Additional material

Questionnaire
The Prolongation of Pregnancy Necessary to Change Antenatal Management of Patients at High Risk for Preterm Delivery: a survey of Canadian obstetricians.

If you do not provide care for pregnant women, PLEASE mark this box and return the survey so that we do not trouble you again

☐ Do not provide care for pregnant women

Section I:

Q.1 **At minimum**, which magnitude of prolongation of gestation would be necessary for you to introduce the three following preventative treatments into your clinical practice for patients with risk factors for preterm birth?

---please check one box per treatment option

**Treatment 1**: prophylactic *daily* progesterone supplementation, administered *vaginally* after 16 weeks gestational age

*Risk factor*: multiple gestation

*please check one option*

☐ 1 week prolongation of gestation (eg, 32 4/7 → 33 4/7)

☐ 2 week prolongation of gestation (eg, 31 4/7 → 33 4/7)

☐ 3 week prolongation of gestation (eg, 30 4/7 → 33 4/7)

**Treatment 2**: prophylactic *weekly* progesterone supplementation, administered *intramuscularly* after 16 weeks gestational age

*Risk factors*: history of preterm birth or shortened cervix on ultrasound or positive fetal fibronectin

*please check one option*

☐ 1 week prolongation of gestation (eg, 32 4/7 → 33 4/7)

☐ 2 week prolongation of gestation (eg, 31 4/7 → 33 4/7)

☐ 3 week prolongation of gestation (eg, 30 4/7 → 33 4/7)

**Treatment 3**: prophylactic cervical cerclage placed between 16-23 6/7 weeks gestational age

*Risk factor*: shortened cervix on ultrasound

*please check one option*

☐ 1 week prolongation of gestation (eg, 32 4/7 → 33 4/7)

☐ 2 week prolongation of gestation (eg, 31 4/7 → 33 4/7)

☐ 3 week prolongation of gestation (eg, 30 4/7 → 33 4/7)
Q.2 If a well-designed randomized controlled trial demonstrated that a treatment was superior to placebo for the prevention of preterm birth, an improvement in which of the following outcome measures would you consider to be most important for you to justify introducing this treatment into your clinical practice?
---please check only one box

- Prolongation of gestation
- Decreased fetal morbidity
- Decreased fetal mortality
- Decreased maternal morbidity

Section II: Feasibility

Q.1 Would you participate in a randomized controlled trial administering daily vaginal progesterone (vs. placebo) to patients pregnant with multiples to determine whether it will prolong gestation?

YES ☐ NO ☐

---If NO, why not?
____________________________________________________________________
__________________________________________________________

Q.2 Would you participate in a randomized controlled trial administering weekly intramuscular progesterone (vs. placebo) to patients with risk factors for preterm delivery to determine whether it will prolong gestation?

YES ☐ NO ☐

---If NO, why not?
____________________________________________________________________
__________________________________________________________

Q.3 Would you participate in a randomized controlled trial performing cervical cerclage (vs. no cerclage) on patients with short cervix on ultrasound to determine whether it will prolong gestation?

YES ☐ NO ☐

---If NO, why not?
____________________________________________________________________
__________________________________________________________
Section III: Current clinical practice

Q.1 Is it your current clinical practice to use prophylactic progesterone supplementation in patients pregnant with multiples?

YES □  NO □

----If yes, what risk factors influence your decision to start prophylactic progesterone supplementation in patients pregnant with multiples?

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>YES □</th>
<th>NO □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous preterm delivery</td>
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<td></td>
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<tr>
<td>Short cervix on US</td>
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<td></td>
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<tr>
<td>Previous cervical surgery</td>
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<tr>
<td>Previous PPROM</td>
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<tr>
<td>Positive fetal fibronectin</td>
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</tbody>
</table>

Other risk factors? Please specify _________________________________

----If yes, what route of administration do you prescribe?

Oral □  Intramuscular □  Vaginal □

----If yes, what is the earliest gestational age that you start treatment and what is the latest gestational age that you stop treatment?

Start treatment _____ weeks GA (earliest GA)
Continue treatment until _____ weeks GA (latest GA)

Q.2 Is it your current clinical practice to use prophylactic progesterone supplementation in patients pregnant with singletons who have risk factors for preterm birth?

YES □  NO □

----If yes, what risk factors influence your decision to start prophylactic progesterone supplementation in patients pregnant with singletons?

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>YES □</th>
<th>NO □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous preterm delivery</td>
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<tr>
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<td>Positive fetal fibronectin</td>
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</tbody>
</table>

Other risk factors? Please specify _________________________________

----If yes, what route of administration do you prescribe?

Oral □  Intramuscular □  Vaginal □
--- If yes, what is the earliest gestational age that you start treatment and what is the latest gestational age that you stop treatment?

Start treatment _____ weeks GA (earliest GA)
Continue treatment until _____ weeks GA (latest GA)

Q.3 Is it your current clinical practice to perform prophylactic cervical cerclage?

YES □ NO □

--- If yes, what risk factors influence your decision to perform cervical cerclage in pregnant patients?

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>YES □</th>
<th>NO □</th>
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<td>Previous preterm delivery</td>
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<tr>
<td>Previous PPROM</td>
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<tr>
<td>Positive fetal fibronectin</td>
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<tr>
<td>Multiple gestation</td>
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</table>

Other risk factors? Please specify _________________________________

--- If yes, at what gestational age do you perform cerclage?

Not before _____ weeks GA
Not after _____ weeks GA

Section IV: General Information

Q.1 What is your present age? ___ years

Q.2 How many years have you been providing obstetrical care? ___ years

Q.3 What is your gender?

□ male □ female

Q.4 How would you describe your practice setting?

□ urban/suburban □ small town/rural

Q.5 Is your hospital a:

(if `other' please specify)

□ teaching hospital
□ community hospital □ other

Thanks for completing the questionnaire!
Please return it in the enclosed stamped addressed envelope to:
Shannon Dwinnell, Foothills Medical Centre (room 404), 1441 – 29th Street NW,
Calgary, AB T2N 4J8