Pregnancy and chronic kidney disease

UKKA
UK Kidney Association

Trusted Information Creator
Patient Information Forum

Kidney Care UK

Working together for better patient information

Having chronic kidney disease (CKD) can affect the health of women who are pregnant. It can also affect the health of their babies. This leaflet is aimed at women living with CKD, including those with a kidney transplant, who are pregnant or considering a pregnancy.

I'm hoping to start a family. How might living with CKD affect my plans?

This depends on the nature of your kidney disease and how you and your partner feel.

In general, if your kidney function is likely to get worse over time, it is better to plan for pregnancy while your function is still good.

If you have a kidney disease that flares up and then settles down, such as lupus nephritis, it is better to wait until the flare has settled for at least six months.

It is recommended that you delay pregnancy until at least one year after a kidney transplant or following a transplant rejection. It is important to use contraception to avoid getting pregnant in the first year after transplant.

Ideally, you should wait to get pregnant until your kidney function is stable, your blood pressure is well controlled and your medicines have been reviewed to ensure they are safe to take during pregnancy.

Your age will also affect your fertility, as can some treatments for kidney conditions. You can talk to your kidney doctor about whether you may need support to get pregnant.

Why is it important to plan a pregnancy?

Planning a pregnancy carefully helps you to get pregnant at the right time and to ensure that you are not taking any medications that may harm your baby.

Who can I talk to about planning a pregnancy?

If you are planning a pregnancy, your kidney doctor will advise you on the best approach and may refer you to pre-pregnancy counselling with an **obstetrician** (pregnancy specialist). At this appointment you will have a chance to discuss what might happen to you and your baby during your pregnancy, what the best treatments are and what monitoring you will need.

What should I do when I become pregnant?

You should contact your GP, who will refer you to appropriate maternity services. You should also tell your kidney doctor or transplant team.

What care will I receive during my pregnancy?

Both you and your baby will be closely monitored by an obstetrician and your kidney team. Like all pregnant women, you are likely to see a midwife at your first antenatal hospital appointment, where your personal details and medical history will be recorded. After this, your care is likely to be with a specialist team of obstetricians and midwives with experience in looking after women with long-term health conditions.

You will be offered the same ultrasound scans and blood tests as other pregnant women. If there are concerns about how your baby is developing, or about your blood pressure, you may be offered extra scans to look at your baby's growth.

You will need extra monitoring during pregnancy, including regular tests to check your kidney function, and the protein levels in your urine, as well as to keep track of your blood pressure.

How will CKD affect me during pregnancy?

The chance of developing complications during pregnancy depends on:

- Your kidney function
- Your blood pressure
- The amount of protein in your urine
- The underlying cause of your kidney disease
- Any other medical problems that you or your partner may have.

Your individual risk will be discussed during pre-pregnancy counselling.

Although many women will be well during their pregnancy, if you have CKD or a kidney transplant you are at increased risk of:

- **Developing high blood pressure.** This can happen at any stage of the pregnancy and is a consequence of CKD.
- **Developing pre-eclampsia.** CKD increases the risk of pre-eclampsia. This is a serious illness that usually happens in the second half of pregnancy. It causes high blood pressure and protein in the urine. The symptoms of pre-eclampsia may include headaches, blurred vision or swelling of the hands, feet or face. Your antenatal team will measure your blood pressure and test your urine for protein. This helps pick up pre-eclampsia early.
- **Your kidney function getting worse during the pregnancy.**

What can be done to protect me during pregnancy?

Good antenatal care from the earliest stages of pregnancy generally improves outcomes. This is particularly true if you have CKD. Planning for pregnancy allows you to get pregnant at the right time when you are taking the right medications and in the best possible health.

Are any extra medicines needed during pregnancy?

All women should take **folic acid** for at least three months before trying to get pregnant and for the first 12 weeks of pregnancy. This helps to reduce the risk of your baby developing **spina bifida** (a problem with the spinal cord). If you have a kidney transplant, your kidney team may recommend that you take a higher dose of folic acid than women without a kidney transplant.

Vitamin D is generally recommended for all pregnant women, to help strengthen your baby's bones. You do not need any other supplements unless they are suggested by your kidney team.

Aspirin lowers the risk of developing pre-eclampsia, so your doctor may prescribe this for you.

Pregnant women who have a high level of protein in their urine have an increased risk of developing blood clots (**thrombosis**). This risk can be reduced by small daily injections of a blood thinning medication, which makes your blood less likely to clot.

Pregnancy can cause **anaemia** and the risk is higher in women who have received a kidney transplant. You may be prescribed iron tablets or injections to treat this, and sometimes injections of the hormone **erythropoietin (EPO)** are also recommended. EPO can increase your blood pressure so this will need to be monitored carefully by your doctor.

Pregnancy alters your body's control of sugar (glucose). You may develop a condition called **gestational diabetes** (diabetes caused by pregnancy). You may be more at risk if:

- you are being treated with steroids (such as prednisolone) or immunosuppressants (such as tacrolimus or ciclosporin)
- you are over 40
- your body mass index (BMI) is above 30 – use the BMI healthy weight calculator to work out your BMI (www.nhs.uk/live-well/healthy-weight/bmi-calculator)
- one of your parents or siblings has diabetes
- you are of South Asian, Black, African-Caribbean or Middle Eastern origin (even if you were born in the UK)

You will be monitored for gestational diabetes throughout your pregnancy.

How does CKD affect the baby during pregnancy?

Your baby's growth may be affected so they might be smaller at birth. Occasionally extra support for the baby is required to reduce the risk of long-term health problems.

Your baby is more likely to be born before their due date. A baby born before 37 weeks is called **premature** and is at increased risk of medical problems after birth. The seriousness of these problems will depend on how early the baby is born and how small they are.

If your baby does not grow properly in the womb or is born before their due date, they may need to spend time in a **neonatal** unit. This is a dedicated intensive care unit which specialises in treating newborn babies.

How can I protect my baby during pregnancy?

Your medical team can monitor your baby's growth using an ultrasound scan. If your baby is growing well, you can expect to deliver normally around your due date.

If your baby stops growing as much as your doctor would like, they will discuss the recommended next steps. This may include delivering your baby early.

Will my medication harm my baby?

There are some blood pressure and post-transplant medicines which must be stopped before you get pregnant because they could harm your baby. This is one of the reasons why it is important to speak with your doctor before you try to get pregnant. Do not stop taking your medication unless your doctor tells you to.

Mycophenolate/myofortic (MMF) drugs are not advised for women trying for a pregnancy because of the risk of the baby being affected. Your transplant team will make any necessary changes to your medicines before you try to conceive.

If your doctors change any of your medicines, you should wait for three months before trying to get pregnant to make sure that your kidney function is stable.

Will my baby get kidney disease?

This depends on the type of kidney disease that you have. Speak to your kidney team about whether your condition might be passed on to your child.

Will I have to have my baby in a special unit?

If you have mild CKD, are in generally good health and have well controlled blood pressure you can remain under the care of your usual kidney doctor and local hospital.

If you have more severe CKD or a kidney transplant you will likely need to be cared for by a specialist unit.

Most women with CKD or a kidney transplant will be able to have a normal delivery. However, if complications occur with you or the baby, you may need to have an early delivery or **caesarean section** (an operation to deliver your baby).

Home births are not recommended as you are more likely to need specialist, hospital-based care.

Is breastfeeding safe?

In general, yes, but it is important to check with your doctor as some drugs pass into breast milk and may harm your baby.

Where can I find out more information?

Talk to your doctor if you are thinking of trying to get pregnant, as they can give you personalised advice that is right for your situation.

Other sources of information include:

- **Kidney Care UK** - www.kidneycareuk.org
- **NHS Blood and Transplant** Kidney Transplant - www.nhs.uk/conditions/kidney-transplant

Contact us to see how we can support you

Call free on

0808 801 00 00

(Monday to Friday, 9am-5pm)

support@kidneycareuk.org

www.kidneycareuk.org

If you have feedback about this leaflet, please let us know at: **feedback@kidneycareuk.org**

Publication date 09/2024
Review date 09/2027

Kidney Care UK

in partnership with UKKA UK Kidney Association