

Released December 2006
Revised March 2012
Reviewed May 2015
Reviewed April 2017



AMERICAN SOCIETY OF
TRANSPLANTATION

Being a Parent After Receiving a New Transplant

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Being a Parent after Receiving a Transplant

INTRODUCTION

More than 60 years ago a woman got a new kidney from her identical twin sister. A few years later she had a baby boy. Since this birth in March 1958, thousands of women who have transplants have had babies. Most of these women were given new kidneys. Women who received a new pancreas, liver, heart, lung, small bowel and more than one transplant also have had healthy babies.

Although some women are able to have a baby after getting a transplant, there are risks. Every pregnancy is different and may have problems. Even though doctors have done a lot of transplants, there are many things they do not know about women who want to have a baby after they get a transplant. These include the problems that can happen when you take one of the new medicines that help your body accept the new organ. These medicines are called immunosuppressive (im-u-no-su-pres-iv) medicines. If you got a transplant and are thinking about trying to have a baby, talk to your doctor and medical team BEFORE you think about trying to have a baby. Your medical team can help you understand if this is right for you. There is more information at the end of this brochure that can help you make a good choice.

Can I get pregnant after receiving a transplant?

The answer is YES. If you are still having periods, or have not had an operation to prevent you from having a baby, you can still become pregnant after you get a transplant. Your ability to have a baby comes back quickly after you get a transplant. It is important to start using birth control even before you get a transplant. Discuss with your doctor what method of birth control is best for you. The method you choose must work consistently and be safe. In some cases, two methods of birth control should be used.

Is it safe to get pregnant after you get a transplant?

It can be safe to try to have a child after you get a transplant, but each person is different. It is always best to discuss your situation with the entire medical team.

There may be problems if you try to have a child after you get a transplant. This could affect you, your baby and your new transplant. It is safer to wait until your new organ is working well and your blood pressure is where it should be. Before you think about having a baby it is important to ask your doctor if this would be safe for you.

How long should I wait to have a baby after I got my transplant?

For most women it is best to wait at least one year after you get any transplant before you try to have a baby. This time helps to make sure your new organ is working well. Some women need to wait longer than a year. It is important to talk to your doctors about how much time you will need before you are ready to try to have a baby. This will depend on your health and how well your transplant is doing.

When you are pregnant is it safe to take medicine to prevent rejection?

The answer is some of these medicines are safe and some are not safe to take when you are pregnant. Due to the possibility of having a baby with a birth defect, it is recommended that you do NOT take mycophenolate mofetil (CellCept®) or mycophenolic acid (Myfortic®) during pregnancy. If you were taking one of these medicines and you want to become pregnant, your doctor may temporarily switch you to a safer medicine like azathioprine (Imuran®).

We do not know if the medicines sirolimus (Rapamune®), everolimus (Zortress®), or belatacept (Nulojix®) are safe to take during pregnancy. If you are taking any of these medicines, please talk with your doctors before you try to have a baby. It is common for your doctor to also change some of your other medicines. These may include medicine for high blood pressure, high cholesterol or medicines to prevent infections. Your doctor may also add medicines during your pregnancy.

The amount of immunosuppressive medicine you take to prevent rejection in your transplanted organ often needs to be adjusted when you are pregnant. It is important that this medicine stays at the correct amount during your entire pregnancy. Your medical teams need to watch you closely during your entire pregnancy.

Rejection can happen during pregnancy. This is why it is important that you are taking the right amount of these medicines.

Do not stop or change your medicine on your own without first discussing this with your doctors. This is not safe.

What problems can occur in the baby when the mother has received a transplant?

These babies are often born early. If you become pregnant, your baby is three times more likely to be born early or be lower in weight than usual when compared to babies born to mothers who did not receive a transplant. Because of this increased danger, it is important that you talk with a doctor who specializes in these types of pregnancies.

Babies born to mothers who get transplants do not appear to have a greater chance of being born with a birth defect. This is as long as you are taking medicines during pregnancy that are considered to be safe. Data from the Transplant Pregnancy Registry International shows that these children are normal years later. However, there is not enough information to say that long-term problems may not occur in the future.

How are the children doing?

After following the children for years, most are healthy and developing well. These children are still being followed through the Transplant Pregnancy Registry International.

If you took any immunosuppression medicines when you were pregnant, tell your child's doctor which medicines you took. Bring your child to all their routine pediatric visits.

Report all pregnancies and the long term health of the children to the Transplant Pregnancy Registry International. This will help others who want to have children after receiving a transplant.

Can I breastfeed my baby?

Many women ask this question. The truth is we just do not know the answer. There is increasing proof that mothers who received a transplant and who breastfed did not cause problems in their children. There are benefits to breastfeeding. When you breast feed, your baby is probably better able to protect itself against infection and disease. Information is available to learn about breastfeeding. If you are thinking about breastfeeding, talk to your medical team to help decide whether it is right for you.

What about more than one pregnancy?

Some women who received a transplant have been pregnant more than once. Just like the first pregnancy, there may be problems in other pregnancies. All women who receive a transplant should discuss a plan for each new pregnancy with her doctor.

Do some women who received a transplant have a greater chance for complications during pregnancy?

The answer is Yes. Women who received a transplant that is not working well have a greater chance for complications. If you are thinking about becoming pregnant, ask your doctor if it is safe for you.

What about pregnancies where the father received a transplant?

In general, pregnancies where the father received a transplant do as well as where the father did not receive a transplant. This is true no matter which immunosuppression medicine the father was taking. Men who take sirolimus may be less able to have children. 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 medicine.

General recommendations prior to planning a pregnancy:

- New organ that is working well
- Overall good health
- No recent transplant rejection
- No recent infections that may harm the unborn baby
- Normal or well-controlled blood pressure
- Normal blood sugar or well-controlled diabetes
- Good kidney function

How can I find out more?

There are several sources of information on pregnancy and transplantation. One good source is the Transplant Pregnancy Registry International (TPR): <http://transplantpregnancyregistry.org/>. Through the TPR, you can talk to other transplant recipients about parenthood or be a part of the study if you have become pregnant.

Other sources are listed below:

- http://www.itns.org/uploads/ITNS-PatientEd-Pregnancy_WEB.pdf
- <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> (breastfeeding)
- <http://www.transplantliving.org/after-the-transplant/pregnancy/>
- http://journals.lww.com/nephrologytimes/Fulltext/2009/02000/Pregnancy_After_Transplantation_Improving.9.aspx