World Kidney Day and International Women’s Day both take place on 8 March, and so in 2018, we are raising awareness of women’s health and kidney disease.

Women and kidney disease

Chronic kidney disease (CKD) affects approximately 195 million women worldwide. In the UK, it is more common than in men, especially in older women; however, fewer women go on to need dialysis or a kidney transplant. It is reassuring that this is partly due to their kidney disease progressing more slowly than in men. The reasons behind differences in CKD rates are complex and not fully understood.

Pregnancy and kidney disease

Women with kidney disease can face additional risks in pregnancy, both to themselves and their unborn baby. They are more likely to develop pre-eclampsia (a serious pregnancy complication usually accompanied by very high blood pressure), deliver their baby early, and have small babies who need extra care.

These risks increase as kidney function gets worse, and in some cases pregnancy can make a mother’s kidney disease progress faster. However, outcomes have greatly improved over the past forty years.

With careful planning beforehand and close monitoring throughout, the majority of women have successful pregnancies, even when on long term dialysis. In most instances it is also possible to safely breastfeed, even if on medications for kidney disease.

Understanding the risks involved, advances in neonatal intensive care and knowing how best to use medications during pregnancy are essential.

For more advice -
www.rarerenal.org/patient-information
Lupus and the kidney
Lupus (or SLE) is a rare auto-immune disease which affects one or two people in every 1,000, but it is nine times more common in women than men. In more than half of patients with lupus, especially those from Black, Asian and Minority Ethnic communities, the kidneys are affected and in the most severe cases, it can cause the kidneys to fail. Treatment may need to be life-long, but certainly for at least three years, and medication often has significant side-effects. Recognising the condition and getting treatment early can help to prevent kidney damage and maintain overall health. Keeping lupus under control during pregnancy can be particularly challenging, but newer medications are proving to be more successful than older treatments.

For more advice - www.lupusuk.org.uk

Kidney and urinary tract infections (UTIs)
One in three women get a UTI in their lifetime and almost a third of these will have recurrent infections throughout their life. UTIs can spread to the kidneys causing damage, but early treatment can usually help prevent long term problems.

You should visit your GP if the infection symptoms have lasted for over five days, you have diabetes or are pregnant, your symptoms suddenly get worse, you develop a high temperature or have blood in your urine.

What can I do?

• **Get tested:** Speak to your doctor about checking your kidney function if you might be at risk of kidney disease – ie, if you have high blood pressure, diabetes, family members with kidney disease, from a black or ethnic minority background or have had previous pre-eclampsia. A kidney function check is easy – a urine and blood sample at your doctor’s surgery.

• **Plan ahead:** Women with kidney disease can start a family if the time is right. Better preparation leads to better chances of success.

• **Ask questions:** If you are a patient or a family member, make sure you know all about your kidney function – do not be afraid to ask about it and be involved in your health decisions.