

Prescribing sodium valproate to women of childbearing age.

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Introduction/Aims:

Exposure to sodium valproate in utero has both teratogenic properties and neurobehavioral sequelae for the exposed foetus/infant including an increased risk of neural tube defects, cardiac malformations, facial dysmorphia and pervasive developmental delay. NICE guidance states that sodium valproate should not be used as a first line medication in women of child-bearing age but if there are no alternatives, patients must be made aware of the teratogenic properties, have a documented pregnancy test and be prescribed folic acid.

We investigated the prescribing practices across the East London Foundation Trust.

Method:

The drug charts and electronic records of female in-patients of childbearing age prescribed sodium valproate were reviewed in April 2013. A Clinical Risk Alert was disseminated across the trust and the audit findings were presented at a trust-wide meeting. The prescribing practices of sodium valproate across the trust were re-audited in December 2013.

Results:

The results of the initial audit showed that standards, in keeping with NICE guidance were not being met. The results of the re-audit in December 2013 also showed that standards were not being met.

Comments:

Following this audit cycle, a prescribing protocol for sodium valproate was developed which all women of childbearing age must now have completed. It is hoped that the implementation of a prescribing protocol will ensure that only patients who are non-responsive to alternative mood stabilisers will be prescribed sodium valproate and that relevant discussions about teratogenicity, contraception and folic acid are carried out and documented.

A re-audit of prescribing practices of sodium valproate is planned for October 2014 and the re-audit results will be presented.