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Edited by John M Davison, Catherine Nelson-Piercy, Sean Kehoe and Philip Baker
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Renal Disease in Pregnancy

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DECLARATIONS OF PERSONAL INTEREST

All contributors to the Study Group were invited to make a specific Declaration of Interest in relation to the subject of the Study Group. This was undertaken and all contributors complied with this request. Philip Baker has declared that the Maternal and Fetal Health Research Centre in Manchester receives core support from Tommy's, the Baby Charity. Proportions of his salary are from Tommy's, the Baby Charity and from the National Institute of Health Research. He edits the undergraduate and postgraduate textbooks *Obstetrics by Ten Teachers* and *Obstetrics & Gynaecology: a Guide for MRCOG*, and is on the editorial board of *Obstetrics, Gynaecology and Reproductive Medicine*. Sean Kehoe has acted as an adviser for Sanofi Pasteur and received support to attend educational meetings. He is a member of the BGCS Council and the NCRI Ovarian Subgroup, and a spokesperson for WOW. Mark Kilby has acted as a consultant to the National Institute for Health and Clinical Excellence (NICE) and has done paid editorial work for *Maternal and Fetal Medicine Reviews*. Liz Lightstone has received honoraria for chapters in *Medicine 2003* and *Medicine 2005*. Catherine Nelson-Piercy is on the editorial boards of *Obstetrics, Gynaecology and Reproductive Medicine* and the *International Journal of Obstetric Anaesthesia* and is editor-in-chief of the journal *Obstetric Medicine*. She edits the postgraduate textbooks *Maternal Medicine* and *Obstetric Medicine: a Problem-based Approach* and has written the *Handbook of Obstetric Medicine*. She is a trustee for the charity Action on Pre-eclampsia and patron of the Lauren Page Trust. Jason Waugh is a clinical expert for Action on Pre-eclampsia.

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Preface

Women with renal problems, including kidney transplant patients and those receiving dialysis, often consult clinicians on the advisability of becoming pregnant or continuing a pregnancy already in progress. Pre-existing renal disease is encountered with increasing frequency in pregnant women. When counselling and caring for such women it is crucial that the clinician understands the striking physiological alterations that occur during normal pregnancy (most marked in the renal and cardiovascular systems) as well as the need for expert multidisciplinary antenatal care with awareness of the technology for fetal surveillance and the role of neonatal intensive care. Renal problems may also arise *de novo* in pregnancy and again expert care is essential to ensure satisfactory short- and long-term outcomes for these women and their newborns.

This book stems from the 54th RCOG Study Group on 'Renal Disease in Pregnancy', which allowed specialists in many disciplines to sift the most up-to-date evidence on all aspects of diagnosis and management in women with renal problems before, during and after pregnancy. The chapters describe many of the issues likely to be faced in clinical practice, providing valuable information for all healthcare professionals working in this field.

General principles for optimal management are clearly defined and separate chapters are devoted to specific disease entities and/or clinical situations. Members of the Study Group were mindful of the need for the obstetric medicine literature to adopt the new internationally recommended five stage classification for chronic kidney disease. Also, they have not tried to avoid the many controversial areas – management of hypertension, diagnosis of pre-eclampsia, assisted conception, the rationalisation of the many medications used in nephrological practice, renal biopsy, surgical emergencies, patient input and responsibilities – all are carefully considered. Whatever the problem, the key to a successful service is multidisciplinary teamwork within appropriate facilities, requiring as a minimum an obstetrician, a renal/obstetric physician and a specialist midwife, all with the necessary expertise.

During the deliberations of the Study Group it became apparent that many of our conclusions and counselling advice are based on poorly controlled, retrospective evidence (although there have been improvements on this in the last 20 years), underscoring the need for prospectively acquired data as well as registries.

In summary, this book critically reviews current knowledge of renal physiology, chronic kidney disease and other renal problems in pregnancy and highlights areas of controversy. Much progress has been made in the last two decades but there still remains a paucity of investigative data behind many of the conflicting arguments. Nevertheless, the Study Group has concluded the book with a list of consensus views

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for the management of renal disease in pregnancy, which are not intended to be 'good practice guidelines' or 'evidence-based statements'. It is hoped that the book and the follow-up meeting will not only be a welcome and timely 'review of the art' but also a 'call to action' that will renew active interest in the field.

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