

# PRECONCEPTION COUNSELLING – THE ROLE OF THE CLINICAL PHARMACIST

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## Background

Preconception counselling evaluates a women's or couples health prior to conception to identify biomedical, behavioural and social risks that may negatively impact a future pregnancy. Currently the clinical pharmacist appears to have limited involvement in the preconception patient. (1, 2)

## Purpose

To investigate the benefit and opportunities of pharmacist involvement in preconception counselling.

## Methods

A retrospective review of twenty women who received preconception counselling by the clinical pharmacist in the Maternity Outpatient Department (MOPD) of Royal Brisbane and Women's Hospital between January 2017 and December 2017.

All patients had had a review by the clinical pharmacist. Data collected included: age, weight, height, obstetric history, medical history, alcohol, illicit drug use, tobacco intake, contraception use, vaccination history, allergies, medication history and pharmacist medication recommendations (3).

## Results

Table 1

Preconception counselling topics documented by the physician and clinical pharmacist and the total patients receiving an assessment.

	Doctor	Pharmacist	Total Patients
<b>Reproductive Awareness and Planning</b>			
Reproductive goals	14 (70%)	4 (20%)	14 (70%)
Contraception	7 (35%)	3 (15%)	9 (45%)
<b>Nutritional Deficiency and Disorders</b>			
Blood Test	8 (40%)	0 (0%)	8 (40%)
OTC†	3 (15%)	4 (20%)	5 (25%)
Folic acid	3 (15%)	6 (30%)	7 (35%)
<b>Social and Behavioural History</b>			
Smoking	12 (60%)	8 (40%)	15 (75%)
Alcohol	11 (55%)	8 (40%)	15 (75%)
Illicit Drugs	4 (20%)	5 (25%)	8 (40%)
<b>Infertility and Subfertility</b>			
Obesity	7 (35%)	0 (0%)	7 (35%)
<b>Immunisations</b>			
Varicella	3 (15%)	1 (5%)	3 (15%)
Influenza	4 (20%)	8 (40%)	10 (50%)
Rubella	1 (5%)	0 (0%)	1 (5%)
Hep A	0 (0%)	0 (0%)	0 (0%)
Hep B	1 (5%)	0 (0%)	1 (5%)
Pertussis	4 (20%)	3 (15%)	6 (30%)
<b>Screening</b>			
STI	0 (0%)	0 (0%)	0 (0%)
HIV	0 (0%)	0 (0%)	0 (0%)
<b>Abuse</b>	0 (0%)	0 (0%)	0 (0%)
<b>Family and Genetic Hx</b>	9 (45%)	0 (0%)	9 (45%)
<b>Chronic Disease Management</b>			
Allergies	7 (35%)	17 (85%)	20 (100%)

†OTC includes Vitamin D, Calcium, Iron

## References

1. El-Ibiary, S. Y., E. C. Raney and M.-K. Moos (2014). The pharmacist's role in promoting preconception health. *Pharmacy Today* **20**(6): 58-72.
2. Dipietro Mager, N. A. (2016). Fulfilling an Unmet Need: Roles for Clinical Pharmacists in Preconception Care. *J. Human Pharmacol and Drug Therapy* **36**(2): 141-151.
3. Wilkes, J. (2016). AAFP releases position paper on preconception care. *Am. Family Physician* **94**(6): 508.

Table 2

Summary of the medical assessment patients received by their physician and pharmacist.

	Total patients
Patients needing potential medication changes	16 (80%)
Detailed patient risk assessment (Documented)	11 (55%)
Detailed fetal risk assessment (Documented)	12 (60%)
Patients requiring referral or follow-up	8 (40%)

## Pharmacist Intervention / recommendations

- Recommendations about suitable washout periods for individual medications
- Recommendations about medications contraindicated in pregnancy
- Advice and follow-up for patients not conceiving in the imminent future
- Appropriate contraceptive advice
- Liaison with specialists to optimise medication management
- Discussion with physicians regarding risk/benefit about individual medications
- Advice about appropriate vaccinations
- Advice about alcohol and consumption
- Advice about nicotine replacement options
- Recommendations about appropriate vitamin and mineral supplementation

## Recommendations

- A standardised preconception counselling tool be developed for the pharmacist outlining suitable and relevant topics to be discussed.
- A training program be developed for pharmacists involved in preconception counselling.
- A multidisciplinary approach be developed for the management of the preconception patient

## Conclusions

The pharmacist has an important role in preconception counselling in women with complex medication histories, to evaluate the latest safety evidence and contribute to the discussion around risk and benefit. Opportunities exist for the pharmacist to discuss suitable contraception, social and behavioural histories, appropriate vaccinations and folic acid supplementation.

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