

# Alice Evans – Perinatal Pharmacist Transcript

## Introduction

My name is Alice Evans, and I'm a perinatal mental health pharmacist. It's unique and I've been lucky enough to be in the role for two years. I'm one of the first in Wales, but there's a few of us now. What we predominantly do is give advice to women who either want to conceive, are pregnant or have just given birth and are breastfeeding on the safety of antidepressants, anti-psychotics or on general medication during these periods. We discuss the safety and everything involved, and we will review them a few times to make sure everything is okay.

We also speak to other health care professionals such as GP's, midwives, health visitors and consultants about the risks and safety of medication during the perinatal period. As part of the perinatal mental health team standards, it does recommend that all women should be given advice on medication. Having a perinatal pharmacist on the team is as yet not a recommendation, but in Hywel Dda they decided it would be a good option; especially since we don't have that much cover from the consultant. Our consultant psychiatrist is only available two days a week, so I step in. That's how I stepped into the role to begin with; to allow these women to have all the information and be reviewed on the medication on a more regular basis.

The waiting list was quite long to begin with and women struggled to see the GP so they didn't really know much about medication in pregnancy. That's how we got implemented in the first place. Just to have someone there that can discuss medication with these women.

## Challenges and Rewards

There hasn't been that many challenges thankfully, it's been fairly welcomed by all healthcare professionals. I think they value having someone there to discuss patients with, discuss the risks and benefits, and sometimes they just like to have reassurance. If they give information to a woman about an antidepressant, for example, I think they like to know they have got the right information and they've given the patient the right information. This is something we try to relay to these patients and healthcare professionals, that giving them the correct information is vital. The benefits I've seen from it have been really good because I see patients at their worst; You review the medication or start them on medication and review them at the end then you see a great benefit and they do really appreciate you as well - which I find very rewarding. The main benefit is just to see the improvement in the treatment for patients in the perinatal period.

I think the perinatal pharmacist role was received quite well. The team welcomed me and we have grown and developed, and they value my opinion with other healthcare professionals ask for help and advice. The women and sometimes the fathers appreciate someone listening to their concerns, especially around medication and seeing someone quite quickly as well (They struggle to get an appointment with a GP or sometimes don't think it's important enough to see the GP for) so having someone to discuss medication and simple things like side effects and stuff like they call in and have a quick chat if they're worried about something they value.

## Lessons learned

One thing I've noticed is that when I first started, a lot of these women would go to their GP and say that they were pregnant, and the GP would stop their medication because they would evaluate that it's too risky during the pregnancy. Then as time went on, their mental health deteriorated, and they needed our support more. What we found is by giving the GPs information (I designed the traffic light system document for them to see the most common antidepressants and anti-psychotics) woman coming in to say that they were pregnant, could see if the risk is low and carry on taking them. Since being in the role less women are stopped abruptly from their antidepressants at the start of pregnancy. Some women decide to stop completely themselves and that's a bit of information that's needed by midwives.



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In regards to impact on colleagues, I found that they've developed their knowledge of medication and some patients don't need to come to me if they are given all the information needed at the start. Every woman involved in the peri-natal team gets triaged by our nurses and if they know information about medication at the start, then that prevents the need to come to me or to our consultant psychiatrist. Having me has helped that workload because I deal with the GP's and that side of it. I've been in the role for two years now and in the last year I've noticed that more GP's are comfortable keeping women on medication. I went on meetings with GP surgeries to highlight that the [traffic light system] is there for their use. I don't know how many letters I've sent throughout the two years. We had a lot of women needing antidepressants, so they'd probably all seen my letters and are kind of used to seeing these medication prescribed in pregnancy and in breastfeeding.

We have had some issues as well where a woman is prescribed medication during breastfeeding and they've told her to either stop or the medication or stop breastfeeding, which is just not needed. I haven't had any evaluation formally done for my work, but we've had good feedback. We get reviewed as a team every year and in the review, they ask our ladies about how they found the service. I've had good feedback back from that and from women who have valued my support and as I've always been there for them, in a way, from the start to the end, That's the only evaluation I've had really regarding what has been challenging at times.

### Conclusion

It's quite a stressful job and a normal caseload of roughly 60 women is what I see a regular basis but as a team we have around 500 women at one time as we cover the whole of Hywel Dda, it's quite a vast geographical area so one big challenge is the amount of patients that we see and the amount of work that goes into it as well. We have developed it a bit more recently, so it isn't as bad, but I think the benefits outweigh it - seeing them through their troubled times, because we do have them just calling in and having a chat which I know is not the pharmacist side of the role, but it is to me holistic perinatal care - not just to talk about medication but to help them in other ways. We make sure that we help them with support at home, with diet, smoking cessation, that part of well-being which pharmacy is part of as well.

