Table 3: Handling Interdisciplinary Dynamics

| Subtheme | Neo Example quote | OB/MFM Example quote |
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| **Roles and biases** | | |
| Primary Patient | Obviously, the kid is my primary patient, but I think the conflict between the practitioners is dramatically decreased when we try and maximize outcomes for both patients. (N3) | From our end of things I usually think … about the mom. But it kind of depends on the gestational age. I feel like once we get 25 weeks in my mind it's like we have two patients. 20 and below, it's to me like we have one patient. In that 20 to 25, it's I think it kind of depends. (M8) |
| Stay in our lanes | I think we do need to stick to our own lanes because it's not appropriate for me to say to an obstetrician: I think you should deliver this patient today and I think this is how you should manage their preeclampsia. I mean, it's like based on what? The same way I don't think that an, an MFM or an obstetrician should be saying, well, I don't think you should resuscitate this 24 weeker because they don't do well. Based on what? (N2) | I've always deferred to them as far as the counseling of outcome postnatally, and they don't really get into our area in the sense of what's their likelihood of delivery and mode of delivery and so on. I mean, that's the focus of what MFM counseling should be. Most of our counseling is not going to necessarily center itself around what the outcome and the NICU is because it's just not our area of expertise (M15) |
| Acknowledging Personal biases | I think it's harder to like separate out, you know, this is this is what I think you know and have my bias not not being involved. I think some days, it's easier to separate it. And some days it's harder. (N2) | People are people. If I talked to a neonatologist in probably like Kentucky, Alabama, I bet it'll be a whole different bias than a NICU attending in New York. So it's regional biases, it's individual biases, it's religious biases. I mean, you know, what they might do and they might withdraw life support. But if they're very religious themselves, they might have a problem doing it themselves. (M15) |
| NICU Perception of OB/MFM Roles and Biases | I think I would say they [OB/MFM] tend to be more negative, probably in terms of outcomes, specifically around the peri variable window and specifically around the very low, like 20 to 23 weekers. (N4) | I see this all the time with OBGYNs, hopefully not MFMs, they have very poor assumptions of NICU outcome, much worse than they would be. And a lot of times that has to do with the fact that they're just going by whatever stats there were at the time of their residency training, which is years behind what is current outcome. (M15) |
| NICU Self Perceived Roles and Biases | But they see that as often times as being more blunt or more clear. Whereas sometimes they think the NICU is too positive, which I find very interesting because a lot of the time, I think we are very clear and very blunt, just choose to also keep like the aspect of hope. Yeah. (N7) | I recently learned a statistic that obstetricians tend to be more negative about outcomes than pediatricians, and that really surprised me because I feel like I always worry that we're being overly positive about it. And like pediatricians, they see the reality. And maybe we're painting a rosy picture for patients because we don't have to deal with that reality. (M8) |
| Conflicting Roles | Like this meeting we had, I think the OB was really trying to push for like, the maternal outcome, of future fertility, and like the fact that it's it was a 23 weeker and they should probably like either terminate or just do a vaginal delivery. And for me, like I understand the OB's perspective as a mom, but when you talk to the family, all they | Right. And I think that sometimes that's a fine line, especially when you're pushing it from a maternal side of it. Because I think the pediatricians are very realistic, but of course those are their patients. So they're not gonna say like, oh, you have to terminate. And so I think that that's sometimes where we get into a little bit of disagreement, but again, it's really has to be more like laying out the |

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| | cared about was like having a child, even if there was disability. And so like once they said that, I think because of questions I asked, I think the OB understood, and then there was no disagreement anymore because the family was able to communicate what made sense for them. (N10) | details for the families and letting them make the decision and not our bias or what we think a good outcome is. (M14) |
| Conflicting View of Newborn | I feel like they would just prefer to have their patients not have very premature babies. I think that there's sort of a middle range of prematurity that they might feel more comfortable with. But I think they have a worldview that all premature babies do badly, have lots of problems. And then that very much defines how they talk to a family about what to do next with the pregnancy (N2) | I think that my bias, you know, as someone who is also an abortion provider, right, has a a slightly different view of the pregnancy than a neonatologist who has invested all of their training in saving these periviable pregnancies. And so I think that they have biases that tend to value a newborn differently than I do, a periviable newborn differently than I do. |
| Moral Distress of not Intervening to Benefit to the Newborn | Some people are concerned about doing something that would be harmful, either to a baby or to a mother. And doing it for the not the right reasons … also it could be distressing if the babies potentially can have a really good outcome and the parents don't want to provide resuscitation. (N1) | How much autonomy do you give patients … in making choices that could be quite dangerous for them and their child and life-threatening conditions where people refuse termination in the setting of extreme circumstances with almost no chance for survival, but high chance for maternal illness and disease. (M15) |
| Experience and perceptions | It's helpful to be with someone else who has already established rapport with the patient. And coming in as a team front. My experiences have been positive where MFM just lets us talk because we're talking on our expert side of things and then when parents have questions, we can kind of open it up to each other depending on who's the better person to ask. It's been a positive experience. (N5) | I think it's super helpful for the patients to see two different specialists … together in one room. Trying to help them make decisions and arm them with information. I think it's also helpful for me because I can tell them everything about pregnancy management, but I don't know how these kids do a month into the NICU, two months into the NICU. (M9) |
| Barriers | Finding a time to come together to give counseling is tough. And then finding that time but then not becoming interrupted during that, I think can also be very difficult. So I'd say that that is probably the biggest thing that that gets in the way. (N7) | I certainly have encountered, every once in a while in residency, the idea that if you called NICU about a 20 or 21 week fetus, they would be like, why are you calling me? … but honestly, it's really just the time, both the busy labor floor, busy hospital aspect of it, and also sometimes it's an urgent clinical thing where you don't have enough time with the patient period because things need to happen. (M8) |
| Perceived benefit | I think it can give a more complete and accurate picture to the family and do so comprehensively and uniformly as opposed to something that's piecemeal or potentially conflicting. And so I think it has the potential to help families in that decision making by communicating more effectively. (N1) | I think it helps a lot for the patients to know that people are on the same page with things. I think that it helps them to … sort of channel what they need to focus on and that everybody's working to achieve their goals and that their wishes are really going to be what's most important and not either one team. (M14) |