

NRAMP Snapshots

Multiple consenters to NRAMP

One of the many things that makes NRAMP unique is the group of women who have consented to take part in the study on more than one occasion. To date, we have 25 women in this group, one of whom has consented four times and another who has consented three times, bringing the total consents to 53.

Demographic data

Participant ages ranged from 27 to 42 years, with the mean age being 33 years. Thirty eight women were married, while 16 were living in defacto relationships. Bipolar affective disorder was heavily represented in this group, being recorded for 35/53 (66%) women. Other mental illness diagnoses included schizophrenia (8), schizoaffective disorder (6) and depression (5). The majority of women lived in Victoria (24), with 16 in NSW and 8 in WA. Fourteen women worked full time, 18 worked part time and 18 were unemployed during pregnancy. Women tended to be well educated, with 28 completing post-graduate education and 14 completing tertiary education. Interestingly, the majority of women, 47/53 (89%) did not smoke during pregnancy, likewise, 46/53 (87%) of women did not consume alcohol during pregnancy and none used illicit drugs during pregnancy. Our data report that the majority of women in this group appear to be well-educated, highly motivated, very employable and living in stable relationships.

Maternal outcomes

NRAMP collects maternal weight and Body Mass Index (BMI) data from pre-pregnancy to 12 months postnatal. In this current group, we found some interesting results. We recorded pre-pregnancy overweight BMIs (26-30) for 9 women, obese BMIs (31-40) for 13 women and morbidly obese BMIs (>40) for 3 women. These outcomes have been charted against their respective maternal antipsychotic, which clearly indicate the weight-promoting properties of quetiapine (17/53), being more significant than olanzapine data (3/53) in this group. Furthermore, weight gain of >15kg during pregnancy was recorded for 23/53 (47%) of women, with gains of 16-36kg overall. Even though there was also a family history of diabetes for 34/53 women (64%), only 8/53 (15%) developed gestational diabetes (GDM), with one report of ongoing diabetes at 12 months postnatal. This is a lesser number when compared with the overall NRAMP GDM outcome of 62/300 (21%), which is significant in light of the Australian Institute of Health and Welfare (AIHW, 2012) figure of 5-10% in the general Australian population.

Birth outcomes

We recorded 47/53 live births, including one set of twins, three stillbirths, two miscarriages and one termination. (1) Stillbirth at 33/40 weeks, post mortem indicated intrauterine fetal hypoxia but was otherwise normal (maternal quetiapine). (2) Stillbirth at 31/40 weeks, post mortem indicated hypovolaemia, anaemia, with fetomaternal transfusion (maternal quetiapine). (3) Stillbirth at 28/40 weeks, Trisomy 18 (Edward's Syndrome) (maternal olanzapine).

Premature births (< 37/40 weeks) number 7/47 (15%); overall NRAMP data reports 38/300 (13%), compared with 9% in the general Australian population (AIHW, 2012).

Neonatal respiratory distress was reported in 16/47 (34%) infants (overall NRAMP data reports 86/300 (29%), compared with 20% in the general Australian population (AIHW, 2012).

Medication withdrawal symptoms were noted in 11/47 (23%) infants (overall NRAMP data reports 57/300 (19%), however the AIHW do not provide any current data with which to compare our outcomes).

Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) admissions, or both, totalled 18/47 (38%). Overall NRAMP data reports 101/300 (34%), compared with 15% in the general Australian population data (AIHW, 2012).

Discussion

Overall NRAMP outcomes clearly indicate that women in our cohort are representative of pregnant women with mental illness in our communities, albeit women who are generally well-educated and able to look after themselves and their families. The significance of our findings should continue to encourage the support of good perinatal physical and mental health. Women need to be educated about healthy lifestyle practices and empowered to make educated decisions, with the support of their clinicians, on safe medication management, including antipsychotic medication in pregnancy and breastfeeding,

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Summary outcomes & comparisons for multiple consenters to NRAMP

Variable	Multiple consents n = 53	NRAMP data 2016 n = 300	AIHW 2012 Australian population data
Maternal GDM	8/53 (15%)	62/300 (21%)	5-10%
Neonatal prematurity	7/47 (15%)	38/300 (13%)	9%
Neonatal respiratory distress	16/47 (34%)	86/300 (29%)	20%
Neonatal medication withdrawal symptoms	11/47 (23%)	57/300 (19%)	No data available
NICU/SCN/both	18/47 (38%)	101/300 (34%)	15%