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Pregnancy and preconception checks in renal patients

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Pregnancy presents a number of challenges for women with renal disease. Early intervention and specialist care are fundamental to ensuring the best care for such patients. We performed an audit utilising our database of female patients under the age of 40 with renal disease in a tertiary renal centre (the Royal Free Hospital, London) to investigate whether certain features of their care, which were key to improving their renal and pregnancy outcomes, were being examined in clinic. These included:- contraception mode if not trying to conceive; whether the patient was taking folate if they were planning a pregnancy; whether they were taking any teratogens, and if so whether a plan was in place for pregnancy; documentation of their last smear; what their virology status was; whether they are taking aspirin if pregnant; whether they were vitamin D replete; whether their periods were irregular, and if so whether they were referred to fertility services; for patient with lupus nephritis, if Ro+ in pregnancy, whether they were referred for foetal echocardiography. We found that, of the 92 patients audited, all points were covered in very few cases. These fortunate few had all been seen in the renal obstetric clinic which ran briefly at the Royal Free Hospital but is due to restart soon. Informed by the lack of consistent discussions of points of import to these patients in our clinics, we have embarked on a Quality Improvement Project to improve these outcomes.

Biography

Gabrielle Goldet has completed her DPhil at the age of 28 years from Oxford University in chemistry and then continued onto to study medicine at Oxford University as a graduate student, graduating in 2013. She has since been training as a doctor, specializing in nephrology in London at the Royal Free Hospital and the Hammersmith Hospital.

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