

**PRE - Conference Survey for OB/Prenatal Providers**

1. Do you provide prenatal care?

YES

NO (**Stop here**)

2. Do you currently recommend that pregnant women receive Tdap vaccine during pregnancy or immediately post-partum?

YES

NO (**Skip to Question 7 [Q7]**)

3. When do you recommend Tdap? (select all that apply)

During the first trimester

During the second trimester

During the third trimester

Post-partum

4. How often do you recommend Tdap vaccination to pregnant women in your care (during pregnancy NOT post-partum)?

Always

Usually

About half the time

Seldom

Never

5. If you did NOT select “usually” or “always” above, why not? \_\_\_\_\_

\_\_\_\_\_

6. Do you stock Tdap vaccine in your practice?

**YES**

↳ 6a. Are you able to provide prenatal Tdap to ALL of your patients?

Yes. (**Skip to Q7**)

No. Why not? \_\_\_\_\_

\_\_\_\_\_

Continued "Do you stock Tdap vaccine in your practice?"

**NO**

↳ 6b. Where do you refer pregnant women to receive Tdap vaccine (select all that apply):

Pharmacy: specify which one(s): \_\_\_\_\_

Primary care physician

Public health

Other (please specify): \_\_\_\_\_

I recommend Tdap, but do NOT refer my patients to any specific place or provider

↳ 6c. Does the place you refer to differ for privately insured vs. Medi-Cal insured women?

YES. Please explain: \_\_\_\_\_

NO

↳ 6d. If you refer pregnant patients offsite for Tdap, how often do you follow up to confirm that your pregnant patients received Tdap?

Always

Usually

About half the time

Seldom

Never

↳ 6e. How do you follow up on receipt of Tdap during pregnancy? \_\_\_\_\_

\_\_\_\_\_

7. Other than Tdap, which vaccines, if any, do you provide in your practice? (select all that apply):

No vaccines

HPV vaccine

Influenza vaccine

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

**POST - Conference Survey for OB/Prenatal Providers**

**Following this conference:**

1. How often do you plan to recommend Tdap vaccination to pregnant women in your care (during pregnancy NOT post-partum)?
  - Always
  - Usually
  - About half the time
  - Seldom
  - Never
  
2. How will your practice routinize recommendation for prenatal Tdap? (select all that apply)
  - EHR prompts
  - Include health education materials into prenatal packets
  - Begin discussing prenatal Tdap early in the pregnancy
  - Obtain patient consent for prenatal Tdap early in the pregnancy
  - Prenatal Care Checklists (e.g., ACOG's antepartum record)
  - Other: \_\_\_\_\_
  
3. Are you more likely to stock Tdap in your office now? (select the best answer)
  - YES. I am more likely to stock Tdap now.
  -  Would you be interested in a CDPH "starter kit"?  Yes  No  
*If Yes, please sign up with Linda Scott at the HCA display table*
  - NO. I already stocked Tdap prior to the presentation **(Skip to Q5)**
  - NO. I am not more likely to stock Tdap now. These are the barriers to stocking Tdap in my practice: \_\_\_\_\_
  
4. If you do NOT stock Tdap in your office and are NOT planning to start after attending this conference, are you more likely to refer pregnant women to a specific pharmacy or clinic for Tdap? (select the best answer)
  - N/A. I stock/will stock Tdap in my office so will not be referring out for Tdap. **(Skip to Q5)**
  - YES. I am more likely to refer pregnant women to a specific pharmacy or clinic for Tdap
  - NO. I am just as likely to refer pregnant women to a specific pharmacy or clinic for Tdap as I was before attending the conference.

Continued Q4 on referrals for Tdap

↳ 4a. If you anticipate any challenges with referrals offsite to a pharmacy, please list them here: \_\_\_\_\_

↳ 4b. If you refer pregnant patients offsite for Tdap, how often do you plan to follow-up to confirm that your pregnant patients received Tdap?

- Always
- Usually
- About half the time
- Seldom
- Never

↳ 4c. How will your practice routinize offsite referral for prenatal Tdap? (select all that apply)

- Use RX pads
- Submit e-RX for Tdap
- Other: \_\_\_\_\_  
\_\_\_\_\_

↳ 4d. How will you follow up to ensure that your patient received Tdap vaccine after referral offsite?

- Will ask patient in subsequent prenatal care visits
- Pharmacy notification
- Other: \_\_\_\_\_  
\_\_\_\_\_

5. Please let us know of any support we can offer to help you ensure appropriate prenatal immunization. \_\_\_\_\_  
\_\_\_\_\_

Thank You!