

## GRAVIDANZA

### **Donazione di rene da vivente: follow-up del donatore, gravidanza e donazione**

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### **ERPB 2013:**

What are the **risks of pregnancy** in a woman with a single kidney after living kidney donation?

We recommend informing women of childbearing age that as they are selected from a very healthy subpopulation, donation increases their individual risk from below that of the general population, to that of the general population. **(1B)**

### **KDIGO 2015:**

#### **Evaluation**

All women should be asked about their prior obstetrical history, including a prior history and details of any hypertensive disorder of pregnancy or gestational diabetes. **(Not Graded)**

All women should be asked about their future childbearing interest and potential, as this information has implications for counselling and the need to rule out pregnancy at the time of donor nephrectomy. **(Not Graded)**

Abdominal computed tomography (with iodinated contrast) and nuclear medicine glomerular filtration rate (GFR) testing in women who are pregnant, or may be pregnant, should be guided by current local radiology guidelines. **(Not Graded)**

#### **Selection**

A transplant center should not preclude a motivated, well-informed donor candidate from donation simply on the basis of her desire to have children after donation. **(Not Graded)**

A donor candidate with a prior history of hypertension during pregnancy (which includes preeclampsia) may be acceptable for donation, provided a transplant center after reviewing the nature of this hypertension and her other characteristics, believe the candidate's post-donation long-term risk of ESRD is low (and below their acceptable threshold of risk). **(Not Graded)**

Any decision to proceed with donor nephrectomy in the year after delivery requires consideration of the psychological needs of the new mother and baby, and supports available during the time of transplantation. A decision to proceed with donation in this time period also requires anesthesia and analgesia planning for nursing mothers. **(Not Graded)**

## **Counseling**

A woman should never donate during gestation. A woman with childbearing potential should be told about the need for contraception or abstinence from the time she is approved for donation, to the time she has recovered after her nephrectomy. The absence of pregnancy should be confirmed by a  $\beta$ -Hcg quantitative pregnancy test immediately before donation. **(Not Graded)**

Women who are capable of having children after donation should be counselled about the possible impact donation may have on future pregnancies. This includes the possibility of a greater likelihood of being diagnosed with gestational hypertension or preeclampsia. **(Not Graded)**

## **PRISMA**

Search (21/03/2017) PubMed, Scopus & ISI web of knowledge

Search terms: ("kidney transplantation" OR "kidney transplant" OR "renal transplantation") AND ("living donor" OR "living" OR "living donation") AND ("pregnancy" OR "gravidity")

Total items: 121

Period 2011-2017: 121

Records after duplicates removed (n=64)

Records screened (n=64)

Records excluded (according to title) (n=29)

Records excluded (no English or Italian language) (n=0)

Records excluded (according to abstract) (n=32)

Records excluded (review article) (n=2)

Full-text articles assessed for eligibility (n=1)

Full-text articles excluded, with reasons (n=0)

Studies included in qualitative synthesis (n=1)

**Gestational hypertension and preeclampsia in living kidney donors.**

Garg AX, Nevis IF, McArthur E, Sontrop JM, Koval JJ, Lam NN, Hildebrand AM, Reese PP, Storsley L, Gill JS, Segev DL, Habbous S, Bugeja A, Knoll GA, Dipchand C, Monroy-Cuadros M, Lentine KL; DONOR Network..

N Engl J Med. 2015 Jan 8;372(2):124-33. doi: 10.1056/NEJMoa1408932

**Review:**

**Pregnancy after kidney donation - placing things in perspective**

Nayak-Rao, S. 2011 Saudi journal of kidney diseases and transplantation : an official publication of the Saudi Center for Organ Transplantation, Saudi Arabia

**Pregnancy in renal transplantation: Recipient and donor aspects in the Arab world.**

Kukla A, Issa N, Ibrahim HN.

Arab J Urol. 2012 Jun;10(2):175-81. doi: 10.1016/j.aju.2012.02.004. Review.

PMID: 26558022