

Optimising Maternal and Fetal Outcomes:
A Retrospective Audit of a Joint Obstetric Rheumatology Clinic (2023)
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Introduction:

The care of pregnant individuals with rheumatological conditions requires multidisciplinary collaboration. In 2017, our centre launched a Joint Obstetric Rheumatology Clinic to address this need

To identify the maternal and fetal outcomes in patients attending this clinic

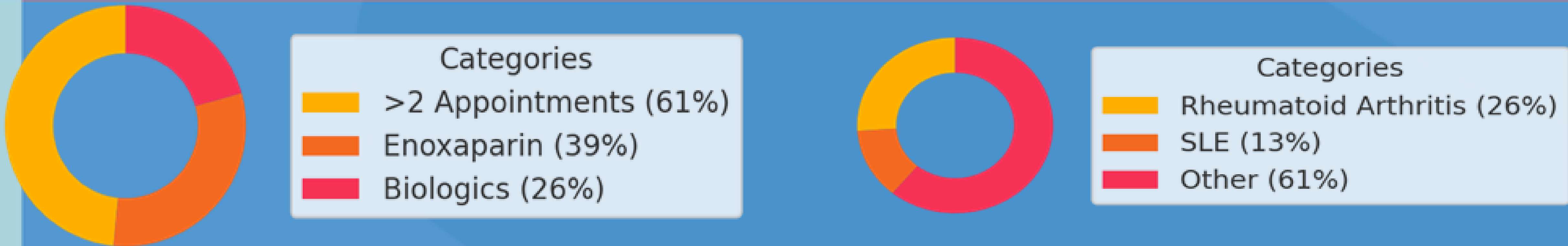
Objective:
Evaluate service delivery and patient outcomes for 2023 referrals

Methods: :

- Retrospective review of 31 patients
- Jan–Dec 2023
- Data on demographics, referrals, treatment & outcomes
 - Dmards
 - Women on suphasalazine should take high dose folic acid –5mg
 - Biologics –Cimzia(certolizumab)and Humira (Adalimumab)
 - Cimzia – safe to take throughout pregnancy and breast feeding
 - Humira – If disease is stable – stop at 26-28w and restart after delivery
 - Safe in breast feeding . Risk vs benefit . Can continue if active disease
 - To pause the injections before delivery – to help with healing of any tears and restart once healed
 - Avoid live vaccines on term baby up to 6 months after birth if Biologics continued beyond 28weeks (BCG, Rota virus)

Results:

- RA (26%), SLE (13%)
- 65% aged 20–35, 42% nulliparous
- 61% had >2 appointments
- 39% started on enoxaparin
- 26% on biologics (Cimzia®, Humira®)
- 1 NICU admission, 0 congenital heart blocks



Conclusion:
The Joint Clinic model supports comprehensive, timely care for complex pregnancies. Continued data collection is key to service refinement

- Future Steps:
- Expand referral pathways• Standardise follow-up protocols• Prospective data tracking