



Sodium valproate and contraception in females of child-bearing age: a tale of three audits

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Background

- Sodium valproate is an established human teratogen
- Valproate has been one of the mood stabilisers more frequently prescribed at NMHS MH
- Mean age of NMHS MH female patients of all diagnoses is 38 years
- After an initial audit, targeted interventions were implemented to address the issue of contraception with valproate.

Aims

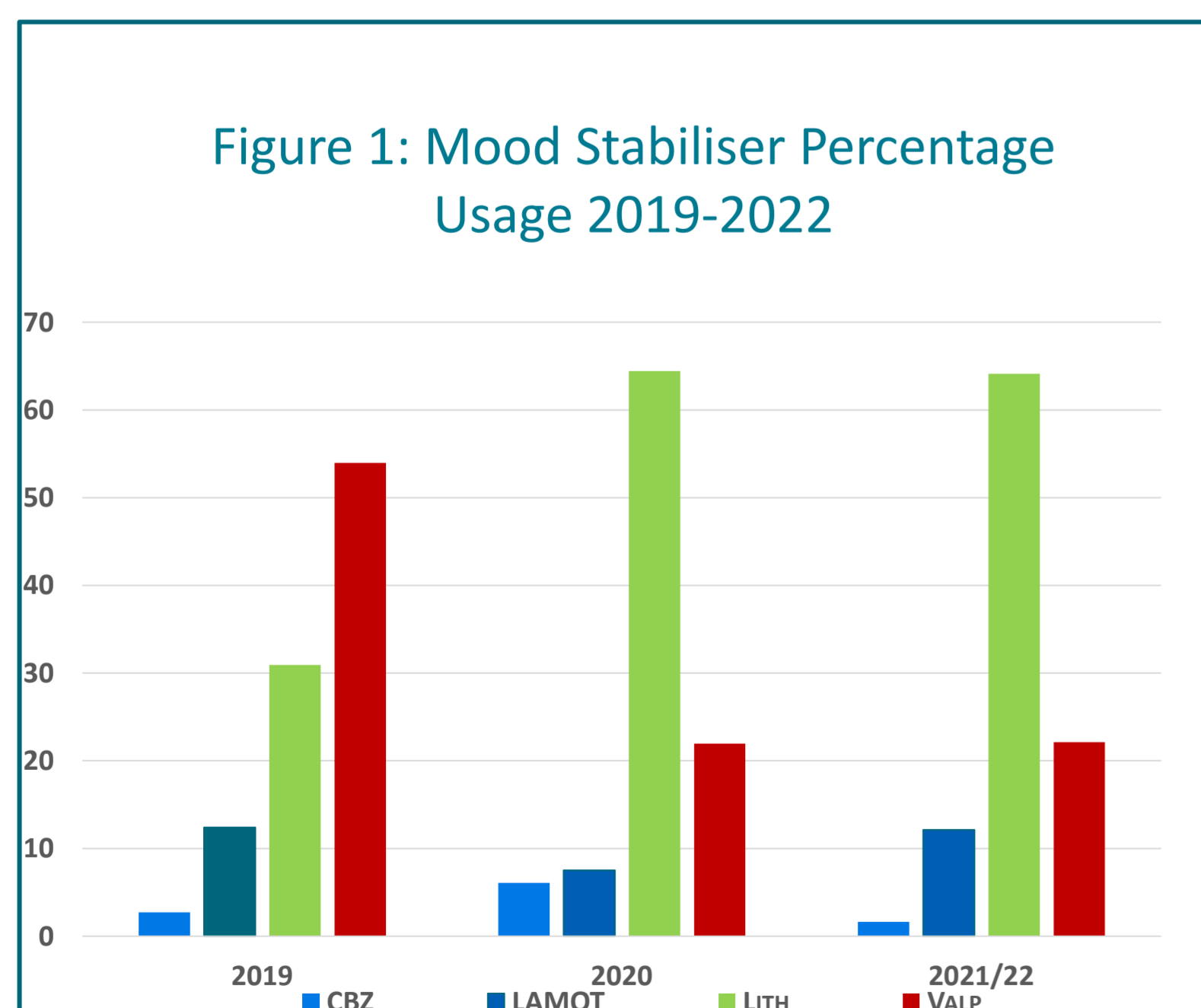
- To determine how many females of child-bearing age were prescribed valproate
- To determine how many were concurrently on contraception as a result of being on valproate
- To determine the level of documentation of the need for contraception with valproate
- To assess effectiveness of targeted intervention

Methods

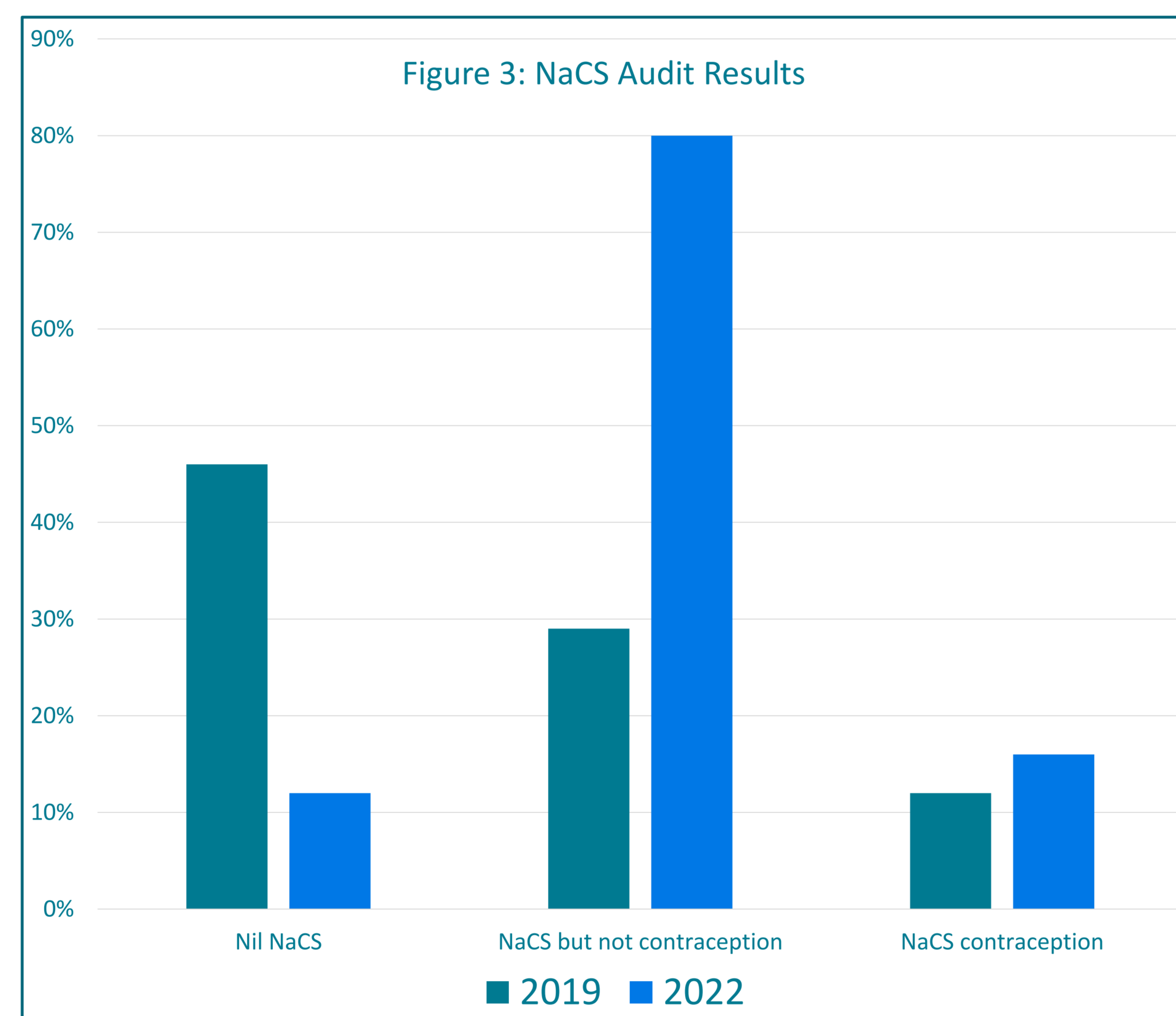
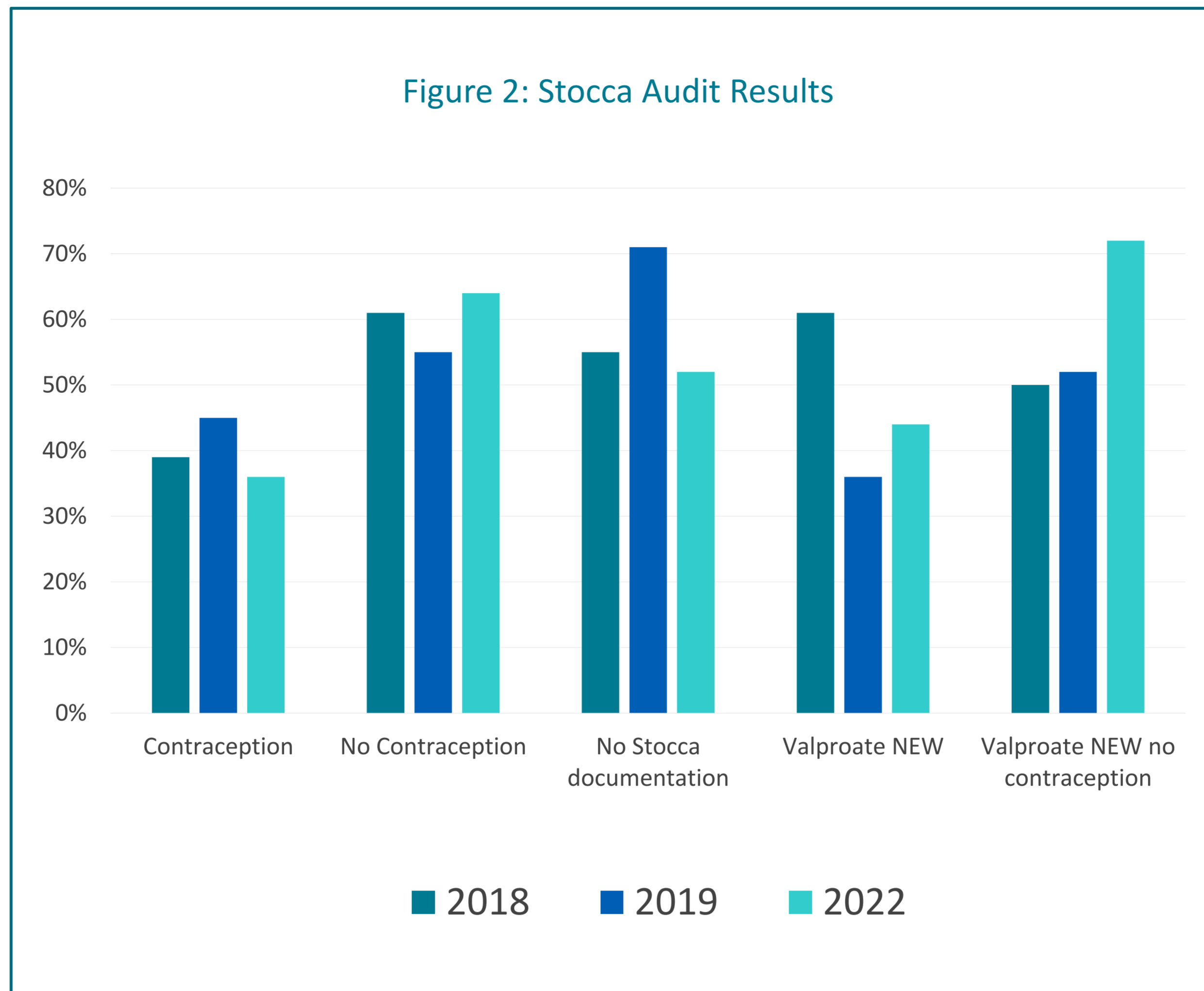
- Three successive retrospective audits were performed:
 - 1/9/2017 - 1/9/2018 N=59
 - 2/9/2018 - 2/9/2019 N=79
 - 1/1/2022 - 30/6/2022 N=25
- The Stocca Clinical Management software (Stocca) was used to identify all female patients of childbearing age prescribed sodium valproate and their contraception status
- Documentation via WA Health Notifications and Clinical Summaries (NaCS)/patient progress notes/Stocca was also reviewed to determine whether contraception had been discussed by clinicians with the patient/family

Documentation of reasons for no contraception

- Documentation by pharmacists in Stocca improved from 18% in the 2nd audit to 63% in the 3rd audit
- Documentation by prescribers remained at 12% throughout the 3 audits



CBZ-Carbamazepine
LAMOT—Lamotrigine
LITH-Lithium
VALP-Sodium valproate



Recommendations for prescribing sodium valproate in women of child-bearing age

- Avoid sodium valproate whenever possible in women of child-bearing potential
- Ensure management is under specialist prescriber, either a consultant psychiatrist or consultant neurologist
- Exclude pregnancy via serum pregnancy test prior to commencing sodium valproate
- Ensure the patient and the family/carers understand the risks of becoming pregnant while taking sodium valproate and provide them with written information
- Explain and document the need for effective contraception with the patient and the outcomes of these discussions
- Use the lowest effective dose of sodium valproate
- Regularly review ongoing need for valproate in these women, at least annually.
- Encourage patients to have a regular GP to ensure appropriate monitoring and to facilitate continuity of contraception. Regular (monthly) pregnancy testing may be recommended
- In the case of an unplanned pregnancy, urgent contact with the patient's usual psychiatrist/neurologist is required to discuss the management plan, including consideration of a safe dose reduction.

Discussion

- Results of the 1st and 2nd audits were presented to clinicians
- A warning label was developed for all repackaged valproate (Figure 4)
- A drug bulletin with state-wide prescriber readership was published with the 1st and 2nd audit results and relevant recommendations made
- Significantly improved pharmacist documentation was seen in the 3rd audit
- Use of valproate in this cohort fell
- A Pregnancy and Medication Risk Assessment (PRAM) form to enable prescriber documentation is being implemented (Figure 5)



Figure 4: Warning Label

Figure 5: PRAM form

Limitations

- Only 6 months data for the 3rd audit
- Anecdotally, in the 3rd audit period some patients were not started on valproate because of pharmacist intervention. This could not be seen in the results as "sodium valproate" is one of the search terms and the patient data showed up only if they had been prescribed valproate

For further information

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