

AMERICAN NEPHROLOGY NURSES' ASSOCIATION

ANNA'S 46^{th} National Symposium

April 19-22, 2015

DISNEY'S CORONADO SPRINGS RESORT, LAKE BUENA VISTA, FLORIDA

Managing Pregnancy for a Woman on Short Daily Hemodialysis (SDHD)

Kelly Scott, BSN, RN, CNN, Fresenius Medical Care, Summerville, SC

TK is a 38 year old female on thrice-weekly HD since 2005, now using SDHD 5 days per week since 2007. In February 2011, TK reported absence of menstrual cycle, and was referred to GYN for evaluation. Pregnancy was confirmed via ultrasound. TK was referred to a high risk OB at the local university hospital for prenatal management. The goal of 32 weeks gestation, before intervention, was set as successful gestation and delivery. The nephrologist immediately counseled TK on poor maternal and fetal outcomes, including option of terminating the pregnancy. TK chose to continue the pregnancy. An interdisciplinary team (IDT) was formed to provide a close review of TK's current treatment orders, review medications for potential harm to the fetus, and review of clinical studies on dialysis during pregnancy. Although several studies were reviewed, no studies existed on monitoring of the home hemodialysis (HHD) patient. However, the studies reviewed provided guidance on increasing dialysis, ensuring maintenance of urea levels <60mg/dl, and anemia and BP management. Several medications were changed, added, or discontinued. Dialysis prescription was increased to 7 days per week.

The dietician and social worker were consulted for changes that needed to be implemented. Anemia labs were drawn weekly, with remaining labs drawn monthly. The high risk OB, vascular surgeon and nephrologist worked collaboratively to manage the daily needs of mother and fetus. The HHD nurse reviewed treatment records, reviewed and distributed lab results to IDT members, and educated patient on treatment changes. As the pregnancy progressed, adjustments were made to calculation of UF for treatments to prevent oligohydramnios, and to account for normal changes exhibited in pregnancy.

TK gave birth at 32 weeks gestation via vaginal delivery due to onset of pre-eclampsia and volume overload. The baby was born with APGAR scores of 8 and 8, and was breathing independently.

Today, TK and her son are doing well. Her son is well developed, meeting 3 year old cognitive, language, and movement milestones.

Abstract selected for presentation at ANNA's 46th National Symposium, Lake Buena Vista, FL, 2015