Table 1: Guidelines for the management of pregnant women with CKD.

1) Blood pressure control:	-Avoid or stop ACEI or ARB; drugs of choice: methyl-dopa, calcium channel blockers, hydralazine, beta-blockers, and labetalol. -Diuretics (if needed) used cautiously to prevent hypovolemia. -Maintain blood pressure below 140/90mmHg.
2) Anemia:	-Maintain hemoglobin levels of 100-110g/L. -Iron and folic acid supplementation -Higher doses of rhEPO might be needed.
3) Acid-base and electrolyte balance:	-Maintain serum HCO_3^- ≥24 mEq/L and avoid hypocalcemia. Use sodium bicarbonate, calcium carbonate, and vitamin D analogs.
4) Nutrition:	-Provide daily protein intake of 1g/kg with an additional 20 g for fetal growth.
5) Renal biopsy:	-Avoid after 32 weeks of pregnancy;Indications before 32 weeks include:unexplained deterioration in GFR or or symptomatic nephrotic syndrome.
6) Initiation of supplemented dialysis:	-When BUN >50 mg/dl or serum creatinine >5- 7mg/dl, or for treatment of metabolic acidosis, electrolyte imbalance and volume overload.

(Adapted from references 28,30,32), Abbreviations: CKD: chronic kidney disease, ACEI: angiotensin-converting enzyme imhibitors, ARB: angiotensin receptor blockers, rhEPO: recombinant human erythropoietin, GFR: glomerular filtration rate, BUN: blood urea nitrogen.