

Kidney disease and pregnancy: It's challenging, but possible - A case report.

Management of women who require dialysis during pregnancy is an unusual and challenging clinical problem for both the nephrologist and the obstetrician. Significant renal insufficiency (serum creatinine >270 $\mu\text{mol/L}$ or urea >10.5 mmol/l) before pregnancy is associated with poor maternal and fetal outcome: stillbirth, preeclampsia, preterm delivery, fetal growth retardation.

We report the first case of successful pregnancy in Tartu University Hospital in a patient requiring hemodialysis (HD).

A 31-year-old woman, diagnosed with T1D at the age of 9, secondary hypertension at 14 and chronic renal disease at 27, with a poorly controlled diabetes and gradually deteriorated kidney function got spontaneously pregnant and refused to terminate the pregnancy. Her creatinine was 338 $\mu\text{mol/L}$ and urea 17.8 mmol/L.

At the gestational age of 10 weeks, permanent hemodialysis catheter was placed and HD was started. Initially dialysis dose was prescribed for 4.5 h/week and gradually increased to 18 h/week, aiming for a pre-dialysis urea < 12.5 mmol/l.

At 29 weeks of gestation, cesarean section was performed due to fetal distress. The operation was uneventful. A preterm baby boy with Apgar score of 8/8, weighing 1494 g, was delivered.

The newborn needed treatment in the neonatal intensive care unit for 9 days. The mother is doing well and the hemodialysis dose was reduced.

Care during pregnancy for patients with chronic kidney disease should include a multidisciplinary team with a nephrologist and maternal-fetal medicine specialist.