



# Perinatal Group B Streptococcal Disease Survey of Prenatal Care Providers

1. Do you currently provide prenatal care in Minnesota?  
 Yes    No

**IF NO**, please stop here and return the questionnaire in the attached envelope

**IF YES**, please complete the remainder of the questionnaire

2. Please categorize your specialty: (✓one)

Family practice/GP       OB/GYN  
 Perinatologist           Nurse-midwife  
 Other, please specify \_\_\_\_\_

3. Please further describe your practice: (✓one)

Private solo practice  
 Private group practice (3 or fewer practitioners)  
 Private group practice (>3 practitioners)  
 HMO/managed care  
 Community health center  
 Hospital outpatient facility  
 Other, specify \_\_\_\_\_

4. How would you describe the location of your practice?

Twin cities metropolitan area  
 Rochester or Duluth area  
 Other, list city: \_\_\_\_\_

5. Approximately how many deliveries did you perform in the past 12 months? \_\_\_\_\_

6. Do you follow any of the published guidelines for the prevention of perinatal GBS disease?  
 Yes     No     Unknown

**IF YES**, which of the following? (✓all that apply)

Centers for Disease Control and Prevention (1996)  
 American College of Obstetricians and Gynecologists (1996)  
 American Academy of Pediatrics (1997)  
 American College of Nurse-Midwives (1997)  
 new - Centers for Disease Control and Prevention (2002)  
 Other, specify \_\_\_\_\_

7. Does your practice currently have a written policy on prevention approaches for perinatal GBS disease?  
 Yes     No     Unknown

**IF NO**, does your practice have a policy (but one that is **not written**) on a prevention approach for perinatal GBS disease?  
 Yes     No     Unknown

8. Which of the following best describes your current GBS prevention practices? (✓one)

**DO NOT HAVE A GBS PREVENTION APPROACH**

**SCREENING-BASED APPROACH** – all pregnant women are screened at 35-37 weeks gestation, except those who would be given intrapartum antimicrobial prophylaxis (IAP) risk factors such as: (✓all that apply)

Previous infant with invasive GBS  
 GBS bacteriuria during current pregnancy  
 Delivery at <37 weeks  
 Other, specify \_\_\_\_\_

**RISK-BASED APPROACH** – pregnant women are not routinely screened but given IAP based on risk factors such as: (✓all that apply)

Previous infant with invasive GBS  
 GBS bacteriuria during current pregnancy  
 Delivery at <37 weeks  
 Rupture of membranes ≥18 hours  
 Intrapartum fever (≥100.4 F)  
 Other, specify \_\_\_\_\_

**OTHER APPROACH**  
Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **If you use a risk-based approach or currently do not have a GBS prevention approach** are you planning to implement the new screening-based approach recently recommended by CDC?  
 Yes     No     Unknown

**IF NO**, why not? (✓all that apply)

Do not have 24-hour access to lab results  
 Many of my patients have inadequate prenatal care (do not have the opportunity to screen them)  
 Concerned about poor reliability of GBS screening results  
 Too expensive to screen all patients  
 Concerned about treating all screen positive patients  
Please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other  
Please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you screen pregnant patients for GBS, please answer questions 10 through 14.**

**If you do not screen for GBS please go to question 17.**

10. From which sites do you routinely collect specimens for GBS screening? (✓ one answer)

- Vagina and rectum
- Vagina only
- Rectum only
- Cervix only
- Cervix and rectum
- Other, please specify \_\_\_\_\_

11. Does the laboratory you use for testing use a selective broth to isolate GBS?

- Yes     No     Unknown

12. Is it normally indicated on the laboratory requisition form that the specimen is being submitted for GBS screening?

- Yes     No     Unknown

13. Who fills out the laboratory requisition form for GBS specimens? (✓all that apply)

- You
- Nursing personnel
- Clerical personnel
- Other, specify \_\_\_\_\_

14. During what range of gestational age do you usually collect specimens?

\_\_\_\_\_ to \_\_\_\_\_ weeks

15. If a patient has a positive culture for GBS, how is this information given to you? (✓all that apply)

- Written report
- Verbal report
- Mailed
- Faxed
- Results in patient's chart
- Results available on hospital computer
- Other, specify \_\_\_\_\_

16. In your experience, how often would a positive GBS result be available to the provider who delivers the infant? (✓one)

- Most of the time
- Some of the time
- Never

17. Which antibiotic do you use most often for IAP to prevent GBS disease?

- Penicillin
- Ampicillin
- Other, specify, \_\_\_\_\_

18. Please estimate the percentage of your patients in 2001 who received IAP for the prevention of GBS disease?

\_\_\_\_\_ %

19. Have any of your patients refused IAP when offered?

- Yes     No     Unknown

If YES, why: \_\_\_\_\_

20. Have any patients who received IAP experienced a bad effect attributable to antibiotics?

- Yes     No     Unknown

If YES, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Have you ever treated a patient (mother or neonate) with invasive GBS disease?

- Yes     No     Unknown

22. Do you have any comments about GBS prevention strategies?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**END OF QUESTIONNAIRE**

Thank you for completing this survey.  
Please return in the enclosed envelope.

If you have any questions please e-mail:  
Craig Morin at [craig.morin@state.mn.us](mailto:craig.morin@state.mn.us) or  
call (612) 676-5414.