

# Study highlights the importance of continuing medication in pregnancy

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Pregnant women and those who are planning pregnancy should not discontinue their medication without consulting a specialist, says a major new report from researchers at the University of Oxford.

The latest Confidential Enquiry into Maternal Deaths and Morbidity from the national collaborative programme studying maternal and infant deaths, MBRRACE-UK, reviewed the care of 124 [women](#) who died and 46 women who had severe illness during or after pregnancy in the UK and Ireland between 2013 and 2015. The report, 'Saving Lives, Improving Mothers' Care', examined the care of women with severe epilepsy and women who had severe mental illness, as well as the care of women who died. The authors identified that forward planning of care and optimising medication doses could make a major difference to women's risk of complications.

The researchers noted that a number of women who died from epilepsy had stopped their medication early in pregnancy. In some instances this was because either they or their treating doctors were not aware that this could leave them and their unborn babies at increased risk from the effects of seizures. Women who consulted for specialist advice either before pregnancy or early in pregnancy and changed their medications where needed to those which were best for both them and their baby had the least complications in pregnancy. There is an urgent need to ensure women can access this specialist care.

The report also highlights the positive impact that forward planning can have for women who have severe postpartum mental illness. Women who have had an episode of psychosis after giving birth should be recognised as 'high risk' in a subsequent pregnancy. It was evident that good care - when mental health and maternity teams recognised and discussed this risk and put in place preventive treatment and plans for action - prevented relapse in future pregnancies. However, the report noted that for some women there was confusion over what medication was safe for them and their baby during pregnancy, emphasising the importance of seeking specialist advice before stopping or changing treatment.

The study shows that in 2013-15, 8.8 women per 100,000 died during pregnancy or shortly after giving birth. There has been no significant change in the overall national maternal death rate.

Professor Marian Knight, who led the research, commented: 'I cannot over-emphasise to women with known health conditions the importance of seeking specialist advice before they stop or change their medicines in early pregnancy. GPs may not always have the expertise to give this advice and it is best to discuss with someone who has experience of managing your specific condition, such as your epilepsy specialist, psychiatrist or physician trained in pregnancy medicine. If you are planning a pregnancy, it is important to get this advice before you get pregnant.'

Professor Jenny Kurinczuk, who leads the MBRRACE-UK collaboration, noted: 'The reviews of the care of women who had severe problems in pregnancy showed very clearly the difference good care can make. In several instances, women who had severe health conditions during or after a first pregnancy had exemplary treatment before, during and after their next pregnancy and experienced very few complications. Making sure all women receive this good care, with access to the appropriate medical and [mental health](#) specialists will prevent women from dying or having severe complications in pregnancy in the future.'

Professor Knight added: 'High quality care can clearly prevent complications in pregnancy. In order to continue to reduce the number of women dying in and after pregnancy, we now need to ensure all women can access this [high quality care](#) with the appropriate teams of specialists before, during and after [pregnancy](#).'

**More information:** The report is available online:  
[www.npeu.ox.ac.uk/mbrrace-uk/reports](http://www.npeu.ox.ac.uk/mbrrace-uk/reports)

Provided by University of Oxford

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