

Hypertensive disorders of pregnancy as a check point for the diagnosis of chronic kidney disease

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Objective. Although a correlation between hypertensive disorders of pregnancy (HDP) and the possibility of developing end-stage kidney disease during a woman's life is recognized, few studies attempted to quantify the correlation between HDP and the presence of underlying CKD. The objective of our study was to evaluate the prevalence of chronic kidney disease (CKD) in patients who have had an episode of HDP and who underwent a systematic nephrology evaluation.

Materials and Methods. In the context of a multicentre study, patients were enrolled in France (Le Mans) in 2019-2023. HDP and PE were defined according to the 2019 ACOG guidelines. Patients were referred to the local nephrology ward. CKD was diagnosed according to Kidney Disease Outcomes Quality Initiative guidelines.

Results. Three hundred and ninety patients underwent a nephrology work-up, including kidney ultrasounds, an extensive blood and urinary testing, and a dietary evaluation. The median age at nephrology evaluation was 31 years. 73% of patients were white and 27% black; 34% were obese. The prevalence of chronic hypertension was 9.5%. The nephrology evaluation allowed the diagnosis of CKD in 24.4% of cases (95/390), mostly in stage 1.

Conclusions. Pregnancy is an important checkpoint for the diagnosis of CKD and an evaluation after delivery allows a diagnosis of kidney disease in one patient out of four, a prevalence that is remarkably higher than the expected 3% in women in childbearing age. Identifying the initial stages of chronic kidney disease allows implementing early kidney care and are crucial for the follow-up of subsequent pregnancies.