

Family Medicine

THE OFFICIAL JOURNAL OF THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

Survey Instrument:

(Bolded questions below are reported on this manuscript.)

1. By clicking “yes” below you indicate that you have read the above information and you voluntarily agree to participate and are at least 18 years of age.
2. Are you currently delivering babies?
3. For how many years have you delivered babies as part of your post-residency practice?
4. Have you ever paused delivering babies for more than one year during your career?
5. In what settings do/did you (currently) provide maternity care? (Select all that apply.)
 - Prenatal care in birthing center
 - Prenatal care in clinic
 - Prenatal care in hospital
 - Deliveries in birthing center
 - Deliveries in hospital
 - Postpartum care in birthing center
 - Postpartum care in clinic
 - Postpartum care in hospital
 - Other (please specify)
6. How are/were you compensated for maternity care call?
 - Salaried position and perinatal care is/was part of salary
 - Extra compensation through productivity model
 - Set amount per delivery or fee-for-service
 - Extra compensation through stipend or pay per call/hour
 - Other
7. Do you feel that you are receiving adequate compensation for maternity care call? (Yes/No)
 - Set amount per delivery or fee-for-service
 - Other payment models
 - Extra compensation through productivity model
 - Salaried position and maternity care is part of job
 - Extra compensation through stipend or pay per call/hour
8. In the last year, please estimate how many:
 - Vaginal deliveries you attended
 - Cesarean deliveries attended as primary surgeon
 - Cesarean deliveries you assisted
9. **(If no longer delivering): Why did you stop delivering babies? Select all that apply.**
 - Low volume
 - Lack of continuing medical education (CME) in maternity care
 - Not available in the practice I joined
 - Challenges with privileging
 - Liability/fear of lawsuit
 - Billing hassles
 - Poor reimbursement
 - Malpractice insurance too costly/challenging
 - Lifestyle impact
 - Difficult relationship with OB-GYNs

- Call structure/coverage
- Fear of bad outcomes
- No longer fulfilling
- Other (please specify)

10. (If still delivering): In the course of your career, have you ever encountered any of the following barriers to providing obstetric care? Select all that apply.

- Low volume
- Lack of continuing medical education (CME) in maternity care
- Not available in a practice I joined
- Challenges with privileging
- Liability/fear of lawsuit
- Billing hassles
- Poor reimbursement
- Malpractice insurance too costly/challenging
- Lifestyle impact
- Difficult relationship with OB-GYNs
- Call structure/coverage
- Fear of bad outcomes
- None of the above
- Other (please specify)

11. In your experience, does patient-clinician concordance (similarity or shared identity between physician and patient) impact the maternity care relationship based on:

- Race
- Ethnicity
- Gender
- Language
- Religion

12. Please elaborate on your answers above or take the opportunity to say anything else about how patient-related factors impacts the maternity care relationship.

13. Has COVID-19 impacted maternity care in any of the following ways:

- Your volume of maternity care
- The way you provide/deliver prenatal care
- The way you provide obstetric deliveries
- The way you provide/deliver postpartum care
- The experiences of your patients

14. Please elaborate on your answers above or take the opportunity to say anything else about how COVID-19 has impacted maternity care.

15. In the last 5 years, have you done formal CME specific to maternity care?

16. Did you attend the AAFP Family Centered Maternity Care (FCMC) 2020 virtual conference? (Select yes even if you only attended a small portion)

17. What suggestions do you have for family physicians hoping to continue to include maternity care in their practice over their career?

18. What is your total FTE? (0 - 1)

19. Which of these professional leadership roles have you held in the last 5 years? (Select all that apply).

- Academic leadership role (e.g. Clerkship Director, Department Chair, Residency Program Director, Associate Program Director, Clinical Competency Committee Chair, Fellowship Director)
- Clinical leadership role (e.g. Medical Director, hospital leadership role)

- Other professional leadership role (e.g. Chair of national, regional, or state level committee or group, leader in chapter of a professional organization)
 - None of the above
20. Did you complete a fellowship in any of the following? (Select all that apply).
- Obstetrics/Maternity Care (non-surgical)
 - Obstetrics/Maternity Care (surgical)
 - Women's Health
 - Reproductive Health
 - I did not complete a fellowship
 - Other (please specify)
21. Please indicate how often you agree with the following statement:
- I feel burned out from my work
 - I have become more callous toward people since I took this job
22. Describe how including maternity care in your practice impacts/impacted your feelings of wellbeing or burnout.
23. Are you married or in a committed relationship?
24. Is your partner employed?
25. Do you have children living in your household full or part time?
26. How many children live in your household full or part time?
27. What are the ages of the children who live in your household full or part time?
28. What gender do you identify as?
29. Please estimate how many hours per week, on average, you spend on each of these activities:
- Job-related work done outside of FTE time
 - Professional service work (board positions, etc.)
 - Volunteer activities (e.g. with community or religious organizations)
 - Child-related activities (caregiving, schooling, sports, etc.)
 - Domestic duties (household chores, budget, logistics, etc.)
 - Other unpaid caregiving duties aside from caring for a child under the age of 18
30. Would you be willing to participate in a telephone interview about your experiences providing maternity care over the course of your career?

*Not included here: additional demographics and other scope of practice related questions were taken from responses from the American Board of Family Medicine's (ABFM) Continuing Certification Exam Registration Questionnaire (2013-2019)