

Table 2: Guidelines for the management of pregnant women on dialysis.

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| 1) Hemodialysis(HD) prescription: | -4-6 dialysis sessions per week should be performed; non-reuse, biocompatible, smaller surface area dialyzer, slow-rate ultrafiltration - At least 20 hours per week -Predialysis BUN less than 45-50 mg/dl -Target fluid removal less than 1.5 kg/day |
| 2) Peritoneal dialysis(PD): | Increase the number of exchanges Dialysate volumes from 7.5 to 12 L daily |
| 3) Anemia: | Maintain hemoglobin levels of at least 10-11 g/dl Increase rhEPO dose by 50%-100% Iron and folic acid should be supplemented |
| 4) Hypertension: | -Diastolic BP should range between 80 and 90 mmHg -Avoid maternal hypotension or volume depletion on dialysis -Avoid ACEI or ARB |
| 5) Nutrition: | Protein intake 1.5 g/kg/day in HD and 1.8 g/kg/day in PD Calories: 30-35 kcal/kg/day Fluids: 0.75-1.5 L/day Calcium: 1500 mg/day; usually achieved with 2.5 mEq/L calcium dialysate. If indicated, vitamin D preparations can be continued. |
| 6) Preterm labor: | Consider progesterone for prevention; tocolysis with beta-agonists, indomethacin (limited duration,) calcium channel blockers ,or magnesium (keep serum level <5 mg/dl) |
| 7) Obstetric/fetal monitoring: | Close follow-up and fetal monitoring as soon as viability is reached. |

(Adapted for references 5,16,26,32), Abbreviations: BUN: blood urea nitrogen, BP: blood pressure, ACEI: angiotensin- converting enzyme inhibitors, ARB: angiotensin receptor blockers, rhEPO: recombinant human erythropoietin.