**Section I. Detailed Uterine Closure Technique**

1. Uterine incision location:
	1. High lower segment (muscular)
	2. Mid lower segment (fibromuscular)
	3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Uterine incision shape:
	1. Straight
	2. Curved up
	3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Hysterotomy instruments:
	1. Bandage scissors
	2. Knife
	3. C-Safe
	4. Bovie electrocautery
	5. Blunt after a small incision
	6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Uterine incision duration:
	1. ≤ 30 sec
	2. ≤ 1 min
	3. ≤ 2 min
	4. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Clamps for hemostasis and support of uterine margins:
	1. Allis clamps at angles and T clamps at margins of uterine incision
	2. Allis clamps only
	3. T clamps only
	4. None
	5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Identification of the endo-myometrial junction:
	1. Always
	2. Often
	3. Sometimes
	4. Rarely
	5. Never
	6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Location of inner end of T-clamps. Endometrium inclusion:
	1. No
	2. < 5 mm
	3. 5-10 mm
	4. > 10 mm
	5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Location of outer end of T-clamps. Myometrium inclusion:
	1. No
	2. < 5 mm
	3. 5-10 mm
	4. > 10 mm
	5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Needle/suture placement beyond the clamps:
	1. Yes
	2. No
	3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Upward holding of clamps:
	1. Yes
	2. No
	3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Suture material:
	1. #1 Chromic Catgut
	2. #0 Chromic Catgut
	3. #0 Vicryl
	4. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Needle/suture placement for one-layer closure includes:

MYOMETRIUM:

* 1. Entire myometrial thickness
	2. 1/2 thickness
	3. 1/3 thickness
	4. 1/4 thickness

ENDOMETRIUM:

1. at endo-myometrial junction
2. < 5 mm of endometrium
3. 5-10 mm of endometrium
4. > 10 mm of endometrium
5. Needle/suture placement for first layer of two-layer closure includes:

MYOMETRIUM:

* 1. 1/2 myometrial thickness
	2. 1/3 thickness
	3. 1/4 thickness

ENDOMETRIUM:

1. < 5 mm of endometrium
2. 5-10 mm of endometrium
3. > 10 mm of endometrium
4. At endometrial junction
5. Needle/suture placement for second layer of two-layer closure includes:

MYOMETRIUM:

* 1. Remaining myometrium
	2. Remaining myometrium with serosa

 ENDOMETRIUM:

1. Endometrium
2. No Endometrium
3. Needle/suture placement and inclusion of surface myometrium (perimetrium):
	1. < 5 mm
	2. 5-10 mm
	3. > 10 mm
	4. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Needle/suture placement and inclusion of endometrium:
	1. Yes
		1. Location of endometrium after closure:
			1. Inwards toward cavity
			2. Drawn upwards into the myometrium
			3. Visible at incision line
			4. Don’t know
5. Needle placement and no inclusion of endometrium:
	1. No
		1. Location of needle placement:
			1. Near/at endo-myometrial junction
			2. Through myometrium
6. Treatment of the endometrium include:
	1. Intentional omission
	2. No visualization and unplanned result
	3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Average time for uterine closure:
	1. < 1 min
	2. 1-5 min
	3. 5-10 min
	4. 10-20 min
	5. 20-30 min
	6. > 30 min
	7. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section II. Cesarean Section Counseling of Patients**

1. Counseling of patients after cesarean section:
	1. At first post-op visit
	2. At a subsequent visit
	3. After conception of next pregnancy
	4. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Participation of birthing partner during discussion:
	1. Always
	2. Often
	3. Sometimes
	4. Rarely
	5. Never
	6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Possible severe complications discussed:
	1. Uterine Rupture
	2. Placenta Accreta Spectrum
	3. Cesarean scar pregnancy
	4. Postpartum hemorrhage
	5. Hysterectomy
	6. Maternal death
	7. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Timing of discussion:
	1. Before surgery
	2. After surgery
	3. Before next pregnancy
	4. After conception of next pregnancy
	5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III. Practice and Demographic Information**

1. Physician sex:
	1. Male
	2. Female
2. Age of practice:
	1. < 5 years
	2. 5-10 years
	3. 10-15 years
	4. 15-20 years
	5. 20-30 years
	6. 30-40 years
3. Preferred general technique:
	1. Blunt dissection
	2. Sharp dissection
	3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Caseload experience managing severe complications (cases):
	1. Placenta Accreta Spectrum:
		1. 0
		2. 1-5
		3. 5-10
		4. 10-20
	2. Cesarean Scar Pregnancy:
		1. 0
		2. 1-5
		3. 5-10
		4. 10-20
	3. Uterine Rupture:
		1. 0
		2. 1-5
		3. 5-10
		4. 10-20
5. Presentation of each condition:
	1. Placenta Accreta Spectrum:
		1. Newly registered patient
		2. Under your care
	2. Cesarean Scar Pregnancy:
		1. Newly registered patient
		2. Under your care
	3. Uterine Rupture:
		1. Newly registered patient
		2. Under your care
6. Clinical presentation of Uterine Rupture at:
	1. TOLAC
	2. VBAC
	3. No labor
7. Surgical management of Placenta Accreta Spectrum:
	1. Elective delivery
	2. Hysterectomy
	3. Delayed placenta delivery (for later retrieval)
	4. Refer to center of excellence
8. Multidisciplinary team participation:
	1. Highly skilled surgeon/oncologist
	2. Maternal-Fetal Medicine specialist
	3. ICU intensivist
	4. Senior/chief resident
	5. Interventional radiologist
	6. Urologist
	7. Neonatologist
	8. Blood bank supply
9. Placenta Accreta Spectrum management complications:
	1. Blood transfusion
	2. Organ injury
	3. MICU care
	4. Return to OR
	5. Maternal death
	6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Blood transfusion requirement (units):
	1. 0-5
	2. 6-10
	3. 11-20
	4. 21-40
	5. > 40
	6. N/A
11. Organ(s) injury:
	1. Bowel
	2. Bladder
	3. Ureter(s)
	4. Tubes/ ovaries
	5. N/A
12. MICU length of stay (days):
	1. 0-5
	2. 6-10
	3. 11-20
	4. 21-30
	5. >30
	6. N/A
13. Experience with higher-order cesarean section:
	1. 1
	2. 2
	3. 3
	4. 4
	5. 5
	6. 6
	7. 7
	8. 8
	9. 9
	10. 10
	11. >10
14. Recommendation of number of cesarean section for individual safety:
	1. 1
	2. 2
	3. 3
	4. 4
	5. 5
	6. 6
	7. 7
	8. 8
	9. 9
	10. 10
	11. >10
15. General thoughts on technique implications on Placenta Accreta Spectrum:
	1. The risk of Placenta Accreta Spectrum is associated with the number of uterine procedures. Its incidence increases with each additional cesarean delivery and is not surgeon dependent.
	2. The risk of Placenta Accreta Spectrum varies with uterine closure technique and is surgeon dependent.
	3. Other thoughts.