

INTRODUCTION OF AN ANTIBIOTIC USE IN PREGNANCY AND BREASTFEEDING GUIDE

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Aim To support staff to make decisions about the use of antibiotics in pregnancy and breastfeeding, to promote appropriate maternal therapy and increase usage of breast milk.

Method To support the Trust's application for Baby Friendly Initiative (BFI) status, pharmacy obtained informal feedback from the multi-disciplinary team (MDT) to ascertain why women were being told to stop using breast milk when taking medicines that are considered compatible with using breast milk. This feedback highlighted that:

- ▶ prescribers outside women's and children's services were frequently not aware of how to obtain information on drugs and breast milk;
- ▶ junior doctors within obstetrics wanted a quick answer, especially out of hours;

- ▶ non-medical members of the MDT wanted a resource to quickly find out answers to ensure consistent messages were provided to mothers;
- ▶ prescribers frequently stated when a specialist pharmacist was not on the ward they used the BNF rather than calling medicines information as it was quicker;
- ▶ prescribers wanted a concise answer to their query rather than being presented with information to read;

It was also noted that some mothers were declining treatment or omitting doses so they could breastfeed based on incorrect information. To support the BFI standard "have written policies and guidelines to support the standards"¹ and "enable babies to receive breast milk and to breastfeed when possible"¹ two specialist pharmacists worked to produce a guide on antibiotics, the most commonly queried medicines in pregnancy and lactation, to support initial decision making processes. This also coincided with the launch of the medicines optimisation initiative within the NHS and helped support the principles of improving patient experience, safety, use of evidence and value of medicines use, as well as "patients receive consistent messages about medicines because the healthcare team liaise effectively".²

Results A guide was produced based on the formulary antibiotics classifying them as 'compatible', 'use with caution', 'avoid', or 'seek specialist advice'. The latter was used where it was felt an individual patient decision was needed. For antibiotics that were categorised 'use with caution' or 'avoid', the user was directed to safer alternatives or a specialist pharmacist. A comments column provides further information (e.g. monitoring of the baby). The guide was produced using currently available resources for the use of medicines in pregnancy and breastfeeding.

Conclusion The guide has now been in use for over six months and feedback has been positive. Anecdotal evidence suggests that there are fewer occasions when mothers are incorrectly told they cannot use their breast milk. Formal feedback from the MDT will be obtained and if it continues to be positive, the guide will be extended to Trust formulary antifungals and antivirals (excluding antiretrovirals). The guide has been promoted to be used electronically via the intranet thus enabling regular updates with new evidence.

REFERENCES

- 1 Unicef. The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. Unicef. 2013.
- 2 Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England. Royal Pharmaceutical Society 2013.