

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME**

### **Indicator guidance**

**QOF indicator area:** Serious mental illness

**Output:** Indicator guidance for QOF

**Date:** August 2014

### **Indicator for NICE menu (indicator ID: NM78)**

The percentage of women with schizophrenia, bipolar affective disorder or other psychoses under the age of 45 years who have been given information and advice in the previous 12 months about pregnancy, conception or contraception tailored to their pregnancy and contraceptive intentions.

### **Indicator to be replaced**

Not applicable.

### **Rationale**

This indicator measures the percentage of women with schizophrenia, bipolar affective disorder or other psychoses who receive pregnancy, conception or contraceptive advice tailored to their reproductive intentions. It aims to ensure that pregnancies are planned and any associated risks are minimised, thereby improving the pregnancy outcomes of this group of women.

Women with schizophrenia, bipolar affective disorder or other psychoses are at an increased risk of adverse events during pregnancy because of their medication. This includes a risk of relapse of mental health symptoms, and potential effects on the fetus during pregnancy and the infant during breastfeeding.

Although there is a lack of evidence about the safety of psychotropic medication during pregnancy and breastfeeding, the Scottish Intercollegiate

Guidelines Network's (SIGN) guideline on [management of schizophrenia](#) recommends that women taking these medications should be considered as being at high risk of gestational diabetes and should be monitored accordingly.

The [SIGN guideline](#) also notes that taking psychotropic medication is not routinely a contraindication to breastfeeding, although clozapine is not recommended during this time because of its association with agranulocytosis.

Medications such as amisulpride, risperidone and sulpiride may reduce the chances of conception because of raised prolactin levels.

The [SIGN guideline](#) recommends that women who take psychotropic medication should be made aware of the potential effects of the medication in pregnancy, and that the use of reliable methods of contraception should also be discussed.

Women with schizophrenia, bipolar affective disorder or other psychoses are also at increased risk of adverse psychological effects as a result of pregnancy and during the postnatal period. The [SIGN guideline](#) recommends that women have a detailed plan of their early postnatal psychiatric management.

The NICE guideline on [bipolar disorder](#) (NICE clinical guideline 38) recommends that women with a serious mental illness should be encouraged to discuss any pregnancy plans with their doctor and be given contraceptive advice as necessary.

## **Reporting and verification**

See indicator wording for requirement criteria.

## **References**

- [Management of schizophrenia](#). Scottish Intercollegiate Guidelines Network (SIGN) guideline 131 (2013).

- [Bipolar disorder: the management of bipolar disorder in adults, children and adolescents in primary and secondary care](#). NICE clinical guideline 38 (2006).

## **Further information**

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at

[www.nice.org.uk/standards-and-indicators/#/qof](http://www.nice.org.uk/standards-and-indicators/#/qof)