APPENDIX 5 Barriers and facilitators of using the pharmacist resources and implementing mifepristone for medical abortion in Canada

Category	Theme	Representative quote
Usability of the checklist and resource guide: What are pharmacists' impressions of the usability of the resources in the context of their practice and experience providing medical abortion?	*Understanding intended use*	"I would like the dispensing checklist to be about every time you give out mife[pristone], these are the things that should be [covered]." **(Participant 1, Round 1)**
	Completeness	"I believe [the checklist] is pretty complete, to me, and was very helpful in just kind of guiding that conversation and having me be comfortable and then consequently making patients feel more comfortable as well." **(Participant 8, Round 3)**
	Ease of use	"I like how brief [the checklist] is. It would be reasonable to incorporate it in the practice. It's not pages and pages of information. It covers only what it needs." **(Participant 6, Round 2)**
	Usefulness	"I'm just blown away by how great this is! ...No, I'm telling you exactly how it's a great resource, and I wish I had this a couple of months ago." **(Participant 4, Round 2)**
Pharmacist's role in abortion provision: What is the role of the pharmacist in providing Mifegymiso in relation to other members of the healthcare team?	*Performing a clinical assessment of the prescription*	"I need to make sure that they still want it, they still want the abortion, that their start date is still appropriate in terms of where they are at in terms of the pregnancy. I have to do a few things to figure that out. I have to figure out when was the date of the prescription, which is when they would have seen the doctor, versus when are they are going to start [the treatment]." **(Participant 1, Round 1)**
	Making therapeutic decisions	"Less than 49 days, that is the official Health Canada guidelines at this moment but of course there's data for up to 70 days... [There is] a submission to Health Canada to extend it to, I think, 63 days... There has to be a sort of a clear message because some pharmacists are going to be confused [about the indication]." **(Participant 2, Round 1)**
		"Unfortunately, when my very first prescription [for mifepristone] came in, this product was on back order... [I had to] tell the doctor, 'We can do methotrexate instead.'" **(Participant 6, Round 2)**
	Providing medication counselling	"I need to make sure that the patient understands what they need to do in terms of managing their adverse effects because the way the drug works is you will bleed. What's considered good bleeding versus what's considered bad bleeding? Even when you have the good bleeding, you better walk out of here with all the supportive care and, if you have bad bleeding, [you need to

	know] when you need to call for help and go to help and you [need to] have the means [to get help]." **(Participant 1, Round 1)**
	"I had my patient ask me, "If I do take this, when do I resume my birth control again? Yes, I had an accidental pregnancy. I take this pill. I now want to resume my normal sexual activity. I want to go back to not letting this consume my life, so when do I go back to having regular sex without having to worry about and go back to my birth control and my normal contraception level?" The patient I had that took this pill was on oral contraceptives, and this happened. She told me that she didn't miss anything, not at least that she could recall, so she was just as shocked as everyone else [...] so when to resume birth control and normal sexual activity would be something [to counsel on]." **(Participant 4, Round 2)**
Discussing abortion with patients	"Sometimes in the heat of counselling, you use the words you most commonly hear. Those aren't always the right words, and I think it's a very nice extra step to take, to say 'partner,' 'embryo'... [When] we use the wrong words. We create the wrong image and the wrong perception. It really affects how our patients come out of the process, so having the non-stigmatizing terms [in the guide] is helpful... I'm not super comfortable talking to my patients about [abortion] and I also don't know where they're at, how comfortable they are. They may have chosen to have it done, but they may not be comfortable with the idea. It's nice to have some guiding words to make sure I'm not offending anybody by accident." **(Participant 6, Round 2)**
Providing a pharmacist follow-up	"I think one thing you could add is, because of the nature of the drug, getting a consent to follow up... Some people are very discreet, live with roommates, live with parents, or live with other people or they possible don't always have a cellphone. [My patient] didn't have a cellphone, she just had a landline." **(Participant 4, Round 2)**
Providing supportive care and resources	"I think it would be nice to say, 'Well, Canada-wide, here are three or four resources that should be available to everyone.' …You never know how people are going to handle it or what it's going to look like but definitely having some options for people would be nice." **(Participant 7, Round 2)**
	"From my experience anyway, a lot of the patients are a little bit more vulnerable... That's why I give out this checklist, because I know they're not going to remember half of the stuff I tell them. I circle the most important things, and I tell them, 'When you get home, when you have some time, the parts that I circle are what I consider very important […] Make sure you understand the parts that I circled. Everything else is not so important, but you can read it over if you want'." **(Participant 11, Round 3)**

	Finding innovative methods of supporting patients	"My poor patient calling me. Unfortunately, she didn't speak English. I was e-mailing her and using Google Translate to translate my counselling to her via e-mail... Having these [resources] would have been hugely helpful because I would have taken a picture of [the checklist], Google translated it, and sent it to her, because everything that was happening to her was normal, but it's alarming." **(Participant 6, Round 2)**
		"We've had some patients who were from out of town and there was no pharmacy that was available to dispense it, so we had to ship it to them." **(Participant 12, Round 3)**
Implementation of abortion services in community pharmacy practice: How would a pharmacist use this checklist and accompanying guide in their practice?	*Feeling underprepared to provide medical abortion*	"It seems daunting to me just, overall, when I look at this, and if I was to think that for one drug, I have so many things that I need to do in terms of my checklist before I dispense any of the medication" **(Participant 1, Round 1)**.
		"The first time I dispensed it, I would say I was very unaware. I kind of just physically dispensed the product, read up on the brief monograph that the [manufacturer] had and that was about it. Yes, I think having a guide like this where we know what to tell the patient to expect [...] post taking [the medication]. It is very important because I had no idea." **(Participant 4, Round 2)**
	Using the resources as educational tools	"Having this guide is awesome because now I feel that I can go over it and be like, 'Okay, this is how we do this as a team,' and work with them on it, which is awesome." **(Participant 6, Round 2)**
	Accessing the resources	"We keep the medication [resources] with the medication. When we go to get the medication, we grab the medication [resources]." **(Participant 3, Round 2)**
		"I have one reference guide that's in the drawers in the pharmacist desk, and the checklist, actually, it's with the guide. I have, like, 20 of them to give out." **(Participant 11, Round 3)**
	Designating a pharmacist expert	"The way that I would imagine this would happen, […] one of our pharmacists would become an expert on [providing medical abortion]." **(Participant 9, Round 3)**
	Using the checklist to document counselling	"I don't know if a signature to say that it's all completed is totally necessary [...] but if it was a six-person pharmacy, it might be nice to have it there [...] just to know who did it in case another pharmacist has any questions or anything." **(Participant 3, Round 2)**
		"I would use [the checklist] for documentation purposes as well. I think we would go through the checklist and probably attach it to the hardcopy and then file that away." **(Participant 7, Round 2)**

Scheduling time to provide counselling	"I'm a busy pharmacy with a private office. I'm usually the only pharmacist on staff, so it is difficult to step away." **(Participant 6, Round 2)**
	"If it wasn't quiet and I couldn't go into the office at that time, I would ask them, "Hey, look, I need to sit down and talk to you. This is going to take us around 20 minutes to a half-hour. Can you please come back on [weekday] morning?" [...] If they couldn't come back, I would be happy to find another pharmacy in town that could accommodate them." **(Participant 6, Round 2)**
Using a private space for counselling	"Both patients that I had actually brushed me off and said the doctor went through everything with them... It could be a possibility of because we don't have a private counselling area." **(Participant 10, Round 3)**
Working with prescribers	"We only have one doctor in town that prescribes Mifegymiso, or who is comfortable prescribing Mifegymiso… I think there needs to be a bit more education to the physicians, in my opinion. I think a lot of them are uncomfortable using [Mifegymiso]." **(Participant 11, Round 3)**
	"I've come across a couple [prescriptions] that we've had where the patient is just being given [the medication], no information or checklist has been done with the physician." **(Participant 12, Round 3)**

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