

Current Health

Please note the use of "You" and "Your" are in reference to the MOTHER.

Have you started dialysis or been transplanted? Yes No

What was the date you either started dialysis or were transplanted? (Whichever came first)

Most recent creatinine date:

Most recent creatinine value:

Is there any other information about your history or pregnancies that was not covered?

What is your advice to women considering getting pregnant or who are already pregnant and have IKD?

Is this information complete? Only select "YES" once you have entered in all of your information and feel like you have no more edits to make.

YES