

NRAMP Newsletter

Issue 1, June 2017

The National Register of Antipsychotic Medication in Pregnancy (NRAMP)

www.maprc.org.au/nramp

The future of NRAMP Newsletters for Clinicians

Welcome to the first issue of our Newsletter for Clinicians in 2017. This year, and going forward, our Newsletter will be produced biannually, instead of quarterly. This will enable a more comprehensive spread of news and updates across the year. As always, we continue to offer our sincere thanks for your ongoing and valued support, resulting in referrals, queries, comments and suggestions from around Australia, and at times, from international sources. This issue will include discussion on recruitment, the 7th World Congress on Women's Mental Health and a brief look at maternal olanzapine use during pregnancy with outcomes for mothers and babies.

NRAMP Recruitment

Your referrals and queries continue, at an average monthly rate of 3-4 referrals and 5-10 inquiries, from clinicians consumers and carers. NRAMP has continued to grow at a steady pace over the last several years, allowing us to gather important information with which to develop evidence-based antipsychotic medication safety guidelines. This gives us the opportunity to advise our callers in return; in effect we are supporting each other. Our current consented number stands as 318, the majority of whom have a diagnosis of bipolar disorder and who take quetiapine as their primary antipsychotic medication during pregnancy.

7th World Congress on Women's Mental Health

The 7th World Congress on Women's Mental Health was held in Dublin from 6th to 9th March 2017. The theme, *'Rights, Resilience and Recovery'* was strongly upheld throughout the Conference, which provided a stage for many imminent and emerging presenters from around the globe. The organisations and individuals participating in this Conference gathered together in an effort to advance women's mental health and wellbeing around the world. The Conference coincided with the celebration of International Women's Day on 8th March, which was also a very timely opportunity to support one of the main foci of the Conference, the reproductive rights of women in Ireland. In keeping with this, The *Dublin Declaration* was presented to delegates at this time, which was a request to the Irish Government to: *'Guarantee that abortion services are available and accessible in a manner that ensures women's autonomy and decision-making is respected, in line with the best international health practice and in fulfilment of women's human rights.'* Across the four days of Conference activities, plenaries, presentations, symposia and workshops were presented on a comprehensive range of topics. These included child and adolescent mental health, family violence, reproductive rights, mental health challenges for immigrant women, gender sensitivity, biopsychosocial markers of stress and anxiety in pregnancy, psychiatric disorders, pregnancy and birth, and maternal mental health issues. NRAMP was represented at a symposium entitled: *'Psychotropic medication use during pregnancy'*, which generated much interest and follow up both during and following the session. Topics included: NRAMP Overview, NRAMP infant outcomes at 12 months, clozapine use in pregnancy and maternal decision-making around antipsychotic medication use during pregnancy. There is always much interest in



our work at these forums, which amongst other things, confirms the overall lack of available information on antipsychotic medication safety in pregnancy.



NRAMP Snapshots

Olanzapine exposure in pregnancy: maternal and infant outcomes

This snapshot will focus on maternal olanzapine use during pregnancy and subsequent maternal and infant outcomes to 12 months of age. In our group, there were 48 women who took olanzapine during pregnancy.

Demographic data

Participant ages ranged from 22 to 44 years, with the mean age being 34 years. Twenty seven (27/48, 56%) women were married, while six (6) were living in defacto relationships. Bipolar affective disorder was heavily represented in this group, 19/48 (40%) women. Other mental illness diagnoses included schizophrenia (9), schizoaffective disorder (7) and depression (6). The majority of women lived in NSW (16/48, 33%), with 14 in Victoria and 12 in WA. Seven (7) women worked full time, 10 worked part time and 19/48 (40%) were unemployed during pregnancy. Most women were well educated, with 31/48 (65%) completing either post-graduate or tertiary education. Interestingly, the majority of women, 33/48(69%) did not smoke during pregnancy, likewise, 35/48 (73%) of women did not consume alcohol during pregnancy, however two (2) reported using marijuana and two (2) used a combination of street drugs during pregnancy. In summary, our data report that the majority of women in this group were well-educated, highly motivated, very employable and living in stable relationships.

Maternal outcomes

Olanzapine is well known for its weight-promoting tendency. Pre-pregnancy weight in this group recorded twelve (12) women who were overweight (BMI of 26-30), seven (7) who were obese (BMI of 31-40) and one (1) who was morbidly obese (BMIs of >40); a total of 20/48 (42%). The mean BMI was 26 (in the overweight range). In addition, weight gain of >15kg during pregnancy was recorded in 20/48 (42%) women, with gains of 16-25kg overall. Gestational diabetes mellitus (GDM) was recorded in 15/48(31%) women, while 25/48 (52%) women had a family history of diabetes. As a comparison, the overall NRAMP GDM outcome for the first 300 women was 62/300 (21%), which is significant in light of the Australian Institute of Health and Welfare (AIHW, 2012) figure of 5-10% in the general Australian population.

It is interesting to note that the current world obesity pandemic reports that 13% of adults classify as being obese, with a further 40% being overweight (ANMJ, 2017). It is estimated that 2/3rds of Australians have a BMI of >25, while approximately one million Australians, aged two years or over, have diabetes. Subsequent gestational diabetes in 1:20 pregnancies (ANMJ, 2017) adds a massive burden on the cost of healthcare and the health and future wellbeing of newborns. The Australian population data presented here adds an extra level of management in the care of women with mental illness who take antipsychotic medication during pregnancy. Women in our group welcome the education, guidance and support provided by this service, which also draws on comparisons from the general Australian population data.

Birth outcomes

We recorded 48 live births, including one set of twins, and one stillbirth at 28/40 weeks, with neural tube defect (Edward's Syndrome).

Premature births (< 37/40 weeks) number 1/48(3%) infants. Overall NRAMP data for the first 300 outcomes reports 38/300 (13%), compared with 9% in the general Australian population (AIHW, 2012).

Neonatal respiratory distress was reported in 16/48 (33%) infants. Overall NRAMP data for the first 300 outcomes reports 86/300 (29%), compared with 20% in the general Australian population (AIHW, 2012).

Medication withdrawal symptoms were noted in 11/48 (23%) infants. Overall NRAMP data for the first 300 outcomes reports 57/300 (19%), however the AIHW do not provide any current medication withdrawal symptom data with which to compare our outcomes.

Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) admissions, or both, totalled 16/48 (33%). Overall NRAMP data for the first 300 outcomes reports 101/300 (34%), compared with 15% in the general Australian population data (AIHW, 2012).

Discussion

The significance of these findings make it all the more important to continue supporting women in this vulnerable population group. Support should include Perinatal Mental Health Team input where available, access to allied healthcare services, education on lifestyle issues such as nutrition, weight management, exercise, ceasing smoking, alcohol and illicit drug use, birthing in a major hospital facility which has all the necessary emergency equipment, and good support for medication maintenance, to encourage healthy pregnancies and healthy outcomes for both mothers and babies.

References

Australian Institute of Health and Welfare (AIHW), 2012

Australian Nursing and Midwifery Journal (ANMJ), Volume 24, No 10, pg 22-27, May 2017

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