

Appendix 1. Study questionnaire

Pre-quiz participant demographics

Where is your practice located?	<input type="checkbox"/> Australia <input type="checkbox"/> Outside of Australia <input type="checkbox"/> I am currently not practising
What is the postcode of your main place of work? (number only)	
Which of the following best describes you?	<input type="checkbox"/> Shared care GP <input type="checkbox"/> GP obstetrician <input type="checkbox"/> GP (non-shared care) <input type="checkbox"/> Registrar <input type="checkbox"/> Medical student <input type="checkbox"/> Other
What is your affiliated institution?	
How long have you been practising as a GP?	<input type="checkbox"/> I am a GP registrar <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5–9 years <input type="checkbox"/> 10–14 years <input type="checkbox"/> ≥15 years
How would you describe your practice location?	<input type="checkbox"/> Metropolitan <input type="checkbox"/> Regional <input type="checkbox"/> Rural <input type="checkbox"/> Remote
What type of practice do you work in?	<input type="checkbox"/> Hospital-based antenatal clinic <input type="checkbox"/> General practice <input type="checkbox"/> Other
Which hospital(s) is/are your local maternity service provider(s)? We are conducting a sub-study based at Mercy Health hospitals in Victoria. For all other participants, please list your local maternity service provider under 'Other'.	<input type="checkbox"/> Mercy Hospital for Women <input type="checkbox"/> Werribee Mercy Hospital <input type="checkbox"/> Other
Have you previously participated in continuing medical education on congenital CMV?	<input type="checkbox"/> Yes, please describe what this was (e.g. a lecture, in-service) <input type="checkbox"/> No
I feel confident giving advice and answering questions about CMV in pregnancy.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree

Please explain reason for response:

Table continued on the next page

Appendix 1. Study questionnaire (cont'd)

I routinely provide CMV information to pregnant women or those planning a pregnancy.

- ☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

Please explain reason for response:

CMV questions pre-quiz, post-quiz and at 8-weeks' follow-up 'Test your knowledge'

Which exposures increase the risk of CMV infection?

- ☐ Exposure to mosquitos
☐ Working with/caring for young children
☐ Consuming unwashed salads
☐ Working in healthcare
☐ Don't know

Congenital CMV infection can cause which of these long-term disabilities? (select all that apply)

- ☐ Epilepsy
☐ Cerebral palsy
☐ Hearing loss
☐ Impaired vision
☐ Don't know

The current RANZCOG statement regarding congenital CMV recommends that:

- ☐ Only those at risk of maternal primary infection (CMV IgG negative) need to be informed about CMV and risk-reduction strategies during pregnancy
☐ All pregnant women and women planning pregnancy need to be informed about CMV and risk-reduction strategies during pregnancy
☐ Women do not need to be informed about CMV routinely as it creates unnecessary anxiety about a rare outcome
☐ Only women at increased risk of CMV exposure, such as childcare workers, need to be informed about CMV and risk-reduction strategies during pregnancy
☐ Don't know

Which of the following strategies are recommended to reduce the risk of maternal CMV infection during pregnancy?

- ☐ Vaccination
☐ Avoiding contact with children's saliva and urine
☐ Wearing a surgical mask on public transport
☐ Not eating soft cheeses or under/uncooked meats
☐ Don't know

When providing your patients with information about congenital CMV you can inform them that:

- ☐ Behaviours that reduce the risk of CMV infection can also reduce the risk of other infections
☐ To be effective, CMV risk-reduction behaviours need to be adhered to 100% of the time
☐ They will need to see a genetic counsellor for more detailed information
☐ You will provide them with more information in the third trimester of pregnancy, when it is more relevant
☐ Don't know

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Appendix 1. Study questionnaire (cont'd)

The majority of pregnant women given information about CMV precautions report that:

- ☐ They were already aware of CMV and CMV precautions
- ☐ Information about CMV precautions should be provided to all pregnant women
- ☐ Information about CMV precautions should not be given to women during pregnancy as it causes unnecessary anxiety
- ☐ Information about CMV precautions should not be given to women during pregnancy as they are too difficult to adopt
- ☐ Don't know

In Australia, what is the current recommendation for serological screening for CMV in pregnancy?

- ☐ Maternal screening is only recommended for women who have had CMV previously
- ☐ Maternal screening is recommended for all multiparous women
- ☐ Maternal screening with CMV IgG alone can be considered for high-risk women
- ☐ Maternal screening is recommended for all women
- ☐ Don't know

What does a positive CMV IgG result in a pregnant woman tell us?

- ☐ She has previously been infected with CMV
- ☐ She cannot acquire a new CMV infection in pregnancy
- ☐ She has a CMV infection that has infected the fetus
- ☐ She has had a recent CMV infection
- ☐ Don't know

When should a pregnant woman be referred to a maternal fetal medicine unit or to a physician with expertise in infections in pregnancy?

- ☐ If she works with young children
- ☐ If she has a positive CMV IgG result at her booking visit
- ☐ If there are fetal ultrasound abnormalities suggestive of CMV infection, such as echogenic bowel or fetal brain calcifications
- ☐ All of the above
- ☐ Don't know

Babies who have asymptomatic congenital CMV at birth:

- ☐ Will always have a normal developmental course
- ☐ Should have their hearing monitored throughout early childhood
- ☐ Will require routine 6-monthly brain MRI
- ☐ Should be offered antiviral treatment throughout early childhood
- ☐ Don't know

Post-quiz follow-up behaviour questions – Test your knowledge^A

I now feel confident giving advice and answering questions about CMV in pregnancy.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Please explain reason for response:

I intend to provide CMV information to pregnant women or those planning a pregnancy.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Please explain reason for response:

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Appendix 1. Study questionnaire (cont'd)

I am aware of CMV education resources available for pregnant women. ☐ Yes
☐ No

If yes, please list here where you can access these and what they are: Text box

8-week follow-up behaviour questions^A

In the last month I have discussed CMV precautions with: ☐ All pregnant patients/patients planning a pregnancy in my care
☐ Almost all pregnant patients/patients planning a pregnancy in my care
☐ About half the pregnant patients/patients planning a pregnancy in my care
☐ Less than 10% of pregnant patients/patients planning a pregnancy in my care
☐ No pregnant patients/patients planning a pregnancy in my care – I do not discuss CMV
☐ Not applicable

I now feel confident giving advice and answering questions about CMV in pregnancy. ☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

Please explain reason for response: Text box

I intend to provide CMV information to pregnant women or those planning a pregnancy. ☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

Please explain reason for response:

I am aware of CMV education resources available for pregnant women. ☐ Yes
☐ No

If yes, please list here where you can access these and what they are:

Correct answers (in green text) are provided to participants once they select their answer.

CMV, cytomegalovirus; GP, general practitioner; IgG, immunoglobulin G; RANZCOG, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
