Pre-pregnancy Counselling for Fertility Patients by Maternal Fetal Medicine

New Zealand Maternal Fetal Medicine Network

This guideline was updated in February 2014 by Dr Emma Parry and Dr Claire McLintock with input from members of the New Zealand Maternal Fetal Medicine Network.

Background

The Maternal-Fetal Medicine Service at ADHB is a multi-disciplinary team of Maternal-Fetal Medicine Subspecialists, Obstetric Physicians and specialised midwives. Pre-pregnancy counselling is a key part of our service that ensures optimal care is provided for women who are considering pregnancy and allows the opportunity to discuss specific issues for individual women in a future pregnancy. In rare cases pre-pregnancy counselling provides the opportunity to discuss reasons why a pregnancy could pose such major risks to a woman and/or her baby that other options such as surrogacy or adoption should be considered.

The Fertility Treatment Effect

Over the decades since assisted reproduction technology (ART) became available in New Zealand there have been considerable changes in the population of women undergoing ART with increased numbers of older women or women with co-morbidities now considering this option for pregnancy (Figure 1). Co-morbidities include cardiovascular disease, hypertension, diabetes, obesity, past cervical surgery and previous poor pregnancy outcome.

Women older than 40 years of age with or without co-morbidities do not usually qualify for Ministry of Health funded fertility treatment, but may seek privately funded fertility treatment. This creates a situation where women at increased risk of pregnancy complications conceive by privately funded fertility treatment then access a publicly funded health service for their obstetric care.

The age and co-morbidities mean that these women and their babies are likely to require a disproportionately high level of care in the antenatal, intrapartum and postnatal periods of their pregnancy.
The awareness in fertility specialists that this population of women are more likely to have high-risk pregnancies has led to an increase in the referrals for pre-pregnancy counselling prior to assisted reproduction procedures.

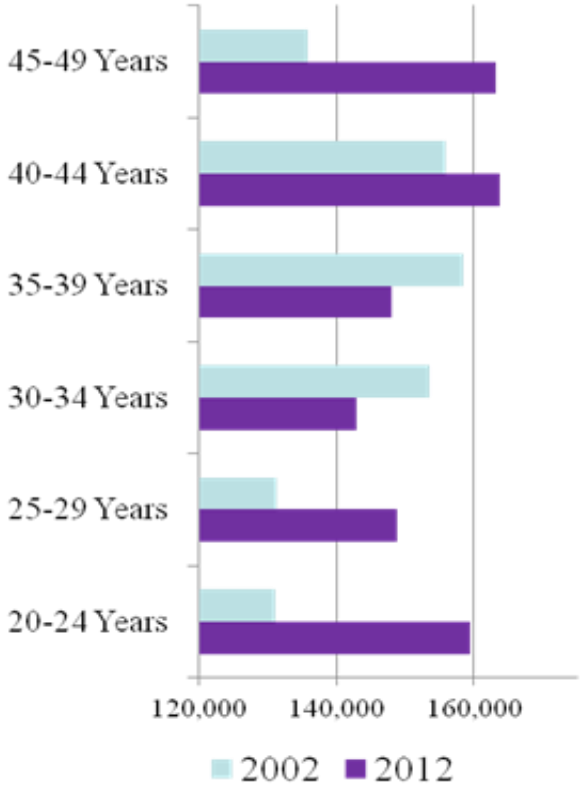

Figure 1 Annual numbers of women seeking fertility treatment by age in 2002 and 2012 in New Zealand

Ability to Manage Referrals

Currently women who are referred for pre-pregnancy counselling are seen in one of two Maternal Medicine Clinics. The current workload appears to be manageable and most women are seen within two months of referral being received.
Referrals are graded by a senior member of the Maternal-Fetal Medicine team. Women with a medical problem are usually offered a double appointment with a Maternal Fetal Medicine Specialist and an Obstetric Physician. When required, the Obstetric Physician will also consult other subspecialties about women with specific medical disorders i.e. renal physicians, cardiologists, neurologists. Women who have a previous pregnancy complication of a medical nature eg severe pre eclampsia are also seen by these two sets of doctors. Women who have a potentially increased risk of preterm birth only are seen by a Maternal Fetal Medicine Specialist only.
Referrals will be accepted for women in the greater Auckland Region and those women where delivery will be planned to be at ADHB.

Which women should be considered for referral and who will see them?

Medical History	
Renal Disease (Hypertension, GN)	MFM and Obstetric Physician
Chronic Hypertension requiring treatment	MFM and Obstetric Physician
Solid-organ and Bone-marrow transplants	MFM and Obstetric Physician

Major Autoimmune Disease i.e SLE, Connective Tissue Disease	MFM and Obstetric Physician
Epilespsy	MFM and Obstetric Physician
Other neuro	MFM and Obstetric Physician
Pre-existing Diabetes	MFM and Obstetric Physician (Diabetes Clinic)
Cardiac (cardiomyopathy, congenital cardiac disease, valvular heart lesions or valve replacement)	MFM and Obstetric Physician
Previous Venous Thromboembolism	MFM and Obstetric Physician
Previous Pregnancy Problems	
Severe Pre-eclampsia	MFM and Obstetric Physician
Severe IUGR (delivery <34 weeks, cust <5th%, SB?)	MFM +/- Obstetric Physician
Previous Spontaneous Preterm Birth or PPROM (<34 weeks)	MFM (New PTB Clinic)
≥3 X Previous Caesarean Section	MFM
Other	
Maternal age >45	MFM and Obstetric Physician
Increased BMI >40	MFM and Obstetric Physician
Previous Cervical surgery including surgery for Microinvasive or early stage Ca disease, known depth of biopsy >10mm, >1 cervical procedure, any findings of Cervical Deficiency during routine fertility investigations/treatment with past history of Cervical surgery	MFM (New PTB Clinic)
Congenital or Acquired Genital Tract Anomaly	MFM

Feedback to Fertility Specialists

The role of the MFM/Obstetric physician review is to assess the potential risks faced by an individual woman in a pregnancy and discuss these with the woman and her partner and then provide written +/- verbal feedback to the referring Fertility Specialist. In addition, options for any interventions to modify the risks of pregnancy should be discussed.

Ultimately the decision whether to proceed with fertility treatment lies with the fertility specialist and the woman and her partner. However, there will be situations where the MFM team may consider that the risks of a pregnancy are such that they recommend against proceeding on fertility treatment.

Expectations of Referrals

To allow the most useful utilisation of the pre-pregnancy consultation with the MFM service there are a number of requests that are made of the referring specialist:

- Set the patient expectation appropriately e.g. the time before they are seen maybe 4-8 weeks, appointment may include some waiting time and that at the appointment they may see more than one doctor. There maybe difficult news regarding risks of proceeding with fertility treatment
- Basic Observations should be included in the referral i.e. blood pressure, pulse rate, BMI and urinalysis or MSU
- It is assumed that first antenatal bloods will have been performed and we request a recent HbA1c on all referred women

- Where there are recognised co-morbidities appropriate tests have been arranged prior to the appointment e.g. recent renal function if known renal disease
- Where main concern is the risk of preterm birth swabs performed (HVS and Cervical for bacterial culture and Chlamydia)
- Where assessment is prior to overseas fertility treatment all required investigations required by the overseas provider should be completed prior to the referral

When a referral has information missing there may be a delay in the triaging process.