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First we'd like to ask a few questions about practices surrounding contraception post-heart transplantation.

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2. Who would typically prescribe contraception for patients in your program?

- Primary care provider
  - Gynecologist
  - Transplant provider
  - Unknown
  - Other
- 

Which provider typically prescribes contraception for patients in your program?

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3. Do you recommend female heart transplant recipients of child bearing age use 2 methods of contraception?

- Yes
  - No
  - Defer to PCP or gynecologist
  - Other
- 

What other recommendations do you provide female heart transplant recipients regarding the use of contraception?

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3a. What forms of contraception would you recommend for female heart transplant recipients?

- Combined estrogen-progestin oral contraception
  - Progestin-only oral contraception
  - Depot medroxyprogesterone acetate
  - Etonogestrel subdermal contraceptive implant
  - Intrauterine device
  - Barrier contraception
  - Defer to another provider
  - Other
- 

What other forms of contraception would you recommend for female heart transplant recipients?

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**These questions ask about your institution's policies regarding pregnancy in heart transplant recipients.**

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4. Has your institution had a heart transplant recipient who was interested in becoming pregnant?

- Yes
- No
- Unknown

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5. Does your institution have an established policy regarding pregnancy post heart transplantation?

- Yes  
 No  
 Unknown
- 

5a. Which of the following best describes your institution's policy on planned pregnancy following heart transplantation?

- Pregnancy should be avoided in all female heart transplant recipients.  
 Pregnancy is feasible in selected female heart transplant recipients.  
 Pregnancy is feasible for all female heart transplant recipients.
- 

5b. How long after transplantation does your institution's policy recommend female heart transplants wait before becoming pregnant?

- six months  
 one year  
 two years  
 No specific timeframe is specified in the policy  
 Other
- 

Please specify how long after transplantation your institution's policy recommends female heart transplants wait before becoming pregnant. Please specify unit of time (months, years, etc).

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5c. Which of the following conditions does your institution's policy consider contraindications to pregnancy in a heart transplant recipient? (select all that apply)

- History of any  $\geq 2R$  rejection  
 History of  $\geq 2R$  rejection within the past year  
 History of any  $3R$  rejection  
 History of  $3R$  rejection in the past year  
 History of AMR  $1h$  or  $1i$  within the past year  
 History of any  $\geq AMR 2$   
 History of  $\geq AMR 2$  in the past year  
 Reduced left ventricular ejection fraction  
 Presence of donor-specific antibodies without evidence of AMR  
 Presence of any cardiac allograft vasculopathy  
 Presence of cardiac allograft vasculopathy  $\geq CAV 2$   
 History of noncompliance within the past year  
 History of peripartum cardiomyopathy pre-transplant  
 No institutional recommendation specified in the policy.  
 Other
- 

Please specify your other institutional policy's contraindications to pregnancy post heart transplantation.

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5d. Please list your institution's typical recommended pre-conception immunosuppression regimen in heart transplant recipients planning pregnancy. Select all that apply.

- Azathioprine
  - Cyclosporine/Tacrolimus
  - Mycophenolate mofetil
  - steroid
  - Sirolimus/Everolimus
  - No specific regimen is specified in the policy
  - Other
- 

Please specify your institution's other typical recommended pre-conception immunosuppression regimen in heart transplant recipients planning pregnancy.

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5e. Please list your institution's typical recommended immunosuppression regimen in pregnant heart transplant recipients. Select all that apply.

- Azathioprine
  - Cyclosporine/Tacrolimus
  - Mycophenolate mofetil
  - steroid
  - Sirolimus/Everolimus
  - No institutional recommendation specified in the policy
  - Other
- 

Please specify your institution's other typical recommended immunosuppression regimen in pregnant heart transplant recipients."

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5f. How often does your institution recommend pregnant heart transplant recipients have an echocardiogram?

- 1 month
  - 2 months
  - 3 months
  - No institutional recommendation specified in the policy
  - Other
- 

How often does your institution recommend pregnant heart transplant recipients have an echocardiogram? Please specify unit of time (weeks, months, years, etc)

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6. How often do providers at your institution provide information regarding pregnancy post transplantation to pediatric heart transplantation recipients or their families prior to transplantation?

- Always
- Often
- Sometimes
- Rarely
- Never
- Unknown

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7. Do providers at your institution typically have patients of childbearing age see a provider for education related to contraception/pregnancy?

- Yes, we have all patients of childbearing age see a specific gynecologist or adolescent physician/group to provide education.
- Yes, we recommend that all patients of childbearing age discuss contraception/pregnancy with a PCP or gynecologist.
- No
- Unknown

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8. Does the adult program that you refer patients to have an established policy regarding pregnancy post heart transplantation?

- Yes
- No
- Unknown

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8a. Which of the following best describes your nearest adult center's policy on planned pregnancy following heart transplantation?

- Pregnancy should be avoided in all female heart transplant recipients.
- Pregnancy is feasible in selected female heart transplant recipients.
- Pregnancy is feasible for all female heart transplant recipients.
- I am not familiar with the adult center's policy.

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**Next we'd like to learn more about your own opinions regarding pregnancy in heart transplant recipients**

9. Which of the following best describes your personal recommendations on planned pregnancy following heart transplantation?

- Pregnancy should be avoided in all female heart transplant recipients.
- Pregnancy is feasible in selected female heart transplant recipients.
- Pregnancy is feasible for all female heart transplant recipients.
- I am undecided on what my personal recommendation is for pregnancy post heart transplantation.
- Prefer not to answer

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9a. How long after transplantation would you recommend female heart transplants wait before becoming pregnant?

- six months
- one year
- two years
- I do not have strong recommendations regarding timing of pregnancy post HT
- other

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How long after transplantation would you recommend female heart transplants wait before becoming pregnant?  
Please specify unit of time (months, years, etc)

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9b. Which of the following conditions below do you consider contraindications to pregnancy in a heart transplant recipient? (select all that apply)

- History of any  $\geq 2R$  rejection
- History of  $\geq 2R$  rejection within the past year
- History of any  $3R$  rejection
- History of  $3R$  rejection in the past year
- History of AMR  $1h$  or  $1i$  within the past year
- History of any  $\geq$  AMR  $2$
- History of  $\geq$ AMR  $2$  in the past year
- Reduced left ventricular ejection fraction
- Presence of donor-specific antibodies without evidence of AMR
- Presence of any cardiac allograft vasculopathy
- Presence of cardiac allograft vasculopathy  $\geq$  CAV  $2$
- History of Noncompliance within the past year
- History of peripartum cardiomyopathy pre-transplant
- Other

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Please specify which other conditions you consider contraindications to pregnancy in a heart transplant recipient?

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10. Do you typically counsel female transplant recipients who are pregnant or planning to become pregnant on the possibility that their partner may be the sole parent, given the projected survival of heart transplant recipients?

- Yes
- No
- Prefer not to answer

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11. Which best describes your opinion regarding breastfeeding in a heart transplant recipient.

- It is safe for the baby and should be allowed.
- It is not safe for the baby and should not be allowed.
- The decision should be deferred to the gynecologist or maternal fetal medicine specialist.
- Prefer not to answer

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12. Do you typically counsel male transplant recipients on the possibility that their partner may be the sole parent if they have children, given the projected survival of heart transplant recipients?

- Yes
- No
- Prefer not to answer

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**Finally, we have just a few more questions about you and your practice.**

13. How many years have you been in practice?

- 1-5 years
- 6-10 years
- 11-20 years
- $>20$  years
- Prefer not to answer

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14. What is your specialty?

- Pediatric Cardiologist
- Adult Congenital Heart Disease Cardiologist
- Surgeon
- Transplant Advanced Practice Provider (NP, PA)
- Nurse or Transplant Coordinator
- Trainee (resident/fellow)
- Other

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Please specify your specialty

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15. What is your gender?

- Female
- Male
- Other
- Prefer not to answer

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16. Are you the transplant medical director?

- Yes
- No
- Prefer not to answer

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17. What country do you practice in?

- United States
- Canada
- Prefer not to answer
- Other

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What country do you practice in?

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17a. Which Organ Procurement and Transplantation Network (OPTN) region do you practice in?

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Eastern Vermont
- Region 2: DC, Delaware, Maryland, New Jersey, Pennsylvania, West Virginia
- Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico
- Region 4: Oklahoma, Texas
- Region 5: Arizona, California, Nevada, New Mexico, Utah
- Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, Washington
- Region 7: Illinois, Minnesota, North Dakota, South Dakota, Wisconsin
- Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, Wyoming
- Region 9: New York, Western Vermont
- Region 10: Indiana, Michigan, Ohio
- Region 11: Kentucky, North Carolina, South Carolina, Tennessee, Virginia
- Prefer not to answer
- Other

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Please specify which OPTN region you practice in

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17b. Which Region 1 center do you practice at?

- Boston Children's Hospital
- Yale New Haven Hospital
- Prefer not to answer
- Other

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Please specify which Region 1 center you practice at.

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17b. Which Region 2 center do you practice at?

- Children's National Medical Center
- Johns Hopkins Hospital
- Children's Hospital of Philadelphia
- UPMC Children's Hospital of Pittsburgh
- Alfred I DuPont Hospital for Children
- Prefer not to answer
- Other

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Please specify which Region 2 center you practice at.

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17b. Which Region 3 center do you practice at?

- Children's of Alabama
- Little Rock
- UF Health Shands Hospital
- Memorial Regional Hospital/Joe DiMaggio Children's Hospital
- Johns Hopkins All Children's Hospital
- Jackson Memorial Hospital University of Miami School of Medicine
- Ochsner Foundation Hospital
- Children's Healthcare of Atlanta at Egleston
- University of Mississippi Medical Center
- Prefer not to answer
- Other

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Please specify which Region 3 center you practice at.

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17b. Which Region 4 center do you practice at?

- Texas Children's Hospital
- Children's Medical Center of Dallas
- Dell Children's Hospital
- Prefer not to answer
- Other

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Please specify which Region 4 center you practice at.

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17b. Which Region 5 center do you practice at?

- Phoenix Children's Hospital
- Lucile Salter Packard Children's Hospital at Stanford
- University of California at Los Angeles Medical Center
- Rady Children's Hospital and Health Center
- Loma Linda University Medical Center
- UCSF Medical Center at Mission Bay
- Children's Hospital Los Angeles
- Primary Children's Hospital
- Prefer not to answer
- Other

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Please specify which Region 5 center you practice at.

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17b. Which Region 6 center do you practice at?

- Seattle Children's Hospital
- Prefer not to answer
- Other

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Please specify which Region 6 center you practice at.

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17b. Which Region 7 center do you practice at?

- Rochester Methodist Hospital (Mayo Clinic)
- Children's Minnesota
- Children's Hospital of Wisconsin
- Ann & Robert H. Lurie Children's Hospital of Chicago
- Prefer not to answer
- Other

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Please specify which Region 7 center you practice at.

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17b. Which Region 8 center do you practice at?

- Children's Hospital Colorado
- University of Iowa Hospitals and Clinics Transplant Programs
- St. Louis Children's Hospital at Washington University Medical Center
- Children's Mercy Hospital
- The Nebraska Medical Center / Children's Hospital and Medical Center
- Prefer not to answer
- Other

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Please specify which Region 8 center you practice at.

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17b. Which Region 9 center do you practice at?

- NY Presbyterian Hospital/Columbia University Medical Center
- Montefiore Medical Center
- Mount Sinai Medical Center
- New York University Medical Center
- Prefer not to answer
- Other

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Please specify which Region 9 center you practice at.

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17b. Which Region 10 center do you practice at?

- Indiana University Health
- University of Michigan Medical Center
- Children's Hospital of Michigan
- Cincinnati Children's Hospital Medical Center
- Nationwide Children's Hospital
- The Cleveland Clinic Foundation
- Prefer not to answer
- Other

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Please specify which Region 10 center you practice at.

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17b. Which Region 11 center do you practice at?

- Norton Children's Hospital
- Carolinas Medical Center
- University of North Carolina Hospitals
- Duke University Hospital
- MUSC Children's Hospital
- Vanderbilt University Medical Center
- Le Bonheur Children's Medical Center
- University of Virginia Health Sciences Center
- Prefer not to answer
- Other

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Please specify which Region 11 center you practice at.

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18. On average, how many pediatric heart transplants does your center perform annually?

- < 5
- 6-10
- 11-15
- 16-20
- >20
- I don't know.

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19. Over the past 5 years, what is the average annual number of heart transplants cared for at your center in women between the ages of 15 and 30?

- 0
- 1-2
- 3-5
- 6-10
- >10
- I don't know.

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20. In the past 5 years, approximately how many heart transplant recipients in your program have become pregnant?

- 0
- 1-2
- 3-5
- 6-10
- >10
- I don't know.

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21. If a transplant recipient 15 years or older were to become pregnant, would you

- Continue their transplant care at your institution
- Recommend transition to an adult transplant program
- Utilize a shared care model with an adult transplant program
- Other

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Please specify what you would do if a transplant recipient 15 years or older were to become pregnant.

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22. Please feel free to leave any additional thoughts or comments here.