

NHS SouthWest London Medicines Optimisation Newsletter

September 2025

Croydon

Kingston

Merton

Richmond

Sutton

Wandsworth

- MHRA Drug Safety Update: Paracetamol and pregnancy - reminder that taking paracetamol during pregnancy remains safe
- Vitamin D Self-Care During Autumn & Winter
- Wound Management Prescribing Support Documents – Updated
- Updated Guidance: Prevention of Recurrent Urinary Tract Infections (UTIs)

MHRA Drug Safety Update: Paracetamol and pregnancy - reminder that taking paracetamol during pregnancy remains safe

Patients should be reminded and reassured that there is no evidence that taking paracetamol during pregnancy causes autism in children. Paracetamol is recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. It also acts as an antipyretic and is therefore used to treat fever. Patients should not stop taking their pain medicines as untreated pain and fever can pose risks to the unborn child.

Actions for Healthcare Professionals:

- Refer to the full [MHRA drug safety update](#) for further information and guidance.

Vitamin D Self-Care During Autumn & Winter

[Public Health England \(PHE\)](#) recommends during autumn and winter months (October to March), all patients consider prophylaxis vitamin D, due to insufficient sunlight. As part of the self-care strategy, in line with [NHS England's guidance](#), NHS SWL does not support the prescribing of Vitamin D3 (colecalciferol) for maintenance or prevention of deficiency. Patients should be advised to purchase these products over the counter (OTC).

Vitamin D3 (colecalciferol) can be purchased from a pharmacy, in supermarkets or online and patients should be encouraged to buy supplements for maintenance treatment or prevention of deficiency.

Clinicians should only prescribe vitamin D supplements for the treatment of deficiency (vitamin D level less than 25 nmol/L) or insufficiency (vitamin D level 25 to 50 nmol/L) in high-risk patients as per [SWL Vitamin D guidelines](#). Usually this is a treatment course and followed with over the counter maintenance vitamin D.

Actions for Healthcare Professionals:

- Familiarise yourself with [position statement](#) and [patient information leaflet](#) on vitamin D. Refer to the [SWL Vitamin D guidelines](#) for additional information.
- Encourage self-care by signposting to over-the-counter supplements and signpost eligible patients and carers to access [healthy start vitamins](#).
- Do not initiate new prescriptions for vitamin D unless they are in line with the [SWL Position statement](#) on the prescribing of vitamins D.
- For treatment of deficiency or insufficiency in high risk patients, prescribe a full course of treatment dose. Do not add to repeat medication list.
- Review all existing patients prescribed maintenance doses of vitamin D and consider discontinuing the prescription unless in line with local guidance. Advise patients to purchase vitamin D supplements for maintenance or prophylaxis.

Updated Wound Management Prescribing Support Documents

The following Wound Management prescribing support documents have been updated to include latest formulary changes and are now available on the SWLIMO website under the section [A5: Wound Management](#):

- [Tissue Type Guide for Primary Care](#) - supports accurate wound assessment and treatment.
- [Primary Care Dressing Request Form](#) - latest version includes a revised title.

SOUTH WEST LONDON WOUND MANAGEMENT PRODUCTS REQUEST FORM (V7.1 in use from 1st September 2025)													
DN/TVN (Name):	DN/TVN Contact No.:	NHS Number:	Indication (e.g. wound type, site etc):				Date patient seen:	Date of Next Review:					
Patient Name:	Patient Address:	D.O.B.:	Instructions (Quant, Per change, Freq, of Change):				Name of GP Practice:						
Please request appropriate quantities to avoid wastage. Wound products should be prescribed as quantities of SINGLE units / dressings at all times.													
Product	Size	Qty	Size	Qty	Size	Qty	Product	Size	Qty	Size	Qty	Size	Qty
ADHESIVE DRESSINGS FOR LIGHTLY EXUDING WOUNDS							BANDAGES AND COMPRESSION SYSTEMS						

Actions for Healthcare Professionals:

- Always use the links above to access the latest versions of these documents.
- Share these updates with relevant colleagues and stakeholders to ensure consistency across care settings.

Updated Guidance: Prevention of Recurrent Urinary Tract Infections (UTIs)

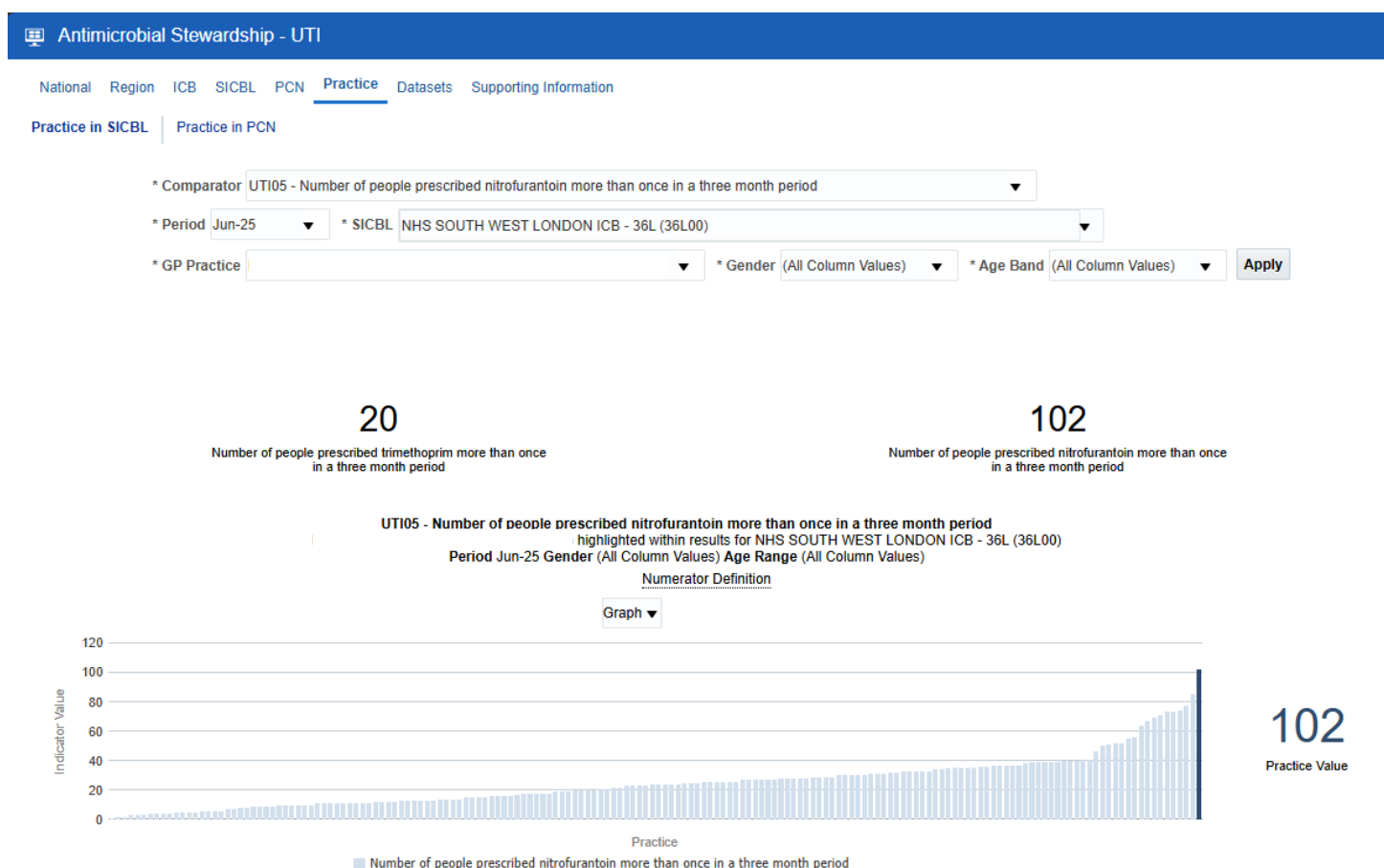
The “Prevention of recurrent urinary tract infection (UTI)” section of the [“Primary care antimicrobial guidelines”](#) and [“Adult recurrent uncomplicated UTI pathway for non-pregnant females”](#) have been updated to include methenamine as an option.

Methenamine is an **antiseptic** which may be considered for use as an alternative to daily antibiotic prophylaxis in appropriate patients. Please note the formulary status of methenamine:

- **Red** (Prescribed and administered by a specialist):
 - Pregnant people
- **Amber 2** (Initiation by a specialist and review after 6 months, then continuation prescribed in primary care):
 - in complicated upper or lower UTI
 - in adults with a male genitourinary system
 - in children and young people
- **Green** (Suitable for prescribing in primary care):
 - in people with a female urinary system, if:
 - they are not pregnant AND
 - any current UTI has been adequately treated AND
 - they have recurrent UTI that has not been adequately improved by behavioural and personal hygiene measures and/or vaginal oestrogen (if any of these have been appropriate and are applicable)

A recent [Prevention of Future Deaths](#) report has highlighted the association between nitrofurantoin and pneumonitis. The MHRA issued a safety reminder in 2023 regarding [pulmonary and hepatic adverse drug reactions of nitrofurantoin](#). The Specialist Pharmacy Service provides guidance on [nitrofurantoin monitoring](#). For structured clinical review of patient with UTIs, refer to the [RCGP TARGET antibiotics toolkit](#) which includes [diagnostic tools](#), [audit templates](#) and [training resources](#) (see ribbon on right hand side of webpage for links).

Clinicians may find it useful to visit the [ePACT2 AMS UTI dashboard](#) [logon required] where comparator UTI05 can be selected from the drop down menu for “Number of people prescribed nitrofurantoin more than once in a three month period” and further stratify by age. A screenshot has been included below to illustrate available data.



Actions for Healthcare Professionals:

- Share this update with clinical colleagues.
- Review patients currently on daily antibiotic prophylaxis and consider methenamine as an alternative where appropriate, using shared decision making.
- Seek specialist advice via Advice and Guidance if required.