

Valproate Prescribing Practices in Women of Child-Bearing Age at a Tertiary Care Women's Hospital

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Introduction

- ❖ Valproate (VPA) is prescribed for seizure prophylaxis and mood stabilization
- ❖ VPA exposure in pregnancy is associated with:
 - ❖ Several-fold increase in neural tube, cardiac, skeletal, limb defects
 - ❖ Higher risk of developmental delays in offspring

Best practice guidelines (ACOG, RCOG) :

Negative urine pregnancy test (UPT) prior to initiation

Discussion and prescription of contraception

Review of reproductive intentions and plans

Folate supplementation

- ❖ Consultation-liaison (CL) psychiatrists in perinatal settings can help facilitate risk-benefit conversations for VPA use

References



Methodology

Sample

- Medical admissions to tertiary care women's hospital from 1/1/2019 to 12/31/2019
- Data pulled from pharmacy database
- Women aged 12-52 who received VPA during medical admission
- 17 encounters identified for 15 unique patients

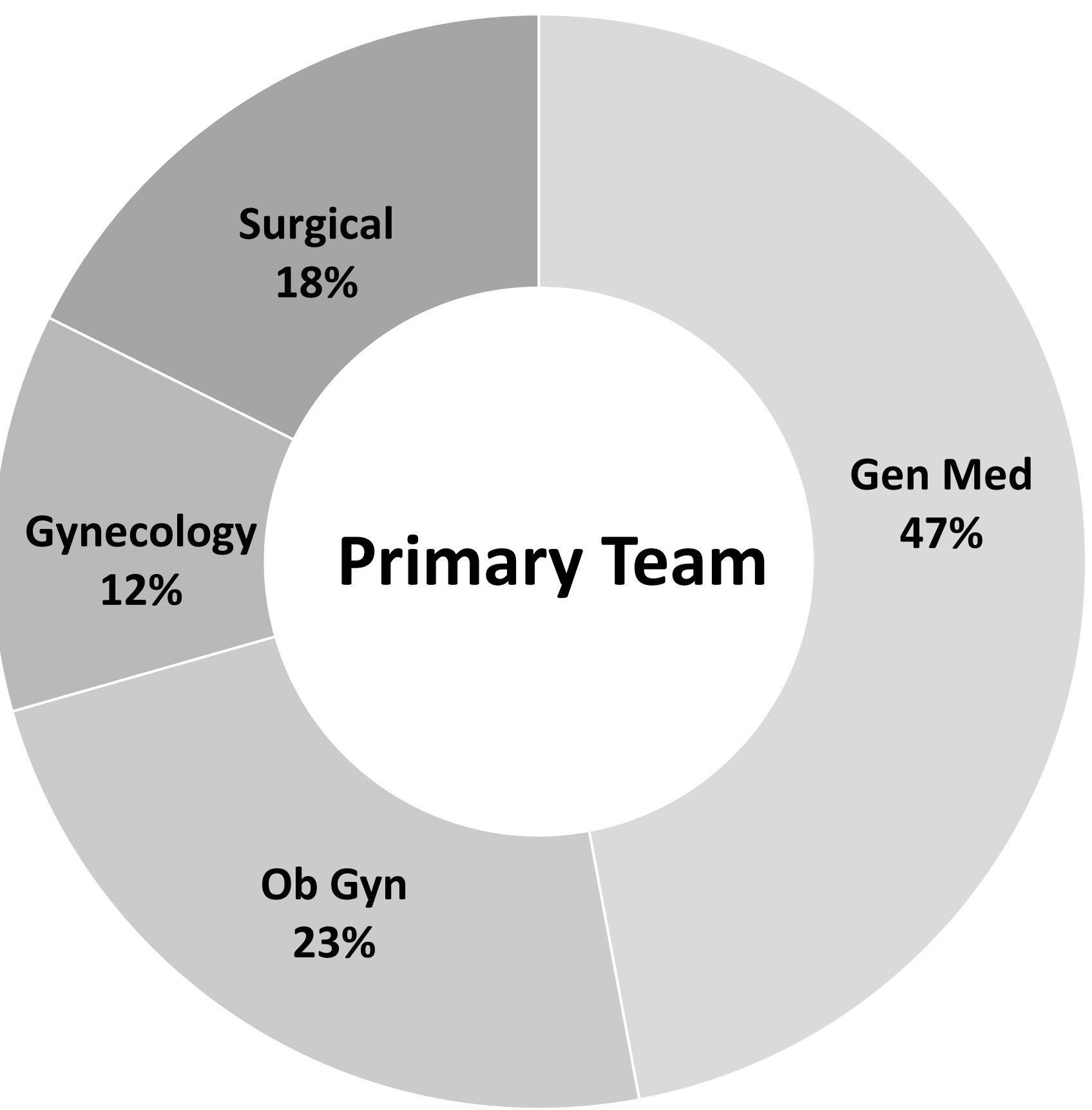
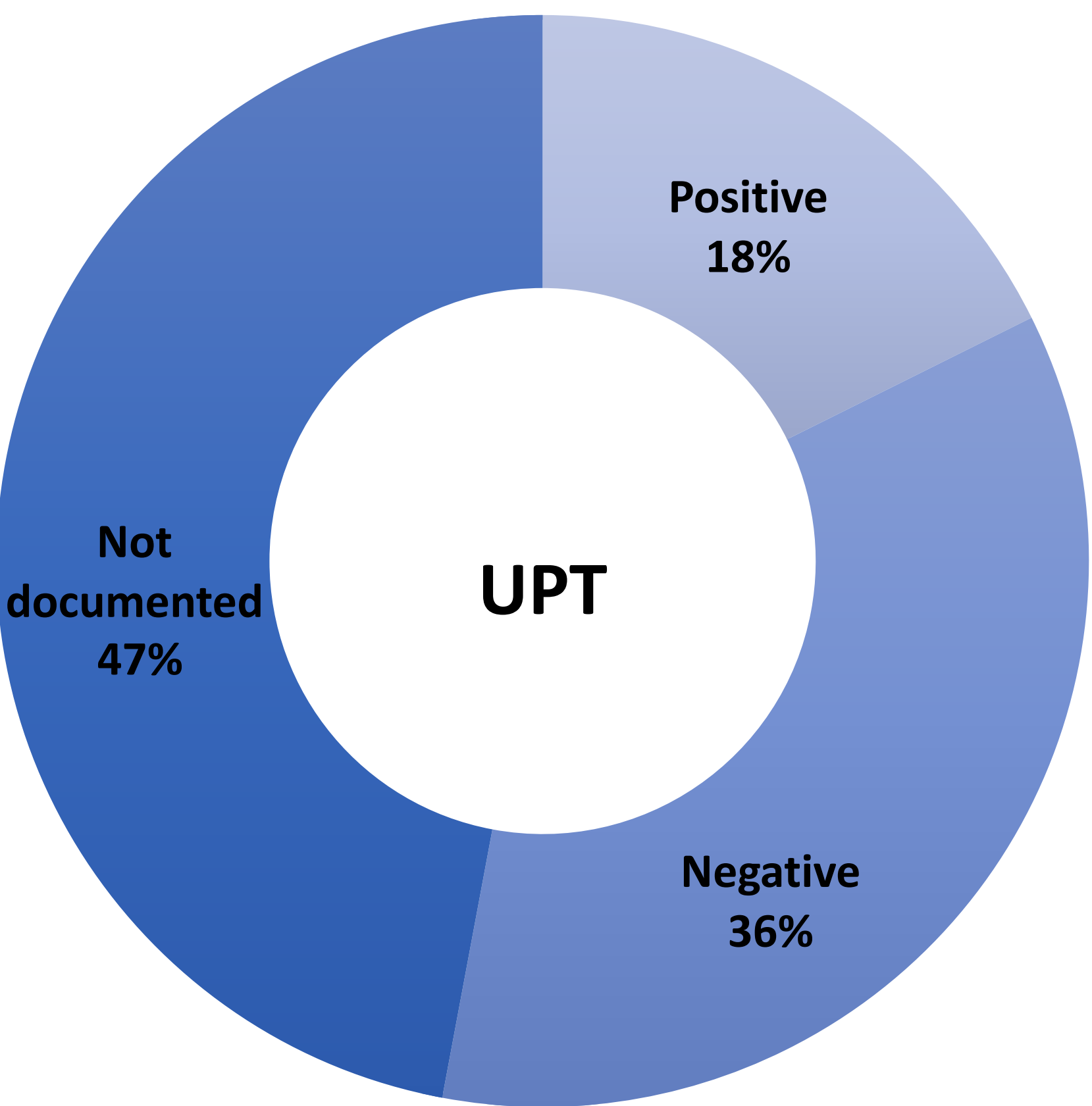
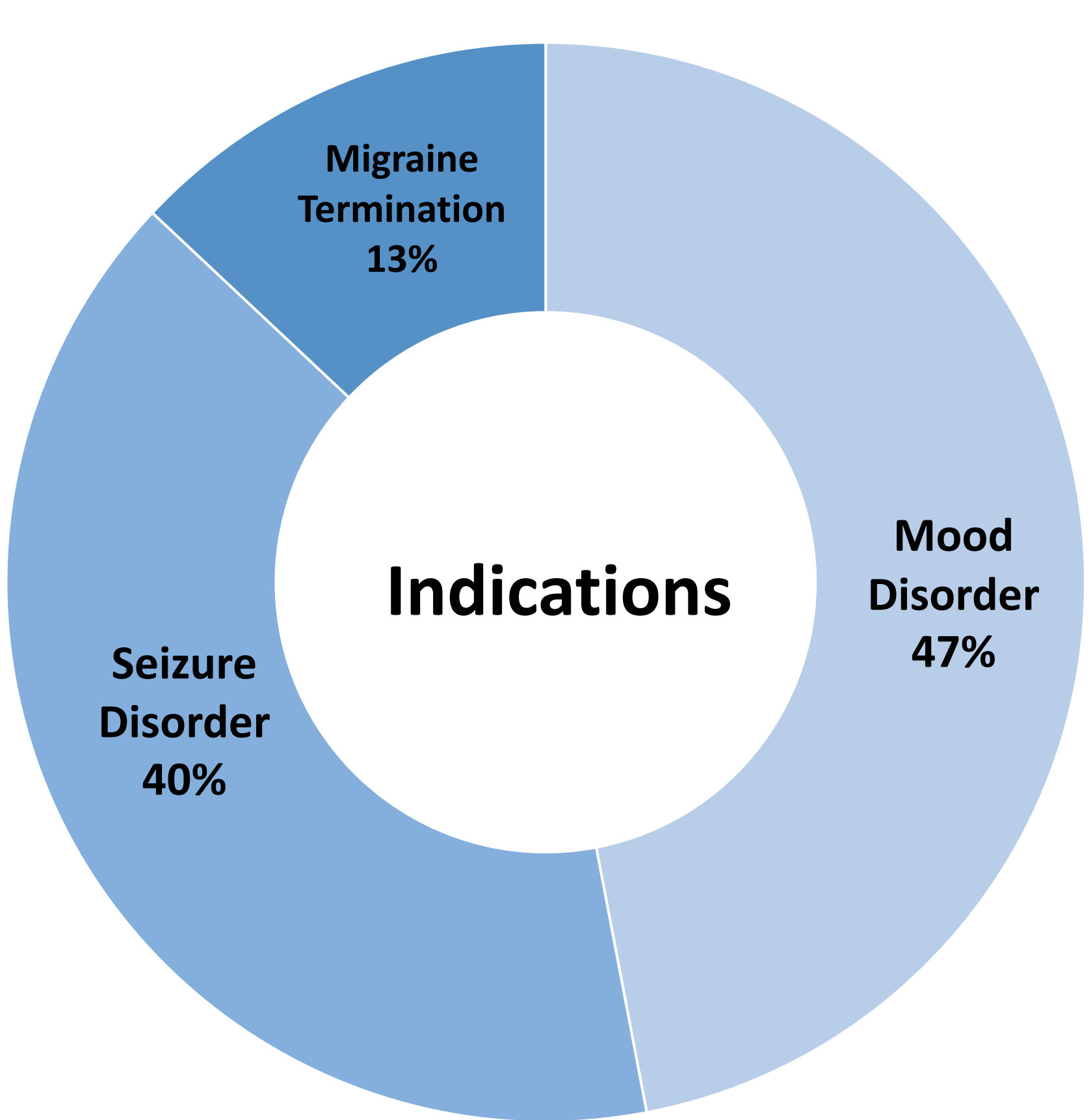
Data

- EMR reviewed, data extracted:
 - Primary service
 - Indication for VPA
 - Urine pregnancy test (UPT) result
 - Contraception
 - Folic acid prescription
 - Psychiatric consult placed
 - Documented discussion of teratogenicity

Conclusion

- ❖ VPA prescribing occurring without best practice guidelines being met
- ❖ Care gap present across different specialties
- ❖ Despite psychiatric indications for use, CL not routinely consulted
- ❖ Involving CL psychiatrist could optimize care
- ❖ Further education is warranted

Results



One of fifteen patients had previous folic acid prescription

No documentation of risk-benefit discussions

One psychiatry consult

Thank you to Andrea Aber for assisting with data collection