

Data S1

## QUESTIONNAIRE

### SECTION 1-DEMOGRAPHICAL AND CLINICAL CHARACTERISTICS

1. At which age category do you belong to?

- a. <20 years
- b. 20-24 years
- c. 25-29 years
- d. 30-34 years
- e. >35 years

2. Nationality

- a. Greek
- b. Other

3. Marital status

- a. Single
- b. Married
- c. Divorced
- d. Widowed
- e. Estranged

4. Educational level

- a. Primary school
- b. High school
- c. Bachelor's degree
- d. Master's degree
- e. Doctorate

5. Profession

- a. State employee
- b. Private employee
- c. Freelance
- d. Household
- e. Unemployed
- f. College student

6. Cause of impaired vision

- a. Glaucoma
- b. Cataract
- c. Increased eye pressure
- d. Aniridia
- e. Other

7. At what age did you give your first birth?

8. At what age did the visual impairment develop?

- a. Congenital
- b. Other

9. Number of living children

10. Has your partner/husband also an impaired vision of any other type of disability?

- a. Yes
- b. No

### SECTION 2-PREGNANCY PERIOD

11. How many times have you been pregnant?

- a. 1

b. 2

c. Other

12. How many times have you given birth?

- a. 1
- b. 2
- c. Other

13. Was the pregnancy planned?

- a. Yes
- b. No

14. Was any method of assisted reproduction used? (IVF, insemination)

- a. Yes
- b. No

15. Year of last pregnancy

16. Did you smoke during pregnancy?

- a. Every day or more often
- b. 2-6 times a week
- c. Once a week
- d. Once a month
- e. Never
- f. Other

17. Did you consume alcohol during pregnancy?

- a. Every day or more often
- b. 2-6 times a week
- c. Once a week
- d. Once a month
- e. Never
- f. Other

18. Did you use drugs during pregnancy?

- a. Every day or more often
- b. 2-6 times a week
- c. Once a week
- d. Once a month
- e. Never
- f. Other

19. Weight you had before pregnancy

20. Weight you had at the end of pregnancy

21. The pregnancy/pregnancies were:

- a. Single
- b. Twin
- c. Other

22. To what extent was your partner/husband supportive of your pregnancy news?

- a. 1-Not at all
- b. 2-Slightly
- c. 3-Moderately
- d. 4-Very
- e. 5-Extremely

23. Did you receive sexual, physical or domestic abuse during pregnancy from members of your family?

- a. 1-Not at all
- b. 2-Slightly

- c. 3-Moderately
- d. 4-Very
- e. 5-Extremely

**24. How would you characterize the attitude of health professionals (midwives) to the news of pregnancy?**

- a. Supportive
- b. Critical
- c. Neutral
- d. Other

**25. In what trimester of pregnancy did you start the routine tests?**

- a. 1st trimester
- b. 2nd trimester
- c. 3rd trimester

**26. During the routine examinations, did the midwives (and other health professionals) explain to you the procedure of each examination?**

- a. Yes
- b. No

**27. Were you given the opportunity to touch with your hand (touch activation) the machine that would be used for the examination?**

- a. Yes
- b. No

**28. Did you attend classes on painless childbirth-parent-hood preparation?**

- a. Yes
- b. No

**29. To what extent were the painless childbirth-parent-hood preparation courses adapted to your needs/expectations? (enable touch)**

- a. 1-Not at all
- b. 2-Slightly
- c. 3-Moderately
- d. 4-Very
- e. 5-Extremely

**30. Did you feel insecure before pregnancy?**

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

**31. Complications during pregnancy**

- a. Diabetes before pregnancy
- b. Gestational Diabetes Mellitus
- c. Gestational Hypertension
- d. Vaginal Hemorrhage
- e. Placenta suppository
- f. Hyperemesis gravidarum
- g. Other

**32. When you had questions about the changes you felt in your body, did the midwife explain in a way that you could understand?**

- a. Yes
- b. No

### SECTION 3-CHILDBIRTH

**33. When did the delivery take place?**

- a. <37 weeks of gestation
- b. ≥37 weeks of pregnancy

**34. Kind of Childbirth**

- a. Natural Childbirth (Vaginal)
- b. Cesarean section

**35. Year of last childbirth**

**36. Sex of newborn**

- a. Male
- b. Female

**37. Newborn Birth Weight**

- a. ≥2,500 gr
- b. <2,500 gr
- c. Other

**38. At what extent were you actively involved in the decisions at the time of your birth? (e.g. in the case of epidural anesthesia when and if you requested it)**

- a. 1-Not at all
- b. 2-Slightly
- c. 3-Moderately
- d. 4-Very
- e. 5-Extremely

**39. In the delivery room, did the health professionals (midwife/obstetrician, gynecologist, anesthesiologist) treat you with respect?**

- a. Yes
- b. No

**40. At what extent did you feel alone or stressed during the hours you were in the delivery room?**

- a. 1-Not at all
- b. 2-Slightly
- c. 3-Moderately
- d. 4-Very
- e. 5-Extremely

### SECTION 4-PUERPERIUM PERIOD

**41. Did you smoke during the puerperium period?**

- a. Every day or more often
- b. 2-6 times a week
- c. Once a week
- d. Once a month
- e. Never
- f. Other

**42. Did you consume alcohol during the puerperium period?**

- a. Every day or more often
- b. 2-6 times a week
- c. Once a week
- d. Once a month
- e. Never
- f. Other

**43. Did you use drugs during the puerperium period?**

- a. Every day or more often
- b. 2-6 times a week
- c. Once a week
- d. Once a month
- e. Never
- f. Other

**44. Did the midwives show you how the maternity room was set up? (e.g. where the toilet was)**

- a. Yes
- b. No

**45. Did you find it difficult to realize the needs of your newborn? (if he's hungry, if he's in pain)**

- a. Yes
- b. No

**46. How many times did a midwife visit you at home during the puerperium period?**

**47. How many times would you like the midwife to visit you at home during puerperium period?**

**48. How long did the breastfeeding last?**

#### **SECTION 5-HEALTH PROFESSIONAL AND CARE EVALUATION**

**49. To what extent did you receive the same level of obstetric and gynecological care as women without visual impairment?**

- a. 1-Not at all
- b. 2-Slightly

c. 3-Moderately

d. 4-Very

e. 5-Extremely

**50. To what extent was the care you received from health professionals (midwives, gynecologists) humane?**

a. 1-Not at all

b. 2-Slightly

c. 3-Moderately

d. 4-Very

e. 5-Extremely

**51. To what extent do the midwives understand the needs of visually impaired people?**

a. 1-Not at all

b. 2-Slightly

c. 3-Moderately

d. 4-Very

e. 5-Extremely

**52. Midwives/obstetricians and gynecologists are not willing to provide obstetric and gynecological care to visually impaired women**

a. 1-Not at all

b. 2-Slightly

c. 3-Moderately

d. 4-Very

e. 5-Extremely

**53. To what extent is the participation of health professionals in educational seminars (continuing education) necessary to provide personalized and holistic care to women with visual impairment?**

a. 1-Not at all

b. 2-Slightly

c. 3-Moderately

d. 4-Very

e. 5-Extremely