

Establishment of an obstetric nephrology clinic in a tertiary hospital in Abu Dhabi two years experience

Dr. Hefsa Al Shamsi¹, Dr. Bashir Taha², Dr. Salema Wani³, Dr. Fatmea Farooq², Dr. Iman Al Shamsi¹

Seha Kidney Care¹, Corniche Hospital, Obstetric medicine ², Obstetric and gynecology department³, Abu Dhabi UAE

Introduction:

Approximately around 3% of pregnant women in high income countries have chronic kidney disease (CKD) (1). It is very important to have a multidisciplinary discussion regarding the management of pregnant women with CKD.

Aims:

The aim of establishing a multidisciplinary clinic is to identify and manage pregnant women with CKD.

Methods:

A nephrology obstetric clinic was established in Sep 2022 in Corniche hospital Abu Dhabi UAE. Patients mostly are referred from obstetric medicine clinic. The referral criteria is summarized in table 1. The clinic team and roles are summarized in table 2. Once the patient is referred she will be evaluated by the team and a combined management plan will be agreed upon. The clinic is running once per month. In case the patient needs to be seen earlier she is given an appointment in obstetric medicine clinic which is running once a week. If the patient is admitted in hospital follow up will be conducted by obstetric medicine team.

Table 2: Referral criteria to the nephrology obstetric clinic

- **Referral criteria to the clinic:**
- **Persistent proteinuria (on more than 2 occasions)**
- **Persistent hematuria (on more than 2 occasions)**
- **History of acute kidney injury**
- **Established CKD (all stages)**
- **Post- Kidney transplant**
- **SLE**
- **Hx of lupus nephritis**
- **Hx of glomerulonephritis/nephrotic syndrome**
- **IgA Nephropathy**
- **Essential Hypertension**
- **post preeclampsia**
- **cr >77 μmol/l in a pregnant patient**

Results:

The clinic is running once a month. The average patients numbers are around 5 patients per visit. The patients' are seen prior to conception, during pregnancy and one visit after delivery and referral to nephrology service for continuation of care is made. Patients blood pressure and protein in urine is monitored in every visit. Early detection and management of potential complications.

Conclusion:

In the last two years, the Obstetric Nephrology Clinic at Corniche Hospital has made significant strides in addressing the unique healthcare needs of pregnant women with renal concerns. Despite our success, we recognize that the current clinic's reach is limited, serving a small number of patients within Abu Dhabi.

To enhance our impact and extend specialized care to a broader population, we advocate for the establishment of obstetric nephrology clinics in other hospitals across Abu Dhabi. By expanding our services, we aim to improve accessibility and provide comprehensive care to a larger demographic.

Table 1: the roles of MDT obstetric nephrology team

MDT nurse	Manage the booking of the clinic, contact patients for follow up visits, measure weight and blood pressure.
obstetrician	Role in Maternal and Fetal Care Prenatal monitoring and management Collaboration with other specialists for comprehensive care Expertise in High-Risk Pregnancies Addressing obstetric complications related to kidney health
Obstetric medicine team	Holistic Patient Management Specialized care for pregnant women with pre-existing medical conditions Coordination with the nephrologist for integrated care Medication Management Adjusting medications to ensure the safety of both mother and baby
nephrologist	Renal Expertise in Pregnancy Managing kidney-related complications during pregnancy Monitoring and addressing changes in renal function
dietician	Addressing specific dietary needs for pregnant women with kidney disease

References:

- 1) Piccoli GB, Cabiddu G, Attini R, et al. Risk of Adverse Pregnancy Outcomes in Women with CKD. *J Am Soc Nephrol.* 2015;26:2011–2022. doi: 10.1681/ASN.2014050459.