

Service Evaluation of Combined Rheumatology/ Obstetric Clinic at a tertiary care hospital, England

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Introduction

Inflammatory rheumatic diseases (IRDs) are believed to improve during pregnancy but half of the patients end up having postpartum flares. Better control of IRDs prior to, during, and post-pregnancy, improves maternal and fetal mortality/ morbidity minimizing both maternal and fetal complications. DMARDs compatible with pregnancy are required to control disease activity to ensure positive pregnancy outcomes. A multidisciplinary approach with dedicated combined clinics and with respective field experts who can cater to this population is associated with better outcomes. EULAR has set recommendations around pre-pregnancy, during pregnancy and post-pregnancy care for females with IRDs.

Aims/Objectives

- To evaluate the Service of the Combined Rheumatology Obstetrics clinic held at a tertiary care hospital in England for pregnant patients with IRD against the EULAR recommendations.
- To observe the patient and disease outcome in terms of maternal and fetal health.
- Assess patient satisfaction in the combined clinic.

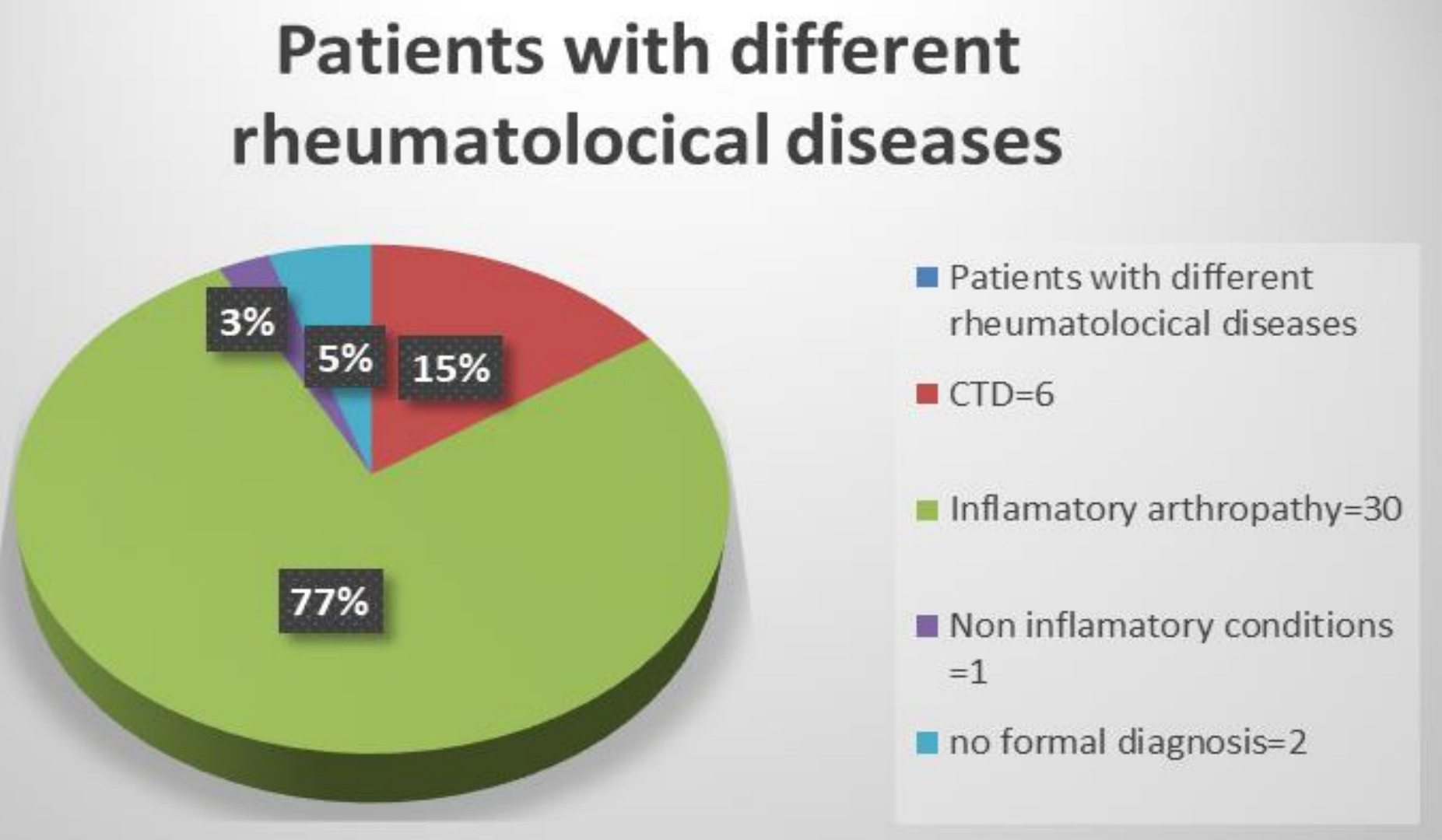
Methods

- Retrospective study of the 40 patients who attended the combined Rheumatology/ Obstetric Clinic from November 2020 to February 2022.
- Data collected from clinic letters, medical notes, and maternity database
- Patient satisfaction questionnaire was posted to capture patient satisfaction with a 33% return rate.

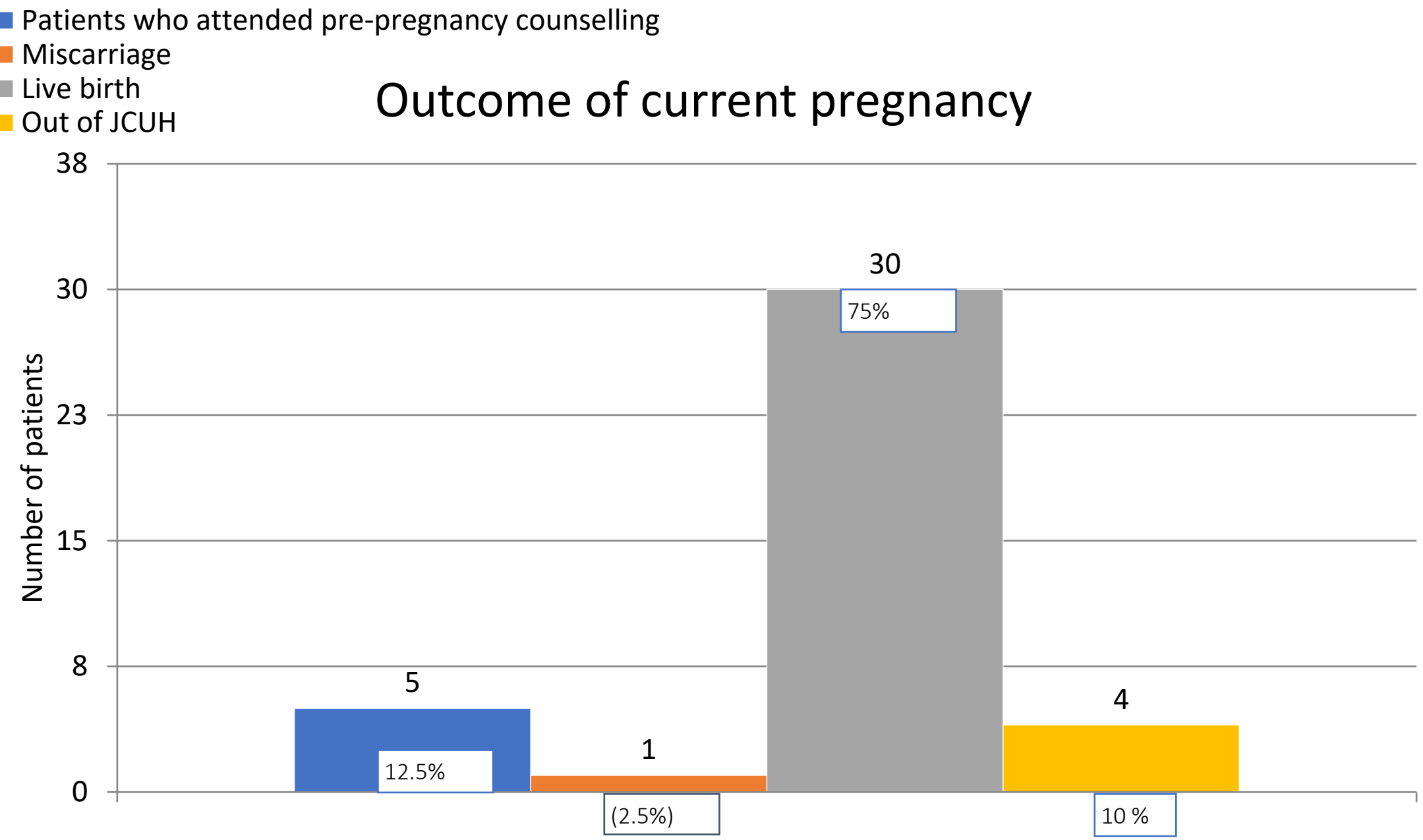
Results

Case mix:

- 77% of the patients had Inflammatory arthritis.
- 15% had connective tissue disorder(CTD)
- 2 % did not have any formal IRD diagnosis and were excluded from further analysis.



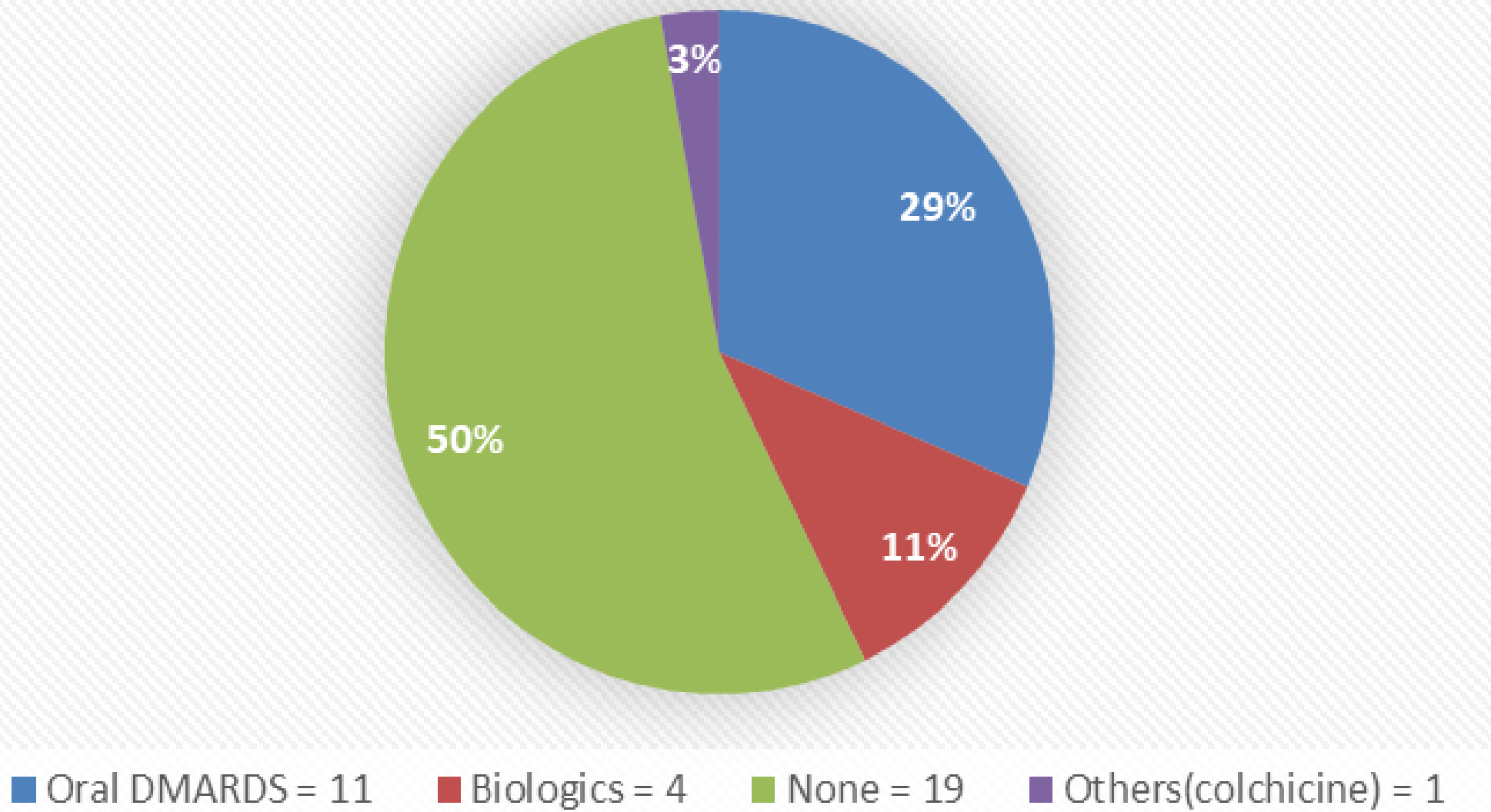
- 12.5% received dedicated pre-pregnancy counselling
- 2.5% had miscarriages
- 10% of the remaining 85 % of patients had obstetric care in other hospitals.



IRD treatments during pregnancy:

- 29% received oral DMARDs
- 11% received biologics
- 16% needed steroids
- Half of the patients did not require any treatment.

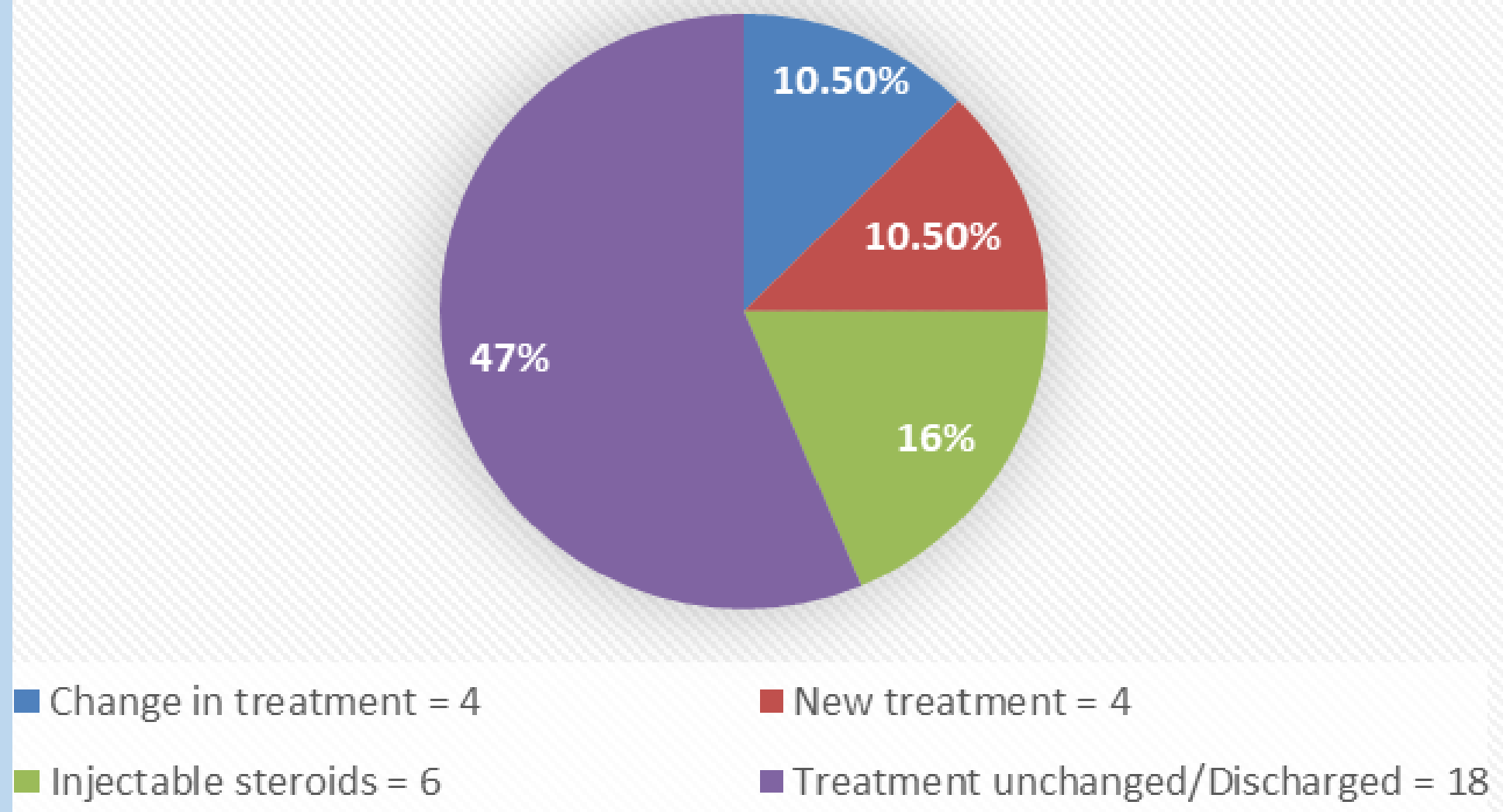
IRD treatment during pregnancy



Interventions in the clinic:

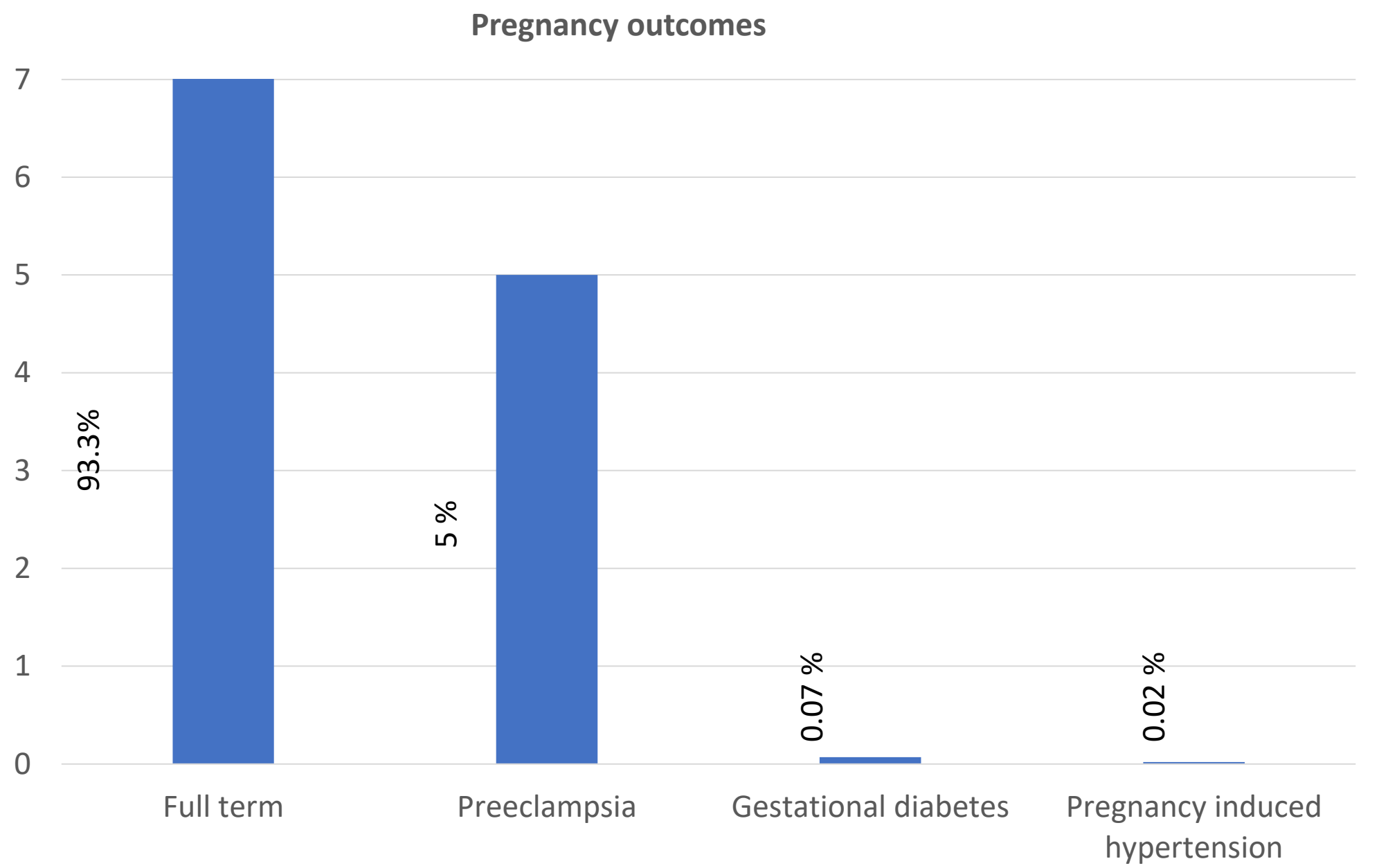
- all the patients had medication reviewed and VTE assessments.
- 7.5% required VTE prophylaxis
- 10% needed either change medications or needed dose adjustment
- 10 % needed physiotherapy.

Intervention in clinic



Pregnancy outcomes:

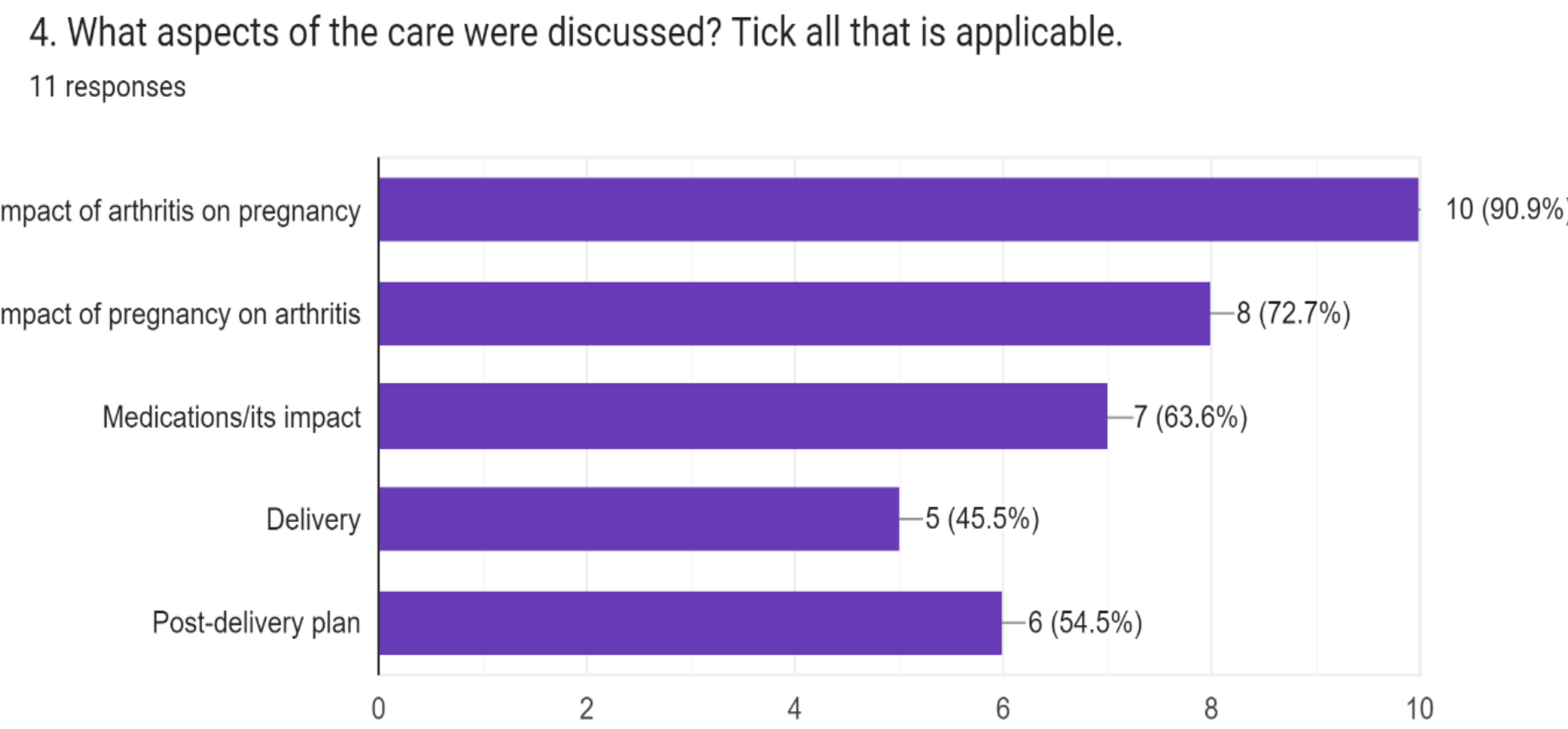
- The pregnancy outcomes in IRD patients were similar to general population
- 93.3% had full-term deliveries
- 5% had pre-eclampsia, 0.07% had gestational diabetes and 0.02% had pregnancy-induced hypertension and fetal growth restriction.



Neonatal outcomes: none had congenital heart block, 10% had neonatal adverse outcomes including preterm births and 3.3% had congenital heart malformation unrelated to the IRA treatment.

Patient survey:

- 100% satisfaction with staff.
- 100% patient awareness of the impact of 1RD and the medications on the pregnancy.
- 66.7% received pre-pregnancy counseling.
- 50% received in combined obstetrics/rheumatology clinics.



Conclusion

- Our service evaluation of the pregnant patients with IRD showed no major adverse outcome for the mother and the baby and had a high patient satisfaction rate.
- The combined rheumatology/Obstetric clinic offered timely and appropriate interventions and reassurance to patients which led to good pregnancy outcomes.

Future plans

- To aim for increased pre-pregnancy counselling for patients than 12.5% at present.
- Maintain a robust database to assess pregnancy outcome trajectories
- Update the clinic proforma to align with EULAR data collection recommendations.
- Develop referral proforma for IRD patient referral to the combined clinic.
- To continue to provide excellent care to all pregnant patients with IRD expanding this to all of the Teesside regions.