NYSPQC Obstetrical Prenatal Education Project
OB Prenatal Education Current Practices Survey

The New York State Perinatal Quality Collaborative (NYSPQC) is conducting a survey to assess current practices related to patient education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation.

Your response to this survey is important as it will allow us to evaluate statewide practices. Please answer the questions based on your own facility and the affiliated prenatal care clinic(s) you have chosen to work with on this project. Please coordinate with the staff in your facility to complete the survey. Only one survey per hospital team should be submitted. It will take 10 minutes or less to enter your answers.

Please note, this survey cannot be saved and you will be required to start the survey over if you fail to complete all the questions in one sitting. We suggest that you download the paper copy of the survey and collect your responses prior to entering them into Survey Monkey. The paper copy of the survey can be downloaded here. If you are unable to submit the survey electronically, please submit by fax to (518) 474-1420 to the attention of Amanda Roy.

We would like to receive your completed survey by Friday, May 30. If you need help or have questions related to this survey, please contact Amanda Roy at (518) 473-9883.

Thank you for taking the time to complete this survey.
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Please answer the questions based on your own facility and the associated prenatal care clinic(s) you have chosen to work with on this project.

1. Hospital name __________________________
   Contact name __________________________
   E-mail _________________________________

2. Does your facility collect preferred language information on maternity patients?
   a. Yes
   b. No

3. Does your facility provide medical interpreters for maternity patients who indicate English is not their preferred language?
   a. Yes, in person
   b. Yes, by phone/video
   c. Yes, either in person or by phone/video
   d. Not always (please describe ________________________________)

4. Does your hospital’s Labor and Delivery (L & D) Unit use electronic medical records (EMR)?
   a. Yes
   b. No

5. Does your hospital’s affiliated prenatal care clinic(s) use electronic medical records (EMR)?
   a. Yes
   b. No (skip to #7)
   c. Do not know (skip to #7)

6. Do your hospital’s L & D Unit and affiliated prenatal care clinic(s) use the same EMR system? (If answered yes to 4 & 5)
   a. Yes, all use the same EMR
   b. Yes, some use the same EMR
   c. No, none use the same EMR
   d. Do not know

7. Does OB/MFM staff working in your facility or affiliated prenatal care clinic(s) educate pregnant women on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation?
   a. Yes, during prenatal care visits only
   b. Yes, at the time of early delivery only
   c. Yes, during prenatal care visits AND at the time of early delivery
   d. Yes, during prenatal care visits OR at the time of early delivery
   e. Do not know (skip to #16)
   f. No (skip to #16)
8. Is the education regarding scheduled delivery that is provided for high risk women who are medically indicated for early delivery different than the education provided for women with healthier pregnancies?
   a. Yes
   b. No

9. Estimate how many of your patients from your affiliated prenatal care clinic(s) are currently receiving prenatal education about the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation? (Patient verbally reported or documented)
   a. 1-25%
   b. >25-50%
   c. >50-75%
   d. >75-100%
   e. Do not know

10. Do providers document in the medical record that patients received education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation?
    a. Yes, all document
    b. Yes, some document
    c. No (skip to #16)
    d. Do not know (skip to #16)

11. If providers document in the medical record(s) that patients received education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation, where do they document it? (Select all that apply)
    a. Electronic medical record
    b. Paper medical record
    c. Other (Specify) __________________________

12. In which part(s) of the medical record(s) do providers document that this patient education occurred? (Select all that apply)
    a. Consent form
    b. Induction sheet
    c. Scheduling form
    d. Clinic/visit note
    e. Admission history & physical
    f. Other (Specify) __________________________

13. How often are you receiving documentation from your affiliated prenatal care clinic(s) that the patient received prenatal education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation?
    a. 1-25%
    b. >25-50%
    c. >50-75%
    d. >75-100%
    e. Do not know
14. For purposes of documentation of patient education, is your facility using a standard written statement for patients to sign upon receiving education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation? (This could be a stand-alone document or part of another form)
   a. Yes
   b. No (skip to #16)

15. What language(s) has this standard written statement been translated into? (Select all that apply)
   a. English
   b. Spanish
   c. Chinese
   d. Russian
   e. Italian
   f. Korean
   g. Haitian Creole
   h. Other (Specify) ___________________________________________________

16. What do you think is the biggest barrier to providing and documenting prenatal education about the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation?

Completion screen:
Thank you for completing this survey of the NYSPQC Obstetrical Prenatal Education Project. We appreciate your time and will use your answers to inform the work of the project. Questions and comments related to this survey can be directed to the NYSPQC Project Mailbox (NYSPQC@health.state.ny.us).