CKM Guidance

Cardiovascular-Kidney-Metabolic Disease

Preventing Adverse Outcomes in Cardiovascular Kidney Metabolic Conditions

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Please make sure to periodically check for updated content.

Instructions:

The guidance is separated into the multiple sections.

Clicking on the yellow highlighted text will take you to the relevant section of the guidance on the guidance web site.

Clicking on a pink highlighted abbreviation will take you to the relevant abbreviation within the abbreviations section of this document.

Clicking on a blue link will open relevant external guidance in a new window for more detailed information.

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This guidance on preventing adverse outcomes in CKM conditions does not cover the care of women in pregnancy. CKM conditions and their management can increase risks during pregnancy so the aim is to ideally optimise management before pregnancy to achieve the best outcomes for the mother and her baby/babies. Important points to consider are:

- Women with significant CKM conditions who are considering pregnancy should be offered a Preconception Consultation with a Maternal Fetal Medicine or Obstetric Medicine Specialist.

- Some medications used to treat CKM conditions are contraindicated in pregnancy and can lead to harmful outcomes for the mother and/or developing fetus. Women of childbearing age treated with these medications should be made aware that:
    - Contraception should be considered if pregnancy is not desired
    - Their medication should be changed once they become pregnant, or switched to an alternative medication that is safer for pregnancy.
    - Medication should typically never be stopped without an alternative discussed or commenced.
    - They contact their medical team as soon as possible if pregnancy confirmed
- Women with CKM conditions should be referred early in the first trimester for care under their regional Secondary or Tertiary Obstetrics Services. If a Preconception Consultation has not occurred then contact the local Obstetric team urgently for advice if concerns over medications or other aspects of care.
    - Stopping medications pre-emptively in significant CKM conditions can cause more harm than benefit. It is important these decisions are made in conjunction with the Obstetric team, particularly as many medications can be safely taken throughout pregnancy.
- Contraception options may be limited in women with CKM conditions, but are often safer than pregnancy. Contraception should be discussed in all women of child bearing age when pregnancy is not desired. Detailed guidance on contraception and its use in CKM and other conditions in Aotearoa New Zealand can be found here

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Abbreviations:

CKM
Cardiovascular-Kidney-Metabolic

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