

Characteristics of antipsychotic medication prescribing on inpatient obstetric floors

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Background

Reproductive safety data for antipsychotics remains limited (Cohen et al. 2015). Studies to date provide uncertain safety information regarding prescribing antipsychotics in pregnancy. Studies are emerging showing risk of neonatal hospitalization is increased by prenatal exposure to antipsychotics (Sutter-Dallay et al. 2015). However, studies also show untreated mental illness can adversely affect maternal and fetal outcomes (Einarson et al. 2001). A meta-analysis of antipsychotic use during pregnancy could not conclude that antipsychotics cause increased morbidity during pregnancy. However, it did show that women who take antipsychotic medication during pregnancy have higher risks for adverse maternal and fetal outcomes (Coughlin et al. 2015). There is a need to balance minimizing risks when prescribing antipsychotics with benefits to maternal and fetal outcome by treating mental illness. This population may benefit from increased guidance, management, and collaboration among treatment providers

including psychiatrists and obstetricians. Therefore, it is important to examine practices relating to antipsychotic prescribing during pregnancy. Potential uses of this information include guidance for consult liaison psychiatrists, inpatient and outpatient psychiatric services, obstetricians, and other clinicians caring for this population.

The purpose of this project was to examine prescribing practices of antipsychotics on obstetrical floors at our institution. We examined the prevalence, patterns, and appropriateness of prescribing during pregnancy.

Methods

Using our institutional pharmacy data repository, SAP BusinessObjects Web Intelligence, we identified patients who were prescribed an antipsychotic during obstetric inpatient hospitalization at Duke University Hospital from July 2014 through July 2015. Charts were reviewed retrospectively to identify psychiatric diagnosis indicating antipsychotic medication, type of medication prescribed, whether the patient delivered at our institution, and if there was psychiatric screening at the postpartum visit.

Results

From July 2014 to July 2015, a total of 21 patients on obstetrical antepartum or postpartum wards received antipsychotic medication. During the same time period, 3194 deliveries occurred at our institution. Sixteen patients received antipsychotics in the prenatal period and delivered at our institution. Therefore, the prevalence of

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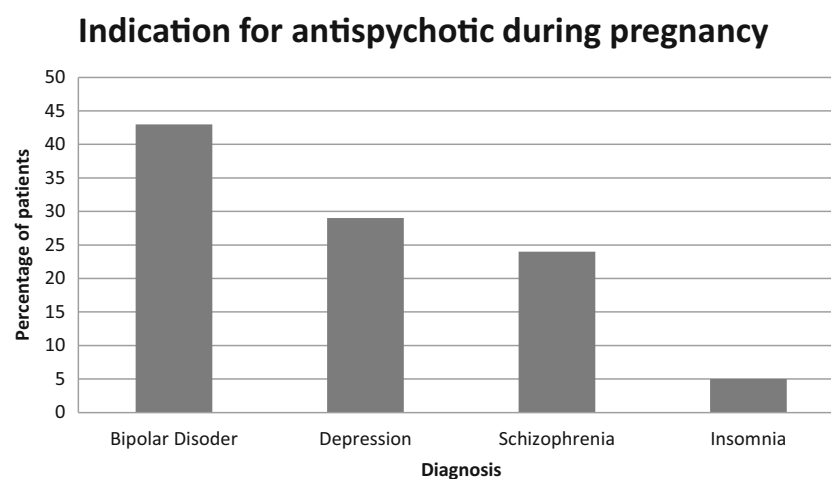
deliveries with exposure to antipsychotics was 0.5 %. Indication for antipsychotic medication was as follows: bipolar disorder in 9 (42.9 %) patients, depression in 6 (28.6 %) patients, schizophrenia/schizoaffective disorder/schizophreniform disorder in 5 (23.8 %) patients, and insomnia in 1 (4.8 %) patient. The most commonly prescribed drug was quetiapine in 10 (47.6 %) patients, followed by aripiprazole in 3 (14.3 %) patients, haldol in 3 (14.3 %) patients, lurasidone in 2 (9.5 %) patients, olanzapine in 1 (4.7 %) patient, risperidone in 1 (4.7 %) patient, and paliperidone in 1 (4.7 %) patient. Four patients were started on antipsychotics while on the obstetrical service: two in the perinatal period for psychosis or emotional dysregulation resulting in potential harm to the fetus and two in the postpartum period for severe depression or psychosis. These four patients all received an inpatient psychiatric consult before starting medication. Of the patients who delivered and received a postpartum visit at our institution, 30.8 % had a documented Edinburgh Postnatal Depression Scale or depression screen in the chart at the postpartum visit.

Conclusions

Examining prescribing and clinical practices regarding antipsychotic medication usage can show trends for improvement at an institution. The reported prevalence of antipsychotic use in pregnancy is low, reported to be

0.8 % from 2001 to 2007 in 11 US health plans (Toh et al. 2013). The prescribing rate at our institution of 0.5 % was similar. The most commonly prescribed antipsychotic was quetiapine which in limited studies does not cause congenital harm to the fetus (Kulkarni et al. 2015). Risks versus benefits of prescribing antipsychotics during the prenatal period should be carefully considered. Most patients were taking antipsychotics for indicated reasons, except for one patient who was prescribed quetiapine for insomnia through pregnancy. Patients taking antipsychotics during pregnancy are at high risk for postpartum depression and psychosis by the nature of their illness and should have adequate follow-up and screening at their postpartum visit. Our institution only documented follow-up and screening at 30.8 % of postpartum visits. When prescribing new antipsychotics to inpatient obstetric patients during the prenatal or postpartum period, a psychiatric consult at our institution provided helpful guidance for the necessity of antipsychotic use. A psychiatric consult may be useful on inpatient obstetric wards at other institutions to help evaluate the severity of symptoms, risk versus benefit analysis, aid patients with the decision-making process, and perhaps increase adherence.

This study solely examines prescribing practices at our institution and is useful for quality improvement practices. It is limited by the absence of morbidity and maternal and baby outcome data and is not intended to evaluate the safety of antipsychotic use in pregnancy to the mother or baby.



Compliance with ethical standards

Conflict of interest Drs Johnson and Wald declare that they have no conflicts of interest. Dr Muzyk is on the speaker's bureau and a consultant for Otsuka Pharmaceuticals.

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