

The challenging journey of pregnancy and dialysis: Both challenge for patient and staff

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Background

The prevalence of pregnancy kidney failure is rare. Pregnancy in the presence of CRF is mainly affected by renal function at the beginning of pregnancy, with or without of hypertension and the degree of balance and basic disease. The appearance of CKD at any level negatively affects pregnancy and challenges the staff with ethical issues regarding conception and maintenance of pregnancy. There are few cases in the literature reporting live births in hemodialysis or peritoneal patients. In recent years, there has been increase in the number of dialysis pregnancies, thanks to technological advancements in the field, long-term treatment and daily dialysis (Piccoli et al., 2015).

Case Study

A 24-year-old patient, suffering from IGA NEPHROPATHY, was not regularly followed. She arrived at the hospital for 13 weeks of spontaneous pregnancy with hypertension and diagnosed -Chronic Renal Failure. Despite multiple risks explained to the patient and her partner in cooperation with a psychologist and a social worker, decided to continue the pregnancy under hemodialysis.

The treatment included

Hemodialysis performed 6 times weekly and lasted for 5 hours. Treatment has been made according to personal prescription and included blood tests monitoring for BNP, electrolytes, especially potassium and sodium and blood gases. In addition, special attention was made to ultrafiltration rate and correction of acid-based balance. Anticoagulation included daily administration of Clexan injection.

1. Daily gynecological observation included fetal monitoring, fetus weight assessment and amniotic fluid amount.
2. Multidisciplinary team included: nephrologists, gynecologists, dialysis nurses' staff, dietitian and social worker.
3. Dialysis nurses staff instructed regarding all aspects of managing dialysis for pregnant patient.
4. The patient had a live baby girl birth at 36 week of pregnant.

Conclusions and recommendations

1. The goal of dialysis treatments is not only to save lives but striving for a "normal" life as much as possible. Comprehensive treatment for a woman with CKD is important to provide these needs.
2. Understanding importance of having children, especially with regard to cultural background may be important in patient final decision regarding pregnancy.
3. There is a major importance for staff instruction regarding special aspects of dialysis in pregnancy.
4. Special attention should made for staff support due to fact that many nurses are also mothers, some pregnant and may experience various emotions in the light of the case.
5. Patient education for women with CKD and transplantation for gynecologist monitoring is crucial.
6. Collaboration between a multi-disciplinary team essential component in efficient and safe treatment.

