

Guidelines for the Management of Pregnancy in Dialysis patients.

If a dialysis patient queries that they may be pregnant;

- obtain hCG hormone level urgently
- if positive then arrange an urgent gynaecological scan
- refer to Mr Churchill, Consultant Obstetrician & Gynaecologist

If the patient is maintained on haemodialysis then they need to receive extended daily dialysis of at least 6 hours per day for 6 days a week and if possible be switched to the home dialysis programme for nocturnal dialysis.

If the patient is maintained on peritoneal dialysis they need to be switched to haemodialysis and receive the above regime.

If the patient is already maintained on home haemodialysis then they need to increase their hours to daily for 8 hours best achieved with nocturnal dialysis.

Obtain dietary review: protein intake should be 1g/kg per day plus an additional 20g/day for foetal growth

Baseline blood check:

Routines + ferritin, vitamin B12, folate, zinc level and vitamin D status

Targets

Maintain the pre-dialysis serum urea @ <15mmols/l

Maintain pre-dialysis blood pressure @ < 120/80mmHg with appropriate anti-hypertensives if required

Maintain pre-dialysis serum phosphate @ 1mmols/l +/- 0.2mmols/l – supplementation if required

Maintain pre-dialysis serum corrected calcium @ 2.3mmols/l +/- 0.2mmols/l

Maintain Hb value at 11g/dl +/- 1g/dl (ESA requirements often increase by 50%)

Maintain serum bicarbonate @ 18mmols/l +/- 2mmols/l

Increase the usual supplementation with water soluble vitamins due to increase losses on more frequent dialysis and increased needs. Px Folic acid 10 mg daily, Ketovite 6 tabs daily.