

Part 1. Demographic and other Characteristics

PLEASE FILL IN OR TICK (✓) THE APPROPRIATE ANSWER

1.1 Gender: [1] Male [2] Female

1.2. Age in years:

1.3. Basic qualification in pharmacy: [1] BSC (Pharm) or B Pharm [2] M Pharm [3] Pharm D

1.4. Do you have any postgraduate qualification(s) in pharmacy? [1] Yes [2] No

1.5. If yes to question (1.4), please tick below all that apply:

[1] Diploma [2] Master [3] Ph.D [4] Others (Please state)

1.6. Number of years you have practiced as pharmacist since initial licensure

1.7. Location of pharmacy: [1] Hawalli [2] Al-Farwaniyah [3] Al-Ahmadi/ Mubarak Al-kabeer

[4] Al-Asima (Capital) [5] Al-Jahra

PART 2: Services provided regarding self-care in pregnancy and lactation

2.1 Do you have information leaflet or brochure to promote health for pregnant and breastfeeding women? [1] Yes [2] No

2.2 If yes to question (2.1), please tick the appropriate options

[1] Make it by myself [2] Drug company [3] Organization (please state).....

[4] Others (please state).....

2.3 Do you have experience in providing services for pregnant women? [1] Yes [2] No

(If no experience, please go to question 2.7)

2.4. If yes to question (2.3), how many pregnant women do receive your services in this pharmacy per week?

2.5. If yes to question (2.3), please rank the three services that you give most frequently for pregnant women. (i.e., first, second, third)

..... Advice about a suitable behavior such as lifestyle, exercise

..... Recommend vitamin and food supplements

..... Dispensing herbal medicine

..... Dispensing medicine

..... Refer to a doctor

..... Others (Please state).....

2.6. If yes to question (2.3), please indicate two symptoms and/or questions that pregnant women most frequently consulted you about in your pharmacy in the past.

1.....

2.....

2.7. Do you have experience in providing services for breastfeeding women? [1] Yes [2] No
(If no experience, please go to PART 3)

2.8. If yes to question (2.7), how many breastfeeding women do receive your services in this pharmacy per week?

2.9. If yes to question (2.7), how do you mostly know that women who receive your services are pregnant or breastfeeding? (Please tick one option)

- [1] Asking by Pharmacist [2] Women tell before get the services
 [3] Others (Please state)

2.10. If yes to question (2.7), please rank the three services that you give most frequently for breastfeeding mothers. (i.e., first, second, third)

-Advice about a suitable behavior such as lifestyle, exercise
-Advice about contraception such as contraceptive pill
-Advice about weight control or lose weight
-Dispensing herbal medicine
-Recommend vitamin and food supplement
-Dispensing medicine
-Refer to doctor
-Others (Please state).....

2.11. If yes to question (2.7), please indicate two symptoms and/or questions that breastfeeding women most frequently consulted you about in your pharmacy in the past.

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PART 3: Recommendations when counseling women on self-care in pregnancy and lactation.

3.1. If pregnant women consult you about their symptoms as listed below. Please tick one recommendation (service) that would be your response for each symptom. If you choose to dispense medicines or vitamin or herbal medicines, please write the name in the table.

| Symptom | Refer to doctor | Provide only advice without dispensing a medicine | Dispense medicines or vitamin or herbal medicines <u>Please write the name</u> |
|--------------------------------------|-----------------|---|--|
| 1. Nausea and vomiting | | | |
| 2. Indigestion (heartburn) | | | |
| 3. Headache | | | |
| 4. Back pain | | | |
| 5. Insomnia (difficulty in sleeping) | | | |

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|--|--|--|--|
| 6. Sore throat | | | |
| 8. Dry cough | | | |
| 9. Productive cough | | | |
| 10. Fever and aches | | | |
| 11. Constipation | | | |
| 12. Diarrhea | | | |
| 13. Hemorrhoids | | | |
| 14. Vaginal itching and simple discharge | | | |
| 15. Varicose vein | | | |
| 16. Swelling feet and legs | | | |

3.2 If breastfeeding women consult you about their symptoms as listed below. Please tick one recommendation (service) that would be your response for each symptom. If you choose to dispense medicines or vitamin or herbal medicines, please write the name in the table.

| Symptom | Refer to doctor | Provide only advice without dispensing a medicine | Dispense medicines or vitamin or herbal medicines <u>Please write the name</u> |
|--|-----------------|---|---|
| 1. Sore or cracked nipple (small ulcerations (cuts) develop on the nipple) | | | |
| 2. Engorgement (painful overfilling of the breasts with milk) | | | |
| 3. Insufficient milk | | | |
| 4. Mastitis (inflammation of a breast) | | | |
| 5. Diarrhea | | | |

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|-----------------------------|--|--|--|
| 6. Constipation | | | |
| 7. Hemorrhoids | | | |
| 8. Headache | | | |
| 9. Sore throat | | | |
| 10. Runny nose | | | |
| 11. Dry cough | | | |
| 12. Productive cough | | | |

PART 4: Views about self-care in pregnancy and lactation

Please tick one option that best describes your own view

| | 1. Strongly disagree | 2. Disagree | 3. Neither disagree or agree | 4. Agree | 5. Strongly agree |
|---|-----------------------------|--------------------|-------------------------------------|-----------------|--------------------------|
| 4.1 Community pharmacists are qualified to provide advice and an over-the-counter (OTC) therapy to treat common and minor symptoms in pregnant women | | | | | |
| 4.2 Community pharmacists are qualified to provide advice and an OTC therapy to treat common and minor symptoms in breastfeeding women | | | | | |
| 4.3 Community pharmacists should recommend OTC therapy and counseling to treat common and minor symptoms in pregnant women | | | | | |
| 4.4 Community pharmacists should recommend OTC therapy and counseling to treat common and minor symptoms in breastfeeding women | | | | | |
| 4.5 OTC medicines are safe for pregnancy. | | | | | |
| 4.6 OTC medicines are safe for breastfeeding. | | | | | |
| 4.7 I am confident about giving advice and counselling to pregnant women | | | | | |
| 4.8 I have sufficient knowledge to solve medication and health problems of pregnant women | | | | | |
| 4.9 I am confident about giving advice and counselling to breastfeeding women | | | | | |

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|---|--|--|--|--|--|
| 4.10 I have sufficient knowledge to solve medication and health problems of breastfeeding women | | | | | |
| 4.11 Pharmacy school provided appropriate training regarding advice and OTC therapy for pregnant women. | | | | | |
| 4.12 Pharmacy school provided appropriate training regarding advice and OTC therapy for breastfeeding women. | | | | | |

4.14 Do a continuing education program regarding this topic would be of value/priority for your practice?

[1] Strongly disagree [2] disagree [3] Neutral [4] Agree [5] strongly agree

4.15 If you agree or strongly agree to participate in continuing education program, what would be the most convenient method of delivering continuing education to you? (Please tick one option)

[1] Attending lectures and workshops/seminars [2] Receiving regular news letters
 [3] Receiving distant learning packages [4] Others (Please state)

4.16 What is /are the most common source(s) of information do you use for responding to symptoms during pregnancy and breastfeeding and /or searching about medicines use in pregnancy and breastfeeding? (You may tick more than one option)

[1] Books [2] Journal articles [3] Handout [4] Website [5] Others (please state).....

Thank you for your time and cooperation in completing this questionnaire.