

Elective report: conducting an audit in renal outpatients

This report reflects on my experience at University Hospital Birmingham in the renal department where I spent my elective period (2nd April to 18th May 2012). During this time I conducted a cross-sectional audit entitled: a cross-sectional audit of contraceptive use and counselling in women with a kidney transplant. The aim of this audit was to determine whether or not the contraceptive services offered to renal transplant patients met the predetermined standard advised by the guidelines. I am especially interested in maternal health and women's health in addition to renal disease, which is why I was interested in an audit that looked at aspects of each area.

After kidney transplantation female fertility dramatically improves within the first few months, increasing the likelihood of pregnancy. In spite of this, pregnancies in this group of patients carry a higher risk of complications compared to the general population. Women are therefore advised to wait at least a year after their transplant before they try to conceive, in order to achieve well-controlled graft function and to reduce the risk of gestational complications.¹ Surprisingly a review of the literature has revealed that women in receipt of a kidney are not getting the information they need on contraception and fertility before or after their transplant which very few of them discussing it with their physician²⁻⁴.

According to the guidelines on post-operative care of the kidney transplant recipient: "Counselling regarding fertility and reproduction should be offered to female KTRs and their partners either prior to transplantation or soon afterwards." The aim of our audit was to see whether the advice given to renal patients met this predetermined standard.

Methods

Female patients aged 16-46 attending the renal transplant clinic at UHB on one of five clinic days between the 2nd April 2012 and the 18th May 2012 were asked to complete a survey following their consultation; this asked questions on various aspects of contraceptive service that might have been offered to the patients. It included questions concerning whether they received advice before and after transplant, who gave the advice, quality of advice and problems with contraception.

Results

53 patients were included in this audit. 32% of our study population were not offered contraceptive counselling before or soon after renal transplantation. 12% of patients received contraceptive counselling much after the first year post-transplant. The majority of patients (44%) who received contraceptive counselling were counselled by their GP. 23% were counselled by their nephrologist and 21% by a hospital nurse. Two patients received counselling from a family planning clinic and two from their gynaecologist. 57% of patients did not feel they received enough information on contraception during their treatment and 81% did not receiving any written form of advice.

Conclusions

32% of our population did not receive any form of contraceptive counselling before or after their renal transplant. This does not meet the standard that all patients should receive the advice at some point before or soon after their transplant. Early advice would be beneficial to ensure no unwanted pregnancies in the first year. Another concern is that of the 34 who were given advice, 12% of them

received contraceptive counselling much after the first year post-transplant; this is therefore outside the time-frame of the first year post-transplant; at which time graft function is most vulnerable and therefore pregnancy complication risk would be higher.

Only 23% of the contraceptive advice coming from the nephrologist. Since though these particular patients have high risk pregnancies, it might be worth aiming to encourage more of these discussions to be made in specialist centres, so that importance of contraception can be enforced more effectively.

57% of patients did not feel they received enough information on contraception during their treatment, with a staggering 81% not receiving any written form of advice. There is an existing leaflet entitled for these patients which provide general information including contraception⁵. However patients are clearly not reading the information correctly which warrants the production of a separate leaflet dedicated to contraception information alone, which would give patients better access to the information.

Our results suggest that although the majority of women go on to receive contraceptive advice, they are not getting the information at the appropriate times, which as previous results have shown leads to unnecessary complications. It would be worth aiming to advise these patients as soon as possible in order to avoid pregnancy within the first year and therefore maintain stable graft function at this vulnerable time. Suggestions for improved service include a contraception leaflet specific to renal transplant patients so that patients and allied professionals have access to the correct information. A re-audit will look for an improvement in contraceptive counselling services.

References

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