

EDUCATION CORNER

Can Someone with a Transplant Become Pregnant?

The first known post-transplant pregnancy occurred in 1958 in a recipient who had received a kidney from her identical twin sister. Successful post-transplant pregnancies have since been reported among recipients of all types of solid organ transplants.

In 1991, a resource for transplant recipients and their healthcare providers was established by Drs. Vincent Armenti and Michael Moritz at Thomas Jefferson University in Philadelphia, through the creation of the National Transplantation Pregnancy Registry.

NTPR Reported Pregnancy Outcome Data

2,703 Pregnancies in Female Transplant Recipients (as of Dec 2015)

1,390 Pregnancies Fathered by Male Recipients (as of Dec 2015)

Type of Organ Recipient	Live Births	Miscarriages	Stillbirths	Ectopic	Terminations
Kidney	75%	18%	2%	1%	4%
Panc/Kidney	69%	26%	0%	2%	4%
Liver	74%	21%	2%	0.7%	4%
Heart	66%	27%	1%	1%	5%
Lung	55%	31%	0%	2%	12%

Mycophenolic acid and mycophenolate mofetil, two commonly prescribed immunosuppressive medications, should be avoided whenever possible during pregnancy.

Breastfeeding

- Recent studies show that prednisone, azathioprine, cyclosporine and tacrolimus use by recipients need not discourage breastfeeding.
- There are only limited data on breastfeeding safety for recipients taking mycophenolic acid products, sirolimus, everolimus and belatacept.
- Testing serum and breast milk can be undertaken to address concerns about infant exposure through breast milk to immunosuppression medications.

Factors to consider in the timing of pregnancy (AST, 2005):

- No rejection in the past year
- Adequate and stable graft function
- No acute infections that impact fetus
- Maintenance immunosuppression at stable dosing

Management Options:

Prepregnancy:

- Maintenance immunosuppression options
- Assessment of graft function
- Consideration of effect of comorbidities

Prenatal:

- Clinical and lab monitoring of the functional status of the transplant and immunosuppression drug levels

Labor and Delivery:

- Vaginal delivery optimal
- C-section for OB reasons

Postnatal:

- Monitor immuno drug levels for at least 1 month



Taken from a webinar presentation by Lisa A. Coscia, RN, BSN, CCTC (National Transplantation Pregnancy Registry, Gift of Life Institute Philadelphia, PA). A special thanks to Lisa for her contributions in this in-service.

The NTPR is now at the Gift of Life Institute in Philadelphia. The NTPR welcomes inquiries at 877-955-6877 or ntpnr@giftoflifeinstitute.org.

AST Consensus Conference on Reproductive Issues & Transplantation (2005)

This in-service is available with full reference list on The Alliance blog: <http://organdonationalliance.org/education-corner-transplant-pregnancy/>

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