

A quality improvement project assessing preconception advice in primary care for women of reproductive age on long term medication

Abiya Ahmed

Bradford Royal Infirmary, UK

Introduction: Women of child-bearing age with chronic conditions are often on medications that can negatively impact pregnancies. These include diabetes, hypertension, epilepsy, arthritis and depression. It is important that these patients are counselled on side effects and complications if they were to become pregnant.

Methods: Data at a GP Surgery was collected using the software System One. A search was done for female patients between 18-44 on diabetes medication, anti-epileptics, DMARDs, anti-psychotics and SSRIs. 30 patients were selected at random and their records reviewed to assess whether their blood pressure, BMI and contraceptive method were checked. Furthermore, for those not on contraception, records were checked to see whether they received preconception advice.

Results: Only one patient had counselling on effects of their condition and medication on pregnancy coded on SystemOne. 10 patients were on contraceptive methods and the other 20 had no mention of whether conception was desired or not.

Conclusion: 3.3% of patients received counselling documented on medications affects on pregnancies. A further 66.7% were not using any recorded contraceptive methods and so may be trying to conceive or at risk of an unplanned pregnancy. This study was limited by lack of access to notes of other MDT services in which patients may receive counselling. Doctors may also give advice however not document. Family planning is perhaps not discussed enough in primary care. Medication annual reviews provide a great opportunity to offer advice. This was targeted by adding alerts, organising a practice meeting and inviting patients for reviews.

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