Let's Talk About Sex, Yes Baby
The guidelines

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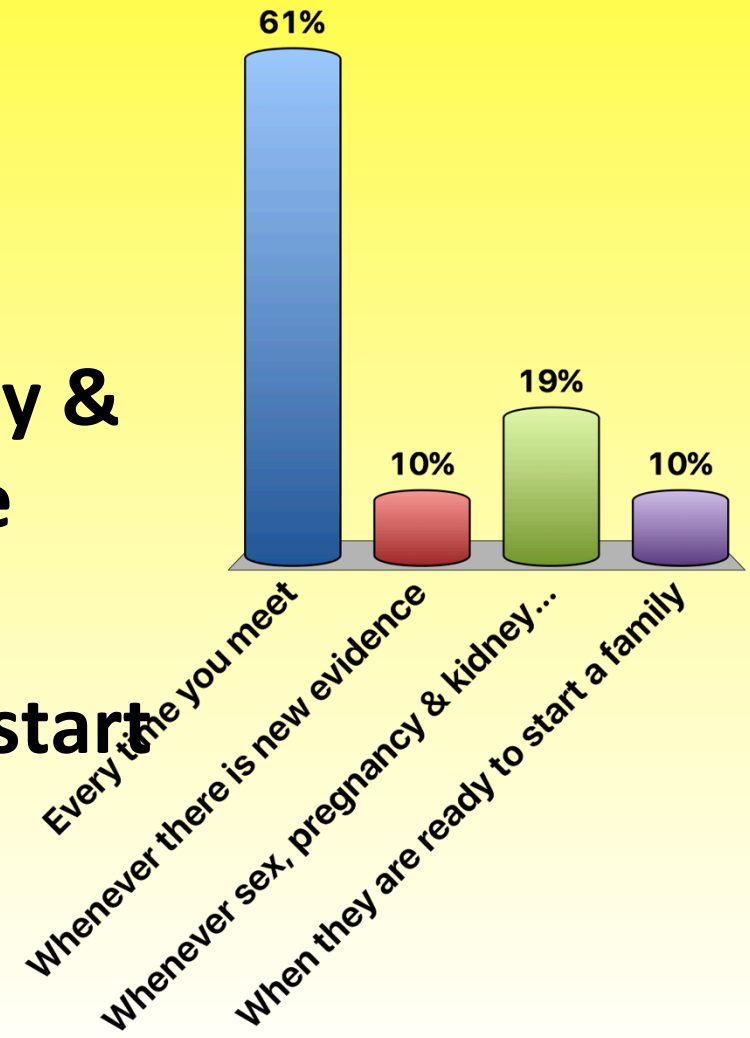
When is the best time to talk to patients about sex and pregnancy?

A. Every time you meet
B. Whenever there is new evidence
C. Whenever sex, pregnancy & kidney disease get in the way of each other
D. When they are ready to start a family



THE RENAL ASSOCIATION
founded 1950

Clinical Practice Guideline
Pregnancy and Renal Disease

Final Version:	September 2019
Review Date:	September 2024

PRE-PREGNANCY CARE

Contraception
Fertility
Optimising medication
Optimising kidney health
Setting expectations

PREGNANCY CARE

Optimising medication
Blood pressure management
Pre-eclampsia prophylaxis
VTE prophyaxis
Anaemia management
CKD-MBD management
MDT working
Renal biopsy
Delivery planning
Peripartum care

POSTNATAL CARE

Optimising medication
Contraception

NOT COVERED

AKI and renal stone disease
Fertility, contraception, teratogenicity and genetic implications for men with CKD

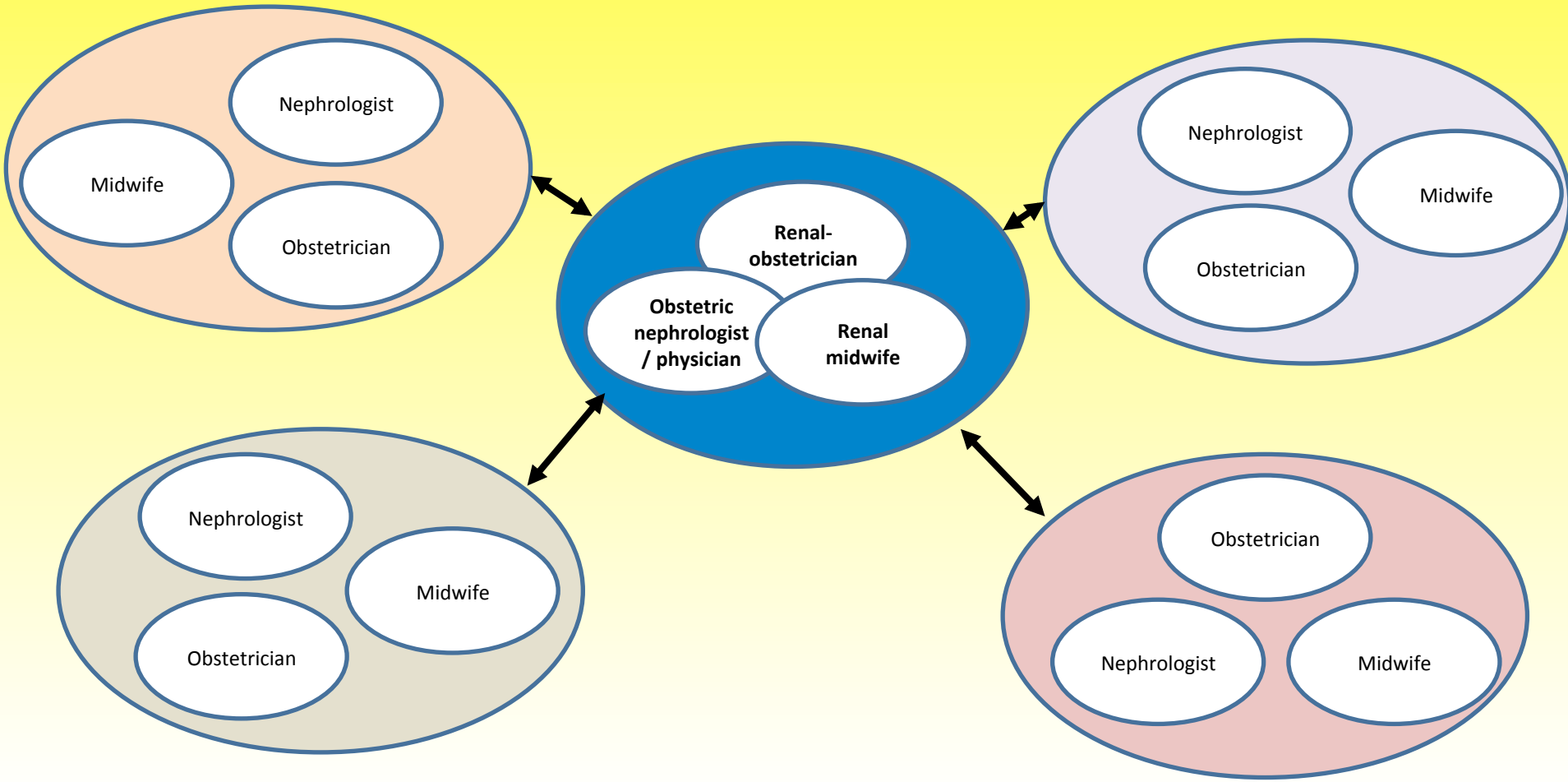
Guideline 1.1

We recommend multidisciplinary teams (including a consultant obstetrician, consultant nephrologist/expert physician, and expert midwife or midwifery team) are established to offer advice and care for women with CKD who are pregnant or planning a pregnancy. All healthcare professionals caring for women with CKD should be able to access this MDT (1D).

NHS

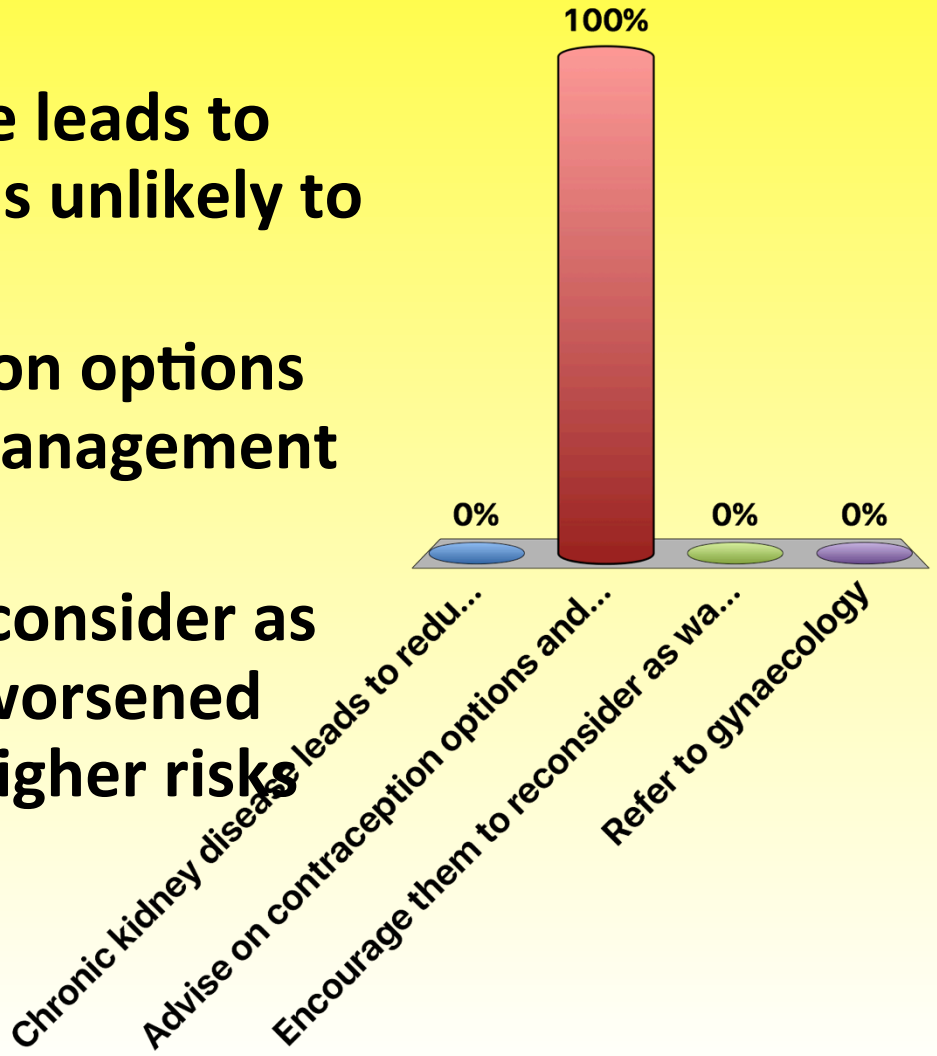
The NHS Long Term Plan

A strong start in life for children and young people



If a patient with kidney disease does not want to start a family yet, what should the renal team do?

A. Chronic kidney disease leads to reduced fertility so it is unlikely to be an issue
B. Advise on contraception options and arrange shared management with primary care
C. Encourage them to reconsider as waiting will result in worsened kidney function and higher risks in the future
D. Refer to gynaecology



2. Medication in pregnancy and lactation

Aspirin
LMWH
Labetalol
Nifedipine
Methyldopa
Prednisolone
Azathioprine
Ciclosporin
Tacrolimus
Hydroxychloroquine
Penicillins
Cephalosporins

Eculizumab

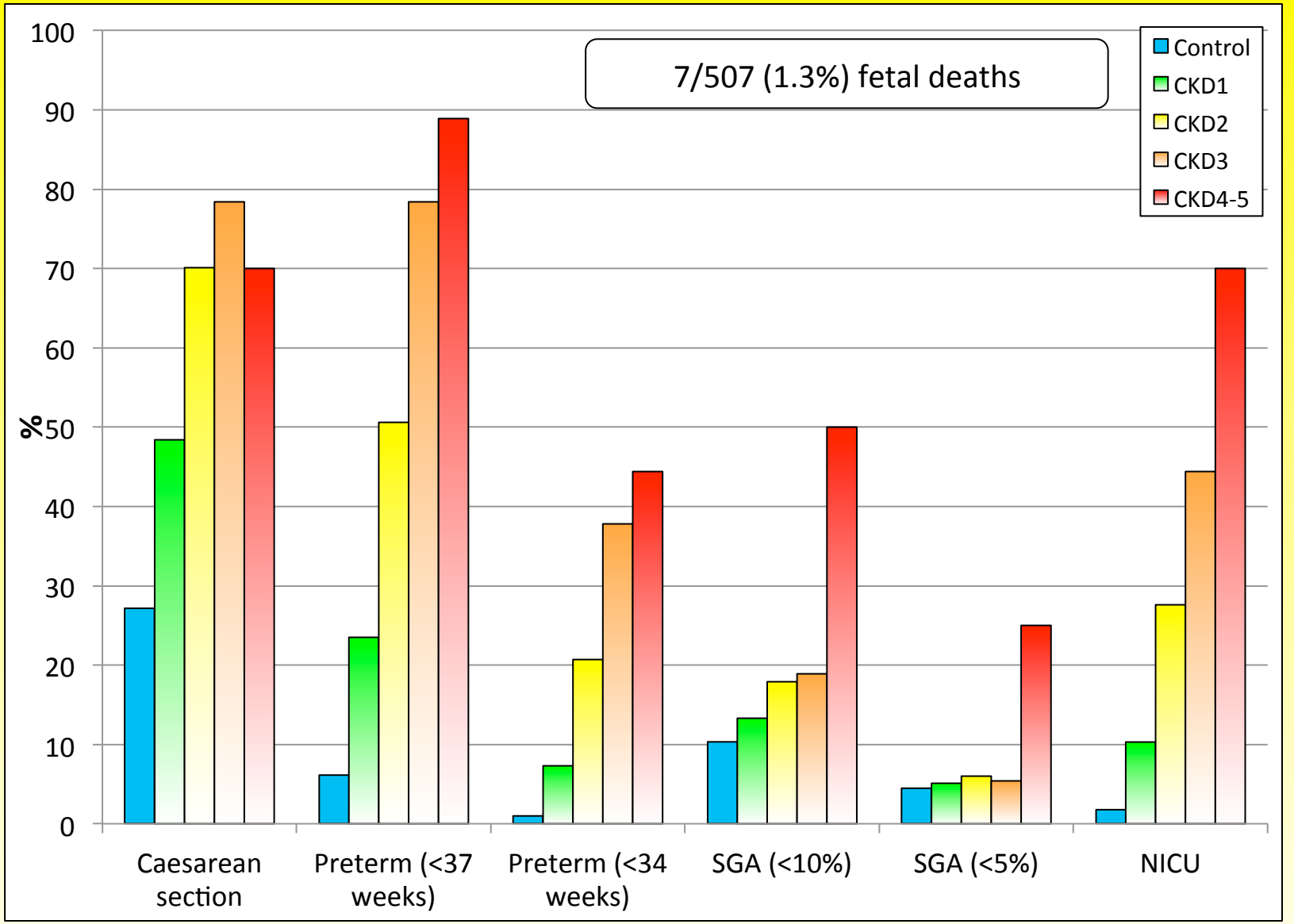
Rituximab

Mycophenolate
Methotrexate
Cyclophosphamide
Sirolimus
Everolimus
Tetracyclines
Quinolones

Tacrolimus is OK with breastfeeding

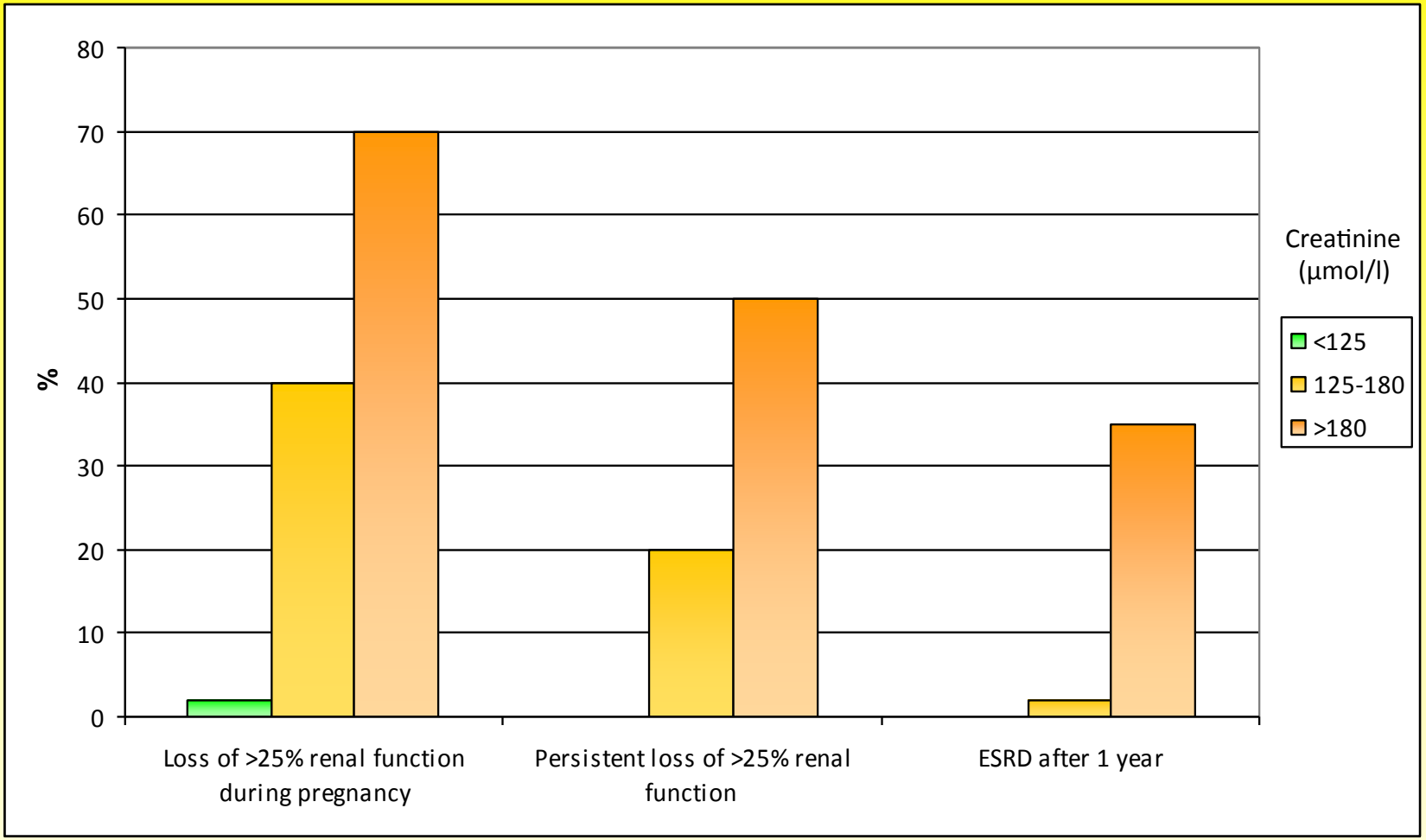
Mycophenolate is not OK with breastfeeding

Set expectations



507 pregnancies
Prospective study
2000-2013

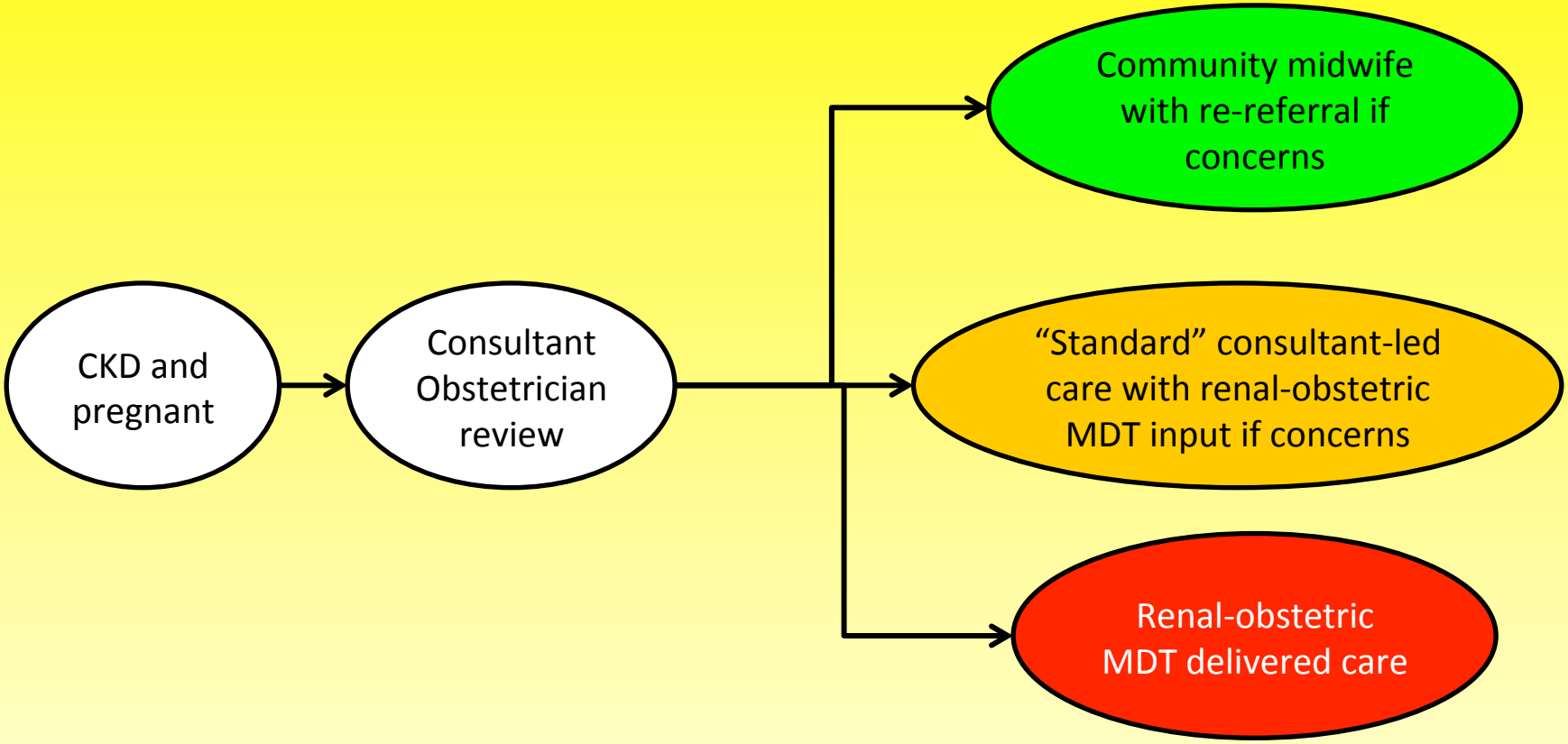
Piccoli GB, Cabiddu G, Attini R et al. J Am Soc Nephrol 2015;26:2011



Adapted from Williams D, Davison J. BMJ 2008;336(7637):211-215

ACE inhibitors

4.2 Antenatal care



In addition to standard care

Gestational diabetes screening if taking prednisolone and/or calcineurin inhibitors

Reduced threshold for investigation and monitoring for pre-eclampsia

Aspirin 75-150mg daily for (almost) all

VTE prophylaxis with low molecular weight heparin for women with nephrotic-range proteinuria (and maybe less)

Target blood pressure of
<u>110-135</u>
70-85

Treat to Hb>100g/l with iron (IV* if indicated) and erythropoeitin

*BNF/SmPC states avoid in first trimester. No evidence of harm.

New-onset nephrotic syndrome?
New suspected diagnosis of immunologically driven renal disease?
Rapidly progressive renal disease of unknown cause?

First trimester

Standard renal biopsy

Second trimester

Standard or sitting position renal biopsy or empiric treatment

Third trimester

Empiric treatment or complete pregnancy. No biopsy.

Will histology change management during pregnancy?

5.1 Renal transplantation

Enhanced CNI monitoring

Gestational DM screening

Discuss delivery plans with local transplant surgical team

Women receiving maintenance dialysis before pregnancy

Postpone until transplantation when feasible

Long, frequent sessions to improve outcomes

Adjust haemodialysis to target a pre-dialysis mid-week urea<12.5mmol/l

Women receiving PD should convert to HD during pregnancy

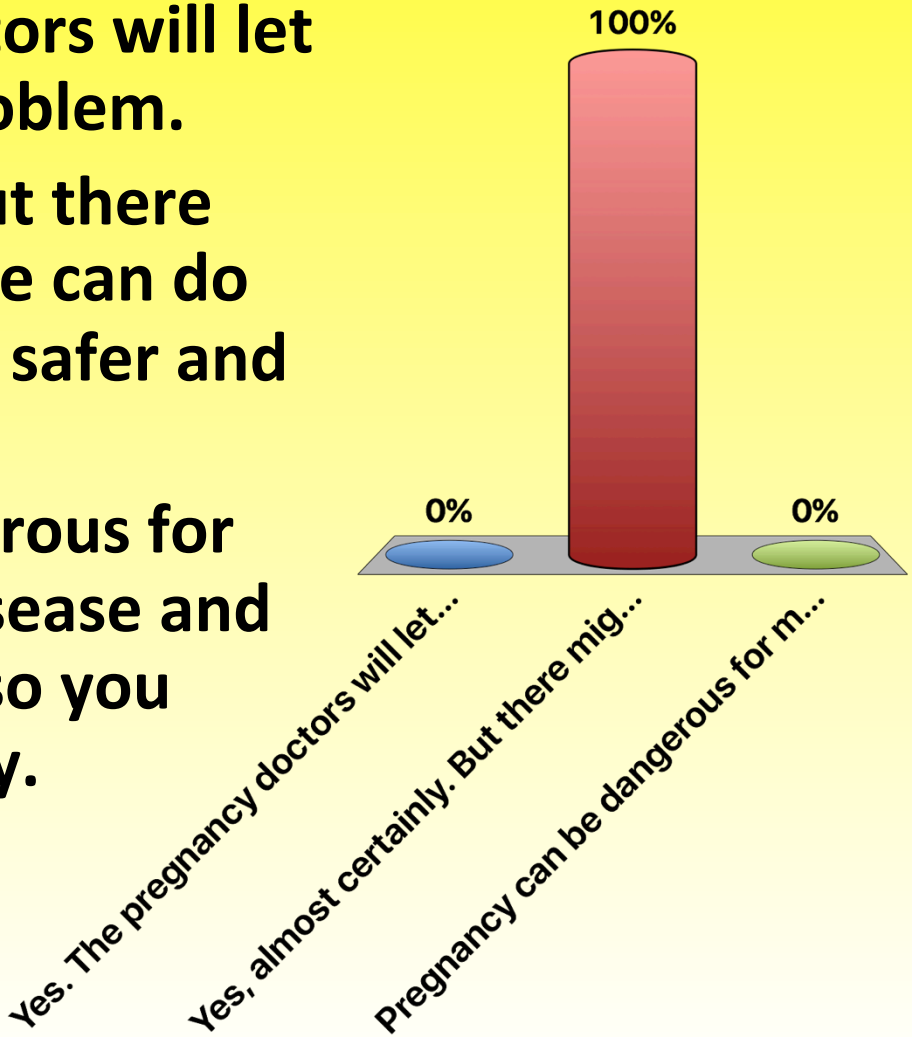
Women receiving should start HD during pregnancy if urea is 17-20mmol/l and risks of preterm delivery outweigh those of dialysis initiation

What is the best answer to a patient asking, "Can I try to start a family?"

A. Yes. The pregnancy doctors will let me know if there's a problem.

B. Yes, almost certainly. But there might be some things we can do first to make pregnancy safer and more successful.

C. Pregnancy can be dangerous for mothers with kidney disease and babies die more often, so you should not have a family.



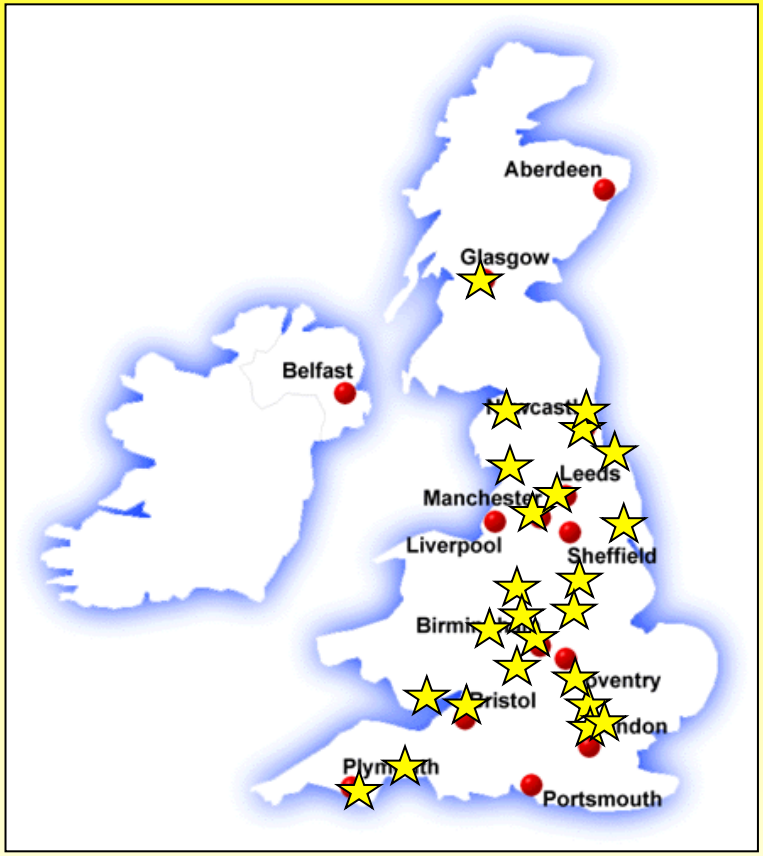
Acknowledgements

Nottingham City Hospital

Dr Al Ferraro
Dr Suzanne Wallace

UK-CORD

Prof Sue Carr
Prof Nigel Brunskill
Prof Liz Lightstone
Dr Graham Lipkin
Dr Clara Day
Dr Sajeda Youssouf



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