# Reproductive Health in Rheumatology Practice

Please note that your responses to the below questions are anonymous and confidential and completion of this survey is optional. We very much appreciate your help completing this survey prior to Rheumatology Grand Rounds on March 6th at 8AM. We hope you will join us for the presentation in the 3rd floor conference room of BTM. We will discuss issues related to the below questions and greatly welcome your participation and input.

## 1. For how many years have you been in post-residency clinical practice?

- [ ] 0-5
- [ ] 6-10
- [ ] 11-20
- [ ] ≥ 21

## 2. What is your age?

- [ ] ≤ 35
- [ ] 36-45
- [ ] 46-55
- [ ] ≥ 56
- [ ] Prefer not to answer

## 3. What is your race?

- [ ] Asian
- [ ] Black/African-American
- [ ] Native American or Pacific Islander
- [ ] White
- [ ] Multiracial
- [ ] Other
- [ ] Prefer not to answer

## 4. Do you identify as Latino/Hispanic?

- [ ] Yes
- [ ] No
- [ ] Prefer not to answer

## 5. What is your gender?

- [ ] Male
- [ ] Female
- [ ] Other

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These questions will ask about female patients in your Brigham affiliated Rheumatology practice. "Female patients" refers to patients who are assigned female at birth and identify as female currently.

## 6. Approximately what percentage of your rheumatology patient population are females ages 18-49?

- [ ] ≤ 25%
- [ ] 26-50%
- [ ] 51-75%
- [ ] ≥ 76%

## 7. In your practice, how often do you discuss contraception with your female patients ages 18-49?

- [ ] Very often
- [ ] Somewhat often
- [ ] Occasionally
- [ ] Not very often
- [ ] Never

## 8. In your practice, how often do you discuss pregnancy planning, including steps needed to prepare for pregnancy (for example adjustments to medication regimen, ceasing alcohol consumption, optimizing disease status) with your female patients ages 18-49?

- [ ] Very often
- [ ] Somewhat often
- [ ] Occasionally
- [ ] Not very often
- [ ] Never
9. If you see female patients ages 18-49 who you feel would benefit from a teratogenic medication for their rheumatic disease, how often do you do the following:

| Activity                                                                 | Never | Not very often | Occasionally | Somewhat often | Very often |
|--------------------------------------------------------------------------|-------|----------------|--------------|----------------|------------|
| Discuss risks of the medication in pregnancy                            |       |                |              |                |            |
| Utilize existing educational materials (for example the mycophenolate Risk Evaluation and Mitigation Strategy (REMS)) to educate patient |       |                |              |                |            |
| Discuss contraception generally                                          |       |                |              |                |            |
| Discuss specific contraceptive methods                                   |       |                |              |                |            |
| Prescribe contraception (e.g. oral contraceptive pills)                 |       |                |              |                |            |
| Administer contraception directly in your clinic (e.g. provide Depo-Provera shot) |       |                |              |                |            |
| Refer to another provider for contraceptive counseling                   |       |                |              |                |            |
| Refer to another provider for a specific contraceptive method (e.g. intrauterine device insertion) |       |                |              |                |            |

10a. You decide that methotrexate is the best treatment option for your female 25 year-old patient with rheumatoid arthritis. The patient has had undesirable side effects from hormonal birth control in the past, feels uncomfortable with the idea of a non-hormonal intrauterine device, and strongly prefers to use only barrier contraceptive methods (i.e. condoms). As her physician, what would you do?

- Counsel the patient on the need for consistent use of barrier methods, and prescribe MTX
- Counsel the patient on the need for consistent use of barrier methods, prescribe MTX, and refer to gynecology to discuss more effective contraceptive options
- Advise that you cannot prescribe MTX unless she uses a more effective birth control method, prescribe another interim RA medication, and schedule a follow-up appointment with you to re-assess her decision
- Advise that you cannot prescribe MTX unless she uses a more effective birth control method, prescribe another interim RA medication, and refer her to gynecology to discuss more effective options
- Other

Other (As her physician what would you do?)

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### 10b. In the above scenario, how influential were the following factors in your decision-making

| Factor                                                                 | Not at all influential | Slightly influential | Somewhat influential | Very influential | Extremely influential |
|-----------------------------------------------------------------------|------------------------|----------------------|----------------------|------------------|-----------------------|
| Patient’s autonomy                                                    |                        |                      |                      |                  |                       |
| Optimal management of patient’s rheumatic disease                     |                        |                      |                      |                  |                       |
| Potential risk to a fetus                                            |                        |                      |                      |                  |                       |
| Concern for harm to patient related to miscarriage or fetal anomalies|                        |                      |                      |                  |                       |
| Provider legal/malpractice risk                                       |                        |                      |                      |                  |                       |

10c. Other (influential factors in your decision-making)

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11. How comfortable or uncomfortable do you consider yourself in assessing your patients' reproductive goals (e.g. desire to achieve or avoid pregnancy)?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all
- Not sure

12. How comfortable or uncomfortable do you consider yourself in counseling patients about contraceptive options?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all
- Not sure

13. Which of the following are barriers to counseling about reproductive goals and/or contraception in your own practice? (Check any that apply)

- Not enough time for counseling
- Sensitivity of the issue
- Feeling that the topic is outside my scope of practice
- I have limited knowledge about contraceptive options
- I have moral or religious objections to contraception
- I have limited knowledge about medication effects in pregnancy
- I have limited knowledge about disease activity in pregnancy
- There are inadequate guidelines for prescribing potentially teratogenic medications and managing pregnancy risks
- Challenges in referring patients for effective contraception/not knowing where to refer
- Patients’ limited knowledge about risks of their disease and/or medications in pregnancy
- Patients’ limited knowledge about contraception or belief in myths about contraception
- Cultural barriers and/or communication issues with patients
- Other:

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Other (barriers)