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Knowledge, Attitudes, and Uses of Medications during Pregnancy among Pregnant Women at El-Marj City

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Knowledge, Attitudes, and Uses of Medications during Pregnancy among Pregnant Women at El-Marj City

الملخص :

الأهداف :

هدفت هذه الدراسة إلى تقييم استخدام الأدوية عند النساء الحوامل في مدينة المرج (ليبيا) من خلال قياس الاستخدام والمعرفة والوعي والمعتقدات حول الأدوية.

طرق البحث

كانت هذه دراسة رصدية مقطعية شملت ما مجموعه 66 امرأة حامل يترددن على عيادة أمراض النساء والتوليد في مدينة المرج. تم استخدام استبيان ذاتي الإدارة لجمع بيانات المشاركين.

النتائج والمناقشة:

كان لدى معظم النساء موقف إيجابي تجاه الأدوية بشكل عام لكنهن اعتقدن أنه يجب على النساء الحوامل أن يكونوا أكثر حذراً فيما يتعلق بتعاطي المخدرات أثناء الحمل. كانت النساء الحاصلات على شهادة جامعية 56% ، مقارنة بـ 38% ثانوي و 3% ابتدائي و 3% أميون. 56% من المشاركات هن ربات بيوت. بينما يعمل 33% في قطاع غير متعلق بالصحة ، و 11% في قطاع الرعاية الصحية خصائص أخرى في الدراسة.

الخلاصة:

خلال فترة الحمل ، كانت النساء أكثر تحفظاً وتشككاً تجاه الأدوية.

الكلمات المفتاحية : النساء الحوامل، الادوية ، الاعتقادات، الاستخدام، المعرفة

Abstract :

Objectives

This study aimed to assess medication use in pregnant women in EL-Marj city (Libya) by measuring use, knowledge, awareness, and beliefs about medications.

Methods

This was an observational, cross-sectional study involving a total of 66 pregnant women who attended the Obstetrics and Gynecology Clinic, in EL-Marj city . a self-administered questionnaire was used to collect participant data.

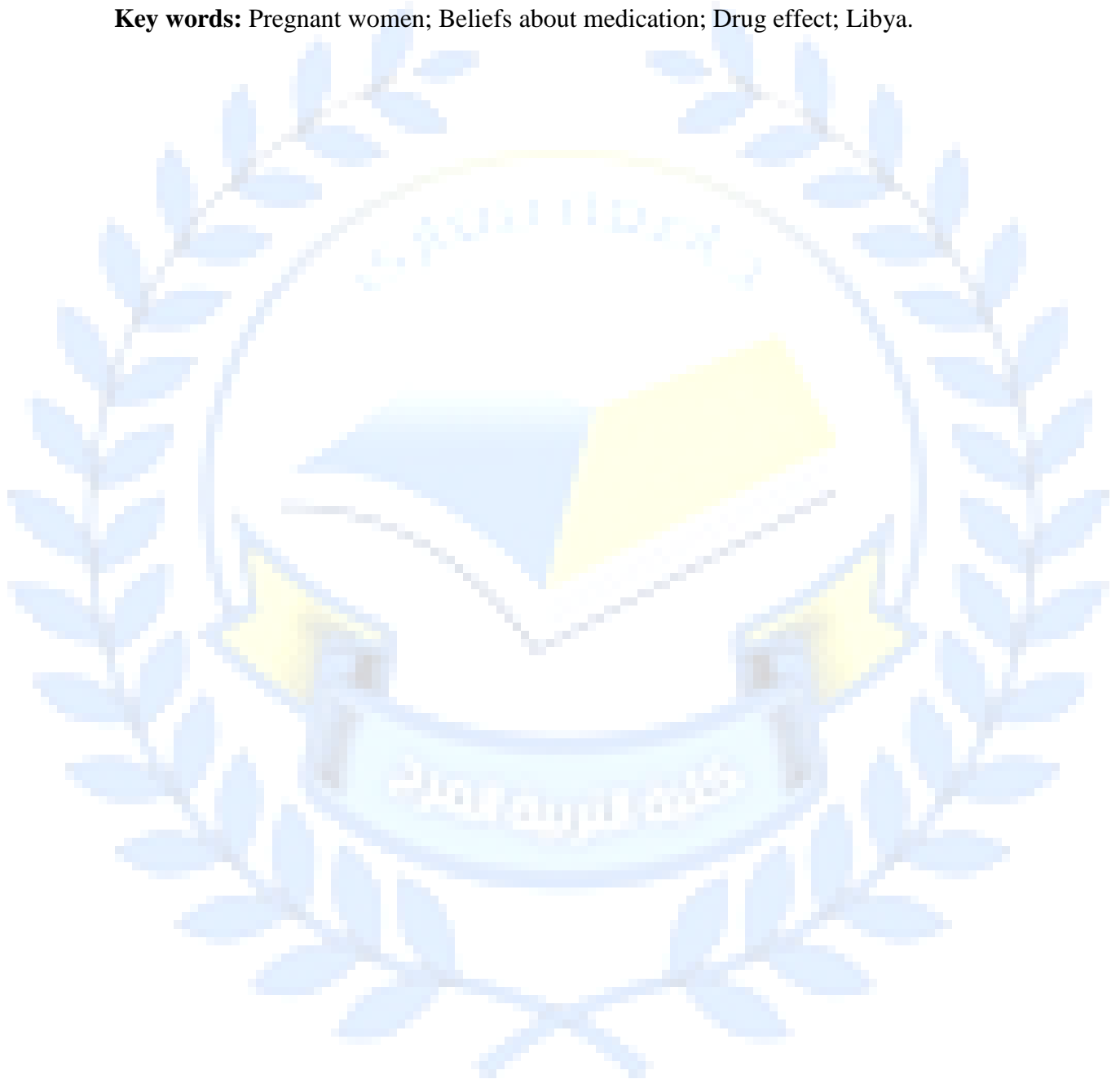
Results and Discussion: Most women had a positive attitude toward medications in general but they believed pregnant women should be more cautious regarding drug use during pregnancy. The women with a university degree were 56 % , compared to 38% secondary and 3% primary, and 3 % illiterate. 56 % of the participants are housewives; while

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33% were employed in a non-health-related sector, 11% in the healthcare sector, and other characters in the study.

Conclusion: During pregnancy, women were more conservative and skeptical toward medication.

Key words: Pregnant women; Beliefs about medication; Drug effect; Libya.



1. Introduction

Drug treatment during pregnancy presents a special concern due to the potential teratogenic effects of some drugs and physiologic adjustments in the mother in response to pregnancy. The use of drugs during pregnancy, therefore, calls for special attention because, in addition to the mother, the health and life of her unborn child is also at risk [1]

The concern about medication use during pregnancy and lactation has been influenced by historical events, including the thalidomide crisis in the 1960s and the teratogenic effects discovered related to the use of diethylstilboestrol in 1971[2].

Hence in 1979, Food and Drug Administration developed a system that determines the teratogenic risk of drugs by considering the quality of data from animal and human studies. FDA classifies various drugs used in pregnancy into five categories, categories A, B, C, D, and X. Category A is considered the safest category, and category X is absolutely contraindicated in pregnancy. This provides therapeutic guidance for the clinician [3].

During pregnancy nausea, vomiting, heartburn, headache, and constipation may be experienced, which requires medical attention [4]. Some pregnant women take medicines for the treatment of common medical comorbidities such as diabetes, asthma, epilepsy, or hypertension which may occur during pregnancy, and be exacerbated with increasing age, leading to continuous or uninterrupted clinical treatment [5]. As a result, complete avoidance of therapeutic medication during pregnancy is not possible [1]. Many studies have demonstrated that the use of medication in pregnant women is prevalent [6].

Several studies have reported that pregnant women in developing countries frequently take medication by themselves due to the lack of knowledge and awareness about medication [7].

It is essential to help healthcare professionals identify the gaps to improve pregnant women's understanding of medication use and safety during pregnancy [8]. Patients' beliefs can also play a major role in deciding whether to take medication or not, especially in the pregnant population. This was demonstrated after the thalidomide era where some women tended to believe that all medications were teratogenic if used during pregnancy. As a result, some women who needed medication chose an elective abortion instead of taking the risk of giving birth to an abnormal infant because of the incorrect perception that their medication was a teratogenic risk [9]. Perceptions regarding the use of medication are very important because some medications might cause harm to the fetus regardless of whether the medications were obtained by a prescription or over-the-counter (OTC) [10]. There is still a

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lack of evidence regarding inappropriate use of medications among pregnant women that might lead to several major complications to the fetus and/or the mother.

Few attempts were made to identify the sociodemographic characteristics of pregnant women correlated with attitudes and beliefs regarding medications [11]. Among these, education, socioeconomic level, age, occupation, lifestyle, common beliefs as well as the severity of illness were reported. A patient's knowledge and capacity to get knowledge are important in the development of beliefs. Although some pregnant women may have sufficient knowledge about high-risk medication in pregnancy, there is a "general fear" from medications [12]. The hesitation in medication use by pregnant women might result in serious consequences which include but are not limited to termination of a wanted pregnancy, reluctance to drug-use for nausea and vomiting, preference of herbal medications, non-compliance to prescriber's medication, and inclination toward OTC drugs and other self-medication methods. Medication use in pregnancy has been studied in different communities. for example, In a study carried out in the Saudi kingdom, Most women had a positive attitude toward medications in general but they believed pregnant women should be more cautious regarding drug use during pregnancy [3]. Norwegian women demonstrated a positive attitude toward medication in general, but a more restrictive one during pregnancy [11]. In Tanzania, most (66.5%) pregnant women reported that they hesitated to take medications without consulting their physicians, and few (31.5%) were aware of certain drugs that are contraindicated during pregnancy [1]. while in Malaysia, Most of the pregnant women (81.4 %) had taken medication during pregnancy and more than half of them (52.8%) showed a poor level of knowledge about medication use during pregnancy. (82.6 %) percent had a poor level of awareness and 56.5% had negative beliefs. Age and education level were significantly associated with the level of knowledge regarding medication use during pregnancy. Multiparous pregnant women and pregnant women from rural areas were observed to have a higher level of awareness compared with those who lived in urban areas, participants primarily obtained information regarding medication use during their pregnancy from their attending physician (35.6%), pharmacist (31.3%), or gynecologist (25.5%) [13].

There is still a lack of evidence regarding inappropriate use of medications among pregnant women that might lead to several major complications to the fetus and/or the mother. Therefore, this research aimed to provide an insight into the level of knowledge, awareness, use, and beliefs regarding medication among the pregnant women population in ELMarj city Liba

As result, such a study is highly warranted since patients are believed to make deliberate decisions regarding their drug-taking, based on their beliefs about the illness and its treatment. The objective of this study was to assess the use, knowledge, risk-awareness, and beliefs about medications of pregnant women n El-Marj city, Libya and to investigate

whether women's beliefs during pregnancy were associated with socio-demographic properties and their personal medication use during pregnancy

2. Methodology

2.1. Study Design

This study was a cross-sectional descriptive study

2.2. Study Place And Time :

This study was conducted in gynecological and obstetric clinics in El-Marj city, Libya. while the time of the study was during approximately a 7-week study period from 14 / 12 / 2019 to 30 / 1 / 2020.

2.3. Sampling

The Sample was 66 pregnant women attending gynecological and obstetric clinics in El-Marj city. The inclusion criterion was women who are currently pregnant. Orally informed consent was obtained before participation in the study.

2.4. Data collection

Data were collected by means of a semi-structured (Appendix I) questionnaire composed of 22 + 15-item developed in the Arabic language. nurses provided aid to illiterate women in explaining and filling the questionnaire. The questionnaire was modified from a previously validated study [3]. Pregnant women were asked to answer 22 questions that assess their sociodemographic characteristics (Q1–7), awareness of risk (Q8–Q12), current medication use (Q13–Q16), and sources of drug information (Q17–Q22). Moreover, their beliefs and attitudes regarding medication use in general (statements M1–M6) and in pregnancy (statements S1–S9) were evaluated to which they should indicate if they agree, disagree, or are uncertain.

2.5. Data analysis

The Beliefs about Medicines Questionnaire (BMQ) statements were trichotomized (agree, disagree, or uncertain). Information arrangement in tables to test for differences in proportions between answers given to each of the 16 statements, the women's sociodemographic background, and use of medication during pregnancy. Microsoft Excel was used to analyze data and generate tables and figures to explain ran association and relationship between several variables and beliefs of pregnant women in this study.

2.6. Ethical approval

The study did not require a review board approval. because this study does not involve any risk to participants and the participant's name is anonymous (no need to write the participant's name). Pregnant women filled a questionnaire about their beliefs regarding medication use in pregnancy. The research is non-controversial.

2.7. Limitations

A limitation of this survey was the prevalence of well-educated women (56 % reported a university degree) which might have influenced the analysis in terms of the participants'

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awareness of medications or at least capability to get knowledge about drugs. However, this agrees with the educational status of women in Libya so it represents the actual situation. Moreover, the study included a high number of multiparous women (characteristic of the Libyan community) who gained knowledge about drug use from multi-pregnancy. These two issues may affect the transferability of our findings on the whole population. In addition to the inability to obtain enough participants for the study. The response rate was quite high where 98% of approached women completed the survey.

3. Results

3.1. Characteristics of the study population

During the 7 weeks of the survey, 66 pregnant women completed the questionnaire. Participants were similar to the population of pregnant women in El-Marj city, Libya with respect to geographic area, age, parity, and maternal status, but higher % of those who had completed university-level education (Table 1). The percentage of women with a university degree who answered the questionnaire was 56 %, compared to 39 % secondary and 6 % primary and illiterate education. There was also a great % for unemployed women, where 56 % of the participants are housewives; while 33 % of the women were employed in a non-health-related sector, 11 % were employed in the healthcare sector. Interestingly, most of the pregnant women participating in the study (76%) were multiparous (with two or more pregnancies) while primiparous women constitute about 24%.

Table 1. Socio-demographic characteristics (n = 66).

Characteristics	Number of pregnant women (%)
Age (year)	
Less than 20	4 (6)
20-24	15 (23)
25-29	22 (33)
30-34	16 (24)
35-39	6 (9)
40-44	2 (3)
45-50	1 (2)
Nationality	
Libyan	64 (97)
Non- Libyan	2 (3)
level of education	
Illiterate	2 (3)
Primary	2 (3)
Secondary	25 (38)
University	37 (56)

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Occupation	
House wife	37 (56)
Health-related career employee	7 (11)
Other employee	22 (33)
Residence	
Rural	24 (36)
Urban	42 (64)
Parity	
First-time pregnancy	16 (24)
1-3 previous children	28 (43)
More than 3 previous children	22 (33)
Previous abnormal children	
Yes	9 (14)
No	57 (86)

3.2. Medication use

About 47% of the pregnant women reported having used medications (either herbal or chemical drugs) during pregnancy (Table 2). The most commonly used drugs were multi-vitamins (58%), aspirin (16%), antacid (13%), antihistamine (7%), nystatin (antifungal) (3%), and medications to treat treatment of gallbladder disorders (3%) (Table 3).

Table 2. Medication use during pregnancy (n = 66).

Did you use now drug during pregnancy ?	Number of pregnant women (%)
Yes	31 (47)
No	35 (53)

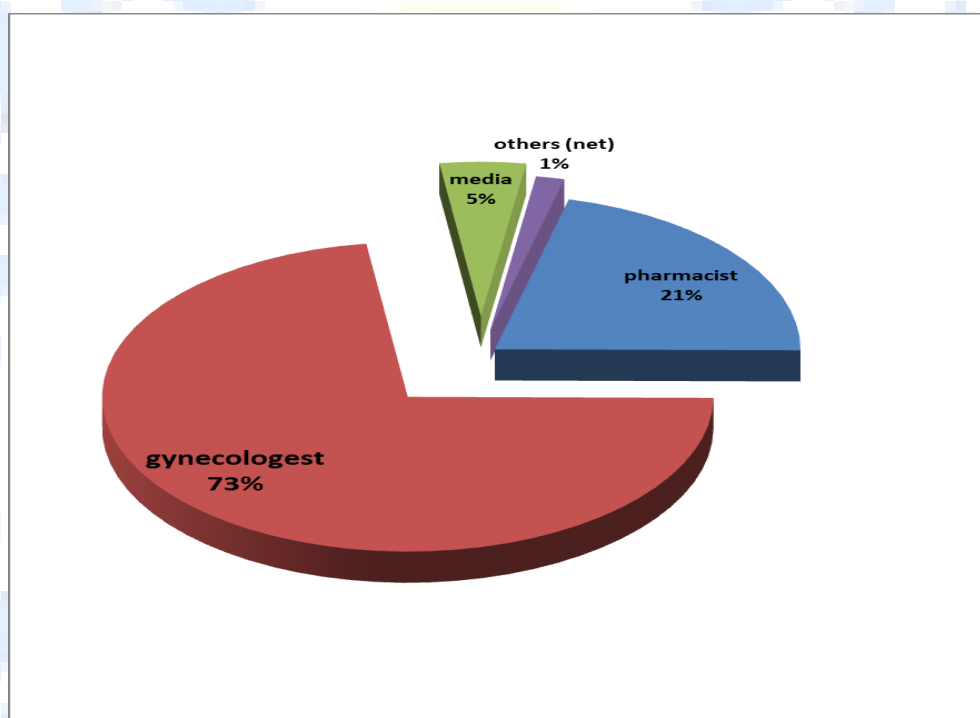
Table 3. Name of medication that is used during pregnancy (n = 31).

Drug	Number of pregnant women (%)
multi vitamins	18 (58)
Nystatin	1 (3)
treatment of gallbladder disorders	1 (3)
Antihistamin	2 (7)
Antacid	4 (13)
Aspirin	5 (16)

3.3. Medication-related information sources

As shown in Fig. 1, the primary information sources of drugs during pregnancy were their gynecologist (73%) then pharmacist (21%). The media, family, and friends as well as the internet collectively contribute by 6 % to expecting women's information about drugs in response to Q17 .

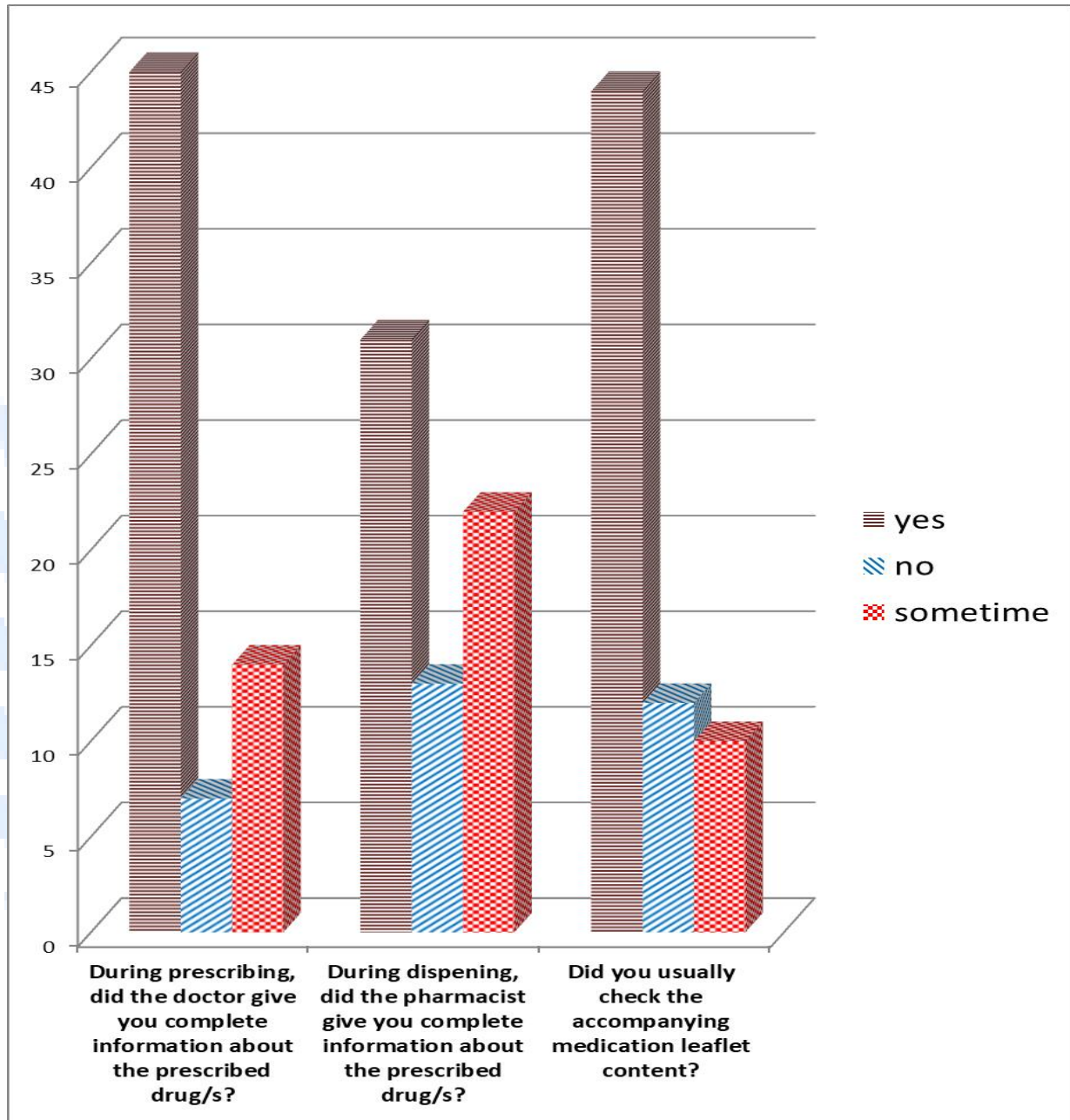
Figure 1. Information sources on medication during the pregnancy

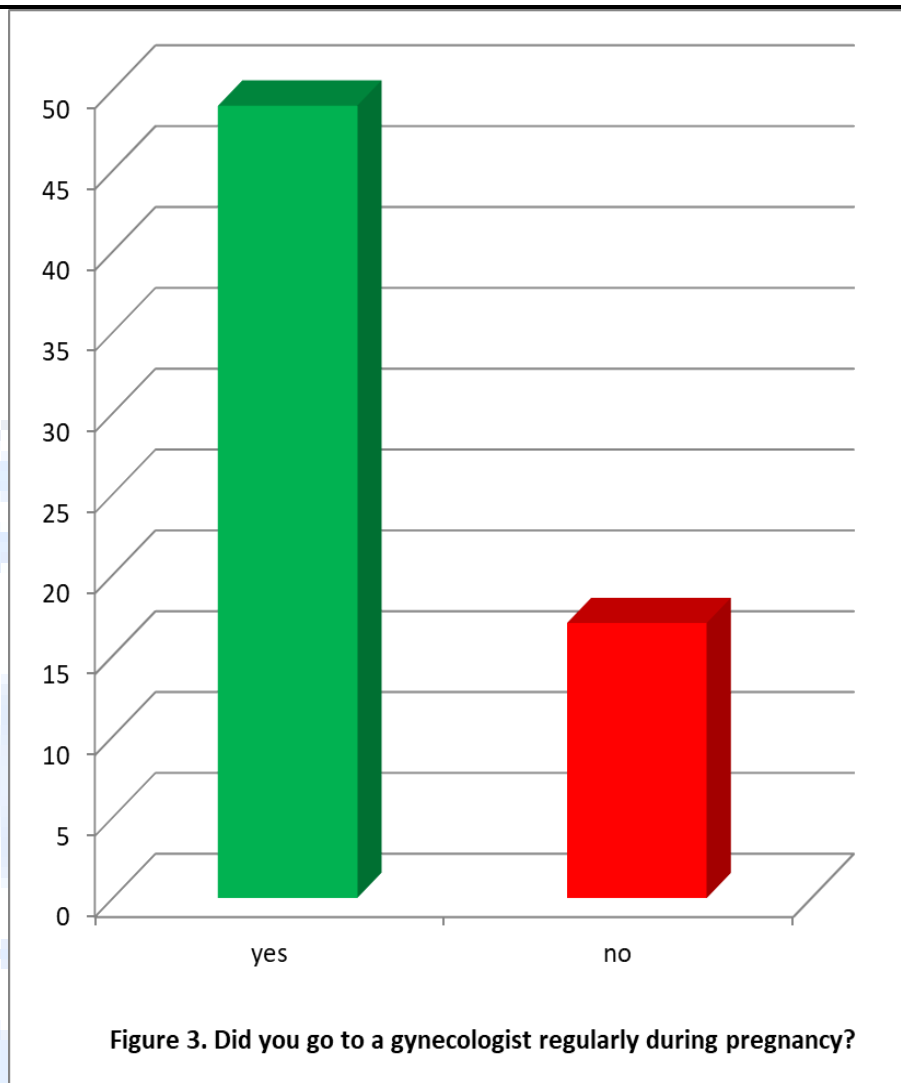


In response to Q21, pregnant women (33%) indicated that the physicians either not provide them (11%) or sometimes provide (21%) them with information about medication while prescribing (Fig. 2) although most of them (74%) were meeting regularly with their doctors (Q20)(Fig. 3). Surprisingly, approximately half of women reported not or sometimes receiving information from the pharmacist during dispensing the prescribed drug (Q22)(Fig. 2). The data revealed that there was a scarcity of information about drugs where (67%) of women reported reading the medication leaflet in the normal state (Q18)(Fig. 2).

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Figure 2. Sources of medication-related information as indicated by pregnant women (n = 66).





3.4. Awareness about risk

Regarding the awareness of participants during pregnancy, (80%) of women indicated that the critical time for drug use during pregnancy is the first trimester, while 9% of them considered the second trimester is the critical period and 11% said that the third trimester is the worst (Q11) (Table 4). In response to Q8, few pregnant women (14%) mentioned having a previous abnormal child. They mentioned that the congenital abnormality was a convulsion of epilepsy, deformity in limbs, incomplete of the brain, incomplete of the ear, deformity in limbs, rabbit lip, and down syndrome (in response to Q9).

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Table 4. Women's beliefs about critical time for drug use during pregnancy (n = 66).

Period of pregnancy	Number of pregnant women (%)
First trimester	53 (80)
Second trimester	6 (9)
Third trimester	7 (11)

3.5. Beliefs about medications

Women's opinions about medications are presented in Tables 5 and 6.

Table 5. Pregnant women's beliefs about medications in general (n = 66).

No.	Statement	Agree n (%)	Disagree n (%)	Uncer- tain n (%)
M1	Doctors prescribe too many medicines	39 (59)	16 (24)	11 (17)
M2	Most medicines are addictives	29 (44)	25 (38)	12 (18)
M3	Natural remedies are safer than medicines	39 (59)	10 (15)	17 (26)
M4	Medicines do more harm than good	17 (26)	37 (56)	12 (18)
M5	Doctors place too much trust on medicines	49 (74)	4 (6)	13 (20)
M6	If doctor had more time with patients; he would prescribe fewer medicines	23 (35)	16 (24)	27 (31)

Table 6. Pregnant women's beliefs about medication use during current pregnancy (n = 66).

	Statement	Agree n (%)	Disagree n (%)	Uncertain n (%)
S1	All medicines can be harmful to the fetus	8 (12)	49 (74)	9 (14)
S2	Even if I'm ill and if not pregnant would have taken medicines, I believe it's better for the fetus that I refrain from using medicines during pregnancy	16 (24)	18 (27)	32 (49)
S3	I have a higher susceptibility for using medicines when I'm pregnant than when I'm not pregnant	26 (40)	24 (36)	16 (24)
S4	Thanks to treatment with medicines during pregnancy lives of many unborn children are saved each year	42 (63)	11 (17)	13 (20)
S5	It is better for the fetus that I use medicines and get well than to have untreated illness during	38 (58)	18 (27)	10 (15)

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	pregnancy			
S6	Doctors prescribe too many medicines to pregnant women	40 (60)	17 (26)	9 (14)
S7	Natural remedies can generally be used by pregnant women	37 (56)	16 (24)	13 (20)
S8	Pregnant women should preferable(y) use natural remedies during pregnancy	31 (47)	25 (38)	10 (15)
S9	Pregnant women should not use natural remedies without the advice of doctor	48 (73)	13 (20)	5 (7)

Generally, most women believed that physicians prescribe too many medicines (M1; 59%); that they place too much trust in drugs (M5; 74 %) while about (35%) believed that by taking more time with patients; the doctor would prescribe fewer medicines (M6). Some (24%) of pregnant women agreed that it would be better for the foetus if they cease medications (S2). Most (73%) women believed a physician's consent should be obtained before using natural remedies during pregnancy (S9).

When asking them about using medicines during the current pregnancy, most of them (74%) said that all medicine don't be harmful to the fetus. And 63 % of them believe that the treatment with medicines during pregnancy, many unborn children's lives are saved each year.

More than half of them (58%) said that It is better for the fetus that I use medicines and get well than to have untreated illness during pregnancy and 47% of them should preferably use natural remedies during pregnancy but the pregnant women should not use natural remedies without the advice of a doctor as the belief of 73% of them.

4. Discussion

availability and access to drug-related information as well as beliefs of pregnant women about medications determine their decision on drug administration during pregnancy. The attitudes and beliefs regarding medication use have been extensively reported using beliefs about medications questionnaire (BMQ) [1].

The current study demonstrated that most women generally believed that medications are not harmful, yet they should be used cautiously in pregnancy. This is in agreement with previous studies reporting that pregnant women are very cautious and often unsure about medication use and that they often have concerns regarding the risks of drug use during pregnancy [3].

Our study indicated that the majority of participants did not believe drugs are responsible for congenital abnormalities of their newborns as a previous study conducted in Saudi arabia.

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The use of medication by women during pregnancy was prevalent in this current study, despite the substantial risks associated with the use of both over-the-counter and prescription drugs during pregnancy due to the lack of safety information of using medications during pregnancy. The moderate prevalence of use of medication in this study (47 %) was comparable to the outcome of other similar studies performed in Saudi Kingdom (40 %) [3], Oman (49%) [14], Ethiopia (55.2%) [15], France (89.9%) [16], and Australia (96%) [17].

The scarcity of information on medication may contribute to false and/or negative beliefs on medications. The scarcity of information about drugs was revealed by the high % of women who reported reading the medication leaflet in the normal state (Q18; 67%) (fig. 2 & 3) comparable with the previous study which was its result (78%) This might also reflect their hesitation and skepticism regarding drug usage in pregnancy.

5. Conclusion

The study was indicative of the influence of the characteristics of pregnant women in the Libyan community on medication intake. The insufficient information regarding drugs in pregnancy from the clinical practitioners is an area that needs further improvement in the future. Pharmacists, with expertise in providing women with positive beliefs about medications during pregnancy and in optimizing drug therapy outcomes, are valuable components of the healthcare team and should be increasingly involved in public health efforts. Health-care professionals should be aware of women's attitudes when advising them to take medication during pregnancy.

6. Recommendations

In this study can be recommended the following pointing:

- It must be assurance on all doctors and pharmacists that provide the pregnant women with full information about medication to avoid any negative believes about medicine .
- Do many workshops about the risk of use of medicine without prescription of a gynecologist.

7. References

- [1]: Kamuhabwa, A., & Jalal, R. (2011). Drug use in pregnancy: knowledge of drug dispensers and pregnant women in Dar es Salaam, Tanzania. *Indian J. Pharmacol.*, pp. 345-349.
- [2]: Sachdeva, P., Patel, B. G., & Patel, B. K. (2009). Drug Use in Pregnancy; a Point to Ponder! *Indian J Pharm Sci.*(1), pp. 1-7.
- [3]: Zakia, N. M., & Albarraqb, A. A. (2014). Use, attitudes and knowledge of medications among pregnant women: A Saudi study. *Saudi Pharmaceutical Journal*(5), pp. 419-428.
- [4]: John, L. J., & Shantakumari, N. (2015, July). Herbal medicines use during pregnancy: a review from the Middle East. *Oman medical journal*(4), pp. 229-236.
- [5]: Ayad, M., & Costantine, M. M. (2015, November). Epidemiology of medications use in pregnancy. *Seminars in Perinatology*(7), pp. 508-511.
- [6]: Navaro, M., Vezzosi, L., Santagati, G., Angelillo, I. F., & Collaborative Working Group. (2018). Knowledge, attitudes, and practice regarding medication use in pregnant women in Southern Italy. *PLoS One*, 13(6),
- [7]: Abasiubong, F., Bassey, E. A., Udobang, J. A., Akinbami, O. S., Udoh, S. B., & Idung, A. U. (2012). Self-Medication: potential risks and hazards among pregnant women in Uyo, Nigeria. *Pan African Medical Journal*, 13(1).
- [8]: Devkota, R., Khan, G. M., Alam, K., Sapkota, B., & Devkota, D. (2017). Impacts of counseling on knowledge, attitude and practice of medication use during pregnancy. *BMC pregnancy and childbirth*(1), pp. 1-7.
- [9]: Widnes, S. F., & Schjøtt, J. (2017). Risk perception regarding drug use in pregnancy. *American journal of obstetrics and gynecology*, 216(4), 375-378.
- [10]: Twigg, M. J., Lupattelli, A., & Nordeng, H. (2016). Women's beliefs about medication use during their pregnancy: a UK perspective. *International journal of clinical pharmacy*(4), pp. 968-976.
- [11]: Nordeng, H., Koren, G., & Einarson, A. (2010). Pregnant women's beliefs about medications—a study among 866 Norwegian women. *Annals of Pharmacotherapy*, 44(9), 1478-1484.

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- [12]: Nordeng, H., Ystrøm, E., & Einarson, A. (2010). Perception of risk regarding the use of medications and other exposures during pregnancy. *European journal of clinical pharmacology*, 66(2), 207-214.
- [13]: Alani, A. H., Hassan, B. A., Suhaimi, A. M., & Mohammed, A. H. (2020). Use, Awareness, Knowledge and Beliefs of Medication During Pregnancy in Malaysia. *Osong Public Health Res Perspect*, pp. 373-379
- [14]: Al-Riyami, I. M., Al-BusaidY, I. Q., & Al-Zakwani, I. S. (2011). Medication use during pregnancy in Omani women. *Int J Clin Pharm.*(4), pp. 634-641.
- [15]: Mohammed, M. A., Ahmed, J. H., Bushra, A. W., & Aljadhey, H. S. (2013). Medications use among pregnant women in Ethiopia: a cross sectional study. *Journal of Applied Pharmaceutical Science*(4), p. 116.
- [16]: Bérard, A., Abbas-Chorfa, F., Kassai, B., Vial, T., Nguyen, K. A., Sheehy, O., et al. (2019). The French Pregnancy Cohort: Medication use during pregnancy in the French population. *PLoS One*.
- [17]: Henry, A., & Crowther, C. (2000, May). Patterns of medication use during and prior to pregnancy: the MAP study. *Aust N Z J Obstet Gynaecol.*(2), pp. 165-72.

8. APPENDIX (I)

Data collection form

استبيان لجمع المعلومات عن استخدام ومواقف ومعرفة الأدوية بين النساء الحوامل في مدينة المرح يرجى ملء المعلومات المطلوبة وتحديد فقط أكثر ما تعتقد أنه الجواب الصحيح

<p>Q1. الرقم :</p> <p>Q2. العمر :</p> <p>Q3. الجنسية :</p> <p>Q4. المستوى التعليمي أ. أمي () . ب. ابتدائي () . ج. متوسط () . د. جامعي () .</p> <p>Q5. المهنة : أ. ربة بيت () . ب. عاملة في المجال الصحي () . ج. عاملة في مجال آخر () .</p> <p>Q6. السكن : أ. ريفي () . ب. مدني (حضري) () .</p> <p>Q7. عدد الولادات السابقة أ. الأولى () . ب. 1-3 () . ج. أكثر من 3 () .</p>	<p>المعلومات الاجتماعية و الديموغرافية</p>
<p>Q8. هل لديك طفل غير طبيعي ؟. نعم () . ب. لا () .</p> <p>Q9. إذا كانت الإجابة بنعم ما نوع الإعاقة :</p> <p>Q10. هل تعتقد إن الإعاقة كانت بسبب استخدام علاج (دواء)؟ أ. نعم () . ب. لا () . ج. لا اعلم () ، اذكر اسم الدواء :</p> <p>Q11. ما هو الوقت المرح لاستخدام الدواء أثناء فترة الحمل؟ أ. الثلاث الشهور الأولى () . ب. الثلاث الشهور الثانية () . ج. الثلاث الشهور الثالثة () .</p> <p>Q12. اذكر الأدوية الأساسية التي يجب تجنبها في فترة الحمل أ. ب. ج.</p>	<p>الوعي في ما يتعلق بمخاطر استعمال الأدوية</p>
<p>Q13. هل تستخدم أدوية جديدة خلال الحمل؟. نعم () . ب. لا () .</p> <p>Q14. إذا كانت الإجابة بنعم خصص اسم الدواء :-</p> <p>Q15. ما السبب لاستخدام هذا الدواء أ. ب. لا اعلم ()</p> <p>Q16. هل تأخذ دواء بدون وصف طبية ؟ أ. نعم () . ب. لا () . ج. إذا كانت الإجابة بنعم اذكر اسم الدواء.....</p>	<p>استخدام الأدوية</p>
<p>Q17. من أين تحصل على المعلومات عن الأدوية؟ أ. الصيدلي () . ب. طبيب نساء () . ج. وسائل الإعلام () . د. أخرى () . تحدد (.)</p> <p>Q18. هل عادةً أنك تلقي نظرة على مكونات الدواء في النشرة المرفقة ؟ نعم () لا () ، أحيانا ()</p> <p>Q19. إذا وصف لك دواء هل تقرأ النشرة المرفقة ؟ نعم () لا () ، أحيانا ()</p> <p>Q20. هل تذهب إلى طبيبك بشكل منتظم خلال فترة الحمل ؟ نعم () لا ()</p> <p>Q21. أثناء الوصفة الطبية هل كان الطبيب يعطيك معلومات كاملة عن الدواء الموصوف؟ نعم () لا () ، أحيانا ()</p> <p>Q22. أثناء وصف الوصفة ، هل يعطيك الصيدلي معلومات كاملة عن الأدوية الموصوفة؟ نعم () لا () ، أحيانا ()</p>	<p>مصادر المعلومات عن الأدوية</p>

العدد الثاني والخمسون / يوليو / 2021

نرجوا ملء الاختيار الأكثر دقة (اختيار واحد فقط)

الجملة	أوافق	لا أوافق	لست متأكد
M1			
M2			
M3			
M4			
M5			
M6			
S1			
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