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## **Maternal and fetal outcomes in pregnant patients with lupus nephritis**

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**Objectives:** Pregnancy in a woman with lupus nephritis (LN) carries a high risk of maternal and fetal morbidity and mortality. Aim of this study is to analyze the effect of LN on maternal and fetal outcomes and lupus activity.

**Methods:** In a single centre, cross sectional observational study at national hospital Kandy, 32 pregnancies in 23 women with biopsy proven LN between 2007 and 2019 were analyzed retrospectively.

**Results:** Mean age at pregnancy was 28.4 years (SD=4.8, range 19–38 years). In six women, LN developed during pregnancy, 17 patients were already diagnosed with LN when they became pregnant. Renal biopsy performed 4.6 (SD=3.8) years before pregnancy showed diffuse LN in 18 (78.3%) and focal LN in 5 (21.7%) cases. At conception most patients were in complete (43.8%) or partial (21.9%) remission.

Therapeutic abortion was performed in 8 pregnancies (indications: renal flares in 5, pregnancy induced hypertension (PIH) in 3) at mean period of amenorrhea (POA) of 16.8 weeks (range 8-28 weeks). Spontaneous fetal loss occurred in one pregnancy. Among 23 live births, there were four pre-term deliveries (< 36 weeks gestation) and 19 term deliveries. In term deliveries mean birth weight was 2.62kg (SD=0.5) and in pre-term babies it was 1.85kg. Sixteen caesarian sections were performed in term deliveries, three as emergency. All the pre-term babies were delivered by emergency caesarian sections. There was no statistically significant relationship ( $p>0.05$ ) between LN histological type, initial clinical presentation and treated hypertension, and fetal outcome. No case of neonatal lupus or congenital heart block was noted.

During pregnancy, there were five (15.6%) renal flares and two acute kidney injury cases; all were reversible. Eight patients (25%) developed pregnancy induced hypertension.

**Conclusions:** Pregnancy induced hypertension is more commonly encountered complication in pregnancies with lupus nephritis. Fetal outcome is unfavorable in pregnancies with renal flares.