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Parenthood After Transplantation

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Parenthood after Transplantation

Introduction
The first successful pregnancy in a kidney transplant patient led to the birth of a baby boy in March 1958 just a few years after the first successful kidney transplant. The mother had received her kidney from her identical twin sister. Since 1958, thousands of women with transplants have had successful pregnancies. The majority of the women have received kidney transplants, but there have also been many mothers with pancreas, liver, heart, lung and even some with small bowel transplants.

While there have been successful pregnancies after transplantation, it is important to understand that pregnancy after transplant is considered high risk. Each pregnancy is unique and can have its own possible risks. In spite of many years of experience, there are still unanswered questions about pregnancy after transplant, especially about some of the newer immunosuppressive (im-u-no-su-pres-iv), or anti-rejection, medications. Transplant patients are strongly encouraged to talk to their transplant coordinators and physicians before they consider pregnancy. Your coordinator and physician can help you become informed about pregnancy after transplant so you can make an informed decision as to whether it is right for you. There are resources listed at the end of this brochure that are available to you, and your physicians and coordinators to help you make an informed decision.

Is it possible for me to become pregnant after transplant?
Yes. If you are a woman who has not yet reached menopause you can become pregnant after transplant. Your fertility comes back quickly after transplant. It is important to start using birth control even before receiving your transplant. The best method of birth control needs to be discussed with your gynecologist. You need to use a method that is reliable, effective and safe.

Is pregnancy safe for female transplant recipients?
Pregnancy after transplant can pose potential risks to you, your transplanted organ and the baby. It is safer for you, your baby and your transplant if your transplant is working well and your blood pressure is controlled. Before becoming pregnant, it is important to ask your doctor how safe pregnancy would be for you, your transplant, and your baby.

How much time should pass between the transplant and becoming pregnant?
It makes sense to wait at least one year after the transplant before becoming pregnant to make sure your transplant is working well and it is stable. Some people need to wait longer than a year. It is important to talk to your doctors about how much time you will need before you and your transplant are stable enough to try to become pregnant.

Are immunosuppressive medications safe during pregnancy, need to be adjusted, and/or specific drug levels checked?
You may wonder whether the drugs you must take for your transplant will harm your baby during your pregnancy. We know some immunosuppressants are safe to take during pregnancy. We also know that some of the newer medications such as Mycophenolate Mofetil (CellCept®, MMF), Mycophenolate sodium (Myfortic®, MPS) are not recommended to take

during pregnancy. We do not know at the present time whether sirolimus (Rapamune®, Rapamycin) is safe to take during pregnancy. If you are taking any of these medicines, please talk with your doctors to discuss whether you should be switching to other immunosuppressive medications.

The dosage of your medications may have to be adjusted because the levels can change with the changes that occur in your body during pregnancy. It is important that you are followed closely by your doctors right from the very start of your pregnancy. In a small number of cases, rejection of the transplant has occurred during pregnancy. It is crucial to make sure your immunosuppressive medication is at the right level for you.

It is not safe to stop your drugs on your own without discussing this with your doctors.

Are there any particular problems among the newborn of female transplant recipients?

These babies are often born prematurely. If you become pregnant you are at least at three times greater risk of having a premature baby or small baby compared to mothers without transplants. Because of this increased risk, it is important that you follow closely with your doctors and consider seeing a high-risk obstetrician. High-risk obstetricians care for many transplant patients during pregnancy. Despite these concerns, babies born to mothers with transplants do not appear to be at a higher risk for birth defects. There is available information on how these children do years later. To date, no major problems have been identified in the National Transplantation Pregnancy Registry.

The information though is not enough to say that long-term problems may not occur.

How are the children doing?

Typically, at follow-up the children are reportedly healthy and developing well. Long-term follow-up is still in progress. You should tell your child's pediatrician that you took immunosuppressive medications during your pregnancy. You should be sure to bring your child to all of your pediatrician's recommended visits. All pregnancies and all follow up of the children should be reported to the National Transplantation Pregnancy Registry in order to provide information to help others who wish to have children after transplantation.

Can I breastfeed my infant?

Many women ask this question. The truth is we just do not know the answer. There are benefits to breastfeeding. And there are transplant patients who have breast fed without causing problems in their children. But remember, when you breast feed, your baby will be getting some small amount of immunosuppression. If you are thinking about breastfeeding, talk to your obstetrician, transplant doctor and pediatrician to help decide whether it is right for you.

What about more than one pregnancy?

Some women with transplants have had more than one pregnancy. Just like in the first pregnancy, there are potential risks. Transplant patients should have stable transplant organ function and should discuss the possibility of each pregnancy with their transplant doctor.

Are there transplant recipients who are at higher risk for complications during pregnancy?

Yes. Transplant recipients with transplants that are not functioning well or that are unstable are at higher risk for complications. If you are thinking about becoming pregnant, ask your doctor if it is safe for you.

What about pregnancies fathered by male recipients?

Overall, pregnancies fathered by male transplant patients do as well as pregnancies fathered by men who do not have transplants. There is also information available about children fathered by transplant recipients in the National Transplantation Pregnancy Registry. Men who take sirolimus may have fertility issues. If you are a man with a transplant who takes sirolimus and you want to father a child, talk with your doctor to decide if you should switch to a different immunosuppressive medicine.

How can we find out more?

There are several sources of information on pregnancy and transplantation. One good source is the National Transplantation Pregnancy Registry (NTPR): http://ntpr.giftoflifeinstitute.org/. Through the NTPR you can talk to other transplant recipients about parenthood or be a part of the study if you have a pregnancy to report.

Other sources are listed below:

- http://www.transplantliving.org/after-the-transplant/pregnancy/
- http://journals.lww.com/nephrologytimes/Fulltext/2009/02000/Pregnancy_After_Transplantation__Improving.9.aspx