Urological diseases and pregnancy

The guideline was approved by DSOG (Danish Society of Obstetric and Gynecology) in January 2019.

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Summary of clinical recommendations:

Hydronephrosis

Recommendation	Level of evidence	recommendation
Abdominal pain from loin to groin, should be examined with ultrasound of kidney and urinary tract, a blood sample, measurement of body temperature, urine dipstick and a urine culture		
Consider double J stenting or nephrostomy when pharmalogical treatment of abdominal pain is not enough.		

Nephrolithiasis

Recommendation	Level of evidence	Recommendation
There is no higher risk of urinary tract stones in pregnant compare to non-pregnant and there is not a different in type of stones	2b	B
Examination should consist of: urine dipstick, culture of the urine when dipstick is positive, creatinin, (e)GFR, renal and pelvic ultrasound		B
The initial treatment of all kind of stones is conservative treatment and expectant management of spontaneous delivery of stones	2b	B
Consider double J stenting or nephrostomy if the stone do not pass spontaneously and in case of complications (infections, affected function of the kidney, non-treatable pain)		C
Consider primary ureteroscopic stone removal, in case of failure of other treatments. Atosiban is optional during the procedure.	3-4	D
Decompression of the kidney is indicated in case of septic patient, persistent severe pain or persistent obstruction.	2b	B

Hematuria

Recommendation	Level of evidence	Recommendation

There is not a higher risk of hypertensive disorders, preterm delivery or small for gestational age in case of idiopathic hematuria	2A-3	B
Persistent microscopic hematuria after delivery could be a sign of mild glomerulonefritis and should be examined 3 months after delivery	3	C
Culture of the urine should be carried out in case of microscopic hematuri to rule out urinary tract infections		B
Macroscopic hematuria should always be evaluated		B

Imaging

Recommendation	**Level of evidence**	**Recommendation**
Evaluation of the pregnant by imaging should be in cooperation with the radiological department to optimise the quality of image and to minimise the risk for the fetus.	4	D
First line of imaging of pregnant is ultrasound, then MR and finally imaging with radiation such as CT.	3	C