This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Folic Acid 400mcg

Legal status (GSL, P or POM on exemption list, or PGD)	▪ GSL - midwife may supply
Patient group	Pregnant women at low risk of conceiving a child with neural tube defects.
Clinical indication	Prevention of neural tube defects.
Pharmacology (Onset and duration of action where appropriate)	Administration of folic acid pre conception and during the first 12 weeks of pregnancy has been shown to decrease the incidence of neural tube defects which occur when fetal neural tube fails to fuse, normally during the first 4 weeks of pregnancy. There appear to be environmental and genetic factors involved but it is not fully understood.
Pharmaceutical form, strength, route of administration	Tablets contain folic acid 400micrograms. For oral administration.
Dose, frequency and maximum number of doses or period of time for administration or supply	One tablet daily until the 12th week of pregnancy. 1 original pack.
Contra-indications/exclusion criteria	▪ known hypersensitivity to any component of the medicine ▪ folate dependent tumours ▪ malignant disease ▪ persistent hyperemesis ▪ couples are at a high risk of conceiving a child with a neural tube defect if either partner has a neural tube defect (or either partner has a family history of neural tube defects), if they have had a previous pregnancy affected by a neural tube defect, or if the woman has coeliac disease (or other malabsorption state), diabetes mellitus, sickle-cell anaemia, or is taking antiepileptic medicines, and should take the higher dose of 5mg folic acid ▪ women with a high bmi require 5mg
Cautions and action that will be taken if a caution applies	▪ pernicious anaemia or vitamin B12 deficiency states unless administered with vitamin B12 as this may lead to sub-acute combined degeneration of the spinal cord ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record

Folic Acid 400mcg	
Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ may reduce plasma levels of anticonvulsants, particularly phenytoin and primidone ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record ▪ refer to current BNF for latest information on interactions
Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected	*Adverse medicine reactions rarely occur. Those reported are:* ▪ *allergic reactions* ▪ *mild gastro-intestinal upset* ▪ *on labour* *Nil* ▪ *on the neonate* *Nil* ▪ *on breast feeding* *Nil* ▪ *If a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme. http://yellowcard.mhra.gov.uk/*
Overdose	▪ no special procedure or antidote needed - symptoms not reported ▪ immediate assessment/treatment is essential - refer to medical staff ▪ manage in accordance with established treatment guidelines or see BNF overdose section ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ give the manufacturer's patient information leaflet to the woman
Patient monitoring arrangements during and after treatment and follow-up required	Not required.
Particular storage requirements	-

References

Summary of Product Characteristics folicare
text revision 4.5.2018
http://www.medicines.org.uk
Accessed 16.12.2019
3. http://www.bnf.org