

**LEAD RISK EVALUATION, TESTING AND MEDICAL MANAGEMENT
FOR PREGNANT WOMEN IN ILLINOIS**

SECTION 1: ABOUT YOUR PRACTICE

1. Do you currently provide care to pregnant women? NO YES

If you marked "NO", thank you for your participation. Please return this survey.
If you marked "YES", PLEASE CONTINUE.

2. Where is your main practice located? What is the zip code of your practice? Zip Code _____
- Urban
- Suburban
- Rural

3. Is your practice located in a high risk area for lead exposure?
 NO YES DON'T KNOW

Please answer the following questions about care of pregnant women:

SECTION 2: LEAD RISK EVALUATION, BLOOD LEAD TESTING, AND REPORTING

4. How familiar are you with the IDPH *Prenatal-risk Evaluation for Lead Exposure* questionnaire for assisting with the determination of lead exposure for a pregnant women?
- Very familiar
- Somewhat familiar
- Not familiar
5. How familiar are you with the IDPH literature on *Preventing and Testing for Childhood Lead Poisoning: A Reference Guide for Physicians and Health Care Providers*?
- Very familiar
- Somewhat familiar
- Not familiar
6. Do you use the *Prenatal-risk Evaluation for Lead Exposure* questionnaire during an initial visit with the pregnant woman?
 Always Sometimes Never Yes, but not at the initial visit

If not, why? _____

7. How do you determine need for blood lead testing?

Using Prenatal-risk Evaluation for Lead Exposure questionnaire completed by the patient

Using Prenatal-risk Evaluation for Lead Exposure questionnaire completed by office staff

Based on patient's zip code

Based on whether the patient is covered by Medicaid

Other (please specify)

8. Do you refer a pregnant woman for venous blood lead testing if there is a determination of lead exposure based on the Prenatal-risk Evaluation for Lead Exposure Questionnaire?

NO

YES

9. What percentage of pregnant women in your care have an EBL of 5 µg/dL or above?

76-100%

51-75%

26-50%

1-25%

None

10. Where blood lead testing is warranted, what barriers to conducting blood lead testing do you encounter?

(Check all that apply)

Lack of reimbursement from public/Medicaid insurance

Lack of reimbursement from private insurance

No time during appointment

Patients is resistant to blood lead testing

We do not do the blood draws in our office

Lack of follow up resources for women who test positive

Other (please specify)

11. How often, if ever, do you find the pregnant woman is resistant to blood lead testing?

All of the time

Some of the time

Most of the time

12. Do you know that all blood lead test results for children and pregnant women must be reported to the Illinois Department of Public Health? If you are aware, which test results are reported to IDPH?

(Check all that apply)

NO

YES

Every test result is reported by the laboratory to the state health department

Some test results are reported by practice to the state health department

Some test results are reported by the laboratory to the state health department

Only those with elevated levels (10µg/dL) are reported to the state health department

None of the lead tested conducted at my practice are reported to the state health department

SECTION 3: MEDICAL MANAGEMENT

13. How comfortable are you with your understanding of medical management recommended for pregnant women with EBL levels 10µg/dL or greater as it relates to...

A. Effects of lead exposure

Very

Somewhat

Not

B. Lead avoidance/sources of lead exposure

Very

Somewhat

Not

C. Nutritional assessment/recommendations

Very

Somewhat

Not

D. Follow-up blood lead testing

Very

Somewhat

Not

E. That women with a blood lead level of 45 µg/dL should be considered high-risk pregnancies

Very

Somewhat

Not

F. Chelation therapy for pregnant women with confirmed EBL's at or greater than 45 µg/dL

Very

Somewhat

Not

G. Transfer of maternal lead to the fetus and infant and need for infant follow up care

Very

Somewhat

Not

H. Breastfeeding guidelines for lactating women with an EBL.

Very

Somewhat

Not

14. Do you know that certain local health departments or the Illinois Department of Public Health staff will **conduct nurse case management follow-up** for pregnant women with elevated blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$?

NO

YES

15. Do you know that certain local health departments or the Illinois Department of Public Health staff will conduct a **home risk assessment** for identifying the presence of lead for pregnant women with elevated blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$?

NO

YES

16. Do you know that certain local health departments or the Illinois Department of Public Health staff will conduct a **home risk assessment** for identifying the presence of lead for pregnant women with elevated blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$?

NO

YES

17. Would you like additional educational materials and/or training to improve your understanding of the Illinois Lead Poisoning Prevention Act as it relates to care of pregnant women for?

Evaluating risk of lead exposure NO YES

Comment: _____

Blood lead testing NO YES

Comment: _____

Reporting blood lead results NO YES

Comment: _____

Nurse Medical management strategies for lead exposed patients NO YES

Comment: _____

Lead's impact on fetal growth and neurodevelopment NO YES

Comment: _____

Referral to IDPH for nurse case management and/or home risk assessment NO YES

Comment: _____

Resources/Educational materials for pregnant women NO YES

Comment: _____

Tenant Rights NO YES

Comment: _____

Occupational risk of lead exposure NO YES

Comment: _____

Nutrition strategies to reduce lead absorption NO YES

Comment: _____

Breast feeding and Infant follow-up care NO YES

Comment: _____

Pica (craving or eating non-food items during pregnancy such as clay, soil, or paint chips) NO YES

Comment: _____

Other needs _____

18. What is your preferred method to receive additional lead poisoning education? (Rate in order of preference)

In person at my office

Online/self-directed

At a conference

Printed materials

Other _____