

Maternal Medicine Services in North Central London

November 2024

Aims

To provide advice and planned care for women with pre-existing medical conditions, before, during and after pregnancy – ensuring equitable access, excellent experience and optimal outcomes for all communities served by the service.

To provide advice and planned intrapartum and postpartum care for women with medical conditions that arise during pregnancy

To provide local clinical leadership on the identification, referral and management of women with medical conditions, including reviewing training, clinical guidelines and referral pathways for all staff in contact with pregnant women across the footprint.

To reduce inequities in pregnancy outcomes relating to medical complexity across all demographics

Roles & Responsibilities

The North Central London (NCL) Maternal Medicine Network (MMN) is responsible for ensuring that all women in the network's footprint with significant medical problems will receive timely specialist care and advice before, during, and after pregnancy. All constituent providers within the network will be responsible for agreeing and upholding shared protocols on the management and referral of women with medical conditions, including reviewing guidelines and referral pathways.

The Maternal Medicine Centre (lead provider- UCLH) - will provide regional clinical leadership – on the identification, referral and management of women with medical conditions, including co-developing guidelines and referral pathways. In addition the Maternal Medicine Centre (MMC) will ensure that appropriate education is in place across the network for all clinicians – ie midwives, obstetricians, GPs and emergency department (ED) staff – to improve local identification and referral of acute issues that have particular significance in women who are or have recently been pregnant. The MMN will work with other relevant networks including clinical networks for maternity services, perinatal mental health networks, neonatal operational delivery networks (ODNs) and fetal medicine services to ensure the health needs of mother and baby are met.

The MMC will also host the specialist MDT described above, which will provide advice and care for the most complex/highest risk women, along with system-wide leadership and education.

The majority of women with complications during pregnancy will continue to be managed by local maternity services. The proportion of a woman's care delivered by a MMC will vary according to individual need. For some women, a single visit to the MMC or communication with the MMC by the local unit will suffice. For the highest risk and most complex women, it may be that all care will be recommended to be delivered within the MMC. It is envisaged that only a very small number of women would be indicated to receive all care at the MMC. Effective models of maternal medicine will be integrated with local, regional and national models of care to minimise inappropriate referrals into the specialist centre, and support local units to provide the right care at the right time, in the right place.

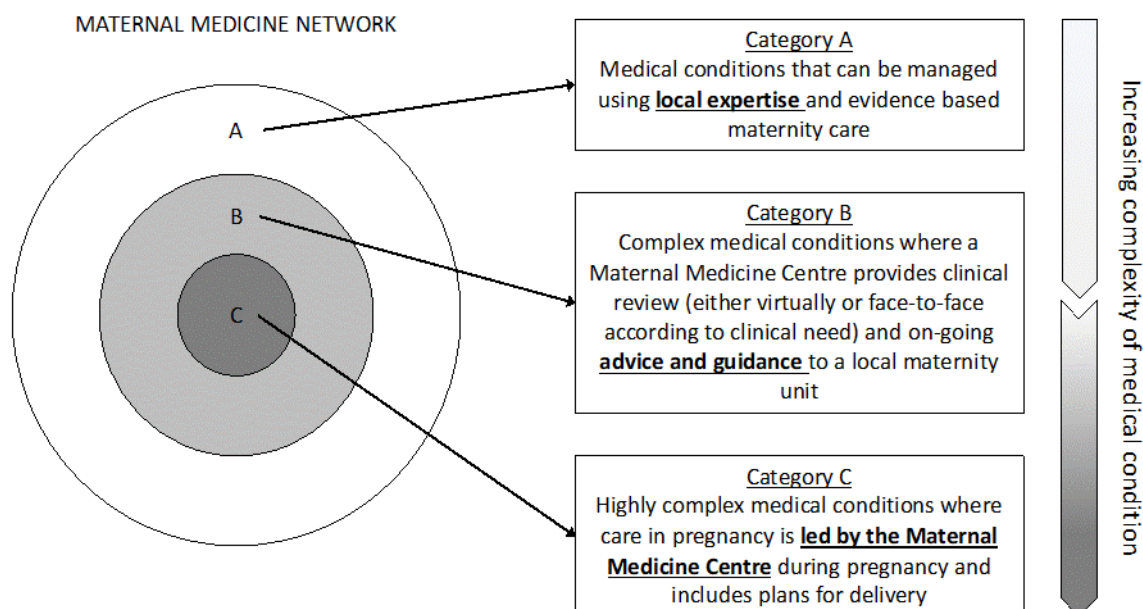
The MMC will provide appropriate managerial and administrative support for the effective operation of the network. UCLH will also take responsibility for ensuring the quality service provided by the MMC and the wider MMN.

Pathways of Care

The North Central London maternal medicine network is made up of:

- Maternal medicine centre: University College London Hospital
- Local maternity units: Whittington Health, Royal Free London, North Middlesex University Hospital.

Medical conditions are classified as category A, B or C depending on complexity.

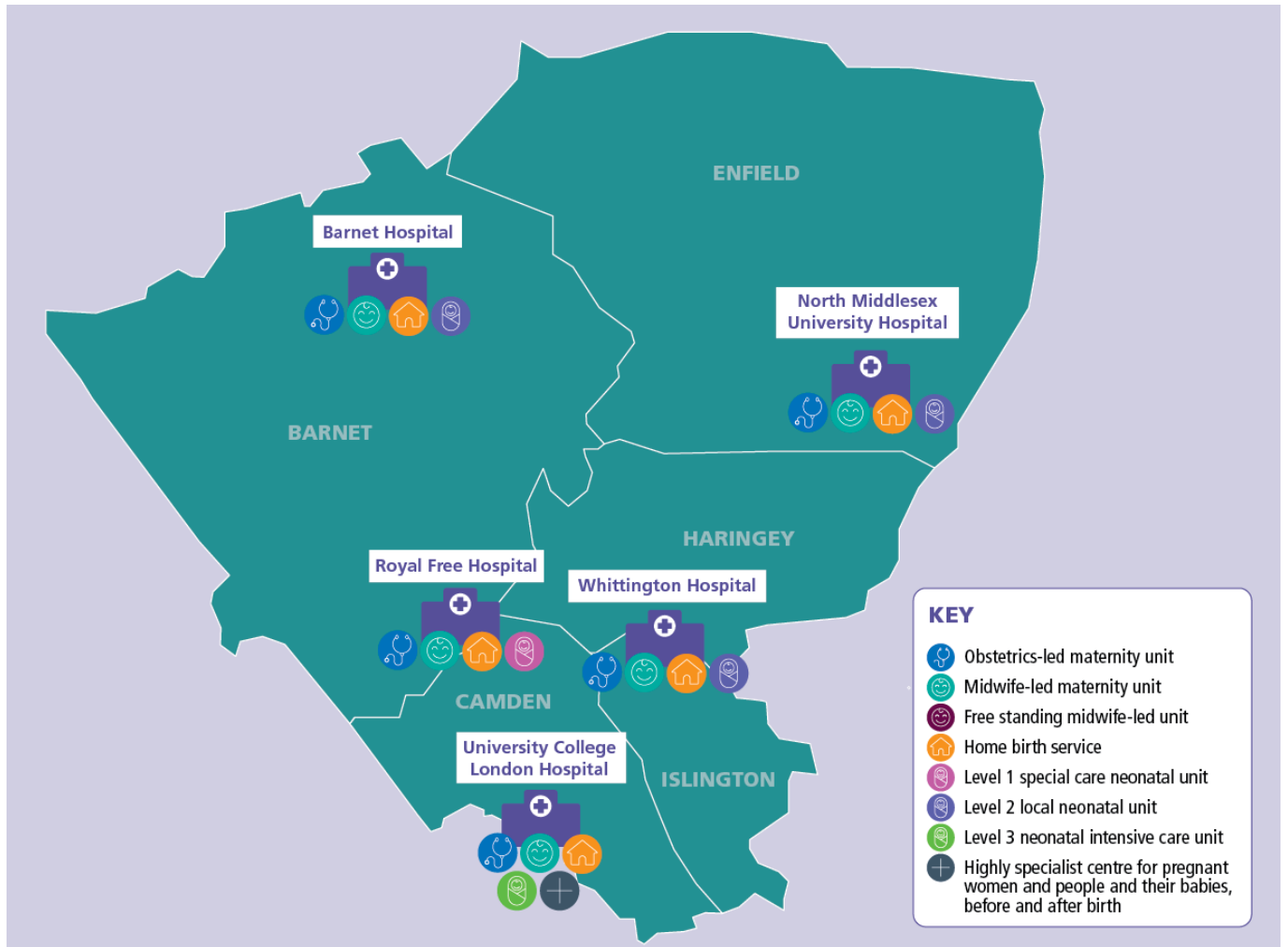


These categories are a guide only. They can be modified according to local expertise and experience. Where local expertise is sufficient, a condition may move from category C to B, or B to A. An example would be epilepsy, where there may be a local joint obstetric epilepsy clinic including a neurologist with expertise in epilepsy in pregnancy, in which case care could remain local.

Where local expertise is insufficient, when a condition progresses or increases in severity during pregnancy, or when there is clinical concern, a condition should move from category A to B, or B to C.

Teams

Map of North Central London Maternal Medicine Network



Network Leadership Team



Professor David Williams
Consultant Obstetric Physician



Dr. Yasmin Jamil
Consultant Obstetric Physician



Ms. Diane Nzelu
Consultant Obstetric Physician



Luci Buxton
Lead Midwife

Email: uclh.ncl.maternalmedicine@nhs.net

University College London Hospital – Maternal Medicine Centre



Professor David Williams
Consultant
Obstetric Physician



Dr. Yasmin Jamil
Consultant Obstetric
Physician



Ms. Diane Nzelu
Consultant
Obstetrician



Mr. Seni Subair
Consultant
Obstetrician



Mr. Pat O'Brien
Consultant
Obstetrician



Luci Buxton
Lead Midwife



Camille Mallet
Specialist Maternal
Medicine Midwife



Jay White
Complex Pregnancy
Specialist Midwife
(currently on maternity leave)



Claire Boevink
Complex Pregnancy
Specialist Midwife
(maternity leave cover)

Contacts:

- Email: uclh.ncl.maternalmedicine@nhs.net
- Phone (Obstetric Physician Fellow): 07977597940 (Mon-Fri 9am-5pm)
- Phone (Maternal Medicine Midwife): 07977094162 / 07929107255 (Mon- Fri 9am-5pm)
- Out of hours (Obstetric Senior Registrar): bleep 5834 (via UCLH switchboard)

Barnet Hospital



Ms. Vibha Ruparelia
Consultant Obstetrician



Dr. Shaznin Visanji
Consultant Obstetric
Physician



Katie Benyohai
Specialist Maternal
Medicine Midwife

Contacts:

- Email: rf-tr.matmedicineantenatalclinic@nhs.net
- Phone (Maternal Medicine Midwife): 07773581866

Royal Free Hospital



Ms. Vinita Singh
Consultant
Obstetrician



Ms. Alison Wright
Consultant
Obstetrician



Professor David Williams
Consultant
Obstetric Physician



Katie Benyohai
Specialist Maternal
Medicine Midwife

Contacts:

- Email: rf-tr.royalfree-maternalmedicine@nhs.net
- Phone (Maternal Medicine Midwife): 07967763106

North Middlesex Hospital



Mr. Adewale Adeyemo
Consultant Obstetrician



Ms. Henna Rather
Consultant Obstetrician



Dr. Yasmin Jamil
Consultant Obstetric
Physician



Louisa Elias
Specialist Maternal
Medicine Midwife



Aisha Walters - Abdalla
Specialist Maternal
Medicine Midwife

Contacts:

- Email: northmid.obsmedreferrals@nhs.net
- Phone (Maternal Medicine Midwife): 07812478834

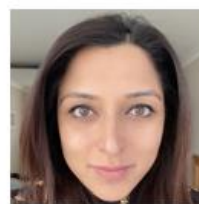
Whittington Health



Mr. Harry Gibson
Consultant Obstetrician



Dr. Charlotte Depoers-Beal
Consultant Obstetrician



Dr. Yasmin Jamil
Consultant Obstetric
Physician



Peace Musabi
Specialist Maternal
Medicine Midwife

Contacts:

- Email: northmid.obsmedreferrals@nhs.net
- Phone (Maternal Medicine Midwife): 07812478834

Pan-London Pathways

The medical conditions on this page are commissioned services that may not align with maternal medicine networks. Each maternal medicine network will need to agree the provision of these services for pregnancy as care may be affected by the availability of co-located maternity and neonatal services. Each network should provide a list of the centre(s) offering specialist management for the above conditions including information and contact details for co-located maternity services. Whenever possible, pregnant or postpartum women presenting with these conditions should have access to the same specialist medical care as non-pregnant patients, with a plan made for safe obstetric and neonatal management.

ST- Elevation Myocardial Infarction

Primary percutaneous coronary intervention (PCI) centres reduce morbidity and mortality from myocardial infarction. Each network should provide a list of the primary PCI centres both within and geographically close to their network including information and contact details for co-located maternity services. If the nearest primary PCI centre is not co-located with obstetric care, a plan for timely and appropriate management of myocardial ischaemia with appropriate provision of maternity care is required.

Pregnant women with acute coronary syndrome should be referred to and managed in the following centre:

- Barts Health via cardiology on call specialist registrar via switch

Pulmonary Hypertension

Pulmonary hypertension is an extremely high-risk condition in pregnancy. Treatment often involves multi agent targeted therapies that require prescription and oversight by a nationally commissioned PH centre.

Pregnant women with PH should be referred to and managed by one of the centres below, all of which have colocated maternity units and Level 3 neonatal services:

- Imperial (non-CHD related PH), contact Rachel Davies.
- Guy's and St. Thomas' and Royal Brompton Hospitals, St. Thomas' site (CHD and non-CHD related), contact Hannah Douglas or Laura Price.
- St Georges (if already under their care), contact Brendan Maddon.

Acute Stroke

Hyperacute stroke units (HASUs) were commissioned to improve the care for patients with acute stroke. They are able to thrombolysed and use clot retrieval for patients with acute ischaemic strokes. Each network should provide a list of the HASUs both within and geographically close to their network including information and contact details for co-located maternity services. If the

nearest primary HASU is not co-located with obstetric care, a plan for timely and appropriate management of acute stroke with appropriate provision of maternity care is required.

- Queen's Square (no co-located obstetric unit)

Neurosurgery

Neurosurgical centres are able to offer intervention for haemorrhagic stroke and other causes of cerebral haemorrhage presenting in pregnancy. The neurosurgical units in London are :-

- **Queen's Square (no co-located obstetric unit)**
- Royal Free Hospital (co-located obstetric unit, Level 1 neonatal care)
- Royal London (co-located obstetric unit, Level 3 neonatal care) or
- Queen's Hospital, Romford (co-located obstetric unit, Level 2 neonatal care)
- King's College Hospital co-located obstetric unit, (co-located obstetric unit, Level 3 neonatal care)
- St Georges (co-located obstetric unit, Level 3 neonatal care)
- Charing Cross (no co-located obstetric unit)

Acute Liver Failure

Women with liver failure in pregnancy/post-partum can be referred to:

- **Royal Free Hospital (co-located obstetric unit, Level 1 neonatal care)**
- King's College Hospital (co-located obstetric unit, Level 3 neonatal care)

Heart Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC UCLH unless stated otherwise |
|---|--|---|
| Mild pulmonary stenosis | Mild reduced left ventricular ejection fraction (>45%) | Pulmonary hypertension: Pan London Pathway |
| Small/repaired patent ductus arteriosus | Hypertrophic cardiomyopathy with no high-risk features | Left ventricular ejection fraction <45% |
| Mitral valve prolapse with mild MR | Repaired aortic coarctation | Severe aortic stenosis |
| Repaired atrial septal defect | Mild mitral stenosis | Systemic right ventricle |
| Repaired ventricular septal defect | Moderate aortic stenosis | Fontan |
| Isolated atrial or ventricular ectopic beats | Other valve lesions not listed in A or C | Previous peripartum cardiomyopathy |
| Postural tachycardia syndrome (PoTS) | Atrioventricular septal defect | Ventricular arrhythmia |
| Mild aortic stenosis (peak AVG <36mmHG, peak velocity 2.6-2.9m/s, AVA >1.5cm ² , normal LV function) | Repaired tetralogy of Fallot | Mechanical valve |
| Mild AR (PHT >500ms, normal LV function) | Supraventricular arrhythmias | Moderate-severe mitral stenosis |
| | Turner syndrome without aortic Dilatation | Aortic dilatation |
| | Treated ischaemic heart disease | Heart transplant |
| | Myocarditis | New ischaemic heart disease |
| | Arterial switch repair of TGA | Inherited channelopathy |
| | Pacemaker in situ | Familial cardiomyopathy |
| | | Implantable IED in situ |

Cardiac standard operating procedure:

- UCLH (MMC): Appendix 1
- NMUH, Whittington, Barnet and Royal Free Hospital: Appendix 2

Contact:

| Hospital | Name | E-mail |
|-------------|-----------------|--|
| UCLH | Fiona Walker | Fiona.walker16@nhs.net |
| Royal Free | Suzan Hatipoglu | Suzan.Hatipoglu@nhs.net |
| Barnet | Suzan Hatipoglu | Suzan.Hatipoglu@nhs.net |
| | Raj Khiani | Raj.khiani@nhs.net |
| NMUH | Ron Simon | Ron.simon@nhs.net |
| Whittington | Chee Loong | Cheeyee.loong@nhs.net |

Guidance:

- ESC Guidelines for management of CVS diseases during pregnancy: <https://academic.oup.com/eurheartj/article/39/34/3165/5078465?login=false>
- Expert consensus statement on the management of arrhythmias during pregnancy: [https://www.heartrhythmjournal.com/article/S1547-5271\(23\)02246-4/fulltext](https://www.heartrhythmjournal.com/article/S1547-5271(23)02246-4/fulltext)

Lung Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC UCLH unless stated otherwise |
|--|--|---|
| Uncomplicated Asthma | Complicated asthma: <ul style="list-style-type: none"> • Repeated presentations of asthma (≥ 3) in pregnancy • Asthma receiving biologics • Long-term corticosteroids | Sickle chest crisis (see Haematology pathway) |
| Pneumonia | Restrictive lung disease (e.g., ILD, kyphoscoliosis) with FVC >50% | Restrictive lung disease (e.g., ILD, kyphoscoliosis) with FVC <50% |
| TB | Any respiratory condition receiving immunotherapy / biologics | Neuromuscular disorders with respiratory muscle involvement e.g. myasthenia gravis, Guillain-Barre syndrome |
| Chronic Obstructive Airways Disease | Bronchiectasis | Cystic fibrosis (Royal Brompton Hospital) |
| Pneumothorax | New diagnosis of obstructive sleep apnoea/obesity hypoventilation in pregnancy | Lung transplant |
| Sarcoidosis without restrictive lung disease, no renal involvement | COVID pneumonitis | Pulmonary vasculitis |
| Managed obstructive sleep apnoea/obesity hypoventilation | Lung cancer | |
| Pulmonary embolus without haemodynamic compromise | Pulmonary embolus with haemodynamic Compromise | |

Contact:

| Hospital | Name | E-mail |
|---|--|--|
| UCLH <ul style="list-style-type: none"> • General/Vent • ILD/vasculitis • Asthma/Sarcoid • TB | Ronan Astin Helen Garthwaite Kay Roy Tino Capocci | Ronan.Astin@nhs.net Helen.Garthwaite1@nhs.net K.Roy@nhs.net Santino.Capocci@nhs.net |
| Barnet | Simon Brill | Simon.Brill@nhs.net |
| Royal Free | Michael Beckles | Michael.beckles@nhs.net |
| NMUH | | |
| Whittington | Andrew Singer (Asthma) | andrew.singer1@nhs.net |

Guidance:

- BTS/SIGN guideline for the management of asthma: <https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>
- ERS/TSANZ Task Force Statement on the management of reproduction and pregnancy in women with airways diseases: <https://erj.ersjournals.com/content/55/2/1901208>
- Thrombosis and Embolism during Pregnancy and the Puerperium: Acute Management (Green-top Guideline No. 37b): <https://www.rcog.org.uk/media/wj2lpc05/gtg-37b-1.pdf>

Gastrointestinal and Liver Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC UCLH unless stated otherwise |
|---|---|--|
| Uncomplicated inflammatory bowel disease in remission or inflammatory bowel disease managed in a specialist IBD-obstetric service at a local centre | Complex inflammatory bowel disease without access to specialist IBD-obstetric service at a local centre: <ul style="list-style-type: none"> • Active disease despite treatment • Biologics • Corticosteroids • Peri-anal disease • Pouch/stoma | Complex pancreatitis (RFH) <ul style="list-style-type: none"> • Not responding to treatment • Recurrent disease • Hypertriglyceridaemia • IR/surgical intervention |
| Hyperemesis gravidarum | Acute and chronic pancreatitis | Portal hypertension (RFH) |
| Constipation | Treated GI malignancy | Active malignancy |
| Gallstones | Unexplained jaundice | Decompensated liver disease/liver failure/cirrhosis* (RFH) |
| Gastro-oesophageal reflux disease | Acute fatty liver of pregnancy | Liver transplant (RFH) |
| Coeliac disease | Achalasia | |
| Viral hepatitis | Liver infarction/haematoma | |
| Intrahepatic cholestasis (bile acids <100) | Intrahepatic cholestasis (bile acids ≥100) | |
| Cholecystitis | Autoimmune hepatitis | |
| Viral hepatitis | Wilson's disease | |
| HELLP | Crigler Najjar syndrome | |
| Non-alcoholic fatty liver disease with normal fibroscan and no metabolic complications | Non-alcoholic fatty liver disease with abnormal fibroscan or metabolic complications | |
| | Primary sclerosing cholangitis | |
| | Primary biliary cirrhosis | |
| | Haemochromatosis | |

Contact:

| Hospital | Name | E-mail/contact |
|---|---|--|
| UCLH <ul style="list-style-type: none"> • IBD • IBD CNS • Metabolic | Sara McCartney IBD advice Helen Simpson | Sara.mccartney@nhs.net UCLH.IBDadvice@nhs.net Helen.simpson22@nhs.net |
| Barnet <ul style="list-style-type: none"> • IBD CNS | IBD CNS | rf.bcfh-ibdurses@nhs.net |
| Royal Free <ul style="list-style-type: none"> • Liver • IBD • IBD CNS | Rachel Westbrook Charles Murray IBD CNS | Rachel.westbrook@nhs.net Charlesmurray1@nhs.net rf.ibdnurses@nhs.net |
| NMUH <ul style="list-style-type: none"> • IBD CNS | IBD helpline | 07553383765 |
| Whittington <ul style="list-style-type: none"> • IBD • IBD CNS • Liver | Clive Onnie IBD CNS Valia Fatourou | Clive.onnie@nhs.net Whh-tr.GIHelpline@nhs.net Evangelia.fatourou@nhs.net |

Guidance:

- BSG consensus guidelines on the management of inflammatory bowel disease in adults: https://gut.bmj.com/content/68/Suppl_3/s1.long
- Standards for the provision of antenatal care for patients with inflammatory bowel disease: https://www.bsg.org.uk/wp-content/uploads/2020/06/flgastro-2020-101459.full_.pdf
- The Second European Evidenced-Based Consensus on Reproduction and Pregnancy in IBD: <https://boris.unibe.ch/78455/1/The%20second%20European%20evidenced-based%20consensus%20on%20reproduction%20and%20pregnancy%20in%20inflammatory%20bowel%20disease..pdf>
- Intrahepatic cholestasis of pregnancy (Green-top Guideline No. 43): <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.17206>
- EASL Clinical Practice Guidelines on the management of liver diseases in pregnancy: <https://www.sciencedirect.com/science/article/pii/S0168827823001812#:~:text=Share-,Cite,-https%3A//doi.org>

Diabetes and Endocrine Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC UCLH unless stated otherwise |
|--|---|---|
| Gestational diabetes mellitus | Diabetes mellitus with: <ul style="list-style-type: none"> • Nephropathy (see Kidney Pathway) • Cardiovascular disease (see Heart Pathway) • CGM/CSII/Closed loop if support not available at local centre | Primary and secondary Hyperaldosteronism |
| Type I and II diabetes mellitus including diabetic retinopathy | Monogenic diabetes | Phaeochromocytoma or paraganglioma |
| Hypothyroidism | Thyroid hormone resistance | Cushing's syndrome |
| Hyperthyroidism and gestational Hyperthyroidism | Thyroid cancer | Acromegaly |
| Thyroid nodules | Pituitary disease on hormone replacement therapy | Pituitary apoplexy |
| Microprolactinoma | Macroprolactinoma | Hyperparathyroidism |
| PCOS | Congenital adrenal hyperplasia | Hypoparathyroidism |
| Vitamin D deficiency | Dumping syndrome post bariatric surgery | Metabolic disorders such as glycogen storage disorder |
| | Addison's disease | |

Contact:

| Hospital | Name | E-mail |
|--|----------------|--|
| UCLH <ul style="list-style-type: none"> • Diabetes • Diabetes nurse • Endocrine | Sarita Naik | Sarita.naik@nhs.net |
| Barnet | Rozana Ramli | rozana.ramli@nhs.net |
| Royal Free | Sarah Ali | Sarah.Ali6@nhs.net |
| NMUH | Anukul Garg | anukulgarg@nhs.net |
| Whittington | Michaela Rossi | michela.rossi@nhs.net |

Guidance:

- Diabetes in pregnancy: management from preconception to the postnatal period (NICE): <https://www.nice.org.uk/guidance/ng3>
- 2017 Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and the Postpartum: <https://www.liebertpub.com/doi/full/10.1089/thy.2016.0457>

Kidney Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from RFH/UCLH | Category C Care led by RFH |
|---|--|---|
| Single kidney | Lupus nephritis in remission or on treatment | Active lupus nephritis |
| Non-lupus glomerulonephritis/ tubulointerstitial nephritis: • No immunosuppression AND • Stable pre-pregnancy CKD stage 1-2 AND • uPCR <100 or uACR <30 AND • BP <140/90 | Non-lupus glomerulonephritis/ tubulointerstitial nephritis: • On immunosuppression OR • Pre-pregnancy CKD stage 3 OR • uPCR ≥100 or uACR ≥ 30 OR • BP >140/90 | Pre-pregnancy CKD stages 4 and 5 |
| Kidney stones | Kidney transplant | Combined kidney-pancreas transplant |
| Recurrent UTI (no immunosuppression) | Recurrent UTI on immunosuppression | Dialysis |
| Reflux nephropathy with normal kidney function | Reflux nephropathy with abnormal kidney function | New renal vasculitis in pregnancy and vasculitis on immunosuppression |
| Autosomal dominant polycystic kidney disease with normal kidney function. | Autosomal dominant polycystic kidney disease with abnormal kidney function | Scleroderma renal crisis |
| AKI responding to treatment | AKI not responding to treatment or not resolving post-partum | |
| AKI due to pre-eclampsia resolved postpartum | Previous renal vasculitis in remission, no longer on treatment | |
| | Previous urinary tract reconstructive surgery | |
| | Kidney disease requiring biologics | |
| | Progressive kidney disease in pregnancy | |
| | Kidney disease on biologic treatment | |

Contact:

| Hospital | Name | E-mail |
|-------------|-------------------|--|
| UCLH | David Williams | David.williams7@nhs.net |
| Barnet | Via RFH | |
| Royal Free | Alex Riding | Alex.riding@nhs.net |
| NMUH | Dakshina Jayasena | dakshinajayasena@nhs.net |
| Whittington | Mark Harber | mark.harber@nhs.net |

Guidance:

- Clinical practice guideline on pregnancy and renal disease:
<https://bmcnephrol.biomedcentral.com/articles/10.1186/s12882-019-1560-2>

Rheumatological Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC (UCLH unless stated otherwise) |
|--|---|---|
| Uncomplicated* rheumatoid arthritis | Rheumatological disease requiring biologic therapy | Active lupus nephritis (see Kidney Pathway) (RFH) |
| Uncomplicated* seronegative arthritis: • Ankylosing spondylitis • Psoriatic arthritis • Reactive arthritis • IBD related arthritis | Rheumatological not controlled on current treatment | Large and medium vessel vasculitis |
| Uncomplicated* connective tissue disease: • Lupus • Scleroderma (restricted disease) • Sjogren's | Rheumatological disease with restrictive lung disease and FVC >50% (see | Rheumatological disease with restrictive lung disease and FVC ≤50% |
| Osteoarthritis | Rheumatological disease with kidney involvement (see Kidney Pathway) | New small vessel vasculitis or small vessel vasculitis on immunosuppression |
| Obstetric antiphospholipid syndrome (see Haematology Pathway) | Thrombotic antiphospholipid syndrome (see Haematology Pathway) | Vascular Ehlers Danlos |
| Hypermobile Ehlers Danlos (type III) | Other Ehlers Danlos syndromes** | Scleroderma renal crisis (Royal Free) |
| | Diffuse scleroderma | Antisynthetase syndrome |
| | Small vessel vasculitis in remission, no longer on treatment | |
| | Polymyositis-dermatomyositis | |
| | Behcet's syndrome*** | |

*Uncomplicated disease requires all of:

1. no lung/kidney/heart/CNS/thrombotic/muscle involvement
2. controlled on current treatment
3. no current biological treatments

** The Ehlers-Danlos Syndrome NDS for suspected/complex Ehlers-Danlos syndrome is at Northwick Park Hospital

*** The regional centre for Behcets syndrome for London is at Royal London Hospita

Contact:

| Hospital | Name | E-mail |
|---|--------------------------------|--|
| UCLH • Consultant • Rheum coordinator | Ian Giles Rheum coordinator | ian.giles@nhs.net Uclh.rheumatology@nhs.net |
| Barnet | Jeffrey Lee | rf-tr.rheumnursesbarnet@nhs.net |
| Royal Free | Richard Stratton | R.stratton@nhs.net |
| NMUH | Amy Macbrayne | amy.macbrayne1@nhs.net |
| Whittington | Anna Nuttall | annanuttall@nhs.net |

Guidance:

- EULAR recommendations for women's health and the management of family planning, assisted reproduction, pregnancy and menopause in patients with SLE and/or APLS:
<https://ard.bmj.com/content/76/3/476>
- BSR guideline on prescribing drugs in pregnancy and breastfeeding:
<https://academic.oup.com/rheumatology/article/62/4/e48/6783012?login=false>

Neurological Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC (UCLH unless stated otherwise) |
|--|--|---|
| Epilepsy managed in a combined clinic including specialist neurology and obstetrics | Cluster headache | All epilepsy without local access to a combined clinic including specialist neurology and obstetrics. |
| Migraine | Idiopathic intracranial hypertension | Symptomatic raised intracranial pressure |
| Stable, small cerebrovascular malformation, reviewed within 2 years of conception, plan for mode of delivery | CVM, not reviewed within 2 years of Conception | Unstable CVM/AVM/cavernoma Intracerebral bleed within 2 years |
| Previous brain tumour | Current brain tumour | Progressive brain tumour |
| Previous cerebral vein thrombosis (CVT) | New cerebral vein thrombosis (CVT) | Acute stroke |
| Meningitis | Previous Guillain Barre Syndrome | New-onset Guillain-Barre syndrome |
| Previous encephalitis | Treated, stable myasthenia gravis | New diagnosis or flare of myasthenia gravis |
| Stable multiple sclerosis managed without disease modifying drugs | Unstable multiple sclerosis or disease modifying drugs | Myotonic dystrophy |
| Mononeuropathy eg: Bell's palsy carpal tunnel | Progressive or persistent mononeuropathy | |
| Post-dural puncture headache | New encephalitis | |
| | Reversible Cerebral Vasoconstriction Syndrome (RCVS) | |
| | PRES | |
| | Spinal cord injury | |
| | Neurofibromatosis | |
| | Neuromuscular dystrophy | |
| | Spinal muscular atrophy | |
| | Motor neurone disease | |

Neurology standard operating procedure:

- UCLH (MMC): Appendix 3 TBC
- NMUH, Whittington, Barnet and Royal Free Hospital: Appendix 4 TBC

Contact:

| Hospital | Name | E-mail |
|--|--|--|
| UCLH • Consultant • CNS (MS) • CNS (Epilepsy) | Dominic Heaney CNS Team Rebecca Wong | Dominic.heaney@nhs.net uclh.msatqueensquare@nhs.net Abdulwali.alogba@nhs.net (secretary) |
| Barnet | Via RFH | |
| Royal Free | Heather Angus-Leppain | Heather.angus-leppain@nhs.net |
| NMUH | Gary Hotton | Gary.hotton@nhs.net |
| Whittington | Neurologist of the day | whh-tr.NeurologyInternalReferrals@nhs.net |

Guidance:

- Epilepsy in Pregnancy (Green-top Guideline No. 68): https://www.rcog.org.uk/media/rzldnacf/gtg68_epilepsy.pdf
- UK consensus on pregnancy in multiple sclerosis: 'Association of British Neurologists' guidelines: <https://pn.bmj.com/content/19/2/106>

Haematological Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from Maternal Medicine Centre | Category C Care led by Maternal Medicine Centre (UCLH unless stated otherwise) |
|---|--|---|
| Historical immune thrombocytopenia and platelet count >75 | Current immune thrombocytopenia and platelet count ≤75 | Sickle cell disease (deliver at Whittington/UCLH/NMUH) |
| Gestational thrombocytopenia | Thrombocytosis | Beta thalassaemia major (deliver at Whittington/UCLH/NMUH) |
| Current VTE or previous single VTE | Mild, isolated clotting factor deficiency | Transfusion dependent disease (Whit/UCLH) |
| Obstetric antiphospholipid syndrome | Mild platelet function disorder | Other complex thalassaemia (Whit/UCLH): - Iron overload - Endocrine disease - Pulmonary hypertension |
| Inherited thrombophilia (no VTE, not antithrombin deficiency) | Thrombotic antiphospholipid syndrome | Current extensive VTE (UCLH) |
| History of treated haematological Malignancy | Inherited thrombophilia with previous VTE | Antiphospholipid syndrome with extensive arterial events or requiring regular anti Xa monitoring (UCLH) |
| B12/folate deficiency | Recurrent VTE | Antithrombin deficiency (UCLH) |
| | Carriers of haemophilia with known female fetus and normal factor VIII/IX | Active haematological malignancy (UCLH) |
| | Type I Von-Willebrand disease, VWF activity normalised in pregnancy | Moderate – severe clotting factor deficiency (UCLH) |
| | Stable myeloproliferative/myelodysplastic Disease | Moderate/severe platelet function disorder or platelet disorder with platelet count (UCLH) |
| | White cell disorders | Carriers of haemophilia with male or unknown gender of fetus (UCLH) |
| | | Von-Willebrand disease: Type 1 if VWF not normalised, Type II and Type III (UCLH) |

Contact:

| Hospital | Name | E-mail |
|---|--|--|
| UCLH • TTP • Thrombosis • Red cell | Marie Scully Mari Thomas Perla Eleftheriou | m.scully@nhs.net mari.thomas@nhs.net perla.eleftheriou@nhs.net |
| Barnet | Maxine Lissack | m.lissack@nhs.net |
| Royal Free | Anja Drebes | a.drebes@nhs.net |
| NMUH | Stephen Boyd | stephen.boyd6@nhs.net |
| Whittington | Zara Sayer Ryan Mullaly | zara.sayar@nhs.net ryanmullally@nhs.net |

Guidance:

- Guidelines for the Management of SCD in pregnancy: <https://b-s-h.org.uk/guidelines/guidelines/gl-management-of-sickle-cell-disease-in-pregnancy>
- British Society of Haematology Guidelines
 - [Iron deficiency anaemia](#)
 - [Anticoagulant management of heart valves](#)
- Royal College of Obstetric & Gynaecology
 - [VTE prophylaxis](#)
 - [VTE treatment](#)

Skin Disease

| Category A Local Expertise | Category B Clinical review, advice and guidance from MMC | Category C Care led by MMC (UCLH unless stated otherwise) |
|-----------------------------------|---|---|
| Uncomplicated eczema | Complex eczema/psoriasis: • Biologic therapy • Systemic immunosuppression | Stevens-Johnson syndrome/toxic epidermal necrolysis |
| Atopic eruption of pregnancy | Impetigo herpetiformis | |
| Polymorphic eruption of pregnancy | Pemphigoid | |
| Prurigo of pregnancy | Pemphigus | |
| Treated skin cancer | Vasculitic rash | |
| Pruritic folliculitis | Active skin cancer | |
| Acne | | |
| Pityriasis rosacea | | |
| Urticaria | | |
| Herpes simplex | | |
| Varicella Zoster | | |
| Cellulitis | | |
| Scabies | | |

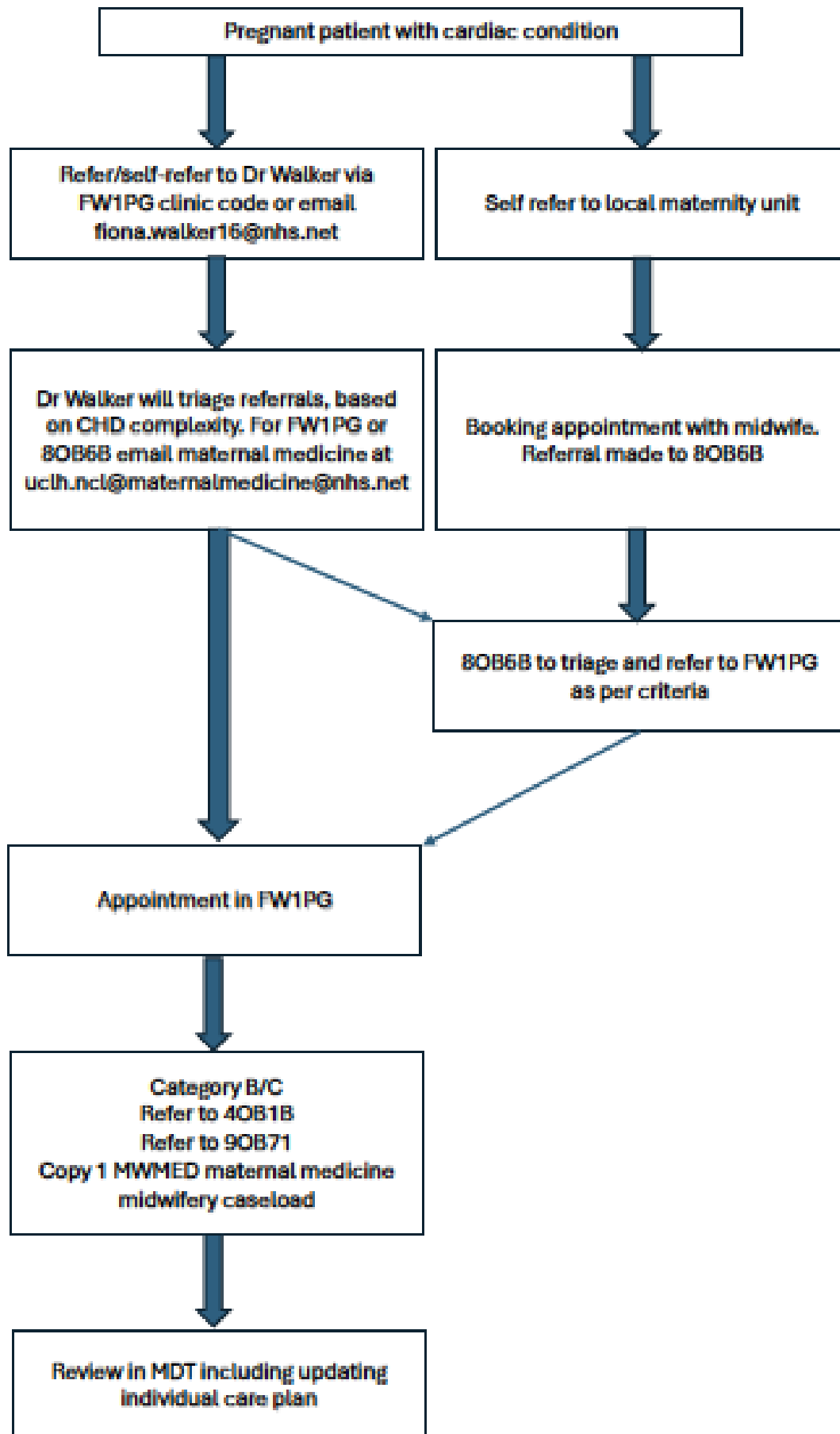
Contact:

| Hospital | Name | E-mail |
|-------------|----------------|--|
| UCLH | David Williams | Uclh.ncl.maternalmedicine@nhs.net |
| Barnet | | |
| Royal Free | | |
| NMUH | | |
| Whittington | | |

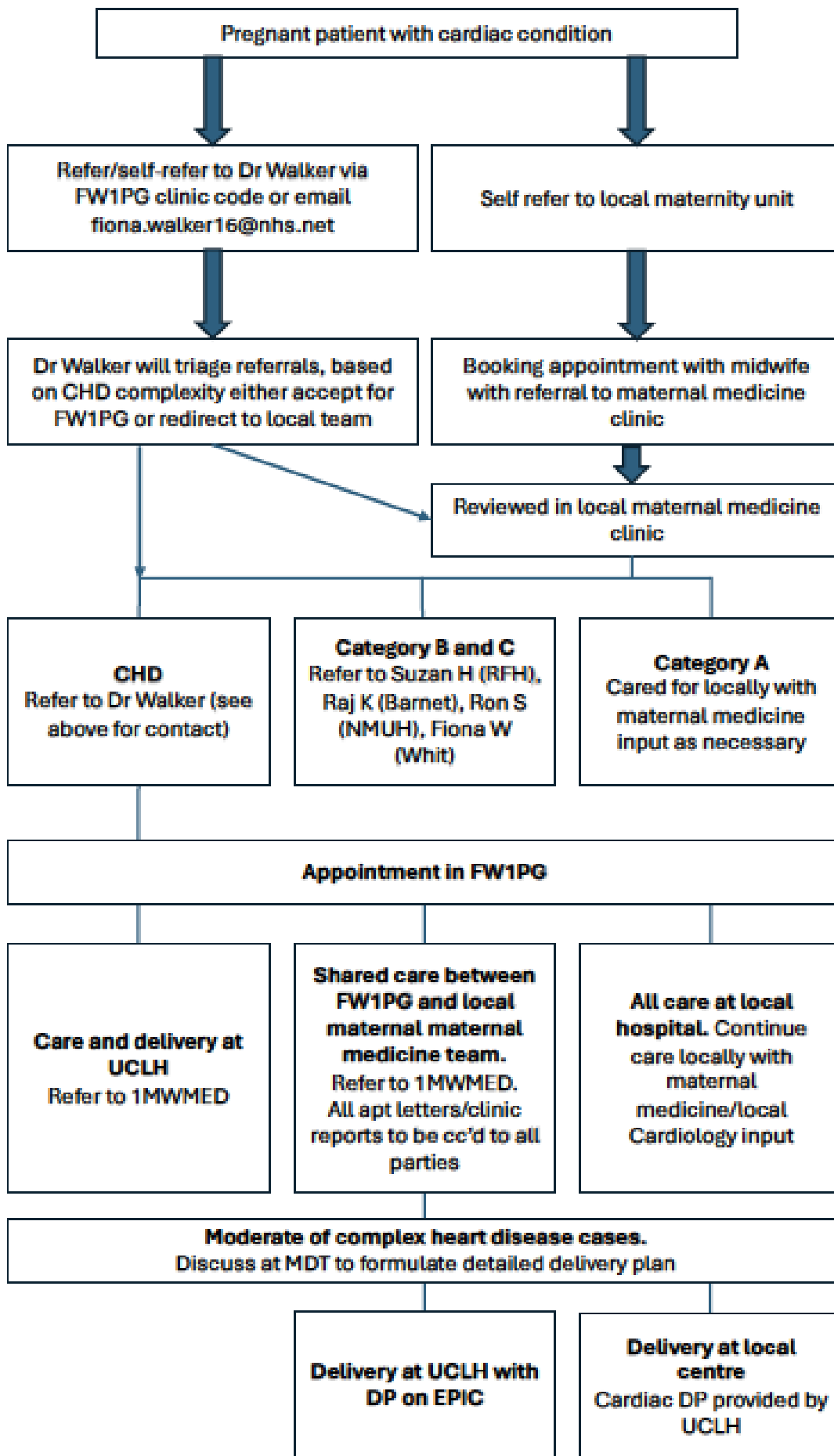
Guidance:

- Skin disease in pregnancy: <https://www.bmj.com/content/348/bmj.g3489>

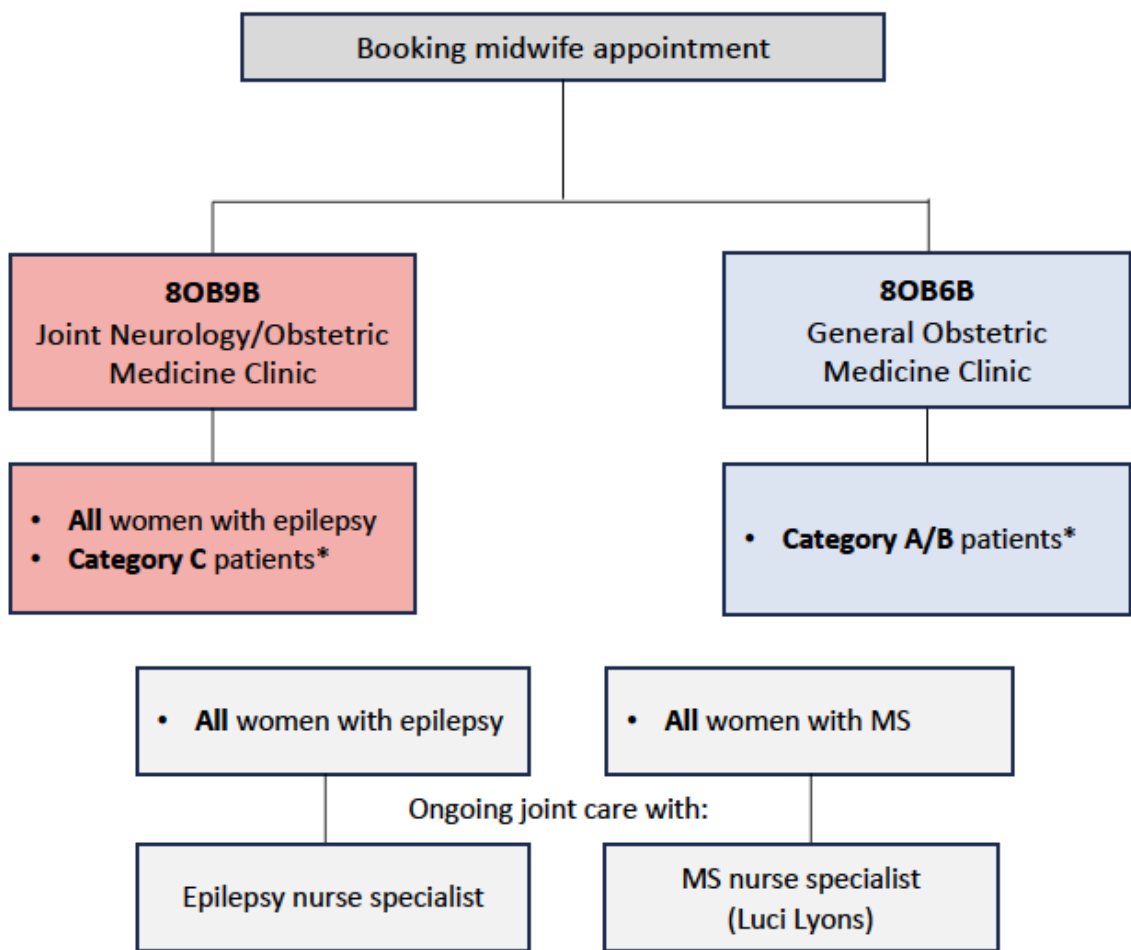
Appendix 1: Cardiac sop for MMC (UCLH)



Appendix 2: Cardiac SOP for NNUH, Whittington, RFH and Barnet

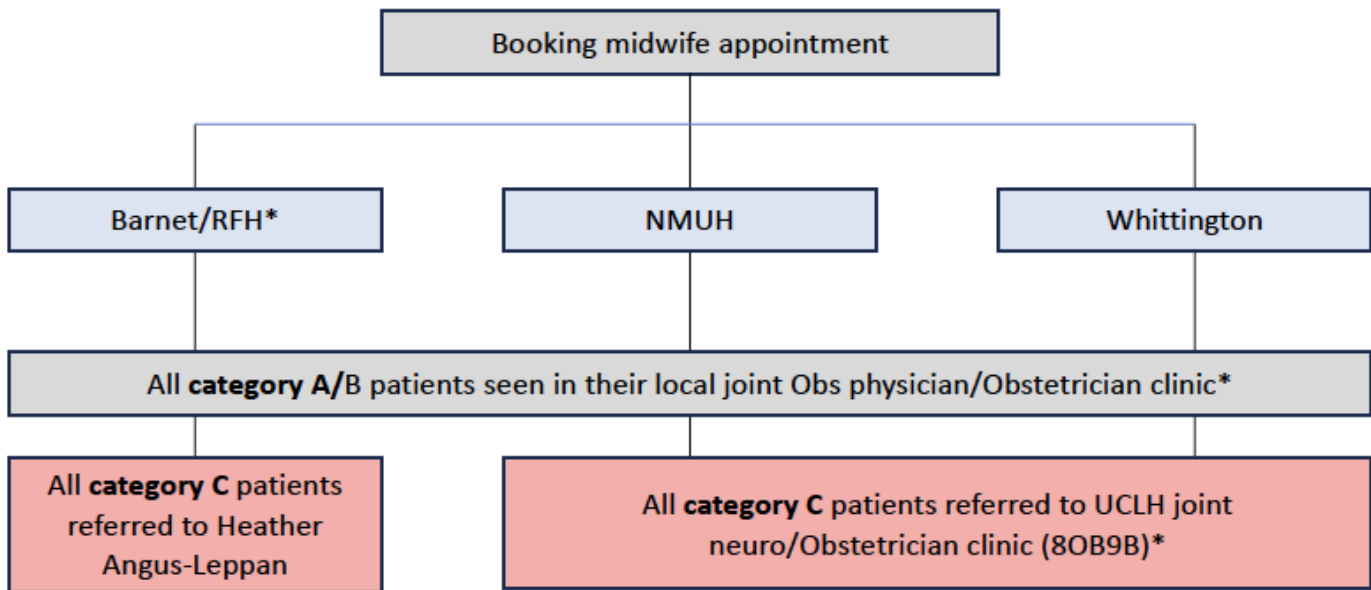


UCLH Standard Operating Procedure: neurological disease in pregnancy (including epilepsy)



Appendix 4: Neurology (excluding epilepsy) SOP for NMUH, Whittington, Barnet and RFH

NMUH, Whittington, Barnet and RFH
Standard Operating Procedure for **neurological disease in pregnancy** (excluding epilepsy)



* See separate SOP for the referral pathways within NCL region for women with epilepsy

NNUH, Whittington, Barnet and RFH
 Standard Operating Procedure for care of pregnant women with epilepsy

