

Pregnancy and Pregnancy Planning for People with Organ Transplants

Patient Education Series

Quick Facts

- It is now considered possible to have a safe pregnancy after an organ transplant.
- Meet with your healthcare team before trying to get pregnant to discuss risks, assess your current health, review your medications, and plan for the best time to become pregnant.
- Generally, it is recommended to wait at least one year (two for lung transplant recipients) after an organ transplant before attempting pregnancy.
- Although pregnancy increases the risks of certain complications, pregnancy doesn't appear to decrease life expectancy for people who have had an organ transplant.
- You will need special and frequent care during pregnancy with multiple specialists to monitor your organ function, assess fetal well-being, and check fetal growth.
- Your baby may be delivered early to ensure the best outcome. You do not need to have a cesarean delivery just because you have had an organ transplant.

In the past, it was thought that if you have had an organ transplant, you should not become pregnant. Now, although there are risks, a safe pregnancy may be possible after an organ transplant. Preparing for pregnancy in advance is very important so you can be as healthy as possible going into a pregnancy, stay healthy during the pregnancy, and keep your transplant healthy as well.

How should I prepare for pregnancy if I have had an organ transplant?

The most important step is to meet with your healthcare team before trying to get pregnant. Your healthcare providers will discuss the risks that pregnancy may have for you and your baby. You may have tests and exams to check your current health and how well your transplant is working. Your team will also assess

your support system, which is very important for a healthy pregnancy.

Your healthcare team for pregnancy planning should include:

- Transplant surgeon
- Organ-specific specialist
- **Maternal-fetal medicine subspecialist**

How long should I wait before trying to get pregnant after an organ transplant?

Experts recommend waiting at least one year after an organ transplant before trying to get pregnant. If you had a lung transplant, you should wait two years. Waiting the appropriate amount of time gives your new organ time to work properly in your body and make sure there are no signs of rejection. Studies show that waiting improves pregnancy outcomes and decreases the risk of pregnancy and transplant-related complications.

Should I continue taking my medications during pregnancy?

Some **immunosuppressive therapies** are safe during pregnancy, but others are not. Your healthcare team will review your medications before you get pregnant and may make changes to your therapy. You may need to stop your current therapy and switch to medications that are safer during pregnancy. Changes should be made before you try to get pregnant to make sure the new therapy works for you. Also, some medications that aren't safe in pregnancy need to be completely out of your system before you get pregnant.

Should I get routine vaccinations during pregnancy?

Yes, if you are pregnant and have had a transplant, you should get all vaccines routinely offered during pregnancy. These include but are not limited to:

- COVID-19
- “Flu” (Influenza)
- Tdap
- RSV

Your healthcare team can help you get these and other recommended vaccinations.

How could pregnancy impact my health?

Pregnancy affects every organ in the body, including the heart, lungs, liver, and kidneys. That's why ensuring your transplanted organ is working properly before pregnancy is so important. If it's not, the stress of pregnancy may damage the organ and lead to complications or even loss of the transplant.

People with organ transplants have an increased risk of chronic **hypertension (high blood pressure)** and **preeclampsia**. People with kidney transplants are at the highest risk of hypertensive complications. Experts recommend that all pregnant people with a transplant take daily low-dose aspirin during pregnancy to reduce the risk of preeclampsia.

How could pregnancy impact my transplanted organ?

If you start pregnancy with a healthy, well-functioning transplant and have an overall uncomplicated pregnancy, it is likely that the pregnancy will not affect your transplant. Complications such as preeclampsia are more likely when people become pregnant when their general health and organ function are not at their best. Complications can result in damage to your transplant. Certain complications in pregnancy, such as severe preeclampsia, can sometimes cause irreversible damage to kidney transplants, although this is rare.

How could my organ transplant impact my baby's health?

People who have had an organ transplant have a higher risk for **preterm birth**, **fetal growth restriction**, and low birth weight, as well as an increased risk of **stillbirth** and neonatal death. It is important to have regular check-ups given these risks. You will have more doctor visits during your pregnancy compared to someone with a low-risk pregnancy.

Will pregnancy affect my life expectancy?

Studies comparing transplant recipients who became pregnant with those who were never pregnant found that pregnancy did not impact long-term survival.

Will I need special care during pregnancy?

Yes. Your health will be monitored closely throughout your pregnancy. You will have frequent bloodwork to check how your organs are functioning, especially those related to your transplant. Fetal testing is usually recommended for people with a transplant beginning at 32 weeks of pregnancy, sometimes sooner if other complications arise. These tests involve measuring the fetal heart rate and other checks of fetal well-being. Fetal growth will also be checked regularly with ultrasound.

How will my healthcare team determine the best delivery plan for me and my baby?

Your healthcare team will assess various factors, including your organ function, your risk of hypertension, and potential risks to you and your baby. They may recommend early delivery to ensure the best possible health outcomes for you and your baby.

A cesarean delivery is typically not necessary just because you have had an organ transplant. A vaginal delivery can have lower risks for both mother and baby. In most cases, a vaginal delivery won't harm your transplanted organ. However, having a transplanted organ does increase various risks to you and your baby and can increase your risk of needing a cesarean delivery.

Glossary

Fetal growth restriction: A condition in which a fetus measures smaller than expected for the gestational age.

Hypertension: A condition where the force of blood against the artery walls is too high. Also known as high blood pressure.

Immunosuppressive therapy: A type of medication that works to weaken the body's immune system. It is used to prevent rejection in people who receive an organ transplant from a donor.

Maternal-fetal medicine subspecialist: An obstetrician with specialized training in prenatal care for people with high-risk pregnancies.

Preeclampsia: A disorder that can occur during pregnancy in which the blood pressure gets too high. It can damage many organs in the body, including the kidneys, brain, and liver.

Preterm: Delivery of a baby before 37 weeks of pregnancy.

Stillbirth: Death of a fetus prior to delivery.

To find a maternal-fetal medicine subspecialist in your area, go to <https://www.smfm.org/members/search>

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