Living Transplant Season 3, Episode 1 - Yes, You Can Have a Family

Candice Coghlan: [00:00:00] Welcome to Living Transplant. The podcast that takes you behind the scenes of the transplant program at Toronto General Hospital and brings you open and honest conversations about the transplant experience.

My name is Candice and I'm the Education and Outreach Coordinator for the Centre for Living Organ Donation. I'm also a kidney transplant recipient.

This is where I developed my passion to support others in their journey to navigate the world of transplant. Full disclosure, I'm not a physician and I'm not here to give you medical advice. Think of me as your guide through the world of transplant to educate, inspire, peak, your curiosity and fuel your passion.

Living Transplant will show you the world of transplant like you've never seen it before.

Welcome to Living Transplant Season Three. Today is a topic that is incredibly close to my heart. We are gonna be discussing pregnancy and kidney disease. I was diagnosed with [00:01:00] kidney disease without having any knowledge that I had kidney disease.

I ended up doing peritoneal dialysis at home. And during that time they spoke about transplant and my mom stepped up and was the first one tested. And we are incredibly lucky that she was my donor. And 13 years later, we are both doing incredible.

During that time in hospital however, I was very bluntly told by a nephrologist that at the age of 24, I would never have children. So that was never part of my idea of what life could be until I attended a conference and one of the speakers was speaking about pregnancy. And she had someone there who was on dialysis and she had a healthy baby on dialysis. And there was another woman who was transplanted and she had also had a healthy baby. And I thought to myself, [00:02:00] "What is happening here? Like this is actually a possibility."

So I went back and, did as much research online as I could find and I was able to meet with Dr. Anna Mathews, who we're gonna talk to later today.

So I am incredibly grateful and happy to say that in February of 2021, we welcomed a little girl Clementine and she is the absolute light and joy of our lives. And so talking about this topic today brings me so much joy and I'm so excited to have my guest host Kate today join me, who was a good friend and superwoman. Kate, welcome and thank you for being my co-host today.

Kate Chong: Thanks for having me. I'm very excited to be here.

Candice Coghlan: So today we're going to interview Dr. Anna Mathew, who is a nephrologist at St. Joe's Healthcare in Hamilton. But before we speak to Dr. Mathew, Kate, I would love to have you share a little bit [00:03:00] about your connection to transplant and to our topic today.

Kate Chong: Awesome. Thanks Candice. Again, appreciate you so much for having me and being your guest host today. Very special honor.

So my kidney journey started just a few years after yours as Candice and in 2011, I was suddenly diagnosed with endstage kidney disease. Also I was only in my mid twenties, ended up in hospital with extremely high blood pressure and my function was very low at the time.

So thankfully I was able to stabilize with good life changes. Not that I lived a bad lifestyle, but it was just, when your health, isn't a hundred percent, you have to make sure that you take care of yourself. And I was able to stabilize thankfully along with some medication and I avoided dialysis, which as the word thankful, and that is an understatement when it comes to that. And I got another six years actually with my native kidneys, which very thankful for but I would say it was probably 2017. It became very clear [00:04:00] that my function was starting to decline and that the idea of a kidney transplant was most definitely needed.

This conversation had happened before, back in 2011, so it wasn't a new conversation, but of course, a lot had happened in that time in my life. And so I was thankful, there were so many people that got tested to be a possible donor. But who knew the man I had just married, not even a year before, actually only four or five months before would be my kidney match.

Candice Coghlan: That's what you call a match made in heaven, right? Just add another level.

Kate Chong: People always ask me if I knew he was a match before we got married and I was like, well, we knew were compatible blood types, but we

didn't know that he would actually be a match. It was such a beautiful gift and willingness for him to, not only, support me in that day in day out of living with the disease, but also them giving a piece of himself. Right? And we always joke that I have a little piece of him with me at all times now, so I'm never alone.

Candice Coghlan: That's amazing.

Kate Chong: In September of 2017, we had a very successful kidney [00:05:00] transplant surgery and again, our recovery, little things here and there with any kind of major surgery. But really it was overall very successful and what the conversation about starting a family, I would say started again because , we definitely had that conversation earlier in our relationship and had hoped to maybe start a family earlier, but, health took priority at that time. But it was very exciting to know that my medical team was behind me so that we could start that conversation again about having a family.

Candice Coghlan: Amazing. When you did decide that was gonna be part of your future and you wanted to become parents, how did your kidney disease, or, the transplant impact your conception? Did that factor into anything?

Kate Chong: Yeah. When the discussion originally we had hoped maybe to have prior to transplant to start a family. And that's one of the reasons probably my function started to decline in general was I had some medication changes that didn't go to plan in my body, just [00:06:00] wasn't able to.

So that's when that was shelved, as I liked to say at the time, and it was focus on health following in my case and quite commonly within post transplant, you have to wait at least a year afterwards really to make sure you're stable. Your medications working, cuz there are some meds that you can and can't be on when pregnant and it took us a little while to get pregnant the first time around and we had actually just inquired to maybe we referred to fertility because we thought maybe we needed some assistance in that side of things. And then very fortunately we were able to get pregnant.

It was a bit of a surprise and it wasn't I guess, a surprise, a planned surprise, the least likely time we thought it would happen. It did. And yeah we were pregnant with our first child.

Candice Coghlan: Amazing. That happened to my husband and I as well when we decided that we were going to start planning for Potentially having a child, our team told us, don't get too tied to a timeline. We're not sure, how this is gonna go. You're healthy and your [00:07:00] kidney looks great, but just like

any other couple in the world, we don't know if you will conceive quickly or it'll take you a long time. So we had planned to give ourselves a year or so. And for us the opposite happens. So within about, two months of us trying, we were on vacation and my husband said "I think you're really late. Like, I wonder if you're already pregnant." and I was like, " No. We're at the cottage. Like let's not worry about it. It's nothing. I'm sure I'll be fine." And then we got home from the cottage and ended up buying three pregnancy tests. And he actually also bought a bottle of champagne in case we were pregnant. And I said to my husband, "I can't drink that if I'm actually pregnant." And he was like, "Oh, right, OK. Well, I guess if we're pregnant, then I'll celebrate with the champagne and you can have a ginger ale." So we were very shocked. Like you said, though, it was like a planned surprise and I'm sure that's how everybody feels right? That even though you're hoping and planning, [00:08:00] once it does happen, it's so surprising and exciting that it does absolutely does happen.

Kate Chong: Yeah. And that's the thing it's such yeah, a special moment for those that, go that through the experience and it's just, and it's special for everyone, when you've been through such a journey with your health for so long, there's a lot of excitement and nervousness because there's this little miracle literally growing inside of you.

And just like everybody, there's lots of things to keep an eye open. And then, when you're post transplant it's a whole other ballgame, but thankfully, as we'll talk about, there's an amazing support system of the medical system to help those going through the process you don't go into these decisions lightly when you've had a major health piece in your life. And having everyone behind you to support you is such an important piece of the journey for sure.

Candice Coghlan: You found out you were pregnant with Addie. And how did that go? How was the pregnancy, and did you have any issues with any complications throughout that time? [00:09:00]

Kate Chong: Yeah. Definitely those first handful of weeks again, no different than a regular pregnancy in the sense that there's just that nervousness is, this little one I'm gonna stick and that sort of thing.

Candice Coghlan: Yeah.

Kate Chong: We made it through, the first month, two months, three months. And I would see the, the overall process that first time around was absolutely a bit, well, it's all new.

Candice Coghlan: Yeah.

Kate Chong: But other than I would say, some additional tests blood work and ultrasound and seeing maybe a few other specialists again, I had nothing to compare it to. So to me it seemed regular.

Candice Coghlan: Right.

Kate Chong: Compared to many friends or family that have had kids, there was definitely a few extra pieces that were put in for monitoring purposes throughout the process. Overall I would say, I had a full term pregnancy, but I didn't as quite common with transplant recipients or those living with low kidney function around dialysis. You plan accordingly that you are likely to have a child a bit earlier and I'm a planner. I like to have things turned out and not knowing exactly what was gonna happen. But then [00:10:00] knowing that the likelihood to plan accordingly that this little munchkin would arrive earlier in, in our life was that, and, we were fortunate with our daughter Adelynn or Addie, as we love to call her, that, she did arrive a full month early. But you would never know it to be honest.

Candice Coghlan: Yeah.

Kate Chong: She came out still seven pounds, 2.6 pounds, and she was okay girl even at a month early. I guess I'm thankful, I guess in some way I didn't have to, birth a full maybe 9% child. And she only had a handful of hours really in the NICU just to monitor her sugars. And she did have to have some of the ultraviolet late done a couple days for her bilirubin, but overall you would never know that little one was the full month thoroughly. And we're so thankful that process went so smoothly. Yeah, she's a healthy now just turned two year old.

Candice Coghlan: Incredible. And like you, my little one Clementine was also a month early, so she was born 36 weeks. She was almost three pounds smaller than yours.

Candice Coghlan: She was a tiny one. She [00:11:00] was 410. But like Addie, she spent a actually only maybe 15 minutes under the lights. Didn't need any time in the NICU.

She was ready to go. So in recovery she breastfed, within 15 or so minutes of us being in recovery. And I think she was just kind of ready for this world. And,

we had such an amazing team, like you were saying too, who monitored us and made sure that everything was going well throughout the pregnancy.

And the reason why she came early was because I ended up having preeclampsia at the end of the pregnancy, which is also very common among us kidney transplant patients. And like you said, premature babies are also very common, but we were very grateful that, we had such a great team. I did have a lot more ultrasounds than, friends who do not have kidney disease, but I was really grateful for that because I got to see her so much more often.

Kate Chong: I [00:12:00] totally agree.

Candice Coghlan: Yeah. There are some silver linings to being a high risk pregnancy that you do get to see your wee one more often and you have way more ultrasound photos of them. It's amazing to hear how well that went and I'll break the news. You are pregnant.

Kate Chong: No secret over here.

Candice Coghlan: You're pregnant with your second, which is incredible. Congratulations.

Kate Chong: Yes. Thank you. Yeah. Yeah, we decided to go for it again, as we say and now having a two year old be like, "What are we thinking?" No, we're so excited. Yeah. We're yeah, we're expecting I hope to have about another four or five weeks with this little munchkin.

We know that we're having a little boy and yeah, we're super excited and yeah, we're hoping again, planning accordingly that likely he is to arrive a little early and same things like you just said, monitoring things like preeclampsia. I'm in that kind of, I call it my other full-time job, which is, blood work and obstetricians and other, thankfully some of them [00:13:00] virtual appointments and then a couple extra ultrasounds.

Not very often do people after 20 weeks have ultrasounds and less needed and whereas I've already had another one at about 29 weeks pregnant. And I'll have one here at 35 weeks coming up in a few weeks here. The big thing and this time around a little different than with Addie he is still, well actually, no different than Addie. He's measuring big as well. , I just seem to grow big babies, I guess.

Candice Coghlan: That's great.

Kate Chong: But last time I saw him, he is what's called breach. So meaning his heads up his feet are down. They're definitely keeping an eye on that because I was fortunate with my daughter to be able to deliver her, I say naturally now it was an induced like an induction delivery, but, I was able to birth her. Whereas if he stays breach, unfortunately it wouldn't be safe to go. And so C-section would be needed, which as I keep saying to people, honestly, whatever is the safest for him. And I sure that is all that matters at this point.

And we already had one major big surgery. I'm sure other than I will now have a baby and a toddler to chase around.

Candice Coghlan: Yes.

Kate Chong: But whatever [00:14:00] safest is, what's most important, so yeah. We're having another one.

Candice Coghlan: Amazing. And that, that was my journey. I ended up having a planned. I'm gonna say planned unplanned C-section with Clementine, because it was planned for day of the week. And then I went in because at this time it was COVID, right. We were during the pandemic. So there was a lot of extra screening. I had to get into, to get my COVID tests and get all of that stuff done before the C-section was planned. And when I went in they said " We're not liking your blood work. We are gonna monitor your blood pressure. We'll take your COVID test and do all of the prep, but we're just gonna keep you here a little bit longer." And then a couple hours later, they came back and said "Is there any way you could call your husband? Because I think we're gonna take her to tomorrow morning at 9:00 AM."

And I was like "Well, no, we have an extra day, right? We're supposed to have an extra day. This is why planning. It is still great because we know the exact day and we have our bag ready and we have all of this ready," and we thought we had an [00:15:00] extra day and they were like, "Sorry, honey. Get your husband here."

We had a planned unplanned C-section and for me, the thing that I just kept saying was, "Please don't cut my kidney, please don't touch the kidney" because I just thought, our kidneys in the front, and I knew there was gonna be an incision there. And they laughed at me and said, "Don't worry. We don't go anywhere near there. It's a very different incision than your kidney. It's actually like perpendicular. So it's a different way of the cut even. And the incision is different." Now I always laugh because I went to a pelvic floor specialist and, asked her for some support and some exercises to help me have, ab strength.

And she gave me a lot of exercises, but she said like, "You won't be the same person you were before, because you now have an incision one way and across the other. You're not gonna have a lot of strength there." Not that I would have anyways with my lifestyle. I don't have a six pack anyways. Right?

Kate Chong: Yeah.

Candice Coghlan: But it was definitely [00:16:00] for me, a fear, like, "Will you go anywhere near the kidney or will you affect that kidney in any way?" And I think there is about 25 people in the delivery room, all saying, "It's okay, we're here to watch your kidney. And we're here to watch the baby and we're here to do both."

And so it's remarkable the audience that you have when you have a baby with a kidney transplant, I would say.

Kate Chong: Yeah. And that's very interesting. Yeah, of course not going through the C-section with the first one. It may be a whole different experience this upcoming time, if we have to move forward with C-section. So it'll be very intriguing.

There was with the delivery still, there seemed to be a lot of people in the room, to be honest, I wasn't really paying attention at the time, for sure. What was, who was around me other than my husband and, port I'm sure his hand was half broken. All of a sudden you stopped to realize, and yeah, I, all of a sudden are like, there's a pocket of people here and I'm just like, "Oh, okay." Well, if there's any dignity left, it's all gone out of the room.

Candice Coghlan: Absolutely. Yeah. [00:17:00] I always say that too. You think you, you think it's all gone after the kidney transplant, then you add a baby on top of that. Now you don't care who's in what room, right?

Kate Chong: No, not at all and again, Thankfully, my delivery was, it wasn't overly enjoyable. But that's just, part of the journey and that but she was healthy. She was okay. I was generally okay afterwards too, definitely that it's a lot to go through both surgery wise, as well as delivery wise. And definitely had, they had to watch my hemoglobin there for a few days, but thankfully didn't need a blood transfusion, those sorts of things, cuz that adds into pieces around, future kidney transplants and having infusions and babies and things, which we'll kind of get into at a certain point.

But yeah, it's all those things, the recovery piece, but once that initial handful of hours after delivery, my recovery was actually quite simple and in the end so I'm very thankful for that. And a healthy baby. That's all that mattered.

Candice Coghlan: That's all that matters. So has this pregnancy been [00:18:00] any different than your first?

Kate Chong: Yeah. It probably wasn't until after 20 weeks and likely a good portion I'm gonna guess is because of his positioning. His feet down, head up I think that is playing a bit of a difference. As I joke, I am chasing a two year old around now, too. That's an added piece that wasn't there last time too, but yeah, there's definitely, a few. The process itself, the appointments and things are very similar as it was last time.

But again, in that go time right now of monitoring things like preeclampsia and, the protein in the urine and things like that, just to keep really on top of things. But yeah, my body's definitely a bit more tired. I'd say this time and a bit slower, but, again it's as with any person that goes through pregnancy it's a miracle to watch what the body can do and the positive parts of pregnancy and the not so positive parts. There's some glamorous and non glamorous things.

Candice Coghlan: Yeah, absolutely. For you and your husband, was there any hesitation to decide to have a second? Or were you guys excited that this [00:19:00] could be a possibility or both, I guess, right.

Kate Chong: Yeah. Oh, absolutely. Well, I think, you never wanna take for granted that our first experience going through pregnancy was pretty flawless.

We were very optimistic and honestly I think Adelynn wasn't even quite three. And I had to follow up with one of my specialists. And you said, "Okay, from a medical perspective, what do you think the likelihood of us being able to this again?" And she's like, "Wow, you're really on it."

I'm like, "Well, we're not there yet. Don't get me wrong. But I wanna have that conversation from a medical side point, would it be optimistic for us to think that we could do this again." And they were very positive right off the bat that, "Yes, a second pregnancy would likely be totally doable."

And then for my husband and I, it was just more of a timing thing. Like when did we want to, and both of us my husband's about five years older than me. And so like I'm in my late thirties now. And timing and age kind of played into it a little bit for sure, but we didn't wanna wait too long in between.

Now compared to trying to get pregnant with [00:20:00] Adelynn, this little guy did not take as long for us to get pregnant with, similar to yourself, like kind of a couple months in and and it was a very very kind of stressful and special time in our family as unfortunately my husband's father was not doing well.

At the time that we found out though that we were pregnant, so that brought a little bit of joy to the family and that sort of thing. And we know that his dad knows that we're having a kid and all that kind of stuff. So it's pretty special in that way, for sure.

Candice Coghlan: That's amazing.

Kate Chong: Yeah.

Candice Coghlan: And so talking about family, my mom has always wanted to be a grandmother. I feel like when she became a mom, she was like, "All right, I'm ready to be a, become a grandmother. Whenever these kids are grown up and ready to do this." So she's waited a long time. There was some hesitation from her in thinking about my health and, she was worried about what would that would do to my kidney because we've had such a great experience with the kidney transplant.

I haven't had any scares, no [00:21:00] issues. I've been able to do so many things post transplant and my husband and I have traveled a lot and I finished my degree. So there's been so many of these beautiful milestones that we've been able to celebrate because of that transplant. So as much as she desperately wanted to be a grandmother, she also had that fear of, what would that do to my health. So did you have any of that from your family?

Kate Chong: Yeah. And that's, and I can totally appreciate, especially, a mother giving that second, chance at life to her daughter and , but yeah, that, that struggle of wanting and but at the same time wanting to protect what she gave and all that kinda stuff.

Candice Coghlan: Yeah.

Kate Chong: I would say from our family's perspective, they knew from, well, before we had transplant, that family was the number one as was our medical team. Like everyone was, we made our wishes clear of what our goal was, and we were hopeful that things would go as planned. And so from family perspective, no, we had full support.

Of course I'm sure my husband, wanted to make sure that his kidney would [00:22:00] stay healthy and, knock on wood, thankfully actually my function after having Adelynn my one nephrologist just showed me that actually my function's been a little bit higher since having her, which is crazy, right?

To think that, having a child actually increased in the end, that doesn't always happen. But thankfully our families were very supportive from the beginning. As I say, my husband's gift is what's allowed us to have these beautiful little gifts that we're having and our kids will fully know how special and extra special they are because they are here because of their dad really.

Candice Coghlan: That's amazing. Yeah. I think for us that was one of my husband's biggest fears is we've had so many years of health and, he was worried that, what if that put my health at risk. And that was a big conversation that we had to have together that were we willing to, go through this process and, trust that our medical teams were there to protect us and advise us all the way through this and, keep us really safe and keep the [00:23:00] baby safe and like yourself, I was, blown away when I heard that my creatinine was some of the best that it's ever been since the transplant, when I was pregnant and post? And I always look at my numbers and I'm blown away by how well my kidneys doing post. So that's an extra little gift, I guess I got from Clementine and from my mom too, right? Together, they're making me function even better.

Kate Chong: Exactly.

Candice Coghlan: That's amazing to, to know that your husband was able to not only give you a new life, but then also create two new lives with you. That's such a unique. Incredibly magical thing that you have for your family.

Kate Chong: Oh my gosh. Yeah. I can never be more thankful for it. And you bring up a very good point around, the future and what that holds and, those are things that you always have to keep in mind and you don't go into these decisions lightly because you have to look at, having two small children who will then grow up into teens and then to adults. [00:24:00] You have to look at the long term of, single parenting is not an easy task. For you and I, we have probably little snippets of time where it's just us and the child and you just, you give all props to single parents you need to keep in mind the health and wellbeing of both parents and that sort of thing. I never take for granted that my kidney function is doing well and I hope that it will for many years you had a number of years more since transplant before, we were only, well, let's see we're coming at five years post transplant now this fall.

And, so really it's only been, we were only kind of two, three years into our process post transplant, that we, we lived a lot of life in that small amount of time, but yeah, not as many years to reflect on that gift and, the longevity because transplants, aren't a forever solution. Amazing numbers out there that we see right with people. And my hope is that that my function stays with me for many more years and can continue to, live our life as best as normally as possible with a few extra doctor [00:25:00] appointments in there afterwards.

Candice Coghlan: Yeah, for sure. And I think, that's one thing that I find I hear a lot from our community is just, we want to live our days as fully as we can, because we've gotten all of this extra time, I guess you would call it. And it's interesting because my brother always says that about Clementine.

Like I always say that I get extra days because of my transplant. All of these days are extra time that I've been given, but my brother says that too. He's like, you got a premi, so you get all these, you got, a month of extra time with your Clementine too, which is really sweet, but you think about what's coming in the future and how long your transplant will last and what will happen if you need another one and, we have children and how that will impact them. And I think, all of the joy that surrounds thinking about having a baby and having these incredible little beings in our life, sometimes we also have to put on our practical hats and our logical hats and think about, planning and making sure that [00:26:00] we are taking the best steps forward to make sure that we're healthy enough to be around for them too.

Kate Chong: Absolutely. And I think, those are the things that, you know, as I say, Adelynn and her future little brother here, will be very aware of the kidney world in general and kidney health. And you know what happened to make them be here in this world.

And when the time is right around, generally, most people that I know and meet, they have no idea that I've had a kidney transplant, right? It's very unknown, so of course my child doesn't know either. And clearly my scar hasn't, she's not quite at that curiosity of like, "Well, why do you have that line there?

And I'm sure that will come up someday. And my husband and I are very much a very open we're gonna be open with conversation around what that means. And what that might mean in the future without bogging them down, because they're just, they're little and they're, they need to, be kids and not have to worry about their parents, but, there's just even little moments of, like, oh, I bump my foot and I'm like, "Oh ow!"

And she comes over like, "Are you okay?" They're [00:27:00] very aware of when you aren't your normal self so sure. I'm very conscious that will be something I'll have to, keep an eye on for many years in, in the future as we go through this journey. And again, I hope I have many years we'll take the strides as they come

Candice Coghlan: yeah, absolutely. So I've gotta ask you one of my favorite things to ask moms and also pregnant people too, is what's your favorite thing to do as a family together?

Kate Chong: I'd say there's two main things. We also have a dog in our life, so of course he plays a big part in our daily life on weekends usually on Saturday, Sunday mornings, you'll find our little family out in the forest somewhere that can be just a park within the city.

Or, sometimes out on a few of the trails, maybe not as many big trails right now. , I'm a very slower hiker right now. I'm so fortunate I live on the west coast and we have beautiful kind of forest and rainforest and that sort of thing. And so you would find us out enjoying, wandering around past letting the dog just be [00:28:00] free and running and that sort of thing.

So that's, definitely one of our things, but even small little things in life like on Sunday nights, quite commonly, we'll have a little movie night and there we are all cozy up on the couch and, showing her some of either our favorite movies from when we were younger or some of the new, flashy ones that, she's really into cuz they're bright and they're fun and you're moving right dances around.

It's just, you take those little moments as those are super special moments and yeah, I just, spending time together, even on father's day she went to her first kind of sporting event and we went to a baseball game.

Candice Coghlan: Oh.

Kate Chong: Just, one as a COVID baby. Cause she was born. So in the first few months of COVID big crowd stuff was not really happening so when we walked into it's a smaller little stadium, but you walk in and her face just was just like, wow, like, look at all these people and what is happening and people are cheering and she's just like clapping, like, "Yes. OK. Woo." And she like, gets on [00:29:00] her excited voice, that thing. Now fast forward, another hour and a half. And just "Okay, I'm done with this. What are we doing?"

Candice Coghlan: Right.

Kate Chong: Those little were more about experiences, right? Instead of like, buying things and things, we just like to go and do things. And those are, the memories that we hope will last with them for a long time. And we know this little guy will be part of all that too.

Candice Coghlan: That's incredible. So thinking about, you mentioned COVID, having her walk into that stadium thinking, "Oh my gosh, look at all these people."

I have that feeling often as myself too Addie , but we just went to a play last weekend and same thing. I, I had my mask on and I was looking around thinking like, wow, this is wild to be back in civilization again. Going through two pregnancies now for us, I was pregnant in the summer after COVID had hit.

At the time. When I did my dating ultrasound and then the second ultrasound that I had my husband was actually on FaceTime because they didn't allow [00:30:00] people to come in. And thankfully when I delivered he was allowed to be there the whole time and he stayed with me in the hospital and it, that was all fine.

And having my mom there wasn't an option and that was always something that we assumed would happen. Would, my mom would be part of the delivery with my husband too. So I know a lot of women struggled through being pregnant during COVID and managing, not having that extended community that you're used to like with baby groups or, mom groups, how did you deal with that?

Kate Chong: For me the first handful of months of course was prior to COVID. So we were able to announce to our family friends in our group settings, as we used to know prior to COVID and then it hit, hit and both my husband and I were working from home and it was just us and then everything became virtual. Virtual baby showers, virtual.

Candice Coghlan: Right.

Kate Chong: We didn't do a tour of the ho the hotel, the hospital. Sorry. Our prenatal classes were all online again, I had nothing to compare it to, so I think it would've been even more of a struggle [00:31:00] if I'd had a child prior to COVID and then during COVID.

I like to think that I kind of flew with the flow of things of, for COVID forever grateful that yeah, at the time, even though, so that started in March of 2020, she was born in June, 2020. We were still in the first few months there and

thankfully my husband could be there with me because I know there were places even in Canada that, spouses for a while, there weren't even able to be in there. And that just, you need that, that at least your husband.

Within the hospital, I do have to say it was a really my parents don't live here locally, so they would've had to travel anyways. And, but there was something really special about those first few days, especially just being us.

And not having visitors at the hospital as, as nice as that would be. It also just allowed us to be with her and take care of ourselves but once we got home and settled and, thankfully it was summer then, so we could at least be outside, but, we do reflect at moments over these last two years that, there's [00:32:00] definitely things like the going to a sporting event or even just, the connection she has with people though, she's a very social child, thankfully and she now goes to daycare and all that kind of fun stuff.

There are moments when she was little, that family would come over for a visit and it would be, there would be some hesitation, cuz she's just so used to seeing mom and dad and not the extended family. So I think there's some beautiful things that came out of COVID. And a lot of, challenging things.

And I think you mentioned, groups and mom groups and stuff like that. And I feel fortunate that with in the world, we live in today with social media and that sort of thing. And again, the timing of having a baby in the summer was that at least there was a group of us that could still meet outside for walks and we could socially distance.

And so I feel fortunate at that point, if I had a fall baby, I don't know, it might have been a bit more challenging just because being able to not really do as much stuff indoors. Though there was challenges and I think we'll all see kind of [00:33:00] those impacts for years to come with the kids that have been born during this time.

So far where I think we're maneuvering okay. With Adelynn and she seems to be, there's moments, you're oh, great. Yeah, you haven't really experienced this.

Candice Coghlan: Yeah.

Kate Chong: Help you maneuver this and it's okay. You can trust these people. I know you didn't see them as much as you might be would've if it hadn't been for COVID times . But yeah, keeping them safe. My daughter and I both did end up having COVID earlier this year. Thankfully very minor. I was

vaccinated to the most at that point. Of course she couldn't but she, you wouldn't even know whether she had COVID to be honest, it was less than some of her colds that she's had.

Candice Coghlan: That's great.

Kate Chong: We're thankful for that, but it definitely is things to keep in consideration when you have these little people who are coming into this world that is a different world now. .

Candice Coghlan: Absolutely.

Thank you so much, Kate, for sharing your story today and for now joining me as the co-host as well. I'm very excited to introduce Dr. Anna Mathew, who supported me through my journey while pregnant as well. Dr. Anna Mathew is an Associate Professor of medicine at McMaster [00:34:00] University, Staff Nephrologist at St. Joseph's Hospital and Co-medical Director of hemodialysis. Did I get that all correct?

Dr. Anna Matthew: You did, except I don't have the co anymore. I'm just the medical director.

Candice Coghlan: Amazing. That's fantastic. Welcome Dr. Mathew. Thank you so much for joining us.

Dr. Anna Matthew: Thank you so much for inviting me. This is a real pleasure. I'm so excited and happy to talk with both of you. A little different than what I usually do, but I'm very excited.

Candice Coghlan: Yeah. Fantastic. So I'm wondering if you could tell us a little bit about your history and how you decided to specialize in nephrology.

Dr. Anna Matthew: I think during med school, I dunno I was always drawn to the specialties that have a combination of acute to medical situations where you have to work quickly and think quickly. But I always really appreciated though, that longstanding relationship and rapport that you develop with your patients that you care for over time. And so then that kind of whittled down, the, some of the specialties such as ICU, for [00:35:00] example, which which is all the acute. And then some of the more like outpatient based say endocrinology, rheumatology, where it's more, more of that chronic.

So it was left with a few choices and then so the way it works is, you do med school. And then I did my residency in just internal medicine and I just had a, fantastic rotation in nephrology during my internal medicine residency. And then it became clear to me that's what I wanted to do. And I'm, yeah, I've never looked back. I've been very happy.

Candice Coghlan: Incredible. And so for our purposes today, we're discussing pregnancy post transplant. How did you end getting into that world as well, because I know that is a very specific niche area.

Dr. Anna Matthew: Yeah. It's a really niche area and, we, there's not any specific training or two year rigorous program that you can go to that you learn everything that you need to do about this and it's a specialty where, experts pass down or hand down their knowledge, and it's, we have a network of specialists that care in this area and work in this area and we all share our knowledge together. We work together. So for me I've been at [00:36:00] McMaster for coming up to five years now. And prior to that, I, I'm Canadian, but I did work in the states for a few years before I came here. And that was at a large academic Centre. And during my tenure there the hospital that I worked at had a large population of women who were admitted. And so just by nature of my work there I had a good exposure to women who had all different types of kidney issues many were pregnant, some were not and I just found working with that population. So incredibly rewarding. And satisfying and I felt so professionally fulfilled working in that population. I never thought that it would become a carved out niche and area in what I do. But when I came to McMaster and at McMaster in our Division of Nephrology, there wasn't a dedicated provider.

Candice Coghlan: Oh.

Dr. Anna Matthew: We're a large, we're a large Centre, but each of my colleagues was managing those patients on their own and, or seeking help. And the women who with kidney issues who were pregnant would have to travel as far as Toronto sometimes to try to seek care. And I decided to take on that role here and I've been doing that dedicated role here, in addition to my general [00:37:00] nephrology and dialysis practice for coming up to five years now. And like I said, we don't have a formal training program for this, hopefully in the future we will, but right now we don't. And so it's, it's a, it's, we have a network of providers all across Ontario and all across Canada and we all know each other quite well. We share our experiences together, we seek advice from each other and pass our knowledge along. And that's how we, that's how we work.

Candice Coghlan: Amazing. That's incredible.

Kate Chong: A very important role with people going through their journey and pregnancy.

Candice Coghlan: Awesome. Yeah, absolutely. So I'm wondering if you could share with us a little bit about, this group of women who you've worked with who maybe pre-dialysis or on dialysis or also transplanted who are thinking about pregnancy and what the difference between those groups of women would be if they were thinking about their fertility and the possibility of becoming pregnant.

Dr. Anna Matthew: Yeah. So to me the [00:38:00] preconception visit or visits, so before pregnancy, that's the most important work that I do. I really find that really important. That's where you can, you really wanna inform the person sitting in front of you and their partner and their family whoever's involved in these decisions, what are the risks?

So there's a few things that I try to achieve first. And then I'll talk about, the specific differences in those different populations you mentioned, but discussing what are the risks? What are the ways that we can optimize those risks or change the medications, try to treat any diseases or issues that may be there to really optimize things so that the pregnancy can be, hopefully have the best outcome that it possibly could.

And then I also just want, I like to reframe or change the tone of the discussion, cuz many of the women who come to me, they've been told by many of the other providers that this is hopeless. That it's way too high risk. You both know that better than I do, and I think there can be a sense of trauma and a sense of psychological almost, huge amount of stress.

And so I try to reframe the conversation when I have these [00:39:00] preconception visits that yes, you can have the family you want and yes you can achieve what you wanna achieve. We need to monitor things very closely and we need to, inform you of what the risk, but you're a smart, educated person and if you know those risks and you follow through with all of the monitoring and screening that we need to do and wait for the timing, that's also important. I try to reframe things to a more positive note because many of the women who come to me, they haven't received that from any of their other care providers.

And then last thing that is really important in the preconception period is contraception. So while we're working on all of these things we want to make

sure that there's safe and appropriate contraception so that an unplanned pregnancy we wanna avoid that because then, we haven't optimized things, the timing may not be correct. It's not the end of the world we'll manage and we'll do our best, but we wanna, we wanna talk about contraception.

So the preconception visit is the most important one in my opinion from what I do and how I practice.

Candice Coghlan: And I just have to say, hearing from a physician, you talking about bringing a positive light to this and that it is possible. [00:40:00] That's different from what a lot of us have heard in the past. And so just simply hearing that from you, I think is gonna give, so much hope and relief to so many women listening to this podcast. So thank you for, starting off on that such incredibly hopeful yeah. Tone. Yeah, I think, yeah.

Like, like you alluded to, there's definitely moments in our journeys that, the question came up and even between Candace and I and our experience going through, Candace had a very candid conversation from a previous doctor, around like this isn't gonna happen.

Kate Chong: Whereas, throughout mine it was pretty, okay, well, let's just leave it for a while. But then when, post transplant was talked about it, it was just like, okay. Yeah. They knew what my goal was and, I've been fortunate. My team's been very supportive from the very beginning, but it is a big.

Dr. Anna Matthew: Yeah. And I think as there's more dedicated providers in this area and not just in obstetrical nephrology, but obstetrical, endocrinology, obstetrical cardiology, at McMaster, we, and at Toronto as well, I know my colleagues, we have dedicated providers who specialize have a general [00:41:00] practice in their specialty, but one of the niche that they've carved out is the obstetrical or the pregnant person.

I think there's a, I don't wanna say ease because we never feel at ease. We always are walking down that path with you and sharing all of that with you. But I think there is a sense that this is achievable in many cases and it is possible along with as long as there's the, appropriate amount of screening and monitoring and timing is crucial and that preconception kind of optimization is also crucial.

So hopefully all care providers minds will be moved a little bit more in that direction, as opposed to the just, flat out. No, you can't have a family or you need to adopt, that's the only way to move forward here.

Kate Chong: And how does it change? Canice is bringing up around like those looking to, prior to like, low CKD or dialysis, post transplant, that timing piece, as you said, it's really important.

And then kind of along with that, especially with females that are end stage renal disease, is it a harder time for them to conceive compared to someone that's maybe post transplant? What do you [00:42:00] see in your world there, around the different impacts?

Dr. Anna Matthew: Right. The patient on we'll talk about women, cuz there's also the issue of men and their fertility, right? In women as the kidney function or the GFR, the percentage of kidney function as it declines moving towards pre-dialysis and dialysis fertility reduces drastically and that's for several reasons.

So first is your hormonal access, that coordinates the different surges of different hormones at different times during your cycle that allows ovulation to happen. That becomes completely dysregulated. And as you approach, 10, 5% kidney function and on dialysis, it's completely dysregulated.

And in fact, the vast majority of women who are on dialysis don't have a period at all.

Candice Coghlan: Yeah, I didn't.

Dr. Anna Matthew: Sorry, go ahead.

Candice Coghlan: Yeah. I didn't have one. It went away completely when I was on dialysis.

Dr. Anna Matthew: Yeah. And not that doesn't mean that you can't get pregnant on dialysis, but it's exceedingly small proportion of women.

These, the studies that we know it's a little tricky cuz part of it is that these [00:43:00] women may have been counseled. Don't even try to get pregnant, but then some of them, so not all of them may have been trying to become pregnant, in the studies that we know of, it's very small percentage of women on dialysis that are becoming pregnant.

And after transplant well, first I should let me back up. So there's a few, like I was saying, there's a few reasons why fertility is so low as you're approaching

dialysis and on dialysis. So one is that the hormonal access is dysregulated and very abnormal.

The second, and this is more in men. There can be in women, there can be issues with we call vasomotor function or how the blood flows and the nervous system flows. So erectile dysfunction is kind of what I'm getting at. Exceedingly common. And then the third in, in men and women is psychological issues. So depression and decreased libido is exceedingly common in the pre-dialysis and dialysis patients, both men and women. And so that of course can also contribute to low fertility.

So then segue to transplant. So even as soon as two to three months after transplant the hormonal access can become regulated again. [00:44:00] Menses, menstruation, the period can return in women. Even two, three, months after transplant. Libido can return, I think in men up to normal and women, almost up to normal in whatever studies that are available there.

Sperm count, which is very low and men can return back up to normal within a few months. And so fertility can greatly improve. Now it doesn't go back up to the general population level fertility. So if you look at, studies of pregnancy rates in women who are post transplant compared to non transplant, it's still quite a bit lower, 40, 50% lower.

Now were these women counsel don't ever think about getting pregnant or were they, were they all trying to become pregnant? I don't know, the fertility rates, the pregnancy rates are quite a bit lower. In men's sperm counts can return back to pretty much normal within a 2, 3, 4 months post transplant.

And so then again in the immediate post transplant period, cuz that's not the time, that's not the ideal window to get pregnant, right? At least you [00:45:00] I'm sure you're gonna ask me that question, but it won't await at least a year, maybe even longer. And so in the first two or three months post to transplant, both for men and for women, it's really important to counsel about contraception because fertility can return, not really the immediately post transplant, but that is not the optimal sort of timing in which to become pregnant. Hope that answers your questions.

Candice Coghlan: So I waited 12 years pregnant, so that's a long time post transplant. Whereas Kate, you were,

Kate Chong: I was only about two, three in between year two and three. So yeah, just like you said, Dr. Mathew it was like, "You have to wait at least that

year before we look at the med changes," that sort of thing. And so we hit that year and that meeting I'm like, okay, it's the one year mark where things that, you know, and there was, for me personally, there was that bit of nervousness of cuz I had prior to transplant some med changes that didn't go well, cause we had hoped maybe to have a child before. And that didn't happen. So when it was time for me change, there was a bit of nervousness [00:46:00] on my end about making that. But to be honest, it was flawless because my body was in a better place, right? It was healthier again, it was better compared, so even though we didn't wait as long and maybe this is part of why it took us a little longer to get pregnant with my daughter compared to Candice, she had lots of time. And then they got pregnant pretty fast that it took a little bit longer for us and we almost were starting the path of do we need to look at fertility and that aspect of things fortunately, and as Candice and I earlier admitted in the session, it, sometimes it's an unexpected, expected surprise when all of a sudden, the one month you think that likely nothing and, oh, there we go, finally, you're pregnant. It's an interesting journey that yeah, maybe there is something to be said.

I think if my age kind of played, and that was actually a kind of a follow up question is, does age play a factor? And I think if we were a bit younger that we probably maybe would've waited a couple years post transplant cuz I had a few of my nephrologists kinda say, the opportune time is kind of more closer maybe to two years post transplant versus one year.

But here we [00:47:00] are and I've thankfully had one and now pregnant with the other and that sort of thing. But does age play a factor, I guess?

Dr. Anna Matthew: Just respond to what you said, congratulations again, and I can't, the stress for any woman who's, thinking about perhaps there's some fertility issues that I need to think about. And then on top of that overlaying on top of that, having a transplant, your medications have changed, all those additional stresses, so that's a lot to contend with. And I'm sure there was some fertility issue related to the transplant. And then who knows, we, we will never know if there was some underlying fertility issue that was just there from the beginning.

Right. But anyways, congratulations, you said you're on the last leg there, so it's nice to hear. And yes, age definitely does play a role. Just like in any, any woman, age 35 is, around the, and it's not that it's not that something drastically happens on your 35th birthday. There is a decline that happens, maybe starting around 34 at 35, the decline in fertility kind of, gets a little bit faster. And depending on when you had your transplant and then being [00:48:00] advised to wait, the one to two years, so us clinicians, we follow these clinical

guidelines and so depend, which kind of is a document that kind of summarizes all the studies and the evidence and the literature for a practicing healthcare provider and summarizes, based on what experts think and what the literature thinks, what are the best recommendations we can make for our patients? And depending on which guideline you look at somewhere between one to two years, seems to be the optimal timing post transplant.

Now if someone has a transplant when they're 38 years old, we may wanna adjust that a little bit more as opposed to if they have a transplant when they're 28 years old, right? If the graph function is excellent maybe you'll ask me this question coming up. What are the things that would make you at risk for more complications?

But if the graph function is excellent, there's been no problems with rejections or infections, the blood pressure is great. Then we would feel a little more confident to say perhaps closer to the one year mark, you can start to try to become pregnant as opposed to if there were any of those issues that I just mentioned, you'd [00:49:00] wanna try to optimize or sort those things out first, wait a period of time, make sure everything's stable.

That might be then approaching more towards the two year mark. But we would certainly, I would certainly, and your transplant doc would certainly take that into consideration. If you're 38 versus your 20 understanding, just natural female fertility starts to decline in and around the 35 year age mark.

Kate Chong: I love being considered geriatric this time.

Candice Coghlan: That's oh my gosh. Right?

Dr. Anna Matthew: I've also had basically three geriatric pregnancies.

Candice Coghlan: Where is the petition designed to remove that word, right?

Dr. Anna Matthew: That's right.

Candice Coghlan: Is there not a better word for it than geriatric pregnancy?

Dr. Anna Matthew: No, I also don't like the tag high risk. Everyone keeps saying you're high risk, your high. It's not a nice, probably nice, not a nice thing to hear that you're high risk. So we, we try not to say that either.

Kate Chong: Yeah, my specialist always tries to put it you're on the low end of the high risk.

Dr. Anna Matthew: There you go.

Kate Chong: Thanks.

Candice Coghlan: Yeah. Right.

For people like my husband and I, who had, over a decade of [00:50:00] a very successful kidney transplant, I was very healthy and things were going really well. We really went back and forth often about whether or not we were gonna have children. And I feel like one of us might have been on the fence where we were like, "Yeah, I think we should do that." And the other one was like, "Ah, sure, but maybe not right now." And we went back and forth until we got to this point where it was becoming a reality that we thought we wanted to have a family. So for those people out there who are living with end stage renal disease and who aren't quite sure about whether or not they wanna have a child, what advice would you give to somebody who is in this community that we're in? Maybe some of the advice that, we hear at our first appointment with you or something, that they could think about while they're making these decisions.

Dr. Anna Matthew: I think again, I just like to reframe this conversation to one of hope. I'd say measured hope and the vast majority of women and their partners that I see in my clinic, they've they just like you Candice, they were on [00:51:00] tenterhooks, either trying to struggle with this decision or wanting to have a family, but being told that they can't, or it's too dangerous.

And really wanting to adhere and stick to whatever recommendation their care providers have for them, they really wanna stick to that. So that's very rarely a concern or an issue. Perhaps occasionally, in the one off type of situation, but and oftentimes there's other social reasons or economic reasons, which are very unfortunate, that kind of dictate that.

But that's one thing is just understanding that this pregnancy, if you have, kidney disease, it's not gonna be like the pregnancy of your friend or your neighbor, where they kind of show up once a month or once every four months, and then have some blood work and get their blood pressure taken and then they leave. The expectation that there is gonna be a lot of care providers, there's gonna be a lot of monitoring. So understanding that I think first off and then, and like I said, in the preconception visit, we do talk about some of the risks and how we mitigate or, reduce those risks.

First, for the person who's pregnant preeclampsia is something that I do spend some time and I talk about. And if you have a severe kidney disease on dialysis or approaching [00:52:00] dialysis, and if you have a kidney transplant, the risk of preeclampsia, which is a specific kind of blood pressure that only affects pregnancy that's caused by hormone that are secreted in the placenta. That risk of preeclampsia is very high, if you don't have any kidney issues and you haven't had a transplant somewhere around two to 3% of pregnancies are affected by preeclampsia, it can be 10 times or even higher than that in the populations that we're talking about.

And preeclampsia the only way to really treat it, it can cause problems in multiple different organs. And really the only way to treat it is to remove the placenta. Cause that's what the, where the problem is, which means ending the pregnancy, right? So we do spend some time talking about that.

What does that mean? What the seriousness of it is? The importance of really monitoring blood pressure carefully. We talk about certain medications, like aspirin that you can take which greatly reduces your risk of preeclampsia. It doesn't eliminate it all together, but reduces the risk.

And we talk about the importance of monitoring the baby. Seeing the "high risk", maternal fetal medicine obstetrician, where you [00:53:00] can have more frequent ultrasounds, where they measure the, make sure babies growing well, measure the placenta and the blood flows and the placenta cause that, that also helps us determine whether preeclampsia is happening, regular blood work every two to four weeks.

It is intensive, but we understand that we're placing a lot of, intensive monitoring on these women and these families and these people. But it's all to try to detect these, complications, which can be severe.

So we talk about preeclampsia. We talk about the risks of the baby being born early, which can be up to 50% of, women that have had a kidney transplant will end up delivering early often for medical reasons. So preeclampsia develops, the baby starts to look a bit small on the ultrasound. The blood pressure starts to drive up.

That's another thing that can happen at the end of pregnancy. And so for those reasons, a medically, earlier delivery is often indicated. And because of that, the baby's smaller, right? So either, other issues in the pregnancy or just the by fact of being delivered early, the baby can be smaller.

So those are the main things I talk about. In a, someone who's had a transplant, I also [00:54:00] try to focus on some positives. Once you are pregnant the live birth rate's actually very similar to someone who didn't have a transplant. And that's good to know. I think that's a good thing to know that, once you're pregnant and, you've passed the first trimester and all your testing, just like in any pregnancy transplant or not, or kidney disease or not some pregnancies end, the majority of the time in the first trimester, but the chances of that happening just because you have a transplant isn't really any different. So I try to remind of that. And then the other thing I try to remind is, especially if you've had one baby and you wanna have your second baby or your third baby being pregnant itself, doesn't seem to have an impact on your graft.

So when we look at how the life of the kidney graft is in people who never got pregnant compared to similar people who got pregnant once or twice, the graft seems to last about the same amount of time. And that's also a reassuring thing, right? So I try to spend some time and talk about that.

Then that individual person sitting in front of me, I would [00:55:00] want to individualize this discussion a little bit. And so we look at the things that we know might not might are associated with, worse outcomes either for the baby or for the mom. So how well is the blood pressure controlled?

So that's a really important factor. You want the blood pressure to be really well controlled going into the pregnancy. How much protein is there in the urine? So we, it minimal or no protein in the urine is, you ideal situation. And then the third thing is how well is the kidney functioning?

So the kidney function is, normal or close to normal. The percentage of kidney function is close to a hundred. That is also a great profile. So based on what those numbers look like, I can individualize the discussion a little bit. So that, that's kind of like a, just a realistic discussion that I have and hopefully there's some hopeful points, but also some more realistic points and then knowing what to expect as you embark on this. And all of us who practice this try to spend a little bit of time in the preconception visit and go over, so that there's not many surprises. So we know, what to expect.

Candice Coghlan: Amazing.

Kate Chong: [00:56:00] All the things you're saying, it's the world I'm living in right now. The protein and urine and the preeclampsia, that's where I am in my second pregnancy. Right now. It's weekly blood work, obstetrician every two weeks, kidney clinic with my nephrology team every four weeks. It's or

actually, I think I'm down to two weeks now. The nice thing and again, something that Candice and I have experienced compared to the general population is just the monitoring. Yes. We don't like to use word high risk, you do get that extra follow, which is absolutely amazing. And it keeps, hopefully the nervousness on our end as growing these little humans and that sort of thing, and, just reflecting on, the early pregnancy and having them a bit early candice and I, again our differences of, we both had children one month early.

Hers was a tiny little thing and mine was like a normal sized baby and so I always joke I'm okay, why? And even this time around, like, "This little guy is measuring the 90th percentile" and I'm like, "Wow, why are my babies so big?" My, obstetrician. She is so sweet. She's like, "You just have a very healthy placenta."

Dr. Anna Matthew: There you go.[00:57:00]

You're saying, thinking to your obstetrician "You're not the one that has to deliver this baby now."

Candice Coghlan: Yes. Yeah. Right.

Dr. Anna Matthew: Gotta come out.

Kate Chong: Well, yeah, exactly. He's breached right now. So that's kind of part of the possible extra challenge this time around which, that's part of you with any pregnancy, you don't know. And I guess the positive, I guess, is that we know that because I've had an extra ultrasound kind of at, around that 29 weeks and we could see that, okay, yeah. Feet down, head up. So let's monitor until about 35 weeks and, if your water breaks go to the hospital is what I was pretty much told.

It's nice having that little extra checkpoint along the way I have to say that's been really helpful for sure.

Dr. Anna Matthew: It's nice to hear you both talk about that. Everyone listening here, if there's women or people or families who are thinking about embarking on this to really understand what you're getting yourself in for it is quite intensive. Wouldn't you both say like the monitoring?

I think we can [00:58:00] also, we try to do try to, and I think we can do better. As your healthcare providers, try to consolidate your care a little bit. Keep in touch with you, but have you doing less separate different clinic visits, try to

consolidate our blood work in a way. So you're not doing four different sets of blood work every month.

We have an appreciation and I think all of us who practice this, like I was saying earlier, I know the whole network at McMaster of every care provider who provides obstetrical care. And I know the obstetrical medicine folk, and I know the maternal fetal medicine, the obstetricians and so I think we all try our best to work together and collaborate. First so that we can have a cohesive plan, for each person going through the pregnancy, but then also to try to consolidate and have you have less visits, so you get the same care, but with hopefully, every time you go to a visit, you can maximize your time there and see different providers.

When you do blood work, it's going to multiple different providers. So that also, I think, is an important piece that we can work better on as healthcare providers in this in intensive monitoring period, that you're going through.

Candice Coghlan: [00:59:00] Absolutely.

Kate Chong: Yeah, it's very true. And I think and I'm sure we'll chat about a little bit more of the world of COVID that we live in, but I do have to say that having now, the last little bit of my first pregnancy in my entire kind of still in the COVID world I have been very thankful for some virtual visits.

My obstetrician clearly I need to see her in person actually going later today, getting the heart rate, checking things out, but, being able to cuz I'm still working full time, right? To be able to just log in and see some of my medical professionals and go through so at least a couple of those appointments, especially in these later weeks that are happening a lot. That's been huge benefit of having that virtual option, which I would say probably beforehand was not a possibility. Though I think I joked earlier Candice, that this is kind of my other full-time job right now , is the medical side of things, but just, as I say, just as important because it's these are important weeks ahead coming up.

Dr. Anna Matthew: I think COVID really opened all of our eyes to the benefits of virtual visit. There's some, like your obstetrician who needs to lay hands on you do the ultrasound, you need to be there in person for that. [01:00:00] But and I think that people who are pregnant there actually the ideal population, ideal type of person to have a virtual visit because you are having an in person with visit one of your care providers, right? The obstetrician, right?

You're young, generally tech savvy, right. You know how to operate your computer. Hopefully, there are socioeconomic factors. Sometimes you may not have a computer or have access to internet. But barring that, more likely than not, how to operate your phone or your computer , you're very, willing and wanting to attend every appointment. So even though there's a lot of appointments, you're willing and able and wanting to attend all of them. So I think that it's really opened all of our eyes to the importance of virtual care, especially for people like you.

Candice Coghlan: I think that's great.

Dr. Anna Matthew: And I, for one intend to even, after COVID, I definitely intend to continue to use virtual visit, especially for my pregnant patients before this exact reason that it helps you as you're going through all of your multiple appointments.

Candice Coghlan: It really does. It kind of takes a little bit of the stress off to know that, and coming from different areas of the [01:01:00] province, for me, it's an hour drive to get to Hamilton. You add an hour there an hour back and an hour of an appointment, perhaps that's a big chunk of your day. And when you're pregnant, once you get later onto the pregnancy, you're like, "All right, I just don't have the energy to do." Really appreciate the fact that we're doing some virtual visits. I think it gives us more time as well to be settled and to think about some of the questions that you know, I know that there's often stress and worry when you go in and you're worked up cuz you wanna know how things are going.

I think it, it adds a little bit of calm that you're at your own home. And you can think about things that, that you may not have thought about before.

Dr. Anna Matthew: Yeah, that's a, that's really important. That's the most important, that's what we want. We want you to be in a calm frame of mind, so you can ask all of your questions and maybe have other people with you, attend the appointment as well. That may not have been able to attend if you had to come here and pay for parking.

Candice Coghlan: Yeah. Right.

Dr. Anna Matthew: Yeah.

Candice Coghlan: So thinking about all of those teams as a kidney patient, when we [01:02:00] do get pregnant, who are those teams that we would naturally see in this process?

Dr. Anna Matthew: Yeah. It would start off with your family physician, right? So that's a very important person through the entire process, but especially in the first trimester. Everyone practices slightly differently, but the way I practice, in the first trimester, the initial blood testing and ultrasounds and the first trimester labs that's usually coordinated by the family doctor. And then I, hopefully I've done a preconception visit.

And so if I've done a preconception visit, all of the women and people and families that I work with are well aware to contact me ASAP. So I wanna know about it immediately. Again, vast majority, especially in kidney transplant, you're also seeing your transplant physician, right?

So you've told them plus you've told, likely me as well that you're planning a pregnancy. So medications have already all been adjusted to be pregnancy safe. Everything else is optimized in the way that we had discussed. And I find out and often you would tell your transplant physician as well, like immediately, as soon as the first positive pregnancy test comes.

And the obstetrician's not involved yet, at [01:03:00] least in McMaster, this is how we operate. I would see along with the family doctor as many times as needed once or twice, usually in the first trimester and we're available for any questions or issues that pop up in between as well and then our maternal fetal medicine unit is situated at McMaster University Medical Centre, I would place a referral.

There now in Hamilton we are geographically separate. I practice out of St. Joe's hospital and the obstetricians that would work with you are situated in a different hospital. We still work closely together. So we collaborate together. We email call text message all the time together. But we're geographically separate. There are other places like in Toronto, for example, where both of those providers are on site at the same place and actually run a clinic together, which I think is a really nice model we are separated by geography unfortunately, here in Hamilton, we still do our best to make things work. And I have switched nearly all, perhaps maybe not the first visit, but after that, all [01:04:00] of the visits to virtual visits to alleviate the, all these extra, trips. And so you just, in Hamilton, you would just visit McMaster in person to see your obstetrician, your maternal fetal medicine specialist, and then your other visits would be separate.

There may be other specialists involved too. So if there's an issue with diabetes or gestational diabetes, there would be an obstetrical endocrinologist involved. If there's clotting factor issues, there might be a hematologist involved. If there's glomer nephritis or autoimmune issues that caused you to have a kidney transplant, there might be a rheumatologist involved. So we have sort of obstetrical providers for all of those specialties that I mentioned and so they may also some or all of them may also be involved. So it is a, is a lot of follow up. So that's a big team. And then many of us also have pharmacists that are kind of crucial and key because of the dosing of medication. For us specifically, we have a transplant pharmacist and we have a obstetrical nephrology pharmacist. Sometimes there's the same covering, sometimes is two different. So those people would also see you. Our nurses are [01:05:00] of course always key and provide a lot of support and advice as well. So big team. But we all work together.

Kate Chong: You brought up around the medication aspect of things and that plays a big part especially for post transplant and that sort of thing. I know I can reflect in my journey so far of, one of the post medications, there's a lot of changes happening and so as part of that process blood work to monitor that, cause I, get the email from my nurse. "Okay. How are you feeling?" trying to figure out where the dosage should be. I'm assuming that's kind of the same for no matter where you are in your journey. The medication aspect of things is an important.

Dr. Anna Matthew: Yeah it's crucial. It's crucial. Especially your tacrolimus or your cyclosporine, the calcineurin inhibitor, that's that class of medication. One of the classes of your immunosuppression that you need to take when you have a transplant. The dose of that pretty early in pregnancy likely has to be increased. And that's because there's a few reasons your body tends to metabolize it more when you're pregnant also, when you're pregnant, as you are aware, you're you have more plasma [01:06:00] volume, you're swollen, your bigger. That level gets diluted in a way so to speak. So because of that, the dose needs to be increased. One of the reasons that you could have some problems with your kidney function during pregnancy is actually a level of rejection, because if that dose is not adjusted up quickly within the first few weeks of pregnancy, and maybe both of you experience that as well the level may end up being too low, actually.

And then the opposite is also true post delivery. The dose needs to be monitored really closely and adjusted back down so that's our pharmacist is, crucial in that, coordinating that and looking at that, along with the physician and the nurse too.

So we were lucky to have the pharmacist help in all pregnancy cases that I help with, but in the transplant patients, especially it's really important and helpful.

Kate Chong: The increase is real that's for sure. I'm kind of at one of my higher doses and it's yeah, the weekly blood work right now, just to monitor where things are at to, to keep that and thankfully, my function is still very happy at this point. So I'm thankful for that. So the medication is doing what it needs to do.

Dr. Anna Matthew: How does that feel? It [01:07:00] must be disconcerting or a bit anxiety provoking, right? You're used to stable. I mean, the point is before pregnancy, you were on a very stable dose for a very long time. That's what we want in, in order to say that you have a green light to go ahead and try to conceive, and then as soon as you get pregnant we're adjusting doses up and down through the pregnancy and postpartum. So that must be a little disconcerting or difficult.

Kate Chong: Yeah, I think there is definitely, as soon as I see the numbers, like my function and as we may have chatted already, and especially in the early months of pregnancy too, sometimes our kidney function actually can increase or we see good increase cuz of the blood flow and that sort of thing. So there's always that reassurance when you see that GFR number being in a good place and I think it gets more nerve wracking and now that I've been through the process once and here I am on the second one, I know these coming weeks, I'm naturally going to see my GFR, maybe come down a little bit.

But it, I'm monitoring I'm, as soon as my results are up, I'm wanting to see. And yeah, and I'm hoping that yeah, medication's helping keeping that stable of that as well, because it all plays into it and there's still always a little bit [01:08:00] of nervousness. You just, you wanna make sure that you're okay and the baby's okay. And that sort of thing, and you don't wanna deliver too early. And I think, I know in my journey, there were certain kind of milestones throughout the pregnancy that are super important from the medical side of things, for the child and viability and then, needing maybe some support and then kind of after a certain point, things are looking really optimistic.

Dr. Anna Matthew: Right.

Kate Chong: I guess everyone's a little different of, what weeks are most important, but is there an overall kind of from your guys' perspective of goals throughout someone's pregnancy of weeks?

Dr. Anna Matthew: I mean, I definitely lean on the obstetrician to help me with that and they are, as so careful with the multiple scans that are done. They're checking the baby, the fetus, to see how the growth is and the anatomy, but equally important, they're checking the placenta, cuz the placenta health the way the placenta looks and the blood flow that the placenta, I mean it's its own organ, right?

You actually are growing a whole new organ in addition to a whole human being. And so the health of the placenta is [01:09:00] also really important. And it's viability and its health also helps us in terms of how the pregnancy is progressing. The weeks we know, 24, 25 weeks in terms of viability and then I think once you hit that 32 to 35 week mark, I think in there you're not looking at such severe outcomes in terms of needing to be in the NICU for a long period of time. 37 weeks would be full term. So that would be a huge bonus, but as most or 50%, or even some studies, even more than 50%, more than half of women or people who are pregnant can deliver before that.

So if you make it to 37 weeks, I think that's that's probably an amazing feat.

Candice Coghlan: That was definitely our goal. We had that number in our head, we were like, "Come on 37."

Dr. Anna Matthew: 37, yeah.

Candice Coghlan: Which we didn't make it to.

Dr. Anna Matthew: Right.

Candice Coghlan: We made it to 36, which, our team was really happy about, and I think some of the fears of the health of the baby when they're coming, that premature were there. But thankfully for us, Clementine was born really small, but she was very healthy. And I [01:10:00] was overwhelmed when, we made it to recovery. And one of the nurses said, "Would you like to try breastfeeding?"

Dr. Anna Matthew: Yeah.

Candice Coghlan: And for me I've mentioned this before, but there's so many parts of our journey as kidney patients where we feel like our bodies have failed us or that, something has happened that we couldn't have any impact on because it's happened to us, but for some reason we have this feeling of failure.

No, it's even in the name kidney failure, right. So we have this feeling and I remember just being so grateful that not only was this an option for me now, but that, in recovery, I was able to nurse my daughter and I'm still nursing now she's 15 months. And I've been very lucky that I've been able to nurse her, but that was also a, a really big question for us with our medication and, potentially having a premature baby, would that be possible?

And so [01:11:00] I guess the question for you is how does that medication affect breastfeeding, in that?

Dr. Anna Matthew: So we try. I, and all of my colleagues who practice this type of medicine, we really try to, make a very clear message that if you choose to breastfeed we will do our almost to make sure that you can breastfeed, and so the medications that are optimized or changed in the pre-pregnancy state, the goal and the ideal is to just continue through on them through, until you finish pregnancy and finish your breastfeeding journey, if you choose to breastfeed. That's really the goal. Now, the doses may need to be adjusted like how I stated if you were on any blood pressure medications, your immunosuppressive medications, any other medications that you're on during your pregnancy. The goal is to sort of make it as seamless as we can for you, if you wish to, if you wish to breastfeed so that you can breastfeed.

When we look at studies on what are the breastfeeding rates in women and people who have had any transplant. So not just a kidney transplant, but any transplant, they were quite abysmal actually like, less than 20% in the nineties, which isn't really that long [01:12:00] ago.

Candice Coghlan: No, exactly. It's not.

Dr. Anna Matthew: This is us data where, maybe the breastfeeding rates are lower, but they, but the good news is that they have been increasing successfully increasing up until, the mid, two thousands or, 202015, 2016, or so they and hopefully will continue to increase. If you do wish to breastfeed and you want to breastfeed, then we try our utmost to promote that and encourage that. And in terms of the medications, again, just like how in pregnancy, it's very hard for clinicians to say this is safe, so you've probably heard that message, right?

Candice Coghlan: Yes.

Dr. Anna Matthew: There's always a report or a case of an adverse problem that happened. Would it have happened anyways, if the medication hadn't been

on board, we don't know, so we can't ever say something is a hundred percent safe and I'm sure you've experienced that during pregnancy or with breastfeeding.

We can say we feel very comfortable and we have a lot of experience and there's a very low risk that this would happen, for breastfeeding specifically there's lots of studies on milk transfer. So how much of the blood, just how you check a tacrolimus level in the blood, we can check a [01:13:00] tacrolimus level in the breast milk. So how much of that is actually being transferred into the breast milk? And so we would pick medications that have a very low milk transfer. And so we know, we know what those are and we would hopefully have, organize your medications, preconception to have you have as seamless journey as possible with that if you choose to breastfeed.

Candice Coghlan: Amazing.

Kate Chong: Earlier, the breastfeeding aspect, I just assumed prior to having that pre-conversation that breastfeeding, wasn't going to be an option and it was actually my kidney pregnancy specialist and she brought up about breastfeeding and the possibility, and it is just, "Okay." Now I went into, pregnancy and having my child and very open that this may or may not happen. And for me, myself, it was definitely a struggle at first. Partly I'm guessing because she was a full month early. But luckily we hit a stride and it took a while because for me, I know personally I got so used to pumping milk, when it finally started to come in, that then I had this, I knew how much she was having, and that was kind of reassurance for me versus just natural breastfeeding.

Dr. Anna Matthew: Right. [01:14:00]

Kate Chong: But finally, I, again, I reflect and I was able to breastfeed and I kind of nicely cut her off around 19 months because I'm like, "Okay, I'm already pregnant with your other sibling. Just give a bit of a break between." I feel fortunate and we'll see what happens second time around as you just don't know what your body's gonna do, but, I feel fortunate I had that experience. So I felt like that was something normal to experience which, four years ago, I didn't even think was a possibility. So it was nice to be able to go through that. So it's just, again, those conversations with your medical team and how important those are and asking all the questions. Sometimes you're pleasantly surprised with some of the information that you're given.

Dr. Anna Matthew: Absolutely. I'm so happy to hear that both of you, had wanted to breastfeed and that you were both able to successfully do well. Kate, you, until you wanted to, and then Candice until you wish to, continue.

Candice Coghlan: Yeah.

As long as you wish to continue. Yeah. So that's really great to hear.

Kate Chong: Now I know, and I think Candice, this is one of the other topics we wanted to hit on around, antibodies and having children and how does that impact our sensitivity for future [01:15:00] transplants? And, Candice and I, in our earlier conversation were really reflecting around the future and what that means for us and our families and that sort of thing, from the medical standpoint, antibodies play a big piece when you have children and then transplant, how does that work on your side?

Dr. Anna Matthew: There's a few things that can happen after you've had a kidney transplant that we call a sensitizing event. Anything where your body is exposed to a non-self or, something that's not you when your body inside you is exposed. So one of those things is a kidney transplant. So that's considered a sensitizing event that can, induce more antibodies. That's just your body trying to protect itself against this non-self that it's seeing and making more antibodies. So a transplant is one of those things. I think you probably know this already. Blood transfusion is one of those things. Having a pregnancy is one of those things. And so yes each success of pregnancy would be considered a sensitizing event. Now the goal would be to have pregnancy when your graph function is very good. And hopefully [01:16:00] you have a long graph function left.

The issue of sensitization comes up when you're trying to embark upon a kidney transplant, right, because it's the if you're more highly sensitized, there's more antibodies that you have against non self. It's more difficult to find a match or good match, and there's a higher risk of a rejection.

So that's where that issue comes up. So you're absolutely right. We try our best to counsel on that. Each success of pregnancy is considered a sensitizing event. You know how much it will sensitize you. We have ways to, quantify that there's this panel of reactive antibodies of the PRA.

I don't know if you're familiar with there. There's a. PRA that they check to see what is the percentage or how much sensitization you have and people who are going in for kidney transplant will have that value checked. But each success of pregnancy would be at sensitizing event. That's definitely something that we

need to counsel on, especially with, each subsequent pregnancy. But the goal is to have those pregnancies when you have very good and healthy graft function and to avoid another transplant for as long as possible. Right. So yeah, absolutely.[01:17:00]

Candice Coghlan: So thinking about getting pregnant and for people who have a genetic disease with different genetic diseases, what are the chances to pass that on to the baby? And is there any type of preventative measures to try to not pass that?

Dr. Anna Matthew: It depends on the genetic disease. So some are recessive, some diseases are dominant and so that just will affect the chances that there's a mother copy and a father copy of the gene. So if it's dominant, you just need one copy in order to have the disease. If it's recessive, you need two copies. That's my layman's.

Candice Coghlan: That's perfect.

Dr. Anna Matthew: Explanation. I'm not a geneticist. So you'd be surprised how much, little more than that I understand it. Knowing that you have a genetic disease, I think having an additional layer of preconception counseling would be key at this point. So in addition to your specific risks, just in terms of the baby and maternal health during the pregnancy, you would want an additional layer of preconception counseling from a genetic counselor or [01:18:00] from a genetics clinic that can go into the details of what is the actual risk that you'll pass it to the baby, cuz there's the genetic passing on of the disease. But then there's something called phenotype, which is actually expressing the disease. And those aren't always the same.

Candice Coghlan: Okay.

Dr. Anna Matthew: So you may have the gene, but you never may not express the disease or may not express it to as high of a degree. So is a bit of nuance there and then understanding what exactly is the risk to pass it on. So that I would strongly encourage an extra layer of preconception genetic counseling in that setting. And I would if I was seeing somebody in my preconception clinic, I would strongly advise that. Something that's, relatively more common, like polycystic kidney disease that's something that we might see that is a, a dominant disease. And so there's a 50% chance to pass that down. Is there anything that we can do to prevent?

So that's a complicated question. There is I believe in the Toronto area, fertility clinics that can do through IVF in vitro fertilization and they can actually, in terms of like gender or other just preferred [01:19:00] possibly preferred genetic traits, obviously we can't choose, but if it's in terms of preventing a disease, there are certain clinics, they would take the egg and sperm, and do, genetic analysis on that and then pick an embryo that's created that does not have that genetic defect and then implant into the person who's becoming pregnant. So that is a possibility, and that is done at some, I believe fertility clinics.

Candice Coghlan: That's fascinating.

Dr. Anna Matthew: I've had many patients that have, that I've cared for with polycystic kidney disease. They generally have said, " The risk is the risk. We understand the risk." They do some preconception counseling and then they proceed. So I haven't had a patient pursue this sort of pre-implantation genetic diagnosis and embryo selection, but that is a for disease states. I should be very clear for disease states, not for gender, et cetera, or, sex for disease states. That is sometimes a possibility. So hope that's clear.

Candice Coghlan: Yeah.

Kate Chong: Yeah.

Candice Coghlan: And so for a child who is born with that hereditary disease, would they be monitored [01:20:00] automatically throughout their lives? Would that be set up through their family doctor or would that be something that the parents would need to know and acknowledge and advocate throughout the child's life?

Dr. Anna Matthew: I think parents should always know and advocate because there's always gaps in healthcare isn't there? So they should always know, and they should always advocate if it's a disease that does often tend to present in the child, or the infant the pediatric nephrologist would be involved and could monitor for that.

Now in terms of genetic testing, it's in a bit of an ethical situation, isn't it? So if it's a disease that only presents an adulthood, there's a chance that the baby may not have that disease. And maybe if that baby was an adult, they may not want to know, right? That, pursuing genetic testing in the absence of any clinical symptoms in a child or a baby is a bit of that ethical conundrum.

I hope you can understand. So oftentimes that's not advocated. However, if there are clinical signs, say the baby's developing some protein in the urine or the baby's developing some high blood pressure or some of the features of this genetic [01:21:00] disease that the baby's parent or parents have then yes, you would consider genetic testing and the pediatric nephrologist would help set that up.

I'm not a pediatric nephrologist, but that's my understanding of how that situation is handled. So yeah, amazing.

Kate Chong: In the world of kidney research and innovation around, how has the view around pregnancy within the renal community changed? Is there anything new and exciting that's coming up that you've heard about for around research? Just to continue to grow and develop, what it sounds like you guys are doing it, is bringing that conversation, that hope, which is so important. From the research side of things, is there anything that they're watching and monitoring and the things in the renal world right now?

Dr. Anna Matthew: There's some markers blood markers of preeclampsia. Maybe you've heard about these or not. Which is very exciting currently only available kind of in a research study setting. So I can't just order them. I wish that I could, that is very exciting development, pretty, good data around it.

Just not available, still being studied so that we can of understand how to interpret the results [01:22:00] exactly. But there are different markers that are released by the placenta. The ratio of those, if they're abnormal is, predictive or very, strongly associated with future development of preeclampsia. So that's really helpful, right?

Dr. Anna Matthew: We could maybe reduce some of this intensive monitoring and surveillance that we've discussed earlier that can really affect your life for those nine months and beyond if we had, a more robust way to point, this, you are at higher risk of preeclampsia, but you're not, both of you have had a kidney transplant, but you're your placenta looks like it's going to develop preeclampsia cuz like I mentioned before, it's the placenta that is, it's the culprit there. So that is pretty exciting. And we definitely, all of us in this field are watching that pretty closely. And then in a more not research front, but I just, again, what you had discussed about just reframing or changing this message. I think all of us are working really hard on that to take the burden off of you, so that it's your job to do all the monitoring and all of the work and all the stress and we wanna try

to help you with that and walk down that path with you. And I [01:23:00] think talking to both of you has been really helpful for me too, to understand from your side, we suggest and advocate for these things and monitoring and testing, but you're the one that has to walk down that so I appreciate hearing both of your stories and what that was like and what it continues to be like for both of you.

Candice Coghlan: Oh, well, thank you for joining us. And all of this information that you've brought to us, and I think anyone listening is going to be extremely grateful that you've given us all of this information and hope and also, it gives us an idea of. If you're thinking about this, some of the things that you might need to expect, which aren't really included in those what to expect when you're expecting.

Dr. Anna Matthew: Right.

Candice Coghlan: Apps, right. There's not a what expect when you're expecting disease.

That's helpful for us. Before we both leave, I have a question to ask you both that is not related at all. We like to end on a [01:24:00] fun and positive note. So I'll start with you, Dr. Mathew. If you were a tree, what kind of tree would you be?

Dr. Anna Matthew: There's, I think that they're called the silver Birch tree. I'm Canadian, as I mentioned before, but I worked in New York City for a number of years before I came here. And so I lived in Brooklyn, but in the centre of Manhattan, like right near the public library, there, there's just a place where you can sit and eat lunch or relax. And there's all these beautiful silver Birch trees. And I just have such a wonderful memory of that. So if I could be, not any Birch tree one in right there. right there. That's what I would be.

Candice Coghlan: And what about you?

Kate Chong: I love the look and the feel of a weeping willow, and I know it sounds really sad, but childhood memory of actually my grandparents' place in Ontario, they had this massive weeping willow, and it as a child, it was really cool to kind of go in and hide and it's just so peaceful and calm looking. If I was to be, it would be a weeping willow.

Candice Coghlan: I love that. That's amazing.

Dr. Anna Matthew: What about you?

Kate Chong: How about you Candice?

So I actually [01:25:00] mentioned this on another episode, cuz they asked me as well. So I'll probably repeat it several times in the season, but I'm with you. So I absolutely adore Birch trees. I spent most of my summers up in the kawarthas with great grandparents who had cottages up there. And it just brings me back to, thinking about the lake and loons and cicadas and the smell of northern Ontario lakes. There's just something so peaceful to my soul to think about Birch trees and lakes. And so I'm, I always go up to the kawarthas every single year. That's like my little piece of heaven. And so I think if I could be anything, it would be a Birch tree in the kawarthas. So we're in the same family in different locations.

So I just wanna echo again our gratitude and thank you so much for being here today with us and sharing all of your extensive knowledge to kidney [01:26:00] patients and for being a voice that we often don't hear as patients, because it's amazing to, get to go through the process and talk with different healthcare providers through your journey, but it's another thing to, get to sit down and listen to all of this in depth information directly from you, so thank you so much.

Dr. Anna Matthew: Oh, you're welcome it's been a real pleasure talking to both of you and learning from both of you too. Thank you.

Candice Coghlan: And Kate as well. Thank you so much for coming on today and sharing your beautiful journey of your first gorgeous little wee one and now the one to come. We're so excited for you, and I hope that you'll share some photos in the next few weeks hoping that you go that full term and you have a beautiful, healthy baby boy. And we're looking forward to seeing those pictures for sure. And hearing about how things go.

Kate Chong: Thank you so much for having me. And, as I go through my kidney journey, sharing one's journey, I find it therapeutic to share with others of, the ups and downs of the journey. And I [01:27:00] just feel fortunate that I've had the opportunity to bring little lives into the world and hopefully can continue to have good health for many years and help other people that are going through their journey too. And thank you Dr. Mathew for your time.

Dr. Anna Matthew: Thank you. That's great.

Candice Coghlan: Thank you both.

Candice Coghlan: