

Pennine GP Learning Group

Minutes of meeting

Date: 12th July 2017

Topic: Pregnancy theme: A summary of guidance related to suspected viral rash in pregnancy and discussion regarding the management of chronic hypertension in pregnancy and use of aspirin.

Members present: Dr Rukhsana Hussain, Dr Ainie Chaudhry, Dr Ann Holmes

1. Dr Hussain presented "a summary of guidance related to viral rash in pregnancy". This was mainly a summary of the HPA guidance.

We all agreed that this was a scenario that cropped up every now and again and that we would always need to check it due to difficulty in remembering the facts related to it. Dr Hussain mentioned that this was one of the reasons she wished to summarise the guidance.

Dr Hussain covered the common viruses that occur in the UK and the management of suspected infection in pregnancy and exposure to these viruses in pregnancy. We covered the main points in history taking.

We learned about the potential risks to the mother and the foetus. Dr Hussain mentioned that she didn't realise the very low risks of a foetus developing congenital varicella syndrome if intrauterine infection developed. Having reviewed the guidance she could reassure herself and pregnant women regarding the relatively low risk of complications.

Dr Holmes advised that positively reframing the figures and mentioning that in 98-99% of cases the baby would be fine would be more reassuring than explaining that the risk of developing the syndrome was 0.4 - 2%. We agreed that it would indeed be reassuring to worried mothers.

Dr Hussain mentioned that Aciclovir given in pregnancy to a woman presenting with chickenpox may reduce her risk of pneumonia but does not reduce the risk of transmission to the foetus. We were unaware of this previously and acknowledged that it will definitely be relevant when counselling pregnant women regarding the medication.

We learned that rubella infection has the highest risk of complications to the baby if a woman is infected in the first 11 weeks of pregnancy. We acknowledged the importance of wide vaccination coverage in order to avoid women being exposed to infection during pregnancy.

We learned that measles could cause serious illness in the mother but it has not been known to cause congenital abnormalities in the foetus. It could however lead to miscarriage or premature delivery.

We reviewed an algorithm for follow-up of women exposed to rash in pregnancy.

2. Dr Holmes discussed some topics from a recent women's health course handbook regarding the management of chronic hypertension in pregnancy and the use and benefits of aspirin in pregnancy. The benefits were highest in those in high risk groups.

Action Plan

1. The next meeting will be in September 2017. Topic to be decided.
2. Dr Hussain will upload the presentation and minutes of the meeting to the website and inform members regarding the same.