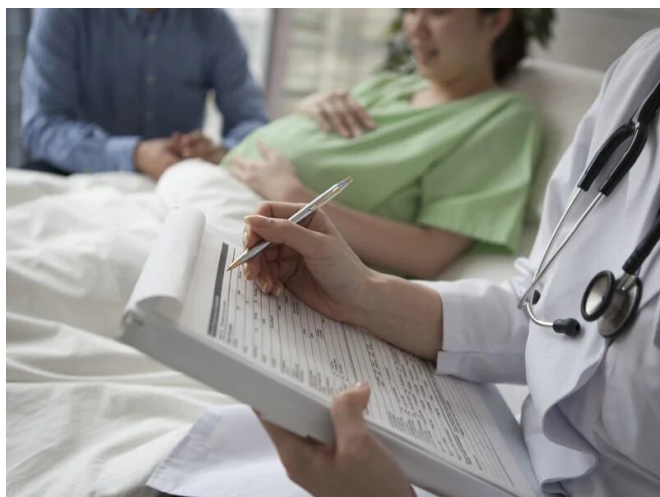


# Kidney injury up during pregnancy-related hospitalizations

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without diabetes. Pregnancy-related hospitalizations with AKI were associated with a higher likelihood of inpatient mortality (OR, 13.50) and cardiovascular events (OR, 9.74). For a delivery hospitalization with AKI, the median cost was higher (\$18,072 versus \$4,447 without AKI).

"I encourage clinicians to routinely check patient kidney panels during inpatient hospitalizations," Shah said in a statement. "This study suggests that implementation of specific interventions for the prevention, diagnosis, and management of AKI in [pregnant women](#) may reduce the burden of AKI during hospitalizations in the United States."

**More information:** [Abstract/Full Text](#)

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(HealthDay)—The rates of pregnancy-related acute kidney injury (AKI) hospitalizations increased during the last decade, according to a study published in the March issue of the *American Journal of Nephrology*.

Silvi Shah, M.D., from the University of Cincinnati, and colleagues used data from the Nationwide Inpatient Sample (2006 to 2015) to identify 42,190,790 pregnancy-related hospitalizations among [women](#) aged 15 to 49 years. Factors associated with AKI were evaluated.

The researchers found that overall, the rate of AKI during pregnancy-related hospitalizations was 0.08 percent. A higher likelihood of AKI during pregnancy-related hospitalizations was seen in 2015 versus 2006 (odds ratio [OR], 2.20); among [older women](#) aged 36 to 40 years (OR, 1.49) and 41 to 49 years (OR, 2.12) versus women aged 20 to 25 years; among blacks (OR, 1.52) and Native Americans (OR, 1.45) versus whites; and in women with diabetes (OR, 4.43) versus those

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