Material Base

Semana Riñón 2018 – Salud de la Mujer y Riñón

Management of the pregnant dialysis patient

Intensification of dialysis
✓ *Blood urea nitrogen should be maintained below 50 mg/dL (17 mmol/L) to avoid polyhydramnios.*
✓ *If hemodialysis is used, intensification of the regimen should be considered; five to seven sessions per week are likely to provide more optimal control of uremia and better fetal outcomes. The prescription should include bicarbonate buffer, minimal heparinization and slow-rate ultrafiltration in order to avoid dialysis hypotension and volume contraction.*
✓ *If peritoneal dialysis is used, the exchange volumes should be decreased (eg, to 1.5 liters), and the frequency should be increased.*
Adequate supply of calories and protein
✓ *Protein intake should be 1 g/kg per day plus an additional 20 g/day for fetal growth.*
✓ *Diet should be supplemented with water-soluble vitamins and zinc.*
Antihypertensive regimen
✓ *Diuretics, ACE inhibitors, angiotensin receptor blockers (ARBs) are avoided. Acceptable antihypertensives include labetalol, Nifedipine XL, methyldopa, and metoprolol.*
✓ *The diastolic blood pressure should range between 80 and 90 mmHg.*
Correction of anemia
✓ *Erythropoietin should be given to maintain a hemoglobin level of at least 10 to 11 g/dL.*
✓ *Iron and folic acid should be supplemented.*
Avoidance of metabolic acidosis
Prevention of hypocalcemia
✓ *Oral calcium carbonate should be administered.*
✓ *Hypercalcemia should be avoided at the end of hemodialysis treatment.*
Treatment of premature labor
✓ *The use of beta agonists as first-line drug treatment is preferred.*
✓ *Nonsteroidal anti-inflammatory drugs are used with great caution and only for a limited duration.*
Reinforced fetal monitoring as soon as viability is reached