



Insight

A global Consortium for pregnancy-associated acute kidney injury

Pregnancy-associated acute kidney injury (PrAKI) is an under-recognised contributor to maternal and perinatal morbidity and mortality, with incidence up to 30 times higher in low-income and middle-income countries than in high-income settings. In May 2025, the World Health Assembly adopted the first resolution on kidney disease, recognising it as a global public health priority and calling for strengthened prevention, early detection, and equitable access to care across the life course, including in pregnancy. A contemporaneous position paper from WHO underscored the central role of midwives at the point of care. In addition, a consensus report of the 32nd Acute Disease Quality Improvement (ADQI) workgroup defined multiple research questions about PrAKI. Against this backdrop, the Global PrAKI Consortium and integrated Academy was established at an international stakeholder workshop in Nairobi, Kenya, in July 2025, with the aims to improve prevention, recognition, and management of PrAKI through research and education and to co-design practical tools and define a near-term pathway from evidence to service change. 41 participants from 14 countries attended (appendix p 1), spanning midwifery, nursing, obstetrics, nephrology, paediatrics, physiology, pharmacy, public health, and policy, with representation from primary centres to tertiary hospitals in east and west Africa, south Asia, Europe, South America, the USA, and the UK.

PrAKI is not a discrete clinical event: it commonly reflects a cascade of missed opportunities to recognise risk, measure kidney function, escalate care, and complete postnatal follow-up. Traditional research meetings discuss evidence but often stop short of implementation. To maximise near-term impact, we structured the workshop as a policy-lab style stakeholder workshop, chosen to shorten the distance between knowledge and action (appendix p 2). A programme theory model guided the sessions: participants agreed the long-term impact, identified intermediate outcomes, mapped causal pathways and assumptions, and prioritised feasible indicators for routine use. Bringing implementers, decision-makers, and end-users into the same room enabled co-ownership of a practical change package and generated tools ready for rapid trial in routine settings. Short framing plenaries summarised current evidence and emerging strategies, followed by mixed-discipline group work. Each group completed a facilitated programme theory model from problem statements to practical solutions, mapping inputs, activities, outputs, near-term outcomes, and long-term impact, with explicit assumptions and dependencies (appendix p 3).

Four key outputs were identified and developed during the workshop. First, a comprehensive PrAKI Toolkit was developed to address clinical, education, and policy change needs (appendix pp 4, 5). Components of the PrAKI Toolkit were streamlined to facilitate guided and organised practical change in three domains: clinical, education, and policy (panel; appendix p 6). Components of the Toolkit will be made freely available via the PrAKI Consortium website and circulated to contacts in relevant fields. A low-bandwidth digital companion was scoped to host calculators, prompts, local language options, and fully offline functionality.

Second, a time-bound global snapshot was identified during the workshop as a near-term priority to describe the scale of the problem and make the burden of PrAKI and its avoidable harm visible. A small working group (including experts in midwifery, obstetrics, nephrology, epidemiology, and implementation science) was established and is now drafting the protocol and data dictionary for open sharing. The key elements were scoped, including: a pragmatic case definition usable where baseline creatinine is unknown; a minimal dataset covering facility context, risk factors, timing across pregnancy and postpartum, core management steps, and immediate maternal-neonatal outcomes; and a light-touch governance and site-onboarding approach to enable repeat cycles and cross-country learning.

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For more on the **World Health Assembly resolution on kidney disease** see https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R6-en.pdf

For **WHO's report on midwifery models of care** see <https://www.who.int/publications/i/item/9789240110199>

For more on the **ADQI workshop report** see *Nat Rev Nephrol* 2025; 21: 633–46

For more on the **Global PrAKI Consortium** see <https://www.PrAKI.org>

See Online for appendix

For more on the **Policy Lab approach** see *Palgrave Commun* 2020; 6: 101

For more on **programme theory models** see *Trials* 2014; 15: 267

For more on **co-design and co-ownership of strategies for policy change** see *BMC Glob Public Health* 2025; 3: 3

Panel: The PrAKI Toolkit components

PrAKI should be viewed as a component of all obstetric complications—eg, pre-eclampsia with or without PrAKI.

Clinical components*

- Screening tool with actions
- Management flowcharts
- Handover tools
- Draft guidelines

Education components*

- Patient education tools
- Public messaging
- Curriculum guidance
- Policy components

Policy statement

- Core outcome set
- Coding standard

PrAKI=pregnancy-associated acute kidney injury. *Fluid balance should be a core component of all clinical and education tools.

For more on the FIGO pregnancy passport see <https://www.figo.org/figo-resources/postnatal-health/pregnancy-passport>
For more on WHO's building blocks for improving health outcomes see <https://www.who.int/publications/i/item/everybody-s-business---strengthening-health-systems-to-improve-health-outcomes>

Third, a Global PrAKI Academy was initiated at the workshop, to strengthen clinical and educational capacity. The Academy has three main target audiences: communities, the health workforce, and policy makers. Community activity will include peer-to-peer support groups, outreach, and antenatal and postnatal education via routine clinics and utilising the International Federation of Gynecology and Obstetrics (FIGO) pregnancy passport. Awareness will be raised through campaigns such as World Preeclampsia Day and World Kidney Engagement Day. The Academy also aims to build local teaching capacity, for example, by establishing regional train-the-trainer pathways and will pair participating sites with implementation mentors who support Toolkit adoption, data quality, and audit. Another core aim is to incorporate PrAKI content—with a strong focus on fluid balance—into undergraduate, postgraduate, and residency curricula through case-based discussions and online sessions. For policy makers, the Academy will support inclusion of PrAKI within integrated national and international guidelines for postpartum haemorrhage, sepsis, and pre-eclampsia. Early actions are already in motion. For example, the Academy hosted an emergency peritoneal dialysis scoping exercise at the 2025 FIGO conference (Cape Town, South Africa; October 5–9, 2025) to assess feasibility and demand from maternity teams. A train-the-trainer programmes are being designed in Zambia for primary health-care units and in collaboration with the International Society of Nephrology. Further details of Academy ideas are in the appendix (pp 7, 8).

Finally, clear research priorities were outlined at the workshop. Using guided questions, research priorities associated with improving prediction, identification, and management of PrAKI were assessed against WHO's six building blocks (appendix p 9). Priorities cluster around six areas. First, earlier recognition through pregnancy-specific renal physiology, point-of-care creatinine, and risk-prediction tools. Second, safer management in hypertensive disorders and obstetric emergencies through clearer blood pressure targets and fluid strategies. Third, robust information systems to quantify burden, disentangle causality with adverse pregnancy outcomes, and follow mothers and infants longitudinally. Fourth, workforce capability via curriculum integration, standardised protocols, and competency-based training. Fifth, service-level integration of kidney testing within routine pathways, coupled with

community-level awareness to reduce diagnostic delay. Sixth, an economic case for extended postnatal follow-up. A modified Delphi approach is planned to further streamline these priorities to guide Consortium research activities.

In conclusion, PrAKI will continue to be under-recognised unless the evidence, service delivery, and policy communities act in concert. The Consortium is necessary as a structured mechanism to close this gap, and the workshop was the starting point to focus efforts. The policy environment created by the 2025 World Health Assembly resolution on kidney disease, and the parallel emphasis on midwifery models of care, creates a time-limited opportunity to embed kidney health within routine maternity services at scale. Our short-term aims over 12–18 months are to collaborate with women and families with lived experience of PrAKI, to deploy Toolkit version 1.0, complete a multi-country global snapshot to quantify burden and variation, establish regional hubs through the PrAKI Academy, and generate concise policy notes that specify minimum testing and referral standards. Long-term aims are adoption of routine antenatal kidney risk assessment, development of standardised escalation and referral pathways, integrated postnatal kidney review, and sustainable surveillance and financing aligned to existing maternal health programmes. Success will be judged by improvements in defined process indicators and by reductions in PrAKI incidence, downstream chronic kidney disease, and maternal and perinatal morbidity and mortality.

The PrAKI Toolkit will provide context-appropriate tools that can be implemented in busy maternity settings with variable available resources. We call on ministries of health, professional societies, facility leaders, funders, and patient partners to collaborate as early adopters by implementing the Toolkit, engaging with the Academy, and collaborating on the global snapshot. This first international convening marks a critical step towards global recognition of PrAKI and lays the foundation for collaborative action to reduce inequities and improve outcomes for women and newborns.

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