

## Pre-conception

Please complete the survey below.

Thank you!

### When considering pre-conception counselling in an HPN-dependent patient please select the option which best represents your typical practice:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1) Routine to all women of childbearing age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Reactive (if asked by the patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) You feel this is not part of your clinical role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### When discussing pregnancy with an HPN-dependent patient, do you:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
4) Typically counsel positively about becoming pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Typically counsel negatively against becoming pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Advice is based upon an individualised patient-specific decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Please rank the following in order of importance to inform decisions about becoming pregnant (1=most important, 6=least important):

	1	2	3	4	5	6
7) Underlying disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Patient history of HPN-related complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Nutritional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Psychological complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Pharmacological treatment and risk of fetus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Perception of available fetal medicine or obstetric support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If a patient expresses a wish to conceive, prior to conception, the frequency of outpatient follow up should be:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
13) Increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Decreased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) Stay the same	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16) Altered on an individualised basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) What frequency of outpatient review would you consider to be appropriate for a woman actively trying to conceive?					
		<input type="radio"/> 2 weekly			
		<input type="radio"/> 4 weekly			
		<input type="radio"/> 6 weekly			
		<input type="radio"/> 8 weekly			
		<input type="radio"/> >8 weekly			

**If one of your HPN patients expressed a wish to become pregnant, how would you manage their parenteral support formulation**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
18) No change to the parenteral support prescription is required if the patient's weight is optimal and she is well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) An Individualised approach to parenteral support prescription is required according to the patient's specific clinical factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20) Standard pre-conception adjustments to the to the parenteral support prescription are required for all patients considering pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Prior to conception, in order to optimise and allow for the best outcome of pregnancy, please select the action which best describes your practice:**

	Increase	Decrease	Remain the same	Tailor to the patient's individual nutritional needs
21) Energy requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22) Lipid content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23) Protein content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24) Vitamins/Micronutrients content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25) Please specify any specific changes that you would consider essential prior to conception.				

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26) During the pre-conception phase, which of the following would you feel essential to check in your patient?

- Thyroid function
- Lipid profile
- HbA1C
- Copper
- Iron
- Selenium
- Manganese
- Zinc
- B12
- Folate
- Vitamin A
- Vitamin D
- Vitamin E