

PREGNANCY OUTCOMES IN HEMODIALYSIS PATIENTS: A NATIONAL SURVEY

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Pregnancy among women on chronic dialysis has been reported in 1-7% of women. It has been more than a decade that the American experience of pregnancy in women on hemodialysis has been reported.

The purpose of this survey was to evaluate practice patterns and to trend maternal and fetal outcomes in the pregnant female on hemodialysis over the past five years.

An anonymous internet based survey consisting of 23 questions was electronically mailed to American nephrologists in May 2014. To date, 75 nephrologists have responded to the survey. Over the past five years, more than 59 pregnancies are being reported. During this time period, 43% of American nephrologist respondents have cared for pregnant females on hemodialysis. In 32% of the reported pregnancies, dialysis was initiated during the pregnancy while 58% occurred within the first five years of being on maintenance dialysis. Two pregnancies were reported as occurring between 5-10 years on hemodialysis and three pregnancies after being on dialysis for a duration of more than 10 years. Of the reported pregnancies 23% did not result in live births. 50% of the pregnancies were complicated by preeclampsia. There were no maternal deaths. 51% of American nephrologists/ or a member of their staff counsel their female dialysis patients about contraception. With respect to the dialysis prescription, most nephrologists prescribe 4 to 4.5 hours of hemodialysis. 64% of respondents provide dialysis for six days per week. Only 21 % aimed for a target predialysis BUN of less than 20mg/dL while 66% of nephrologists targeted a BUN less than 50mg/dl. 75% of respondents do not have access to fetal monitoring during dialysis for their pregnant patient. There are approximately 32% of American nephrologists who are somewhat to very uncomfortable caring for a pregnant woman on hemodialysis.

Providing intensive hemodialysis is a common treatment approach for the pregnant women on hemodialysis. There remain a significant number of poor maternal or fetal outcomes. Formal guidelines outlining the care of the pregnant woman on dialysis need to be established. These can hopefully improve outcomes.