The Impact of Pregnancy/Childbirth and Menopause Experience on Patient Approach Among Obstetrics and Gynecology Specialists – Survey

Dear Participant,
This survey has been prepared to evaluate the possible effects of obstetricians' and gynecologists' own reproductive health experiences (pregnancy, childbirth, peri-menopause, and menopause) on their approach to patients and clinical practice. The main aim of the study is to scientifically investigate whether personal experiences create a meaningful change in empathy, communication style, decision-making processes, and patient management.

The survey takes approximately **5–7 minutes**.
No identifying information, institution name, or personal data is collected.
Your responses will be kept completely confidential and will be used only as aggregated data for scientific analysis.
Your participation will contribute to the development of professional awareness and patient-centered approaches in obstetrics and gynecology.
Participation is entirely voluntary, and you may stop the survey at any time.

Thank you for your scientific contribution.

Indicates a required question.

SECTION A – DEMOGRAPHIC AND PROFESSIONAL INFORMATION

This section has been prepared to identify the basic demographic characteristics and professional profiles of the obstetrics and gynecology specialists participating in the survey. The questions include data such as age, gender, years in practice, type of institution, and clinical patient volume.

This information is necessary for the scientific analysis of survey responses and for evaluating the possible effects of different levels of professional experience on clinical approaches. All responses will be recorded anonymously, and no data that could identify personal identity will be collected.

Please answer each question according to your current situation.

1. Your age?

- 25–34
- 35–44
- 45–54
- 55 and above

2. Your gender?

- Female
- Male

3. Your professional status?

- Specialist
- Subspecialist
- Faculty member
- Resident

4. Years of medical practice?

- 0–5 years
- 6–10 years
- 11–20 years
- 21 years and above

5. Institution where you work?

- State hospital
- Training and Research Hospital
- University Hospital
- Private Hospital
- Private Clinic / Office
- Other

6. Annual number of deliveries?

- <50
- 50–150
- 151–300
- 300

7. Annual number of menopause-related consultations?

- <50
- 50–150
- 151–300
- 300

SECTION B – PERSONAL PREGNANCY / CHILDBIRTH EXPERIENCE

This section has been prepared to evaluate obstetricians' and gynecologists' own experiences related to pregnancy, childbirth, and the postpartum period. The questions aim to determine whether physicians have had personal reproductive experiences and, if so, the characteristics of those experiences. These data are necessary for the correct interpretation of the later questions regarding "change in approach to pregnant patients."

Responses in this section will be used only for scientific analysis and do not serve any purpose of evaluation, classification, or comparison. Personal reproductive health information will be recorded anonymously and without identifiers.

Physicians who have not experienced pregnancy may skip to the next section after the relevant question.

8. Have you ever been pregnant?

- Yes → go to Question 12
- No → go to Question 22

9. Number of births?

- 1
- 2
- 3
- 4+

10. Modes of delivery?

- Vaginal birth
- Cesarean section
- Operative vaginal delivery
- Other

11. What did you experience during pregnancy/postpartum?

- High-risk pregnancy
- Miscarriage / loss
- Preeclampsia
- Traumatic birth
- Postpartum depression
- I had no problems
- Other

SECTION C – CHANGE IN APPROACH TO PREGNANT PATIENTS

(For physicians who have experienced pregnancy only – Questions 12–21)

This section has been prepared to evaluate the possible effects of obstetricians' and gynecologists' own pregnancy and childbirth experiences on empathy, communication style, and clinical approach toward pregnant patients. The questions assess your subjective perceptions of how pregnancy, childbirth, and the postpartum period may have influenced the way you understand patients, your sensitivity, and your way of conveying information.

Physicians who have experienced pregnancy and childbirth should answer Questions 12–21 based on their personal experiences.

Please rate each statement from **1 to 5** according to your own clinical practice.
(1 = Strongly disagree, 5 = Strongly agree)

12. My level of empathy increased after pregnancy.
13. My pregnancy experience helped me understand anxieties better.
14. My language became softer / more supportive.
15. I am more understanding about fear of childbirth.
16. I consider the patient's emotions more when making intervention decisions.

17. I pay more attention to privacy during childbirth.
18. I talk more about the postpartum process.
19. Postpartum follow-up has become more important to me.
20. My personal experience improved my team communication.
21. In general, my approach to pregnant patients has changed.

PHYSICIANS WHO HAVE NOT EXPERIENCED PREGNANCY (22–25)

Note: The following questions are designed to evaluate the perceptions of obstetricians and gynecologists who have not experienced pregnancy or childbirth regarding their own clinical practice.

In this section, you are asked about your opinions on the possible effects of not having personal experience on empathy, communication style, and patient management. These questions aim to better understand your professional perspective and do not serve any purpose of evaluation or comparison.

Please rate each statement from **1 to 5** according to your own clinical practice.

22. Physicians who have experienced pregnancy may be more empathetic.
23. Not having experienced pregnancy may make it harder to imagine some processes.
24. Education and professional experience compensate for this difference.
25. Not having experienced pregnancy does not negatively affect patient satisfaction.

SECTION D – MENOPAUSE / PERIMENOPAUSE EXPERIENCE

This section has been prepared to evaluate obstetricians' and gynecologists' personal experiences during perimenopause and menopause. The questions aim to determine whether this process has been experienced and, if so, which symptoms occurred and which treatments were used.

These data are important for the accurate interpretation of the next section, "change in approach to menopausal patients," and for scientifically analyzing the possible relationship between personal experience and clinical approach.

Responses in this section are collected completely anonymously and are not intended for comparison, classification, or evaluation.

Please mark the options that best fit your current situation.

26. Your menopausal status?

- Not yet → go to Question 34
- Perimenopause → go to Question 28
- Menopause → go to Question 28

27. What have you experienced during menopause?

- Hot flashes
- Sleep disturbance

- Mood changes
- Vaginal dryness
- Osteopenia
- I used HRT
- Other

SECTION E – CHANGE IN APPROACH TO MENOPAUSAL PATIENTS

(For physicians WITH menopause experience – Questions 28–33)

This section aims to assess the subjective evaluations of obstetricians and gynecologists who have personally experienced the perimenopausal or menopausal period regarding how this experience has affected their approach to menopausal patients. The questions cover key dimensions such as empathy level, understanding of symptoms, inquiry into quality of life, patient involvement in treatment, and overall change in approach.

The statements in this section are intended to understand the reflections of personal experience on clinical practice and do not include any comparison, expectation, or judgment. Please rate each statement from **1 to 5** according to your own clinical practice and personal experience.

28. My menopause experience increased my empathy toward menopausal patients.
29. I explain symptoms more realistically.
30. I ask more detailed questions about quality-of-life issues.
31. I bring psychosocial factors into discussion more often.
32. I involve the patient more in treatment decisions.
33. My menopause experience changed my approach.

SECTION F – CHANGE IN APPROACH TO MENOPAUSAL PATIENTS

(For physicians WITHOUT menopause experience – Questions 34–37)

34. Physicians who have experienced menopause may be more empathetic.
35. It may be difficult to internalize some complaints.
36. Scientific knowledge compensates for this difference.
37. Not having experienced menopause does not limit the quality of care.

SECTION G – GENERAL EVALUATION

38. Personal reproductive experiences affect physicians' approach.
39. Even if empathy increases, decision-making should remain evidence-based.
40. Communication and empathy training should be increased.
41. Over time, my approach to pregnant patients has changed.
42. The reason for this change is clinical experience.

SECTION H – OPEN-ENDED QUESTION

43. Please write in 1–2 sentences the area in which you think your own reproductive health experiences (pregnancy/childbirth/menopause) have most influenced your clinical approach.

ADDITIONAL QUESTIONS

44. When communicating with a pregnant patient, what is the one thing you pay most attention to?

45. In your consultations with patients entering menopause, what has your own experience helped you understand better?

46. A highly anxious 32-year-old pregnant woman, in her first pregnancy: How would your personal experience affect your approach to this patient?
Options:

- I would give more explanation
- I would act more empathetically
- My approach would not change
- Other

47. In a 54-year-old patient with severe VMS (vasomotor symptoms): How would your personal experience affect the treatment decision?

- More proactive treatment planning
- More detailed counseling
- More protective attitude
- No effect

48. Please write the 3 areas in which you are more sensitive during pregnancy follow-up.

49. The behavior most influenced by your personal experience in approaching menopausal patients:

50. Rank the following empathy-based clinical behaviors in order of importance (1 = most important):

- Patience
- Explanatory communication
- Emotional support
- Tendency to produce quick solutions
- Non-judgmental approach

51. Rank the clinical areas most influenced by your reproductive experience (1 = most important):

- Pregnancy management
- Childbirth management
- Postpartum counseling
- Perimenopause

- Menopause management

52. Match the following personal experiences with the clinical behavior you think they influence:
Personal experiences:

1. Having experienced pregnancy
2. Childbirth experience
3. Menopause experience
4. Postpartum experience
5. Perimenopause

Clinical behaviors:

- More patient communication
- Non-interventionist approach
- Better symptom empathy
- Confidence in breastfeeding counseling
- Better understanding of VMS

53. Please make the appropriate matching for the following question:
Scenarios:

- First pregnancy follow-up
- Patient with fear of childbirth
- Beginning of menopause
- Severe PMS complaint

Responses:

- Giving more explanation
- Emotional support
- Normalization and reassurance
- Normalization + symptom management

54. "I first understand the patient's anxiety, then explain the clinical plan." According to you, this statement is:

- Empathy behavior
- Communication strategy
- Clinical decision-making style
- Other

55. "I personally understand hot flashes in menopausal patients better." Which category does this belong to?

- Effect of personal experience
- Clinical attitude
- Empathy-based approach
- Other

56. Did your own reproductive health experiences increase your emotional sensitivity in clinical practice?
1 (did not increase at all) – 5 (increased greatly)

57. In which area does your personal experience make you more sensitive?

- In anxious pregnant patients
- In those afraid of labor pain
- In patients with menopausal complaints
- In patients with PMS
- No change

58. Regardless of your personal experience, what is the core principle of an ideal "patient-centered" approach?

59. Do you think there are situations in which your own reproductive health experiences have had too much influence on your clinical decisions? If yes, please explain briefly.