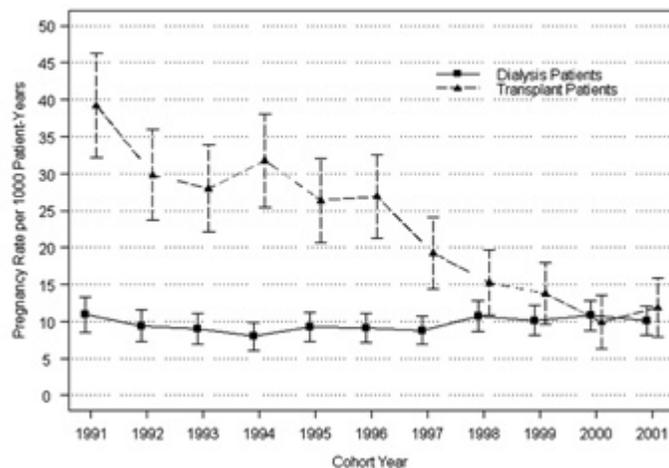


Pregnancy, Antepartum Complication, and Outcome Rates in the Dialysis and Renal Transplant Populations.

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Literature concerning pregnancy in the end-stage renal disease population is scarce. Okundaye et al (*AJKD*, 31;5:766-773) surveyed 930 dialysis units (40% of all units), and reported that 2.2% of women aged 14 to 44 years became pregnant from 1992 to 1995. We calculated pregnancy, antepartum complication, and outcome rates from Medicare claims data. We analyzed both period-prevalent dialysis and transplant patients from 1991 to 2001. For each year, female patients were prevalent at least 90 days before December 31 of the previous year; were alive on December 31 of the previous year; were between 14 and 44 years of age on January 1; carried Medicare as primary payer and Medicare Part B coverage throughout the one-year follow-up period; and survived throughout the one-year follow-up period. Only transplant patients within 3 years of most recent graft were included. Pregnancy was identified by the presence of at least 1 Medicare Part A Inpatient or at least 3 Part A Outpatient or Part B pregnancy-associated claims. Antepartum complications (including hemorrhage, preeclampsia, and early labor) and outcomes (including induced or spontaneous abortion, and vaginal or cesarean delivery) were also identified.



The pregnancy rate in dialysis patients has been stable at roughly 10 pregnancies per 1000 patient-years (ppK). However, the pregnancy rate among transplant patients has declined from 38.5 [95% CI: (31.9, 45.1)] ppK in 1991 to 11.5 [95% CI: (7.6, 15.3)] ppK in 2001. By 2001, these rates were one-tenth of the pregnancy rate in the United States population. The decline in transplant pregnancy rates warrants further investigation. Shifts in medical practices, including later pregnancy in women and toxicity of immunosuppression, must be evaluated.