APPENDIX A

Provider Survey:

Use of Misoprostol for Induction of Labor of a Live, Singleton, Term Fetus

This survey is a resident research project undertaken to examine the preferences and routine practices of Obstetrics/Gynecology (OB/GYN) providers regarding the use of misoprostol (Cytotec) as an induction agent for a live, singleton, term fetus. The survey is voluntary and anonymous. It is open to all providers (i.e., CNM, PA, MD, DO) who participate in induction of labor. If you have questions or concerns, please contact the resident conducting the survey, Rachel Towns at rtowns@iupui.edu. We will keep the information that you provide confidential to the extent allowed by law. You will not be asked to provide any information that will identify you. Any presentations and publications that use these data will only present the data in aggregated form. Completing and submitting the survey implies consent to use the responses. Thank you for your participation.

Please answer the following questions with respect to the use of misoprostol for term induction of labor of a live, singleton fetus.

You can also log into the URL to complete online version (please complete only one version): http://j.mp/1gwnQtD

1. As part of your normal practice, do you use misoprostol for induction of labor of a live fetus? _____ YES ______ NO

2. If you don’t use misoprostol, why not?
a. It is not available where I practice.

b. I do not believe it works as well as other agents.

c. It is not FDA approved for induction of labor.

d. Other (briefly explain):

______________________________________________

3. If you answered “Yes” to question 1, what is your preferred route of administration?

   a. Oral
   b. Buccal
   c. Sublingual
   d. Vaginal
   e. Rectal

4. Do you routinely calculate the patient’s Bishop score prior to starting an induction of labor? _______ YES _______ NO

5. If “Yes” to question 4, for a typical patient, at what score would you choose to start oxytocin rather than a cervical ripening agent? _______

6. What is your usual starting dose of misoprostol for induction of labor for a term, live fetus? ________µg

7. For subsequent doses, do you increase the dose?

   a. Yes, routinely
b. Yes, if no response to initial dose

c. No, not routinely

d. No, never

8. If “Yes” to question 7, you would increase the next dose of misoprostol to ____________ µg.

9. For any single dose in a routine *induction of labor*, what is the maximum amount of misoprostol you feel comfortable giving? ________µg

10. For a typical patient, what is your dosing frequency (in hours)? ________

11. For a typical patient, how many TOTAL DOSES of misoprostol do you feel comfortable administering? If you do not have a maximum, please write “0.” ________

12. What is the total CUMULATIVE dose of misoprostol that you feel comfortable administering? If you do not have a maximum, please write “0.” ________

13. If you administer misoprostol buccally, how do you instruct the patient to take the medication?

   a. I do not give specific instructions
b. I ask them to KEEP it in their cheek until completely dissolved

c. I ask them to MOVE it around in their cheek

d. I ask them to SWALLOW the remaining tablet if not dissolved

e. I ask them to REMOVE the remaining tablet if not dissolved

f. I do not use buccal misoprostol

g. Other (briefly explain):

_______________________________________________________________

14. From your personal experience, which of the following best describes the effectiveness of the SAME dose of misoprostol administered vaginally or buccally?
   a. The buccal route is MORE effective than vaginal route
   b. The buccal route is EQUALLY effective as vaginal route
   c. The buccal route is LESS effective than vaginal route
   d. I am not aware of any studies comparing effectiveness of vaginal versus buccal misoprostol.

15. Currently, what USPSTF level of evidence exists regarding the use of buccal misoprostol for induction of labor at term?
   a. Level I: Properly powered and conducted randomized controlled trial (RCT), well-conducted systematic review or meta-analysis of homogeneous RCTs
   b. Level II-1: Well-designed, controlled trial without randomization
c. Level II-2: Well-designed cohort or case-control analytic study

d. Level II-3: Multiple time series with or without the intervention, dramatic results from uncontrolled experiments

e. Level III: Opinions of respected authorities based on clinical experience, descriptive studies, or case reports; reports of expert committees

f. No published data exist

g. Do not know

16. Do you adjust the dose of misoprostol you prescribe based on the route of administration?

a. No, I give the SAME dose of misoprostol buccally or vaginally

b. Yes, I INCREASE the dose of misoprostol when given buccally compared to the vaginal route

c. Yes, I DECREASE the dose of misoprostol when given buccally compared to the vaginal route

d. I do not use vaginal misoprostol

e. I do not use buccal misoprostol

17. Regarding the use of misoprostol administration via the buccal route for induction of labor of a live, term fetus, recommendations or guidelines from which of the following would lead to a change in your practice? Check all that apply.

a. ACOG bulletins

b. Study data presented at a professional conference
c. Patient request

d. Study results published in a peer-reviewed journal

e. Other (briefly describe):

__________________________________________

f. None of the above

18. If a trial comparing buccal misoprostol to vaginal misoprostol in terms of induction of labor existed, I would be willing to have my patients participate.

   a. Yes
   b. No
   c. Not sure

DEMOGRAPHICS:

19. What is your gender? _____ Female _____ Male

20. What is your age? _____ <30 _____ 31–40 _____ 41–50 _____ 51–60 _____ 61–70 _____ >70

21. What is your practice level?
   a. Mid-level provider (NP, CNM, PA)
   b. Physician (MD, DO)
   c. Other: ____________

22. How long have you been actively practicing?
   a. Still in residency/training program, circle which year you are currently in:
      PGY1    PGY2    PGY3    PGY4
b. In practice < 5 years

c. In practice 5–9 years

d. In practice 10–20 years

e. In practice > 20 years

23. What is/was your residency area?

a. Obstetrics/Gynecology

b. Family practice

c. Advance practice nursing

d. Other: ______________________

24. What is your practice setting?

a. University based/academic practice

b. Solo private practitioner

c. Group private practice

d. VA government-affiliated

e. Resident physician

f. Other: ______________________

25. In which zip code is your primary practice? __________________

APPENDIX B

Nurse Survey

1. What is your practice level?
a. Nurse (RN, BSN)
b. Mid-level provider (NP, CNM, PA)
c. Physician (MD, DO)
d. Other (describe)

2. How long have you been a nurse? Still in training
   a. <1 year
   b. 1–5 years
   c. 6–10 years
   d. >10 years

3. For which hospital do you work? ________________________________

4. Have you ever administered misoprostol for induction of labor buccally?
   Yes _____
   No _____

5. Briefly explain how you instruct the patient to take the buccal misoprostol.
   _____________________________________________________________

6. How did you choose your method of instructing the patient to take buccal misoprostol?
   a. A doctor told me how to administer it.
b. Another nurse told me how to administer it.

c. I read how to administer it.

d. The orders give instructions on how to administer it

e. Other: (briefly explain): ________________________________