



Pregnancy and Breastfeeding Information for Women with Chronic Kidney Disease

Women with chronic kidney disease (CKD) can become pregnant and breastfeed regardless of their stage of kidney disease, including young women on dialysis and those with kidney transplants. However, pregnancy can place both you and your baby at risk of complications. If you are thinking about becoming pregnant, it is important to talk with your healthcare team.

Your risk of pregnancy complications depends on your:

- age
- past and current medications (see over)
- level of kidney function
- amount of protein leaking from your kidneys into your urine
- type of kidney disease, and
- related health conditions, such as high blood pressure (hypertension), obesity and diabetes.

During pregnancy, women with CKD risk losing kidney function and worsening kidney disease (such as a disease flare or increased amount of protein in the urine). You also have a higher risk of a number of pregnancy complications, including Caesarean section, gestational diabetes (diabetes that develops during pregnancy), and a potentially serious disease known as preeclampsia.

Preeclampsia occurs when a woman's placenta is not well developed and has trouble supporting the baby's growth later in the pregnancy. This complication can result in worsening kidney function, protein in the urine, and high blood pressure in the mother, as well as poor growth and premature delivery of your baby.

Preeclampsia can also have an impact on the liver, causing HELLP Syndrome (hemolysis, or destruction of red blood cells; elevated levels of liver enzymes; and low blood platelets) or cause seizures (eclampsia), but these life-threatening complications are rare. To help you avoid developing preeclampsia, your kidney care team may prescribe dietary changes, prenatal vitamins, and a low dose of acetylsalicylic acid (ASA) products such as Aspirin®.

You can lessen your risk of developing pregnancy complications by getting careful prenatal care and by working with a healthcare team that closely monitors your pregnancy. Talk with your nephrologist (kidney doctor) about your personal pregnancy risks, and about the safest time in your life for you to have a baby. Women with CKD should also seek out care by an obstetrician who specializes in high-risk pregnancies. These doctors will monitor your pregnancy carefully to ensure your baby is growing properly at each stage, and will watch for any early signs of complications.

CKD is a lifelong journey, so it is important to protect yourself from unplanned pregnancies and to work with your kidney care team to find the best window for a carefully planned pregnancy.

Many medications used to treat kidney disease are unsafe in pregnancy and breastfeeding, but **safe alternatives are available**. Refer to the table below and talk to your nephrologist or pharmacist for more information.

Safety of Medications for CKD during Pregnancy and Breastfeeding

Medication	Safe in Pregnancy	Safe in Breastfeeding
Angiotensin Receptor Blockers (ARBs) and Angiotensin-Converting Enzyme (ACE) Inhibitors	✗	Some formulations have been found to be safe in breastfeeding. Discuss this medication with your nephrologist.
Methyldopa (Aldomet®) Nifedipine (Adalat®) Labetalol (Trandate®) and Hydralazine (Apresoline®)	✓	✓
Corticosteroids	✓	✓
Azathioprine (Imuran®)	✓	✓
Cyclosporine (Neoral®) and Tacrolimus (Prograf®, Advagraf®)	✓	✓
Cyclophosphamide (Cytoxan®)	✗	✗
Mycophenolate (Cellcept®, Myfortic®)	✗	✗
Rituximab (Rituxan®)	Benefits of treatment must outweigh risks. Discuss this medication with your nephrologist.	
Eculizumab (Soliris®)	✓	✓
Hydroxychloroquine (Plaquenil®)	✓	✓

Questions? Contact your Clinic at: _____

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