

Tenofovir-induced Acute Kidney Injury in HIV-infected Pregnant Woman

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ABSTRACT

Introduction: HIV-positive pregnant women need special care and management in order to prevent further transmission towards the fetus. Based on the Indonesian Ministry of Health Report in 2016, there were about 0.49% of pregnant women being HIV-positive, and it increases gradually each year. Antiretroviral treatment is required to be administered regardless to the stage of HIV, gestational age, CD4 or the viral load. However, there has been report of the side effect of Tenofovir as one of the regime that can cause deterioration of the kidney function. **Method:** Reporting a case report of a 21-years-old woman with HIV-positive and administer FDC (TDF/3TC/EFV). Kidney function test showed deterioration after 3 months consumption of daily FDC. **Result:** Patient was referred from a rural hospital, due to the active stage of labour when the pregnancy was still 34 weeks. The laboratory result showed poor kidney function and she denied any consumption of other nephrotoxic drugs or complaints regarding to her micturition. Emergency C-section was performed, and a female baby weighed 1850 gram with AS 8-9 was born. The regime of Tenofovir was replaced and the kidney function test showed improvement after one-month follow-up thereafter. **Discussion:** Antiretroviral is required to be administered for all pregnant women regardless to their HIV staging and also their CD4 and viral load level. However, each ARV has their own side effect and it needs to be adjusted for certain patient.

KEY WORDS:

HIV-positive, pregnancy, acute kidney injury, Tenofovir

Transforming Audit into an Educational Tool: A Completed Caesarean Section Urgency Audit Cycle and Introduction to 'AIM' Technique

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ABSTRACT

Context: When there is an unplanned or emergency Caesarean Section, the indication and its urgency need to be effectively communicated amongst the team members namely the labour ward staff. The Royal College of Obstetrics & Gynaecology's National Institute of Health & Clinical Excellence (NICE) has recommended the use of grading of the urgency of Caesarean Section (NICE guideline CG 132, 2011) to minimise the differences in perception. Grading is dependent on the urgency of the Caesarean Section taking into account the danger degree towards the mother and the unborn child. **Objective:** To determine if grading of Caesarean Section is being used effectively and documented appropriately within the labour ward team. The documentation must denote the indication of Caesarean Section, grade of Caesarean Section, time of decision making, time of knife to skin and also the decision on incision interval (DII) duration. **Design, Setting, Participants:** We conducted a single-centred, prospective audit looking into the current labour ward practice. All 277 cases of emergency Caesarean Sections that took place between 1st March 2016 and 31st May 2016 were audited in the first cycle. The second cycle of the audit took place from 1st to 31st October 2016 whereby 127 cases were analysed to complete the audit cycle loop. A total numbers of 404 cases were reviewed in this audit. **Results:** A Total number of 404 cases were analysed during this audit. We were able to achieve 100% on documentation on indication of Caesarean Section, timing of decision making and timing of knife to skin, however only 43% (118 cases out of 277 cases) has documented the grade of Caesarean Section. Marked improvement to 95% (121 cases out of 127) on grading documentation was seen after awareness and training inculcated to the labour ward staff. **Conclusion:** A complete audit cycle such as this can be used to empower knowledge and can be utilised as a great educational tool. Awareness and team training using 'AIM technique' are important to improve performance of the labour ward staff in enhancing effective team work and improved documentation on grades of Caesarean Section. It can also be employed in other emergency situation for the better.