Pregnancy and Family Planning in Women with Kidney Disease

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Background

- Women with kidney disease are at increased risk for pregnancy complications.
- Pregnancy complications include higher risk for preterm delivery, low birthweight infants, and preeclampsia when compared to the general population.
- Few studies have examined the pregnancy preferences of women with kidney disease.
- The purpose of this study was to examine adverse pregnancy outcomes of women with kidney disease and obtain their perspectives on family planning.

Methods

Study Population

- Female patients with kidney disease ages 18 to 50 years from the University of Colorado Hospital were recruited from August to October 2022. Participants were invited to participate in an online survey through email or an electronic message in their online health portal.

Survey

- Participants completed a 27-item survey with questions on prior and current pregnancies with kidney disease, family planning, and discussions with their nephrologists regarding their reproductive health. Conversations with a nephrologist about potential pregnancy complications, pregnancy prevention and optimization of prenatal health were also explored.
- Survey results were used to examine whether patients had difficulty conceiving, experienced adverse pregnancy outcomes, and their perspectives on the impact that kidney disease had on family planning and perceived risk for pregnancy complications.

Results

Figure 1. Pregnancy Outcomes in Women with Kidney Disease

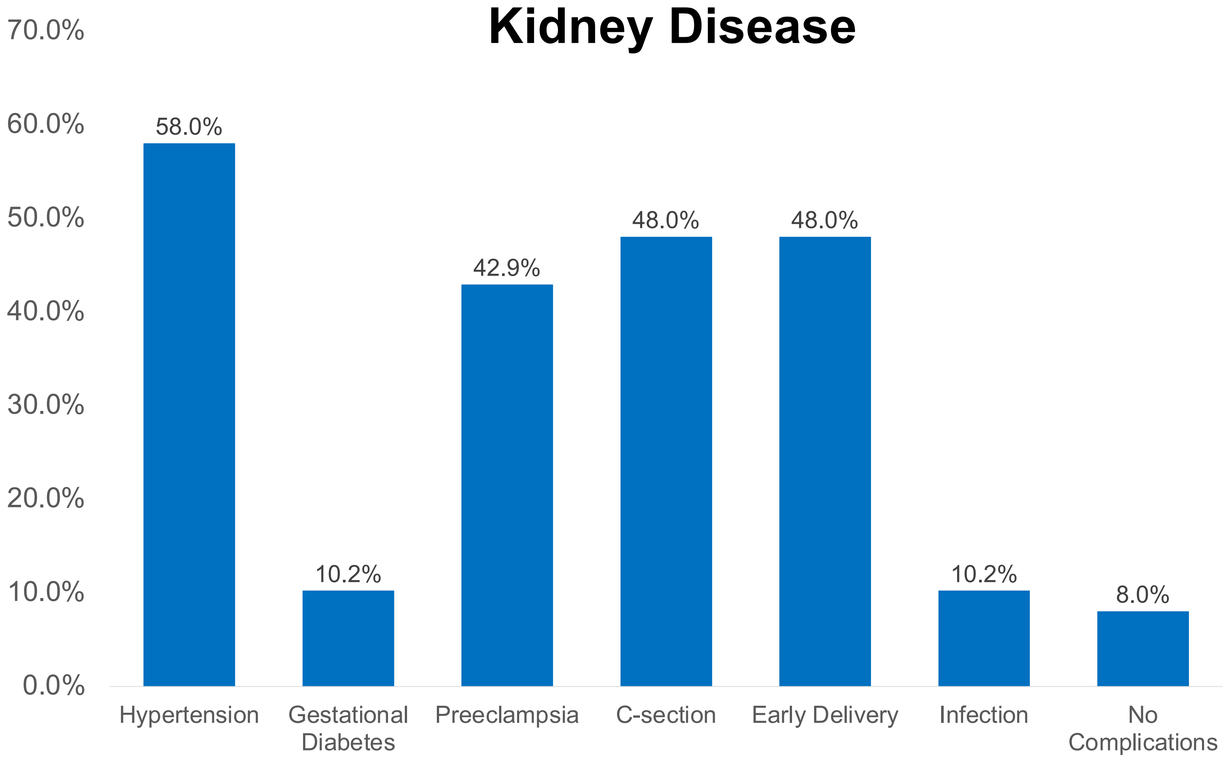
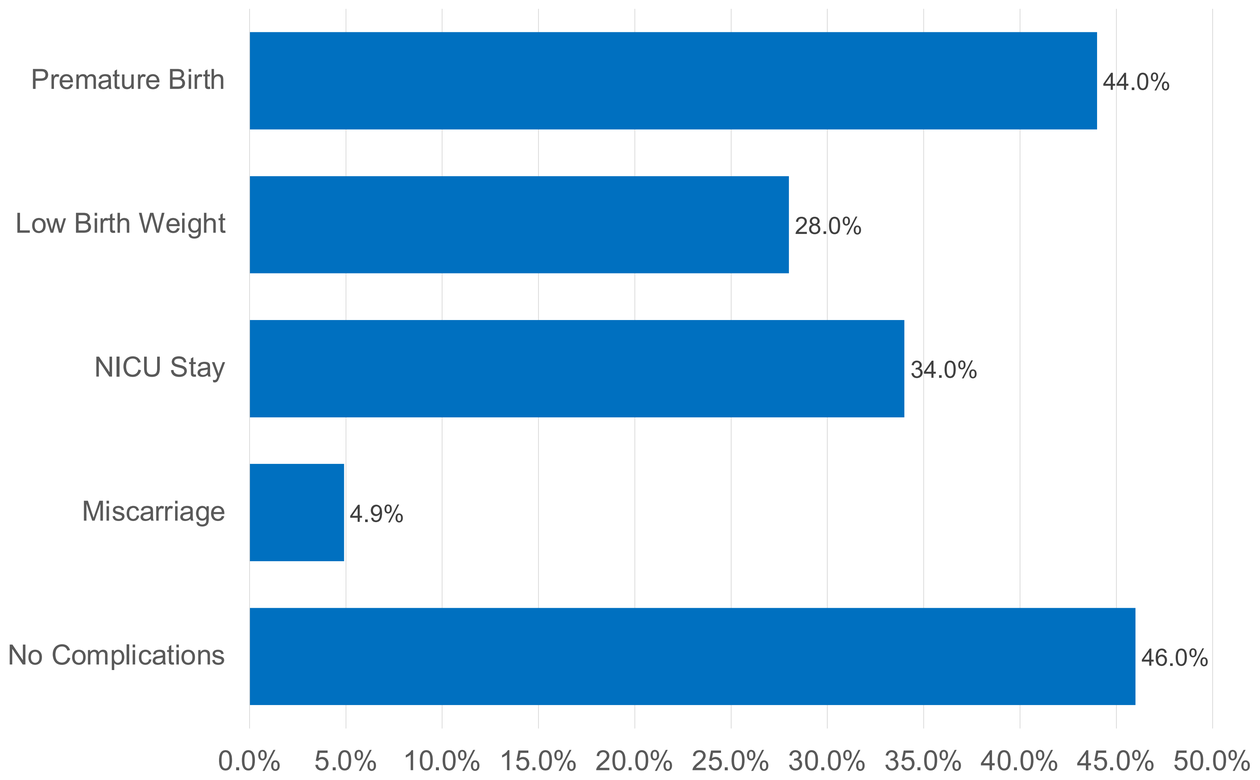


Figure 2. Fetal Complications



- 128 women completed the survey
- Fifty (39.0%) participants experienced a pregnancy with a diagnosis of kidney disease, which were largely planned (65.4%).
- The majority of participants with a diagnosis of kidney disease were able to conceive within 6 months (64%), 18% conceived within 6-12 months and 14% conceived after 24 months.
- Figure 1 shows that women with kidney disease reported a high rate of hypertension, preeclampsia, early delivery and delivery via Cesarean section during pregnancy.
- Fetal complications are shown in Figure 2, with the majority of women reported premature birth as a complication.
- 46.3% reported that kidney disease has influenced their family panning decisions with 87 (68%) believing that kidney disease increased their risk for pregnancy complications.
- 35.8% of women with kidney disease would like to have children without carrying the baby themselves.
- 27% of participants were unsure about the relationship between kidney disease and pregnancy complications.
- More than half of participants never discussed the health risks of a potential pregnancy (52.3%), desire to have children (57.8%), pregnancy prevention (57.0%), and/or optimizing their health prior to pregnancy (68.8%) with their nephrologist.

Conclusions

- We observed high rates of adverse pregnancy outcomes in women with kidney disease.
- The majority of participants had planned pregnancies without difficulty conceiving.
- Few participants had family planning discussions with their nephrologists even though kidney disease influenced family planning decisions.
- Nephrology providers need to have informed discussions with women with kidney disease who are considering pregnancy.