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# Clinical Survey Report

THE PARTIES WISH TO ENTER INTO THIS AGREEMENT ON THE  
TERMS AND CONDITIONS HERE IN:

**Q1. How frequently do you prescribe or recommend galactagogues to your breastfeeding patients?**

*Not answered*

**Q2. For which of the following situations do you most commonly consider galactagogues?**

*Not answered*

**Q3. What is your typical first-line approach for managing perceived insufficient milk supply?**

*Not answered*

**Q4. Which galactagogues do you commonly recommend or prescribe?**

*Not answered*

**Q5. What factors influence your decision to recommend or prescribe a galactagogue?**

*Not answered*

**Q6. How comfortable are you with prescribing or recommending galactagogues?**

*Not answered*

**Q7. What is your understanding of the evidence supporting the efficacy of galactagogues?**

*Not answered*

**Q8. Have you used Shatavari in your patients with lactation insufficiency?**

*Not answered*

**Q9. How would you rate efficacy of Shatavari as a galactagogue?**

*Not answered*

**Q10. How do you typically monitor the effectiveness of galactagogues in your patients?**

*Not answered*