics

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

- ☐ Yes
- ☐ No

### 2. 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
a. Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical Assistant (MA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physician or advanced care practitioner (PA, NP, CNM) seeing the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Front desk staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 3. Does your practice administer any vaccines to pregnant women?

- ☐ Yes
- ☐ No —→ Please skip to question 7

### 4. 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? (Please check Yes or No for each cell)

	Influenza		Tdap	
a. I continue to recommend the vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. My staff continues to recommend the vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

O'Leary S, Riley LE, Lindley MC, Allison MA, Albert AP, Fisher A, et al. Obstetrician–gynecologists' strategies to address vaccine refusal among pregnant women. *Obstet Gynecol* 2018; 133.

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

	Yes	No
a. We use standing orders for influenza vaccine	<input type="checkbox"/>	<input type="checkbox"/>
b. We use standing orders for Tdap vaccine	<input type="checkbox"/>	<input type="checkbox"/>

**6. 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
a. My concern that my patients would prefer to speak with me about a vaccine before receiving it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My belief that it is important for me to be the person who recommends a vaccine to my pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Our staff members' discomfort with standing orders because of having to answer questions about vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My concern that pregnant women may mistakenly receive the wrong vaccine if I don't personally assess their eligibility for vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The extra staff time that it would take to implement standing orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My belief that having standing orders is less efficient than not having them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My belief that it is difficult to change processes around patient flow in my office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. 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
a. Tdap for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Influenza for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. 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
a. Tdap vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. Influenza vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**9. 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
a. A pregnant woman <u>who does not have</u> concerns about vaccines and needs one or more vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A pregnant woman who has substantial concerns about vaccines and needs one or more vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	None	1-9%	10-19%	20-29%	≥30%
a. Refuse influenza vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Refuse Tdap vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Refuse both vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Never/Rarely  
☐ Sometimes  
☐ Often  
☐ Always

**12. Regardless of whether you stock and administer vaccines, when you recommend a vaccine to pregnant women who refuses 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
a. State that you would immunize yourself or your family member if pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inform her that not getting the vaccine is against your recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explain that not getting the vaccine puts her own health at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Explain that not getting the vaccine puts her fetus/newborn's health at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e. Discuss recent outbreaks of vaccine preventable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discuss your personal experiences observing mothers and/or babies <u>with influenza</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Discuss your personal experiences observing mothers and/or babies <u>with pertussis</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. State that you are confident that it is safe to receive the vaccine during	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. 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
a. I am comfortable discussing Tdap vaccine with my pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am comfortable discussing influenza vaccine with my pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel comfortable addressing questions or concerns about the <u>infant series of vaccines</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. 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
a. Not knowing how to communicate with patients about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not knowing enough about existing evidence regarding vaccine safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other health issues taking precedence over discussion of vaccine risks and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The amount of time it takes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not being knowledgeable enough about the severity of vaccine-preventable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Not feeling well prepared to address unanticipated questions that patients raise about vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My belief that I am unlikely to change patients' minds about their vaccination decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My concern that the discussion will make patients worry that vaccines are not safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Not wanting to take the time to discuss the vaccine I don't stock in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. 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
a. It is my responsibility to make sure my pregnant patients receive recommended vaccines, even if they get them somewhere else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. Vaccinations are a shared responsibility between myself and the other providers my patient sees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Many of my pregnant patients receive the vaccinations recommended for their pregnancy (i.e. influenza, Tdap) in primary care offices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is my responsibility to stock and administer all recommended vaccines for pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pregnant women are at greater risk of severe influenza disease than non-pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tdap vaccine administered during pregnancy is effective in preventing pertussis in pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tdap vaccine administered during pregnancy is effective in preventing pertussis in infants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Influenza vaccine administered during pregnancy is effective in preventing influenza in pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Influenza vaccine administered during pregnancy is effective in preventing influenza in infants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I prefer that pregnant women receive Tdap vaccine after delivery rather than during their pregnancy because they can get it in the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I prefer that pregnant women receive influenza vaccine after delivery rather than during their pregnancy because they can get it in the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. It is safe to give influenza vaccine to pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. It is safe to give Tdap vaccine to pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16. 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
a. Belief that vaccine-preventable diseases are not severe enough to warrant vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Belief that they are unlikely to get a vaccine-preventable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Belief that vaccines are not very effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The desire to maintain a 'natural' pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Concern that their fetus will suffer immediate, short-term effects (such as spontaneous abortion) from vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Concern that their fetus/newborn will suffer long-term complications if they receive a vaccine in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Concern that their child could develop autism as a result of receiving a vaccination during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. General worries about vaccines without a specific concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Belief that vaccination recommendations are driven by profit considerations of drug companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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j. Belief that the influenza vaccine makes them sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Belief that the Tdap vaccine makes them sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Religious objections to vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. 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
- ☐ After delivery

**18. 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 a daily basis
- ☐ Yes, we use it about once a week
- ☐ Yes, we use it about once a month
- ☐ Yes, we use it less than once a month

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

	Yes	No
a. Paper	<input type="checkbox"/>	<input type="checkbox"/>
b. Electronic	<input type="checkbox"/>	<input type="checkbox"/>

**Please continue with question 19**

**19. 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
a. Medical assistant uses the schedule to determine vaccines needed for pregnant patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical assistant uses the schedule to determine vaccines needed for non-pregnant patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse uses the schedule to determine vaccines needed for pregnant patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nurse uses the schedule to determine vaccines needed for non-pregnant patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. MD or advanced medical provider uses the schedule to determine vaccines needed for pregnant patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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f. MD or advanced medical provider uses the schedule to determine vaccines needed for non-pregnant patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**20. 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
a. I don't use the Adult Immunization Schedule because I know when my pregnant patients should get influenza and Tdap vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. The Adult Immunization Schedule is too complicated to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am comfortable using the schedule to determine what vaccines my pregnant patients need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The medical condition-based indications on the schedule are not sufficiently defined to determine what vaccines my pregnant patients need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The schedule is easily accessible when I need it to make a decision about a pregnant patient's vaccinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The schedule provides clear guidance on what to do when the immunization status of a pregnant woman is unknown.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The footnote section of the schedule is complicated and hard to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. 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 would it 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.**

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

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

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

**22.B. Physicians**

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

**23. 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

**24. 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

**25. 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
a. Uninsured patients (patients with no insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicare Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare Part D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Private insurance (including Medicare supplemental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**26. In a typical week, roughly what percentage of the patients you see are pregnant?**

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

**27. 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%
a. < 19 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 19 – 49 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 50 – 64 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ≥ 65 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**28. 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%
a. White (non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Black (African American)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other group <i>(please specify)</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

University of CO/Vaccine Policy Collaborative Initiative  
Misha Brtnikova / Mailstop F443  
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