

## Hypertensive disorder in renal transplant pregnancies: a single centre cohort study

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**Objective.** Aim of our study is to describe perinatal outcome in a cohort of women with kidney transplant with particular emphasis on hypertensive disorder.

**Materials and Methods.** We retrospectively collected maternal and neonatal data of pregnant women, admitted since 2020 to our Obstetric Pathology Unit, who received kidney transplant within 3 years before conception.

**Results.** Nine singleton pregnancies were gathered; mean maternal age was 35 years with a mean pre-conceptional body mass index of 23.8 kg/m<sup>2</sup> and gestational weight gain of 13 kg. One third of women suffered of chronic anaemia. During pregnancy, creatinine serum level ranged from 1.1 ± 0.4 to 1.3 ± 0.5 mg/dL. Four women suffered of chronic hypertension. Gestational hypertension complicated four pregnancies; no

pregnancy was complicated by preeclampsia. In our series, only one woman did not show hypertension; 8 of 9 women had caesarean section.

Late intrauterine growth restriction complicated 3 of 9 pregnancies. One third of pregnancies ended with preterm delivery. Mean gestational age of delivery was 36.9 ± 0.9 weeks; regarding neonatal outcome, mean birthweight was of 2,593.3 ± 460.5 g and neonatal birth percentile of 25.6 ± 24.1. 4 of 9 neonates were small for gestational age.

**Conclusions.** Our data confirm that pregnancy after renal transplant confers significant risk in terms of maternal and foetal adverse events, including increased rates of hypertensive disorders and caesarean section. The risk of low birth rate and preterm birth is also high.