



RENAL DISEASE AND RENAL TRANSPLANT DURING PREGNANCY

Although fairly uncommon in pregnancy, renal disease (kidney disease) can have fairly serious consequences in pregnancy.

Q. WHAT IS CHRONIC RENAL DISEASE?

A. Chronic renal disease often is not recognized. It may remain silent until late-stage disease. Due to intense laboratory monitoring during pregnancy, this may be the first time that renal disease is noticed. If your urine shows protein present, you will be assessed for renal disease.

Q. WHAT IS A RENAL TRANSPLANT?

A. A renal transplant is often performed on a patient who has end-stage renal disease. Hypertension and diabetes can lead to end-stage renal disease. People who have end-stage renal disease have no function left in their kidneys. Therefore, their bodies are not able to clear wastes. These people must undergo dialysis to clear their blood of wasteful byproducts. Dialysis is done on a regular basis, often weekly. The patient's blood is removed, cleansed, and then returned to the body. Some of these patients will be offered renal transplant, which if successful allows them to avoid dialysis.

Q. HOW DOES PREGNANCY AFFECT RENAL DISEASE?

A. The long-term effects of pregnancy on renal disease are not clear. If a patient has moderate renal function (defined as a blood creatinine level of 1.5 mg/dl or lower) then pregnancy should have little permanent effect on renal function. If renal function is decreased (with creatinine levels greater than 1.5 mg/dl) some patients will have permanent worsening of their renal function with pregnancy. It is unpredictable which patients will have permanent worsening of their disease. Additionally, if the worsening occurs, termination of the pregnancy will not reverse the process. Your physician will spend a significant amount of time counseling you prior to pregnancy about its risks and benefits.

Hypertension is the most concerning issue for the pregnant patient with renal disease. In most patients with renal disease and pregnancy, hypertension is seen. Over half of patients with renal disease in pregnancy will notice worsening of their blood pressure with pregnancy. Therefore, it will be imperative to monitor and control your blood pressure if you have renal disease and pregnancy. Differentiating effects of renal disease from the pregnancy disorder preeclampsia is very difficult.

Q. HOW DOES RENAL DISEASE AFFECT PREGNANCY?

Patients with renal disease and pregnancy will be monitored monthly for renal function (this is done by collecting the urine for a 24-hour period and measuring the excretion of protein). Additionally, they should be followed closely in their physician's office. Of utmost importance is the control of hypertension. Often medicines are necessary to control hypertension.

Your physician will monitor the growth of your fetus on a regular basis. Fetal heart rate monitoring to assess the well being of your fetus will start at 28 weeks.

If your hypertension is uncontrollable, you develop preeclampsia, or your renal function is worsening, your physician may recommend delivering your baby as soon as it is of a gestational age where it could survive on the outside. If your infant does not appear to be growing and thriving inside of your uterus, your physician may suggest early delivery.

Q. HOW DOES RENAL TRANSPLANTATION AFFECT PREGNANCY?

A. Pregnancy after renal transplant is rare. During pregnancy, patients with renal transplants must be watched closely for any signs of rejection of the transplant. Rejection of transplants occurs in up to 9% of patients. This number does not change with pregnancy. However, signs of transplant rejection may be difficult to assess in pregnant women. Sometimes transplant rejection appears similar to preeclampsia (a hypertensive disorder of pregnancy).

Your physician will follow you closely for any signs of infection. Infection can be detrimental to a renal transplant patient. Additionally, your kidney function will be followed closely. Often a transient decrease in function will be observed.

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