Table 1: Roles in Perivability Counseling			
NICU Theme	**Example quote**	**OB/MFM Theme**	**Example quote**
Informing Shared Decision Making – Content Shared			
Expected Course for Infant	So kind of provide data and provide a picture of what the NICU looks like for a 22 week baby. (N5)	Expected Course of Pregnancy	The critical information has to do with ... what [is] the likelihood of delivery within certain windows of time based on the information we're given. (M15)
Defer Discussions of Termination	I didn't address the termination because that's the MFM's side of things. But it sort of came up … that she didn't have to have the baby resuscitated if the baby came out at 22 weeks … we did talk about that. (N5)	Address Termination	We would always counsel patients about options and … various types of terminations … sometimes a quick procedure that's over immediately can be more cathartic … some people, it can be more cathartic … to have a baby to help them process. (M8)
Defer Discussion on Maternal Outcomes	We learn a lot less, formally, about maternal outcomes. Although you know part of being able to pass the neonatology board exams does have a huge chunk of maternal fetal medicine. (N2)	Focus on Maternal outcomes	Balancing maternal versus fetal health, as part of OB residency, you get concrete didactics about how different disease processes are going to be risks to maternal health. (M8)
Impact Timing of Delivery has on Fetal Outcomes	So I provided information about, these are the, these are the statistics about survival if you're born this week versus next week versus the week after. (N2	Impact of Interventions on Timing of Delivery	And then talking about interventions, which are usually steroids or no steroids, magnesium sulfate or no magnesium sulfate, antibiotics if the patient has broken their bag of water or is ruptured, and then monitoring or no monitoring (M12)
Options for Resuscitation	Just laying out that there's a spectrum of options for families. On one end being comfort care and then the extreme opposite end being, you know, full intervention and full resuscitation. (N4)	Options for Resuscitation	I try to go over what their options are…. I do encourage them before we make any final decisions that they should have conversations with the pediatric staff. And then, you know, I sort of lay out the options. (M6)
Delivery room Course for Newborn	And then I usually just provide information about like this is what would happen in the delivery, there'd be lots of people, this is what we would do. (N2)	Delivery Room Course for Mother	The most important in terms of having future ramifications is probably classical C-section, is that something that they would want? Like talking about what that means in the future. (M13)
Maintain Accurate, Up-to-Date Neonatal Data	We look at our amalgamated group data for the NICU at Mount Sinai every year (N2)	Defer to NICU for Specific Neonatal Data	And in order to get those numbers, if it's a patient that that wants them, I kind of have that discussion with NICU because different NICUs will have different statistics. (M9)
Survival	So I provided information about, these are the, these are the statistics about survival if you're born this week versus next week versus the week after. (N2)	Survival	I mean, I talk more general and they would talk more specific. So we wouldn't be giving different, by different meaning it wouldn't be opposed to each other, but just sort of different spheres. (M11)
NICU course	I tried to give them a picture of what it's like to have a baby in the NICU. I try to tell them a lot of the details are what the NICU's like, so they won't be surprised. Furthermore, I tell them about all the different things that can happen to a baby. (N3)	Managing Maternal Morbidities	I'm best suited to talk about the the maternal side of the case. Does she have preeclampsia? Is she at risk for infection? (M6)
Palliative Care	I did extra reading and coursework and have friends in the palliative care world who I would ask, in this case, what would you do? (N2)	Defer Palliative Care Conversation	As part of the NICU counseling people, they would talk about, what would palliative care mean? I don't know that I've actually ever really had a patient opt for palliative care in residency. (M8)
Long-term outcomes	That they were having a 23 weeker, unexpectedly. And there was concern that the baby was going to need a lot of medical support to survive … so we talked about mortality and then neurodevelopmental morbidity. (N10)	Defer Long-term outcomes conversation	that's really the best for the pediatricians....I think I expect them to go into greater detail about things like, you know, what it means to have long term respiratory complications or to have a child with cerebral palsy or something like that. (M6)

Facilitating Shared Decision-Making – Skills utilized			
Staff Goals and Preparation	I prepare … by reviewing the chart and speaking with the OB team about what conversations that they have had already and what their understanding is for what the patient wants for their baby and what their goals and values are. (N7)	Staff Goals and Preparation	Discussing with NICU … confirming what gestational age or weight they would provide resuscitation, when they would offer comfort care, when they would be present, and just making sure that we were all on the same page. (M9)
Practice good Communication Skills (simple language, using interpreter, non-verbal communication	And then something else that always comes up, especially, here is language barriers. So, before I go in, I always ask the nurse or the care provider who asked me to consult if they know I'm coming and if they speak English. (N5)	Practice good Communication Skills (simple language, using interpreter, non-verbal communication	I try to always keep things fairly simplistic, and I don't … just use medical terms, but I will say what the medical word is. Like I might say like, okay, so we're gonna talk about preeclampsia and that's the high blood pressure of pregnancy. (M14)
Emotional Support	I think (my role is) to just provide support emotionally, mentally, socially and also help with understanding about the entire process. (N7)	Emotional Support	I mean I find this one of the most challenging aspects of my job. I mean my approach is to first start with you know introducing myself. Typically, I'm meeting these patients for the first time and they are not in not a good place, right? (M6)
Elicit Family Goals/ Understanding	So we asked the family what they knew, which was a good starting point. And then we gave them a headline, which is a skill that all of this is like really from vital talk. (N10)	Elicit Family Goals/ Understanding	I think that it's important, critical in these conversations to clarify with people what their goals are in this, right? Meaning is our goal a live baby? Is our goal a live baby without any disability? (M11)
Parent-centered Approach	Some families, data is very helpful to them. Other families, data is less helpful. So I think also gauging what the family wants to hear and what will be helpful to them I try to target the conversation around their initial questions, what their goals are. (N4)	Parent-centered Approach	Taking cues from what the patient wants. I do try to give them as much information, but I think you have to also take from them when sometimes it's too much and it's okay to not talk about everything if the patients aren't ready to hear that. (M14)
Presentation of Options	My goal was to help her understand … options for how to manage the remainder of the pregnancy… with early oligohydramnios, there were concerns for fetal lung development and … expectant management was an option, but her risk of having a preterm birth and the complications that could come with that. (M9)	Presentation of Options	Most critical is making sure she knows what her options are. And then of course, the benefit of having the NICU attending is to kind of really give specifics about outcomes, if the baby were to be born at different gestational ages, and things like that. (M12)
Uncertainty and no Right Answers	And the main thing I tried to do was let her talk and let her sort of reason about herself, because my view was whatever she decided was OK. (N3)	Uncertainty and no Right Answers	We try to be non-directive … providing the patient with information and telling her the pros and cons … making sure she knows that there are some areas of uncertainty. I can't necessarily tell her what to do. And making sure that she knows that whatever she decides, is not a right or wrong answer. (M12)
External Factors that Influence Shared Decision-Making			
Institutional and legal factors	[The law] affects … what the OB's are telling their patients about when you can terminate up until. Many of us, even if we are fervently pro-choice, do have feelings about being in a situation where a family opts to not resuscitate a 24 weeker.(N2)	Institutional and legal factors	I practice in a tertiary care academic center … I know that their baby is gonna be getting the highest level of care available, whereas my counseling might be different if they were gonna be delivering in a community hospital or that wasn't available. (M11)
Patient Characteristics	I think sometimes social situations will bias you. Economic situations. (N4)	Patient Characteristics	Language is obviously difficult. I'm not multilingual, and so it's hard if the patient doesn't speak the language I speak. We'll use translators, which is fine, but clearly not ideal … language is a much bigger issue than culture, in my opinion. (M11)
Obstetrical history & reproductive health	This mom was young … this was her first pregnancy. I did think about … whether or not that should play a role when we were talking about it, because … the MFM was kind of nonchalant about it. She was like, she's 21, this is her first pregnancy … terminate or deliver and she can get pregnant again. (N5)	Obstetrical history & reproductive health	She was a very advanced maternal age, IVF pregnancy … it definitely impacted our counseling because again, like this was her like, it seemed like her one shot. And so I think that also impacted our counseling a little bit. (M9)