**Pharmacist-led clinic in an antenatal setting – Delivering Innovative Healthcare to Pregnant Women**

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**Objective**

Medication adherence in pregnancy is exceedingly low and published data indicates that 68% of pregnant women taking anti-depressant or anxiolytic medicines at pre-conception, ceased their medicines for fear of foetal harm. The objective of this study was to ascertain the impact of pharmacist advice on prescribed medications in pregnancy.

**Method**

Prospective, interventional study in the setting of an antenatal clinic at an outer metropolitan hospital in Brisbane, Australia. Pregnant women were screened and referred to the pharmacist upon referral from GP or obstetric and midwifery staff in pregnancy. Medication reviews occurred in an outpatient setting either in person, via telehealth or on telephone.

**Results**

Over a period of 9 months, 330 pregnant women were referred to the pharmacist representing 26% (330/1251) of total antenatal clinic referrals. 71% (235/330) of these resulted in a booked appointment, of which 83% (197/235) attended, indicating a high rate of engagement.

37% (121/330) of these referrals were due to mental health conditions and 87% (69/79) women were taking psychotropic medication. Whilst pregnant, 39% (31/79) had ceased, weaned or changed their medication. Pharmacist education led to improved compliance in 83% (26/31) women. Additionally, pharmacist intervention resulted in screening for gestational diabetes in 4 women on Quetiapine. It was also noted, none of the obese women (14/14) and 5/7 women taking anti-epileptics were taking high dose folic acid.

**Conclusion**

A multi-disciplinary team approach including the pharmacist in the antenatal clinic provides an opportunity for early consultation, medication optimisation and improved compliance by pregnant women, thereby improving health outcomes for the pregnant woman and her baby.