

Pregnancy and Kidney Disease: Referral criteria for Nephrology

- Preconception counseling with an established kidney disease
- HTN on 2 or more anti-hypertensive medications
- CKD (known eGFR < 60ml/min prior to pregnancy or Cr > 1.0mg/dL before 20 weeks in pregnancy)
- Proteinuria greater than 0.5 g/g at < 20 weeks (either by spot UPCR or 24-hr urine measurement)
- Pregnancy in kidney transplant recipient
- Pregnancy in patient with polycystic kidney disease (eg. ADPKD)
- Pregnancy with history of or current diagnosis of glomerular disease (including but not limited to Lupus nephritis, IgA nephropathy, membranous nephropathy, FSGS, minimal change disease, ANCA vasculitis, MPGN, C3GN)
- Persistent hematuria
- Persistent electrolyte abnormality

Can Be Addressed Through E-consult or by their Primary care providers or Obstetrician

- CKD stage II in pregnancy (eGFR > 60ml/min prior to pregnancy or Cr < 1.0mg/dl before 20 weeks)
- Proteinuria less than 0.5g by 24hr urine or urine protein-to-creatinine ratio in pregnancy

Best Managed By Other Specialists

- Hydronephrosis in pregnancy (Consider Urology referral)
- Kidney stone in pregnancy (Consider Urology referral)

