

Safe Prescribing in Pregnancy and Lactation

Implementing safe practice

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The Somerset Pregnancy QI Project



2017-

One Pager Resource guides for prescribing in pregnancy, lactation and children



2019-2022-

New website
Expanded resources and individual webpages
Training Slides created for Safe Prescribing
Somerset Maternity and Equity 5-year Plan



2023-2024-

April 2023 **Incentive Scheme** including a SMART list of drugs to be reviewed.
April 2024- Incentive Scheme expanded.



Now-

MHRA Warnings- lots of work on PPPs and safety alerts
New Formulary coming with in-built links for ease of access to information.



Why is it Important?

Most clinicians barely have an hour's training at university on safe prescribing in pregnancy and lactation.



Time can be short to access resources quickly in clinic if they aren't one click away.



Like time, resource and support is short for all of us.

Messaging, support, resources, policy and organisational culture change should be coming from the top down so information and access to services is equitable.



Why is it Important?

Key messages
from the themed mortality enquiry report 2023

Treat pregnant, recently pregnant, and breastfeeding women the same as a non-pregnant person unless there is a very clear reason not to.

Prepare a route for rapid delivery of advice and data on new vaccines and treatments

Include in medicine and vaccine research

Tailor care after pregnancy to a woman's individual needs

Equity for pregnant and breastfeeding women

Include in guidance for admission to ECMO* services

*ECMO = Extracorporeal membrane oxygenation

Ensure staff in maternal medicine networks have the skills to care for complex physical, mental and social care needs

Develop training resources to promote shared decision making and counselling on medication use

Key messages
from the surveillance report 2023

In 2019-21, **241 women died** during or up to six weeks after pregnancy among 2,066,997 women giving birth in the UK.
11.7 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

Causes of women's deaths

33 women	COVID-19	14%
33 women	Cardiac disease	14%
33 women	Blood clots	14%
25 women	Mental health conditions	10%
23 women	Sepsis	10%
22 women	Epilepsy and stroke	9%
19 women	Other physical conditions	8%
17 women	Bleeding	7%
9 women	Pre-eclampsia	4%
4 women	Cancer	2%
23 women	Other	10%

Inequalities in maternal mortality

Ethnic group

White	9.7
Asian	17.6
Black	37.2

Living in more deprived areas

Least deprived	8.7
Most deprived	17.7

UNICEF- If half those mothers who currently do not breastfeed were to breastfeed for up to 18 months in their lifetime, for each annual cohort of around 313,000 first-time mothers there could be:

- 865 fewer breast cancer cases
- with cost savings to the health service of over £21 million
- 512 breast cancer-related quality adjusted life years (QALYs) would be gained, equating to a value of over £10 million.

This could result in an incremental benefit of more than £31 million, over the lifetime of each annual cohort of first-time mothers.

[Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK \(unicef.org.uk\)](https://www.unicef.org/uk)

[Reports | MBRRACE-UK | NPEU](#)
[MBRRACE-UK Maternal Report 2023](#)



What Does NICE Say?



❖ [NG201 | Antenatal care | NICE](#)

1.3.4 When giving women (and their [partners](#)) information about antenatal care, use clear language, and tailor the timing, content and delivery of information to the needs and preferences of the woman and her stage of pregnancy. Information should support [shared decision making](#) between the woman and her healthcare team, and be:

...evidence-based and consistent



❖ [CG192 Antenatal and postnatal mental health: clinical management and service guidance | NICE](#)

Starting, using and stopping treatment...

...1.4.10 Before starting any treatment in pregnancy and the postnatal period, discuss with the woman the higher threshold for pharmacological interventions arising from the changing risk-benefit ratio for psychotropic medication at this time and the likely benefits of a psychological intervention. [2014]


...Seek advice from a specialist (preferably from a specialist perinatal mental health service) if there is uncertainty about specific drugs. See also the [UK Drugs in Lactation Advisory Service for information on the use of specific drugs](#). [2014, amended 2017]



❖ [NG194 | Postnatal care | NICE](#)

Role of the healthcare professional supporting breastfeeding

1.5.6 Healthcare professionals caring for women and babies in the postnatal period should know about:

- 
- breast milk production
 - signs of good attachment at the breast
 - effective milk transfer
 - how to encourage and support women with common breastfeeding problems
 - appropriate resources for safe medicine use and prescribing for breastfeeding women.



❖ [PH11 | Maternal and child nutrition | NICE](#)

Who should take action?

NHS trusts responsible for maternity care and GP surgeries, community health centres, pharmacies and drug and alcohol services.

What action should they take?

- Ensure health professionals and pharmacists who prescribe or dispense drugs to a breastfeeding mother consult supplementary sources (for example, the [Drugs and Lactation Database](#) [LactMed] or seek guidance from the [Specialist Pharmacy Service](#)).

What Does SPS Say?



[Safety in pregnancy – SPS - Specialist Pharmacy Service](#)

[Information resources for advice about medicines in pregnancy – SPS - Specialist Pharmacy Service](#)



SPS resources

SPS produces some medicines and condition-specific advice during pregnancy which we would always advise checking first.



You may be interested in our other pages in this area: [Questions to ask](#) when giving advice on medicines in pregnancy, [Assessing risk v benefit](#) and informing the treatment decision, [Principles of prescribing](#) in pregnancy and [Formulating your advice](#) about use of medicines in pregnancy.



If the information is not available on the SPS website or the information resources listed, or if your clinical scenario is complex, we would suggest you seek further advice from the [Medicines Advice service](#).

[Safety in breastfeeding – SPS - Specialist Pharmacy Service](#)

[Information resources for advice on medicines and breastfeeding – SPS - Specialist Pharmacy Service](#)







SPS Breastfeeding resources

[Breastfeeding Medicines Advice service](#) (UKDILAS) is our specialist advisory service and produces [medicines specific advice during breastfeeding](#), which provides directive answers and should be your initial source of reference.

It includes advice on individual medicines therapeutic groups, as well as more detailed information on our most frequently asked questions.

This resource will provide you with all the information you need in the majority of cases, as we have based our advice on evidence taken from multiple sources, pharmacokinetic principles and our expert opinion.

Recommended Resources for Pregnancy...

-  [Use of medicines in pregnancy and breastfeeding - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
 -  [Information resources for advice about medicines in pregnancy – SPS - Specialist Pharmacy Service](#)
 -  [UKTIS – Evidence-based safety information about medication, vaccine, chemical and radiological exposures in pregnancy](#)
 -  [Products - Pregnancy | Topic | NICE](#)
 -  [Guidance | RCOG](#)
 -  [Medicines A-Z - NHS \(www.nhs.uk\)-](#)
- Access to Briggs' Drugs in Pregnancy and Lactation (subscription only)

Recommended Resources for Lactation...

[Use of medicines in pregnancy and breastfeeding - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



[Medicines A-Z - NHS \(www.nhs.uk\)-](https://www.nhs.uk)

Access to Briggs' Drugs in Pregnancy and Lactation (subscription only)



[Breastfeeding Medicines Advice service – SPS - Specialist Pharmacy Service – Contact e-lactancia. Is this compatible with breastfeeding?](#)



[Accessing LactMed Content from NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov)

[CKS | NICE](#)



- [Post-natal depression](#)
- [Mastitis](#)
- [Hypertension \(post-partum\)](#)
- [breastfeeding problems](#)



[Drugs in Breastmilk factsheets - The Breastfeeding Network](#)

[The GP Infant Feeding Network \(UK\) | A Website to Assist Primary Care Practitioners with Best Practice in Infant Feeding](#)

[Hale's Medications & Mothers' Milk \(halesmeds.com\)](https://halesmeds.com) Medications and Mothers' Milk (Hale's)

Somerset Resources- Integration of Resources is Important:

- ❖ [Medicines in pregnancy, children and lactation - NHS Somerset ICB](#)
- ❖ [Medicines used in pregnancy - NHS Somerset ICB](#)
- ❖ [Breastfeeding and medicines - NHS Somerset ICB](#)
- ❖ [Antimicrobial - NHS Somerset ICB](#)
- ❖ [Shared Care and PGDs - NHS Somerset ICB](#)
- ❖ [Shared Care and PGDs - Aspirin in Pregnancy - NHS Somerset ICB](#)
- ❖ [Self Care - NHS Somerset ICB](#)
- ❖ [Medication Safety - NHS Somerset ICB](#)
- ❖ [Greener Prescribing - NHS Somerset ICB](#)
- ❖ [Scorecard 2024/25 - NHS Somerset ICB](#)
- ❖ [Somerset Maternity Voices Partnership - NHS Somerset ICB](#)
- ❖ [Somerset Maternity Equity and Equality Strategy and Action Plan - NHS Somerset ICB](#)

There is a wealth of information for us to use when considering medications prescribed for use in pregnancy, while breastfeeding and with children. It isn't always easy to find this information in one place so we have put together guidance and links for you to use when making appropriate decisions with your patients.

The information and links provided are for guidance, clinical decisions remain the responsibility of the practitioner; the intention is to help prescribers find evidence based information and does not replace input from appropriate professionals or constitute medical advice for individual patients.

Please contact sam.morris2@nhs.net with any suggested edits, or any additional resources you feel would be useful to be shared as these documents will be reviewed when appropriate.

Medicines in Children

Medicines in Lactation

Medicines in Pregnancy

Infant Feeding

Pregnancy Planning & Staying Well in Pregnancy & Beyond

-  Use of Medicines in Pregnancy and Breastfeeding 
-  Long Term Conditions and Pregnancy Planning 
-  Teratogenic Medications for Either Parent 
-  Supporting People When They Become Pregnant 



What CAN We do?



- ✓ Work closely with maternity and your local Maternity and Neonatal Voices Partnerships (MNVPs)



- ✓ Work with teams who are creating organisational and system policies including:
 - ✓ Maternity Equity Plans,
 - ✓ Infant Feeding Strategies



- ✓ Include pregnancy and lactation resources in:



- ✓ Medicines Management policies,
- ✓ Prescribing policies,
- ✓ Guidelines,
- ✓ PGDs,
- ✓ Shared Care Protocols,
- ✓ Formularies.



...deliberately and consciously.

What CAN We do?



✓ Include evidence-based resources that should be used within medicines management policies, guidelines and protocols.



✓ Ensure PALS/ complaints are aware of prescribing policies



✓ Training for all is very important-

✓ NMP training days and upskilling

✓ Newly qualified doctors

✓ New join healthcare staff



✓ CPD for those who are working clinically in all settings

✓ Training for those working in outpatients and day surgery including endoscopy teams.



✓ Purchase appropriate resources and subscriptions to be easily accessed.

✓ Ensure prescribing choices are clinically appropriate, considering your patient's life stage/ beliefs and wishes. Consider making choices that reduce the need for inappropriate/ excessive/ avoidable switching later in their journey which could destabilise their condition unnecessarily.

Thank you!

If you have any questions, please contact
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