

POSTSURVEY
Strategies for Managing Patients with Crohn's in Pregnancy
Project Number: 6143 OS 25

Please answer the questions that follow. *(Please check one box.)*

What is your practice type?

MD/DO

PA/Nurse Practitioner

Pharmacist

RN

Other _____

To what extent do you agree with the following statements? *(Please circle the appropriate number on the scale.)*

1 = Strongly Disagree 2 = Disagree 3 = Somewhat Disagree 4 = Somewhat Agree 5 = Agree 6 = Strongly Agree

If a woman with Crohn's disease is in remission at the time of conception, she has the same overall risk for a disease flare as a woman who is not pregnant.

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Maternal/fetal HLA disparity is a factor in disease activity during pregnancy in women with inflammatory bowel disease.

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Evidence indicates that benefit outweighs risk in using anti-diarrheals, metronidazole, as well as both oral and topical 5-ASA agents for treating IBD during pregnancy.

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

There are data to indicate that women who have had an IPAA have significantly reduced fertility compared to those who have undergone ileorectal anastomosis.

Strongly Disagree 1 2 3 4 5 6 Strongly Agree

Now that you have participated in this activity, how often do you plan to engage in the following practice behavior? (1 = Never; 6 = Always) *(Check box if this decision or authority is outside your usual scope of practice)*

I recommend 1mg folic acid supplementation in the prenatal period and throughout pregnancy for all women taking sulfasalazine.

Never 1 2 3 4 5 6 Always Not within my scope of practice

When a pregnant patient with IBD requires corticosteroid therapy, I use prednisolone in preference to other agents.

Never 1 2 3 4 5 6 Always Not within my scope of practice