

Table (1)

drug	Pregnancy effects	Recommendation in pregnancy
Prednisolone	Maternal hypertension and GDM Risk of thymal hyperplasia and adrenal suppression in neonate with high doses	May be continued Avoid prolonged high doses
Azathioprine	No teratogenicity Unable to be activated by fetal liver	May be continued
Tacrolimus	Potential increased risk of GDM Risk of transient neonatal renal dysfunction and hyperkalemia	May be continued Monitor and adjust levels Early OGTT in pregnancy especially if combined with prednisolone Check neonatal biochemistry
Cyclosporine A	No teratogenicity Associated with maternal hypertension Reversible effect on fetal lymphocytes	May be continued Monitor and adjust levels
Mycophenolate mofetil	Teratogenic and embryopathic Multiple congenital defects of ears, digits, oral cavity Increased pregnancy loss	Cease 12 weeks prior to conception
Cyclophosphamide	Teratogenic in first trimester Affects ovarian function and fertility	Cease 12 weeks preconception Use in later pregnancy if critical to maternal life
Sirolimus Everolimus (mTOR inhibitors)	Animal studies suggest teratogenicity, effects on bone and fetal growth. Data remain very limited	Cease 12 weeks preconception due to lack of data to support safe use

Bramham K, Lightstone L. Pre-pregnancy counseling for women with chronic kidney disease. J Nephrol. 2012;25:450–459.