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Pregnancy in kidney disease patients-how not to miss the right window of opportunity?

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Nephrologists encounter kidney disease patients at different stages of their journey. This range from renal disease with; preserved kidney function, mild renal impairment, more advanced stages of chronic kidney disease (CKD), and finally requirement of renal replacement therapy (RRT), including kidney transplant. Therapeutic goals greatly vary as patients transition between these different stages of disease. Initially, much focus is on identifying reversible/treatable factors. As patients progress to established CKD, more attention is paid on slowing down progression of their disease. Finally, when patients become close to needing RRT, focus is shifted towards managing complications and planning RRT modality. Those therapeutic goals get tailored based on patient-related factors, like following a more conservative approach in the case of elderly/comorbid patients for example. What often gets overlooked, is taking into consideration patients' wishes regarding family planning, when in fact the patient being followed is in the child-bearing age (particularly women). In our view family planning is an essential part of counselling/managing young females suffering from kidney disease. It should be considered for discussion early on, just as we often for instance, address goals of care in the elderly in a timely manner. This is for two important reasons. First, the associated risks of pregnancy (both fetal and maternal) considerably vary during the above highlighted stages of kidney disease. Knowledge of this variability, help physicians guide their patients towards choosing the safest window of opportunity for a pregnancy. Second, as it is well-known, fertility gets impaired as kidney function declines, and chances of conception dramatically drop once a patient reaches end stage renal disease. Counselling renal disease patients on the risks of pregnancy early in their disease course, results in more planned pregnancies, that are associated with better fetal/maternal outcomes compared to unplanned pregnancies or pregnancies in a more advanced stage of kidney disease. The focus of this talk is to tackle this issue and encourage nephrologists managing women suffering from kidney disease to take a proactive role in which family planning is added to the management plan discussed with patients to ensure pregnancy (if desired) happens in the safest window of opportunity.

Biography

Ghada A Ankawi is an Assistant Professor of internal medicine and nephrology at King Abdulaziz University, Jeddah, Saudi Arabia with special interest in glomerulonephritis, kidney disease in pregnancy, and critical care nephrology. She has completed her Bachelor degree of Medicine and Surgery at King Abdulaziz University, Jeddah, Saudi Arabia in 2007. She got Certification in 2009 for Medical Council of Canada Evaluating Examination Certification; American Board of Internal Medicine in 2014; Canadian Board of Internal Medicine in 2015; Canadian Board of Nephrology in 2016; American Board of Nephrology in 2016. She is the Head of the dialysis unit at King Abdulaziz University Hospital, Jeddah, Saudi Arabia since June 2019. She undergo research-based subspecialty training in critical care nephrology IRRIV, Vicenza, Italy from November 2017-June 2018; Subspecialty training in glomerulonephritis and kidney disease in pregnancy, University of Toronto, Toronto, Canada (July 2016- October 2017); Nephrology training, The University of Western Ontario, London Ontario, Canada (July 2014- June 2016); Internal Medicine training, The University of Western Ontario, London Ontario, Canada from July 2011 to June 2014. She published 14 papers in reputed journals and currently conducting studies in the field of pregnancy with kidney disease.

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