P236

# P236 -Contraception practice amongst women with hypertension

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## Introduction

In pregnancy, pre-existing hypertension increases the risks of complications and many anti-hypertensive medications are cautioned or contraindicated. NICE guidance (1) therefore recommends that women with hypertension who are of childbearing age be counselled about the potential risks of future pregnancies and the need to be on medications which are considered safe prior to conception. We sought to determine what proportion of women of childbearing aged referred to our tertiary hypertension service were taking potentially unsafe medications and how frequently contraception was being employed in such cases.

## Methods

All new patients referred to our hypertension service in a 12 month period from 1/10/2017 to 30/9/2018, were identified. All males, patients who didn't attend the appointment and women older than 56 were excluded (as the average age of menopause in the UK is 51) (2). Data was collected via electronic clinic letters. All new patients underwent 24 hour ambulatory blood pressure monitoring (ABPM) at their initial clinic visit, and patients who were not on medications and who had a daytime average BP of less than 135/85mmHg were not considered hypertensive and excluded.

## Results

Sixty-three patients were included in the analysis with a mean age of 37 years and 85.7% (54/63) were on anti-hypertensive medications at the initial appointment. Of these 92.6% (50/54) were on medications potentially unsafe in pregnancy when referred (see table 1) with 52% (26/50) taking one medication, 34% (17/50) taking 2 medications and 14% (7/50) taking 3 or more. Information about contraception use prior to referral was available for 39 patients. Of these, 7.6% (3/39) were planning a pregnancy and their medications were adjusted so that they were safe in pregnancy, 10.2% (4/39) were not on contraception and the remainder were on contraception (see table 2). Half the patients (2/4) not using contraception were taking at least one potentially unsafe medication for hypertension.

## Discussion

Amongst women of child-bearing age referred to our hypertension clinic, approximately 80% were taking medications potentially unsafe in pregnancy. A significant minority of women in our cohort were not actively using contraception when referred, despite taking potentially unsafe medications and/or having uncontrolled blood pressure. This raises the question of whether adequate pre-conception counselling for such patients is happening consistently in primary care. This data highlights the importance of discussing pregnancy with all women of child-bearing age seen in hypertension clinics. The results also clearly have implications for all nephrology outpatient settings along with other environments where such patients will often be seen (for example diabetes clinics). Following this study we intend to audit pre-conception counselling in our outpatient clinics.