Supplementary materials

Supplementary Table S1. Grey literature search strategy (number of materials retrieved)

Journal Homepages	Professional Societies/Associations
Nephrology	
Nature Reviews Nephrology (7)	Australian and New Zealand Society of Nephrology (0)
Journal of the American Society of Nephrology (4)	Renal Society of Australasia (0)
Kidney International (7)	United Kingdom Kidney Association (0)
American Journal of Kidney Diseases (20)	European Renal Association (0)
Clinical Journal of the American Society of Nephrology (9)	American Society of Nephrology (0)
Nephrology Dialysis Transplantation (30)	Canadian Society of Nephrology (0)
Kidney International Supplements (0)	Japanese Society of Nephrology (0)
Brain, Behaviour, and Immunity – Health (0)	Korean Society of Nephrology (0)
Kidney International Reports (9)	South African Nephrology Society (0)
American Journal of Nephrology (4)	International Society of Nephrology (1)
CKJ: Clinical Kidney Journal (3)	
Minerva Urology and Nephrology (0)	
Advances in Chronic Kidney Disease (10)	
Kidney Medicine (0)	
Seminars in Nephrology (2)	
Current Opinion in Nephrology and Hypertension (1)	
Journal of Nephrology (6)	
Blood Purification (3)	
Kidney Research and Clinical Practice (0)	
Peritoneal Dialysis International (8)	
Pediatric Nephrology (0)	
BMC Nephrology (7)	
Canadian Journal of Kidney Health and Disease (0)	
Current Transplantation Reports (0)	
Journal of Renal Nutrition (8)	
Kidney and Blood Pressure Research (1)	
Nephrology (4)	
Renal Failure (11)	
Seminars in Dialysis (9)	
International Urology and Nephrology (2)	
Scandinavian Journal of Urology (0)	
Therapeutic Apheresis and Dialysis (0)	
International Journal of Nephrology and Renovascular Disease (0)	
Obstetrics and Gynecology	
Human Reproduction Update (0)	National Association of Specialist Obstetricians and Gynaecologists (0)

Journal Homepages	Professional Societies/Associations
American Journal of Obstetrics and Gynecology (4)	Society of Obstetric Medicine of Australia and New Zealand (0)
Ultrasound in Obstetrics and Gynecology (11)	MacDonald Obstetric Medicine Society (the UK obstetric medicine society) (0)
Obstetrics and Gynecology (4)	European Society of Gynecology (0)
BJOG: An International Journal of Obstetrics and Gynaecology (0)	American Gynecological & Obstetrical Society (0)
Archives of Disease in Childhood: Fetal and Neonatal Edition (0)	Society of Obstetricians and Gynaecologists of Canada (0)
Obstetrics and Gynecology	
An International Reproductive Health Journal: Contraception (0)	Japan Society of Obstetrics and Gynaecology (0)
Human Reproduction (0)	Korean Society of Obstetrics and Gynaecology (0)
Perspectives on Sexual and Reproductive Health (0)	The South African Society of Obstetricians and Gynaecologists (0)
American Journal of Obstetrics and Gynecology MFM (0)	
Gynecologic Oncology (0)	
LGBT Health (0)	
Fertility and Sterility (0)	
Contraception: X (0)	
Archives of Women's Mental Health (0)	
Acta Obstetricia et Gynecologica Scandinavica (1)	
Best Practice and Research in Clinical Obstetrics and Gynaecology (4)	
International Journal of Gynecological Cancer (0)	
Women's Health Issues (0)	
Maternal and Child Nutrition (0)	
Reproductive Health (0)	
BMC Pregnancy and Childbirth (0)	
Women and Birth (0)	
International Breastfeeding Journal (0)	
Journal of Perinatology (0)	
Journal of Ovarian Research (0)	
Sexual and Reproductive Health Matters (0)	
International Journal of Neonatal Screening (0)	
International Journal of Gynecology and Obstetrics (3)	
Journal of Gynecologic Oncology (0)	
Seminars in Perinatology (0)	
International Journal of Gynecological Pathology (0)	
Midwifery (0)	
Birth (0)	
BMJ Sexual and Reproductive Health (0)	

Journal Homepages	Professional Societies/Associations
Breastfeeding Medicine (0)	
Journal of Reproductive and Infant Psychology (0)	
Menopause (0)	
Obstetrics and Gynecology Clinics of North America (4)	
Journal of Psychosomatic Obstetrics and Gynaecology (0)	
Pregnancy Hypertension (0)	
Journal of Human Lactation (0)	
Journal of Pregnancy (0)	
American Journal of Reproductive Immunology (0)	
Journal of Midwifery and Women's Health (0)	
Journal of Reproductive Immunology (0)	
Prenatal Diagnosis (0)	
Maternal and Child Health Journal (0)	
International Journal of Obstetric Anesthesia (1)	
BMC Women's Health (0)	
Journal of Minimally Invasive Gynecology (0)	
Obstetrics and Gynecology	
Climacteric (0)	
European Journal of Obstetrics, Gynecology and Reproductive Biology (3)	
International Urogynecology Journal (0)	
Journal of Lower Genital Tract Disease (0)	
American Journal of Perinatology (0)	
Archives of Gynecology and Obstetrics (1)	
European Journal of Obstetrics and Gynecology and Reproductive Biology: X (0)	
Clinics in Perinatology (2)	
Early Human Development (0)	
Journal of Pediatric and Adolescent Gynecology (0)	
International Journal of Women's Health (1)	
Australian and New Zealand Journal of Obstetrics and Gynaecology (1)	
Fetal Diagnosis and Therapy (1)	
Journal of Perinatal Medicine (1)	
Journal of Maternal-Fetal and Neonatal Medicine (1)	
Reproductive Sciences (0)	
Female Pelvic Medicine and Reconstructive Surgery (0)	
F and S Reports (0)	
European Journal of Contraception and Reproductive Healthcare (0)	
Sexual and Reproductive Healthcare (0)	

Journal Homepages	Professional Societies/Associations
Current Opinion in Obstetrics and Gynecology (1)	
Gynecologic and Obstetric Investigation (0)	
F and S Reviews (0)	
Journal of Obstetrics and Gynaecology Canada (1)	
Obstetrics and Gynecology Science (0)	
International Journal of Fertility and Sterility (0)	
Journal of Gynecology Obstetrics and Human Reproduction (0)	
Clinical Obstetrics and Gynecology (0)	
Journal of Obstetrics and Gynaecology Research (0)	
Obstetrical and Gynecological Survey (2)	
Advances in Urology (0)	
Taiwanese Journal of Obstetrics and Gynecology (0)	
Post Reproductive Health (0)	
Hypertension in Pregnancy (0)	
Obstetrics and Gynecology International (0)	
Infectious Diseases in Obstetrics and Gynecology (0)	
Minerva Obstetrics and Gynecology (0)	
Nutrition and Dietetics	
Annual Review of Nutrition (0)	Dietitians Australia (0)
Advances in Nutrition (0)	Nutrition Society of Australia (0)
American Journal of Clinical Nutrition (0)	Nutrition Society of New Zealand (0)
Clinical Nutrition (1)	Dietitians New Zealand (0)
Nutrition Reviews (0)	British Dietetic Association (0)
International Journal of Obesity (0)	The Nutrition Society (United Kingdom) (0)
Nutrition and Dietetics	
Nutrients (1)	European Society for Clinical Nutrition and Metabolism (0)
Journal of Nutrition, Health and Aging (0)	American Society for Nutrition (0)
Journal of Clinical Lipidology (0)	Canadian Nutrition Society (0)
Nutrition Research Reviews (0)	Dietitians of Canada (0)
Pediatric Obesity (0)	The Japan Dietetic Association (0)
Appetite (0)	Japan Society of Nutrition and Food Science (0)
Journal of the Academy of Nutrition and Dietetics (1)	The Korean Dietetic Association (0)
Food Quality and Preference (0)	The Korean Nutrition Society (0)
Nutrition Journal (0)	Association for Dietetics in South Africa (0)
Obesity Surgery (0)	The Nutrition Society of South Africa (0)
Journal of Nutrition (0)	
BMJ Nutrition, Prevention and Health (0)	
European Journal of Nutrition (0)	
Maternal and Childhood Nutrition (0)	
European Journal of Clinical Nutrition (1)	
Nutrition, Metabolism and Cardiovascular Diseases (0)	

Journal Homepages	Professional Societies/Associations
Current Nutrition Reports (0)	
Nutrition (0)	
Nutrition and Metabolism (0)	
Journal of Parenteral and Enteral Nutrition (0)	
Obesity Research and Clinical Practice (0)	
British Journal of Nutrition (0)	
Journal of Functional Foods (0)	
Current Developments in Nutrition (0)	
Nutritional Neuroscience (0)	
Proceedings of the Nutrition Society (0)	
Public Health Nutrition (0)	
Annals of Nutrition and Metabolism (0)	
Journal of Eating Disorders (0)	
Nutrition in Clinical Practice (0)	
Journal of Human Nutrition and Dietetics (0)	
NFS Journal (0)	
Current Opinion in Clinical Nutrition and Metabolic Care (0)	
Childhood Obesity (0)	
Obesity Science and Practice (0)	
Primary Care Diabetes (0)	
Food Production, Processing and Nutrition (0)	
Journal of Nutrition Education and Behaviour (0)	
Clinical Nutrition ESPEN (0)	
Journal of Renal Nutrition (6)	
Nutrition and Dietetics (0)	
Journal of Nutritional Science (0)	
Nutrition Bulletin (0)	
Journal of Nutrition and Metabolism (0)	
Journal of Future Foods (0)	
Food and Nutrition Research (0)	
Journal of the American College of Nutrition (0)	
Food and Nutrition Bulletin (0)	

Supplementary Table S2. Scoping review eligibility criteria.

Inclusion Citeria	Exclusion Criteria
Case reports, case series, reviews, observational studies, editorials, conference abstracts, consensus guidelines, position papers, and book chapters	Non-human studies
	Documents without full text availability
	Documents about non-pregnant and/or non-dialysing patients
Sources of evidence must include nutritional, supplement, breast-feeding, dietary pattern, and/or weight recommendations for pregnant patients receiving dialysis	Sources of evidence that do not include nutritional, supplement, breastfeeding, dietary pattern, and/or weight recommendations
Database searches: English and translatable non-English studies	'Biology', 'Molecular', and 'Exercise and Sports Science' journals in the grey literature
Grey literature: English only	Database searches: Studies that cannot be translated to English
	Grey literature: Non-English studies

Supplementary Table S3. Macronutrient recommendations from the literature for pregnant women receiving dialysis.

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
NRV Female (Pregnancy 14-50 years) [1]	**1st trimester: No additional requirement 2nd trimester: +1.4 MJ/day 3rd trimester: +1.9 MJ/day**	**No EAR, RDI or AI set**	**RDI: 58-60 g/day or 1.00-1.02 g/kg/day**	**AI: 10 g/day (Linoleic acid) 1.0 g/day (a-Linoleic acid) 110-115 mg/day (DHA+EPA+DPA)**	**AI: 25-28 g/day**	**AI: 1.8-2.3 L/day**	**N/A**
KDOQI Dialysis Guidelines [2]	**25-35 kcal/kg/day**	**Not reported**	**1.0-1.2 g/kg/day (HD/PD)**	**Not reported**	**Not reported**	**Not reported**	**N/A**
Consensus Guidelines/Position Papers							
de Jong et al. (2022) The Netherlands [3]	Not reported	Not reported	1.5-1.8 g/kg IBW/day (HD)	Not reported	Not reported	Not reported	Not reported
Schmidt et al. (2022) Germany [4]	1st trimester: 30-35 kcal/kg/day 2nd/3rd trimesters: 30-35 kcal/kg/day + 300 kcal (HD)	Not reported	1.2 g/kg pre-pregnancy weight/day + 10 g/day (HD/CAPD)	Not reported	Not reported	Not reported	Not reported
Cabiddu et al. (2015) Italy [5]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Wiles et al. (2019) United Kingdom [6]	Not reported	Not reported	1.5-1.8 g/kg IBW/day (HD) [7]	Not reported	Not reported	Not reported	Not reported
Reviews							
Esposito et al. (2020) Italy [8]	1st trimester: 30-35 kcal/kg/day (HD), 25-30 kcal/kg/day (PD) 2nd/3rd trimesters:	Not reported	1.2 g/kg/day + 10g/day (HD/PD) [10,11]	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
	30-35 kcal/kg/day (+300 kcal) (HD), 25-30 kcal/kg/day (+300 kcal) (PD) [9,10]						
Jungers & Chauveau (1997) France [12]	Not reported	Not reported	1 g/kg/day + 20 g/day (HD/PD) [13]	Not reported	Not reported	Not reported	Not reported
Holley & Reddy (2003) United States [14]	Not reported	Not reported	1.8 g/kg/day [15]	Not reported	Not reported	Not reported	Not reported
Shemin (2003) United States [16]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Díaz et al. (2016) Cuba [17]	30-35 kcal/day (HD/PD)	Not reported	1.5-1.8 g/kg/day (HD/PD)	Not reported	Not reported	Not reported	Not reported
Alkhunaizi et al. (2015) Canada [18]	Not reported	Not reported	1.5-1.8 g/kg/day (HD)	Not reported	Not reported	Not reported	Not reported
Nadeau-Fredette et al. (2013) Canada [19]	Not reported	Not reported	≥1.1 g/kg/day [20]	Not reported	Not reported	Not reported	Must account for superimposed loss of amino acids in dialysate with intensive dialysis.
Hladunewich & Schatell (2016) Canada & United States [7]	Not reported	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Reynolds & Herrera (2020) United States [21]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Hou & Firanek (1998) United States [22]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser & Wiggins (1998) United States [23]	2nd/3rd trimesters: BEE x activity factor (1.2 to 1.4) + 300 kcal (individualise)	Not reported	1.2 g/kg IBW + 10g (HD) 1.4 g/kg IBW + 10g (PD)	Not reported	Not reported	1,000-2,000 mL	Not reported
Reddy & Holley (2007) United States [24]	30-35 kcal/kg/day	Not reported	1.5 g/kg/day (HD) 1.8 g/kg/day (PD)	Not reported	Not reported	750-1,500 mL/day	Not reported
Oliverio & Hladunewich (2020) United States & Canada [25]	Not reported	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Reyes-López et al. (2020) Mexico & Italy **[9]**	1st trimester: 105-146 kJ/kg/ day + 289 kJ 2nd trimester: 105-146 kJ/kg/ day + 1,100-1,423 kJ 3rd trimester: 105-146 kJ/kg/ day + 1,891-2096 kJ	≥175 g/day [26]	1st trimester: 1.1-1.5 g/kg/day + 0.7g 2nd trimester: 1.1-1.5 g/kg/day + 9.6g 3rd trimester: 1.1-1.5 g/kg/day + 31.2g [27,28]				
Tangren et al. (2018) United States & Canada [29]	Not reported	Not reported	1.5-1.8 g/kg/day (HD) [30]	Not reported	Not reported	Not reported	Not reported
Vecchio et al. (2021) Italy [31]	146.4 kJ/kg (35 kcal/kg) (HD) 104.6 kJ/kg (25 kcal/kg) (PD) [32]	Not reported	1.2 g/kg pre-gestational weight/day (HD) 1.4 g/kg	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
			pre-gestational weight/day (PD) [32]				
Kapoor et al. (2009) United Kingdom [33]	Not reported	Not reported	1.5 g/kg/day (HD) 1.8 g/kg/day (PD)	Not reported	Not reported	Not reported	Not reported
Castellano et al. (2011) Italy [34]	Not reported	Not reported	1 g/kg/day + 20 g/day (HD) [11,35] or 1.8 g/kg/day (HD) [15]	Not reported	Not reported	Not reported	Avoid protein restriction of 1.2-1.3 g/kg/day.
Hladunewich et al. (2011) Canada [36]	Not reported	Not reported	1.5-1.8 g/kg/day (HD)	Not reported	Not reported	Not reported	Not reported
Stover (2010) United States [37]	1st trimester: 30-35 kcal/kg IBW/day 2nd/3rd trimesters: 30-35 kcal/kg IBW/day + 300 kcal/day	Not reported	1.2-1.8 g/kg IBW/day (HD) [24] 1.2-1.3 g/kg IBW (PD) [27]	Not reported	Not reported	Not reported	Not reported
Hall & Brunskill (2010) United Kingdom [38]	Not reported	Not reported	≥1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Kothari et al. (2019) United States [39]	25-35 kcal/kg pregnant weight/ day [40]	Not reported	1.5-1.8 g/kg pre-pregnancy weight/day + 20 g/day [40]	Not reported	Not reported	Not reported	Not reported
Lim & Wah (2018)	3,035 kcal/kg/day	Not reported	1.8 g/kg/day (HD) [42]	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Malaysia [41]			1.4-2.1 g/kg/day (PD) [43]				
Vázquez-Rodríguez (2010) Mexico [44]	35-40 kcal/kg/day (PD)	Not reported	1 g/kg/day + 20 g/day to 1.8 g/kg/day (PD)	Not reported	Not reported	Not reported	Not reported
Hou (2004) United States [45]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Onder et al. (2016) United States [46]	30-35 kcal/kg/day [24,47-49]	Not reported	1.5 g/kg/day (HD) 1.8 g/kg/day (PD) [24,47-49]	Not reported	Not reported	750-1,500 mL/day [24,47-49]	Not reported
Wiles & Oliveira (2019) United Kingdom & Brazil [50]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Furaz-Czerpak et al. (2012) Spain [51]	30-35 kcal/kg/day	Not reported	1-1.2 g/kg pre-pregnancy weight/day + 10-20 g/day (HD)	Not reported	Not reported	Not reported	Not reported
Singh & Pradeep (2012) India [52]	Not reported	Not reported	1 g/kg/day + 20 g/day [48]	Not reported	Not reported	Not reported	Not reported
Stover (2007) United States [53]	1st trimester: 35 kcal/kg pre-gravid IBW/day 2nd/3rd trimesters: 35 kcal/kg pre-gravid IBW/day + 300 kcal/day [27,54]	Not reported	1.2-1.3 g/kg IBW/day + ≥10 g/day [27,54]	Not reported	Not reported	Not reported	Not reported
Shehaj & Kazancıoglu (2023)	25-35 kcal/kg pregnant weight/ day [56]	Not reported	1.8 g/pre-pregnancy weight/day +	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Turkey & Albania [55]			20 g/day [56]				
Vázquez Rodríguez (2010) Mexico [57]	Not reported	Not reported	1 g/kg/day + 20 g/24 hours [23] or 1.8 g/kg/day [15]	Not reported	Not reported	Not reported	Not reported
Porter (2009) United States [58]	30-35 kcal/kg/day [53]	Not reported	1.3-1.5 g/kg/day [53]	Not reported	Not reported	Not reported	Not reported
Hou & Elahi (2005) United States [59]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Nikolskaya & Prokopenko (2014) Russia [60]	30-35 kcal/kg/day + 300 kcal/day [51,61]	Not reported	1.5-1.8 g/kg/day [51,61]	Not reported	Not reported	Not reported	Not reported
Hui & Hladunewich (2019) Canada **[62]**	Not reported	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Hou (1999) United States [11]	35 kcal/kg/day + 300 kcal (HD) 25 kcal/kg/day + 300 kcal (PD)	Not reported	1.2 g/kg ideal pre-gravid weight + 10g (HD) 1.4 g/kg ideal pre-gravid weight + 10g + dialysate losses (PD)	Not reported	Not reported	Not reported	Not reported
Davison (1991) United Kingdom **[63]**	Not reported	Not reported	70 g/day	Not reported	Not reported	Not reported	Not reported
Hou (1987) United States **[64]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Oliverio et al.	Not reported	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
(2021) United States **[65]**							
Ramin et al. (2006) United States **[66]**	Not reported	Not reported	1.8 g/kg/day [48]	Not reported	Not reported	Not reported	Not reported
Chan et al. (1998) Canada **[67]**	Not reported	Not reported	>1.5 g/kg (HD) >1.8 g/kg (CAPD)	Not reported	Not reported	Not reported	Attention should be paid to increasing protein intake in pregnant dialysis patients.
Giannattasio et al. (2017) Italy **[68]**	Not reported	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Hou & Grossman (1990) United States **[69]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Grossman et al. (1993) United States **[70]**	25-45 kcal/kg/day + 250-300 kcal/day	Not reported	1.0-1.5 g/kg/day + 10-20 g/day	Not reported	Not reported	Not reported	Not reported
			Reviews				
Bili et al. (2013) Greece **[71]**	30-35 kcal/kg/day	Not reported	1.5 g/kg/day (HD) 1.8 g/kg/day (PD)	Not reported	Not reported	0.75-1.5 L/day	Not reported
Case Reports/Case Series							
Lim et al. (2017) Malaysia **[72]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sulaiman et al. (2014) United States	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
[73]							
Kondakova et al. (2023) Russia **[74]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cao et al. (2018) China **[75]**	35-40 kcal/kg/day	Not reported	1 g/kg/day + 20 g/day	Not reported	Not reported	Not reported	Energy: 25-35 kcal/day Protein: 1.2-1.4 g/kg/day + 20 g/day [47]
Arai et al. (2020) Japan **[76]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sprenger-Mähr et al. (2019) Austria **[77]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Mambap et al. (2023) Cameroon **[78]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Buil et al. (2015) Spain **[79]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Manisco et al. (2015) Italy **[47]**	25-35 kcal/kg/day	Not reported	1.2-1.4 g/kg pre-pregnancy weight/day + 20 g/day	Not reported	Not reported	Not reported	Avoid protein restriction of <1.2-1.3 g/kg/day (HD) and 1.4 g/kg/day (PD).
Seker (2016) Turkey **[80]**	2,000 kcal/day	Not reported	1.5 g/kg/day (protein-rich diet)	Not reported	Not reported	Not reported	Not reported
Shanmugalingam et al. (2021) Australia **[81]**	Not reported	Not reported	1.8-2 g/kg/day (incremental high-protein diet)	Not reported	Not reported	Not reported	Not reported
Haase et al. (2005) Germany **[82]**	3,000 kcal/day	Not reported	>100 g/day (high-protein diet encouraged)	Not reported	Not reported	Not reported	More frequent dialysis allows for a higher

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
							protein intake (1.5 g/kg/day).
Yu et al. (2015) China **[83]**	Not reported	Not reported	1 g/kg/day + 20 g/day [15,84,85]	Not reported	Not reported	Not reported	Not reported
Espinoza et al. (2013) Chile **[86]**	35 kcal/kg/day + 300 kcal	Not reported	1.8 g/kg/day	Not reported	Not reported	Not reported	≥1.5 g/kg/day protein
Choi et al. (2018) Korea **[87]**	2,000 kcal/day	Not reported	1.5 g/kg/day	Not reported	Not reported	Not reported	Energy: 30-35 kcal/day Protein: 1.8 g/kg/day [11]
Tuot et al. (2009) United States **[88]**	2,100-2,250 kcal/day (REE x 1.2-1.3 + 300 kcal)	100g dextrose (340 kcal) from IDPN	75-85 g/day protein (metabolically active weight x 1.4-1.5) and 95g protein (15% amino acids, 380 kcal) from IDPN	40g of lipid (400 kcal) from IDPN	Not reported	Not reported	Increase daily caloric intake by 300 kcal [89] and aim for 1.8 g/kg/day protein [15].
Ribeiro & Silva (2020) Portugal **[90]**	35 kcal/kg/day + 300 kcal/day	Not reported	1.8 g/kg of pre-pregnancy weight/day + 10-20 g/day [91,92]	Not reported	Not reported	Not reported	Not reported
Giofre' et al. (2007) Italy **[93]**	35 kcal/kg/day (cases 2, 3)	Not reported	1.8-2 g/kg/day (high-protein diet) (cases 2,3)	Not reported	Not reported	Not reported	Not reported
Malik et al. (1997) Saudi Arabia **[94]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Campos-Collado et al. (2016) Mexico **[95]**	~2,000 kcal/day	55% TEI, then 45% TEI or 230 g/day from 22.2 weeks	19% TEI or 99 g/day protein (1.4 g/kg	26% TEI	28 g/day	1,000-1,100 mL/day (no fluid restriction)	Energy: 30-35 kcal/kg/day [24,52,96]

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
		gestation (due to impaired glucose tolerance)	pre-gestational IBW + 10 g/day) and high-quality protein				Protein: 1.2-1.5 g/kg pre-gravid IBW/day + 10 g [96,97] CHO: ~175 g/day or 45-65% total intake/day Fat: 20-35% total intake/day [26,96]
Reister et al. (1999) Germany **[98]**	Not reported	Not reported	1.02 g/kg/day	Not reported	Not reported	Not reported	Not reported
Swaroop et al. (2009) United States **[99]**	Not reported	Not reported	1 g/kg/day + 20 g/day (liberalised for both patients)	Not reported	Not reported	Not reported	Not reported
Yoo et al. (2004) United States **[100]**	Not reported	Not reported	1.8 g/kg/day (liberalised)	Not reported	Not reported	Not reported	Not reported
Giatras et al. (1998) United States [15]	3,000 kcal/day	Not reported	>100 g/day	Not reported	Not reported	Not reported	1.8 g/kg/day protein
Luciani et al. (2002) Italy **[101]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hadj Sadek et al. (2011) Morocco **[102]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Pepperell & Dawborn (1970) Australia **[103]**	Not reported	Not reported	40 g/day protein diet (restriction)	Not reported	Not reported	Not reported	Not reported
Abu-Zaid et al. (2013) Saudi Arabia **[104]**	3,000 kcal/day	Not reported	100 g/day	Not reported	Not reported	Not reported	30-35 kcal/day 1.8 g/kg/day + 20g [11,13]
Al-Saran & Sabry (2008) Saudi Arabia **[105]**	Not reported	Not reported	1 g/kg/day + 20 g/day [15]	Not reported	Not reported	Not reported	Not reported
Ackrill et al. (1975) United Kingdom **[106]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Gómez Vázquez et al. (2007) Mexico **[107]**	45 kcal/kg/day (case 1) 30 kcal/kg/day (case 2)	Not reported	1.5 g/kg/day (case 1) 1.3 g/kg/day (case 2)	<30% polyunsaturated (case 2)	Not reported	1.5 L/day (case 1) Free liquids (case 2)	1 g/kg/day protein + 20g [27]
Mohammed et al. (2021) Trinidad and Tobago **[108]**	2,500-3,000 kcal/day	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Alhwiesh (2015) Saudi Arabia **[109]**	45 kcal/kg/day	Not reported	1.5 g/kg/day	Not reported	Not reported	1,500 mL/day	Not reported
Pipili et al. (2011) Greece **[110]**	Not reported	Not reported	1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Ramadani et al. (2018) Indonesia **[111]**	30-35 kcal/kg/day	Not reported	0.6-1.5g/kg/day (controlled protein)	Not reported	Not reported	750-1,500 mL/day	Protein: 1.5 g/kg/day (HD) 1.8 g/kg/day (PD)
Hussain et al. (2005) United States **[112]**	Not reported	Not reported	1.6-1.8 g/kg/day (case 1)	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Kedzierska et al. (2011) Poland & Germany **[113]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Bahadi et al. (2010) Morocco [61]	Not reported	Not reported	1.8 g/kg/day [42,114]	Not reported	Not reported	Not reported	Not reported
López-Menchero et al. (2004) Spain **[115]**	35 kcal/kg gestational weight/day + 300 kcal/day	Not reported	1-1.2g/kg pre-pregnancy weight/day + 10-20 g/day	Not reported	Not reported	Not reported	Not reported
Coyle et al. (2008) United States **[116]**	Not reported	Not reported	IBW + 10g	Not reported	Not reported	Not reported	Protein: 1-1.5 g/kg/day [23,96,117]
Sheriff et al. (1978) United Kingdom **[118]**	Not reported	Not reported	80 g/day	Not reported	Not reported	Not reported	Not reported
Walsh (2002) United Kingdom **[119]**	Not reported	Not reported	1.8 g/kg/day [120] (this would mean >400 g/day for the patient)	Not reported	Not reported	Not reported	Not reported
Cocîrţă et al. (2016) Romania **[121]**	Not reported	Not reported	1.8 g/kg/day (HD) [122]	Not reported	Not reported	Not reported	Not reported
Guida et al. (2003) Italy **[123]**	35 kcal/kg/day + 300-400 kcal/day	Not reported	1.2 g/kg/day + 6 g/day	Not reported	Not reported	Not reported	Protein: >1.5 g/kg/day with higher doses of HD

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
							[67,85,124]
McPhatter & Drumheller (2008) United States **[125]**	2,000 kcal/day	Not reported	70 g/day	Not reported	Not reported	Not reported	Energy: 35 kcal/kg IBW/day (1st trimester), 35 kcal/kg IBW/day + 300 kcal/day (2nd/3rd trimesters) [126] Protein: 1.2 g/kg IBW/day + 10 g/day
Sandhu et al. (2014) United States **[127]**	Not reported	Not reported	1 g/kg/day + 20 g/day [30]	Not reported	Not reported	Not reported	Not reported
Brookhyser (1989) United States **[128]**	1,900 kcal/day + 300 kcal/day	Not reported	1.5 g/kg/day (125g high biological value protein)	Not reported	Not reported	Not reported	Not reported
Park et al. (2006) Korea **[129]**	Not reported	Not reported	1.5-1.8 g/kg/day	Not reported	Not reported	Not reported	Not reported
Yattara et al. (2019) Mali & Republic of Senegal **[130]**	30-35 kcal/kg/day	Not reported	1.2 g/kg/day	Not reported	Not reported	750-1500 mL/day [131]	Not reported
Seed & Gilbertson (2022) Australia **[132]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Henderson (1996) United States **[133]**	2,000 kcals/day (30 kcals/kg pre-gravida weight + 250 kcals/day),	Not reported	70-80 g/day (1.2 g/kg IBW + 10-20 g/day) [70]	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
	then 2,200 kcals/day at 28 weeks gestation [134]						
Melendez et al. (1988) United States **[135]**	35-45 kcal/kg IBW/day + 300 kcal/day [136]	Not reported	1.2-1.5 g/kg IBW/day + 30 g/day (CAPD) [136]	Not reported	Not reported	Not reported	Not reported
Vidal et al. (1998) Uruguay **[137]**	1st trimester: 35 kcal/kg IBW/day 2nd trimester: 35 kcal/kg dry weight/day + 300 kcal/day	Not reported	1st trimester: 1.1-1.2 g/kg IBW/day 2nd trimester: 1.5 g/kg dry weight/day	Not reported	Not reported	Not reported	Not reported
Hou et al. (1993) United States **[138]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser et al. (1996) United States **[139]**	1,700-1,900 kcal/day (cases 1,2)	Not reported	>70 g/day (case 1)	Not reported	Not reported	40 oz/day (liberalised)	Not reported
Amoah & Arab (1991) Saudi Arabia **[140]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shah et al. (2007) United Kingdom **[141]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Dunbeck et al. (1992) United States **[142]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cattran & Benzie (1983) Canada **[143]**	Not reported	Not reported	60 g/day	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Villa et al. (2007) Italy **[144]**	Not reported	Not reported	1.2-1.3 g/kg/day [11,35] or 1.8 g/kg/day [15]	Not reported	Not reported	Not reported	Not reported
Racette (1997) British Columbia **[145]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Molaison et al. (2003) United States **[89]**	Increase caloric intake by 300 kcal/day [146]	Not reported	Increase protein intake by 10 g/day [146]	Not reported	Not reported	Not reported	Not reported
Stover (2004) United States **[126]**	35 kcal/kg IBW or SBW/day + 300 kcal (2nd/3rd trimesters)	Not reported	1.2 g/kg IBW/day + 10 g/day (2nd/3rd trimesters)	Not reported	Not reported	Not reported	Not reported
Unzelman et al. (1973) United States **[147]**	2,200 kcal/day	Not reported	80g/day	Not reported	Not reported	Unrestricted	Not reported
Perry (1994) United States **[148]**	2,000 kcal/day	Not reported	60 g/day	Not reported	Not reported	800 mL/day, then 500 mL/day above urine output	Not reported
Sivasuthan et al. (2013) Australia **[149]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Editorials							
Levy et al. (1998) United States & France **[120]**	Not reported	Not reported	1 g/kg/day + 20 g/day [12]	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Mercadal & Nizard (2019) France **[150]**	Not reported	Not reported	1.5-2 g/kg/day	Not reported	Not reported	Not reported	Not reported
Hou (2002) United States **[151]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ellis (2012) United Kingdom **[152]**	Not reported	Not reported	1.8 g/kg/day (HD) [153]	Not reported	Not reported	Not reported	Not reported
Jagielski (2015) United States **[154]**	30-35 kcal/kg/day + 300 kcal/day (2nd/3rd trimesters) (HD) [155]	Not reported	1.2 g/kg/day + 10 g/day (HD) [155]	Not reported	Not reported	Not reported	Not reported
Book Chapters							
Lawrence (2012) United States **[156]**	1st trimester: BEE × activity factor (1.2-1.4) or 35 kcal/kg of pre-pregnancy IBW	Remaining calories to be met with CHO sources (after protein and fat requirements have been met).	1.1-1.4 g/kg of pre-pregnancy IBW + 10 g/day (HD)	Saturated fat <7% TEI, trans-fat <1% TEI, cholesterol <300 mg/day.	Not reported	1,000-2,000 mL/ interdialytic interval. Not to exceed 2 kg interdialytic fluid weight gain (HD).	When calculating energy prescription for women on PD, factor in glucose calories received from dialysate.
	2nd/3rd trimesters: Add 300 kcal/dL (HD/PD) [11,53,157]		1.2-1.5 g/kg of pre-pregnancy IBW + 10 g/day (PD) [11,53,157]	Hyperlipidemia: Total fat intake 25%-35% TEI, saturated fat <7% TEI, remaining fat calories (up to 20%) distributed toward mono-unsaturated fats and poly-unsaturated fats, cholesterol <200 mg/day [158].		Maintain fluid balance and monitor fluid retention status (PD) [11,53,157].	
Flecha (2020) United States	Not reported	Not reported	1 g/ kg/day + 20 g/day	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
[159]							
Pahl (2019) United States **[160]**	3,000 kcal/day [15]	Not reported	1.8 g/kg/day [15]	Not reported	Not reported	Not reported	Not reported
Sandhu (2016) United States **[161]**	Not reported	Not reported	1 g/kg/day + 20 g/day [30]	Not reported	Not reported	Not reported	Not reported
Hou (1994) United States **[13]**	Not reported	Not reported	1 g/kg/day + 20g (HD) 1.5 g/kg/day + 20g (CAPD)	Not reported	Not reported	Not reported	Not reported
Fisher et al. (2018) United States **[162]**	30-35 kcal/kg/day [11]	Not reported	1.5 g/kg/day (HD) 1.8 g/kg/day (PD) [11]	Not reported	Not reported	Not reported	Increasing delivery of dialysis is recommended for worsening azotemia rather than strict protein restriction.
Stover (2008) United States **[163]**	35 kcal/kg/day pre-gravid IBW + 300 kcal/ day (2nd/3rd trimesters) [10,16,27,54,137]	Not reported	1.2 g/kg pre-gravid IBW + 10 g/day (HD) 1.2-1.3 g/kg pre-gravid IBW + 10 g/day (PD) [10,27,54]	Not reported	Not reported	Not reported	Not reported
Stover (2014) United States **[164]**	35 kcal/kg pre-gravida SBW + 300/day (2nd/3rd trimesters) [10,27,53,137,165,166]	Not reported	1.2 g/kg pre-gravida SBW + 10-25 g/day (HD) 1.2-1.3 g/kg pre-gravida SBW + 10-25 g/day (PD) [27,166]	Not reported	Not reported	Not reported	Potentially higher protein requirements more with intensive HD.

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Stover & Trolinger (2020) United States **[167]**	1st trimester: 35 kcal/kg/day of pre-gravida SBW 2nd/3rd trimesters: 35 kcal/kg/day + 350-450 kcal/day [168]	Not reported	1.2 g/kg SBW + 10-25 g/day (HD) 1.2-1.3 g/kg SBW + 10-25 g/day (PD) [10,27,53,166]	Not reported	Not reported	Not reported	Not reported
Plant (2008) United Kingdom **[169]**	Up to 3,000 kcal/day [15,117]	Not reported	Up to 1.8 g/kg/day [15,117]	Not reported	Not reported	Not reported	Not reported
Stover (2022) United States **[170]**	25-35 kcal/kg pre-pregnancy weight/day + 300 kcal/day (2nd/3rd trimesters)	Not reported	1.0-1.2 g/kg pre-pregnancy weight/day + 10-25 g/day [10,30,53,166]	Not reported	Not reported	Not reported	Higher end of protein range with more frequent dialysis is prescribed during pregnancy [10,30,53,166].
Goody & Umans (2004) The Netherlands **[171]**	>35 kcal/kg/day + 300 kcal/day [11]	Not reported	1.2 g/kg ideal pre-gravid weight + 10g (HD) [11]	Not reported	Not reported	Not reported	Caloric and protein intake is decreased in PD patients [11].
Vellanki & Hou (2019) United States **[172]**	Not reported	Not reported	1.1 g/kg/day	Not reported	Not reported	Not reported	Not reported
Shahid et al. (2018) United Kingdom & Canada **[173]**	Not reported	Not reported	1.5-1.8 g/kg/day (HD) [36]	Not reported	Not reported	Not reported	Not reported
Piccoli et al. (2023)	Not reported	Not reported	1.2-1.5 g/kg/day	Not reported	Not reported	Not reported	Not reported

Daily Amount	Energy	Carbohydrate	Protein	Fat	Fibre	Fluid	Other
Italy **[174]**							

Abbreviations: NRV, nutrient reference value; KDOQI, Kidney Disease Outcomes Quality Initiative; EAR, estimated average requirement; RDI, recommended daily intake; AI, adequate intake; DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; DPA, docosapentaenoic acid; HD, haemodialysis; PD, peritoneal dialysis; CAPD, continuous ambulatory peritoneal dialysis; IBW, ideal body weight; REE, resting energy expenditure; IDPN, intradialytic parenteral nutrition; TEI, total energy intake; BEE, basal energy expenditure; CHO, carbohydrate(s); SBW, standard body weight.

Supplementary Table S4. Vitamin recommendations from the literature for pregnant women receiving dialysis.

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
NRV Female (Pregnancy 14-50 years)[1]	**RDI: 700-800 μg/day**	**RDI: 55-60 mg/day**	**AI: 5 μg/day**	**AI: 7-8 mg/day**	**AI: 60 μg/day**	**RDI: 1.4 mg/ day**	**RDI: 1.4 mg/day**	**RDI: 18 mg/day**	**AI: 5 mg/day**	**RDI: 1.9 mg/day**	**RDI: 2.6 μg/day**	**RDI: 600 μg/day**	**AI: 30 μg/day**
KDOQI Dialysis Guidelines [2]	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**
Consensus Guidelines/Position Papers													
de Jong et al. (2022) The Netherlands **[3]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Schmidt et al. (2022) Germany **[4]**	Not reported	Not reported	1,000-2,000 IU/day 25-OH vitamin D3 (HD)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	2-5 mg/day (HD)	Not reported
Cabiddu et al. (2015) Italy [5]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Wiles et al. (2019) United Kingdom **[6]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Reviews													
Esposito et al. (2020) Italy **[8]**	Not reported	Not reported	1,000-2,000 IU/day 25-OH vitamin	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	2-5 mg/day (HD)	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
			D (HD) [16]										
Jungers & Chauveau (1997) France **[12]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Holley & Reddy (2003) United States **[14]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shemin (2003) United States **[16]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Díaz et al. (2016) Cuba **[17]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Alkhunaizi et al. (2015) Canada **[18]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Nadeau-Fredette et al. (2013) Canada **[19]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hladunewich & Schatell (2016) Canada & United States **[7]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Reynolds & Herrera (2020) United States **[21]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou & Firanek (1998) United States	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
[22]													
Brookhyser & Wiggins (1998) United States **[23]**	Not reported	≥170 mg/day	Not reported	Not reported	Not reported	3 mg/day (HD)	3.4 mg/day (HD)	≥20 mg/day (HD)	Not reported	≥5 mg/day (HD)	Not reported	1.8 mg/day (HD)	600 µg/day (HD)
Reddy & Holley (2007) United States **[24]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	1 mg/day	Not reported
Oliverio & Hladunewich (2020) United States & Canada **[25]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Reyes-López et al. (2020) Mexico & Italy **[9]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Tangren et al. (2018) United States & Canada **[29]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vecchio et al. (2021) Italy **[175]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Kapoor et al. (2009) United Kingdom **[33]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Castellano et al. (2011) Italy **[34]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hladunewich et al. (2011)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Canada **[36]**													
Stover (2010) United States **[37]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hall & Brunskill (2010) United Kingdom **[38]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Kothari et al. (2019) United States **[39]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Lim & Wah (2018) Malaysia **[41]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vázquez-Rodríguez (2010) Mexico **[44]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (2004) United States **[45]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Onder et al. (2016) United States **[46]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Wiles & Oliveira (2019) United Kingdom & Brazil **[50]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Furaz-Czerpak et al. (2012)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Spain **[51]**													
Singh & Pradeep (2012) India **[52]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2007) United States **[53]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shehaj & Kazancıoglu (2023) Turkey & Albania **[55]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vázquez-Rodríguez (2010) Mexico **[57]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Porter (2009) United States **[58]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou & Elahi (2005) United States **[176]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Nikolskaya & Prokopenko (2014) Russia **[60]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hui & Hladunewich (2019) Canada **[62]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (1999) United States **[177]**	Not reported	≥170 mg/day	Not reported	Not reported	Not reported	3 mg/day	3.4 mg/day	≥20 mg/day	Not reported	>5 mg/day	Not reported	1.8 mg/day	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Davison (1991) United Kingdom **[63]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (1987) United States **[64]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Oliverio et al. (2021) United States **[65]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ramin et al. (2006) United States **[66]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Chan et al. (1998) Canada **[67]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Giannattasio et al. (2017) Italy **[68]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou & Grossman (1990) United States **[69]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Grossman et al. (1993) United States **[70]**	Not reported	≥170 mg/day	Not reported	Not reported	Not reported	3 mg/day	3.4 mg/day	≥20 mg/day	Not reported	≥5 mg/day	Not reported	1.8 mg/day	Not reported
Bili et al. (2013) Greece **[71]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Case Reports/Case Series													

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Lim et al. (2017) Malaysia **[72]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sulaiman et al. (2014) United States **[73]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Kondakova et al. (2023) Russia **[74]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cao et al. (2018) China **[75]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Arai et al. (2020) Japan **[76]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sprenger-Mähr et al. (2019) Austria **[77]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Mambap et al. (2023) Cameroon **[78]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Buil et al. (2015) Spain **[79]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Manisco et al. (2015) Italy **[47]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Seker (2016) Turkey **[80]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shanmugalingam et al. (2021) Australia **[81]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Haase et al. (2005) Germany **[82]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Yu et al. (2015)	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
China **[83]**	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported
Espinoza et al. (2013) Chile **[86]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Choi et al. (2018) Korea **[87]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Tuot et al. (2009) United States **[88]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ribeiro & Silva (2020) Portugal **[90]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Giofre' et al. (2007) Italy **[93]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Malik et al. (1997) Saudi Arabia **[94]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Campos-Collado et al. (2016) Mexico **[95]**	800 µg/day [26,96]	≥170 mg/day [26,96]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	1,800 µg/day [26,96]	Not reported
Reister et al. (1999) Germany **[98]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Swaroop et al. (2009) United States **[99]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Yoo et al. (2004) United States **[100]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	0.8 mg/day	Not reported
Giatras et al. (1998) United States **[15]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Luciani et al. (2002) Italy **[101]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hadj Sadek et al. (2011) Morocco **[102]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Pepperell & Dawborn (1970) Australia **[103]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Abu-Zaid et al. (2013) Saudi Arabia **[104]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Al-Saran & Sabry (2008) Saudi Arabia **[105]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ackrill et al. (1975) United Kingdom **[106]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Gómez Vázquez et al. (2007) Mexico **[107]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Mohammed et	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
al. (2021) Trinidad and Tobago [108]	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported
Alhwiesh (2015) Saudi Arabia **[109]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Pipili et al. (2011) Greece **[110]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ramadani et al. (2018) Indonesia **[111]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hussain et al. (2005) United States **[112]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Kedzierska et al. (2011) Poland & Germany **[113]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Bahadi et al. (2010) Morocco **[61]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
López-Menchero et al. (2004) Spain **[115]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Coyle et al. (2008) United States **[116]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Sheriff et al. (1978) United Kingdom **[118]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Walsh (2002) United Kingdom **[119]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cocîrţă et al. (2016) Romania **[121]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Guida et al. (2003) Italy **[123]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
McPhatter & Drumheller (2008) United States **[125]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sandhu et al. (2014) United States **[127]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser (1989) United States **[128]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Park et al. (2006) Korea **[129]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Yattara et al. (2019) Mali & Republic of Senegal **[130]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	1.8 mg/day	Not reported
Seed &	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Gilbertson (2022) Australia **[132]**	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported
Henderson (1996) United States **[133]**	Not reported	≥170 mg/day [70]	Not reported	Not reported	Not reported	3 mg/day [70]	3.4 mg/day [70]	≥20 mg/day [70]	Not reported	≥5 mg/day [70]	Not reported	1.8 mg/day [70]	Not reported
Melendez et al. (1988) United States **[135]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vidal et al. (1998) Uruguay **[137]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou et al. (1993) United States **[138]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser et al. (1996) United States **[139]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Amoah & Arab (1991) Saudi Arabia **[140]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shah et al. (2007) United Kingdom **[141]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	0.8 mg/day	Not reported
Dunbeck et al. (1992) United States **[142]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Cattran & Benzie (1983) Canada **[143]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Villa et al. (2007) Italy **[144]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Racette (1997) British Columbia **[145]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	1.8 mg/day	Not reported
Molaison et al. (2003) United States **[89]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2004) United States **[126]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Unzelman et al. (1973) United States **[147]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Perry (1994) United States **[148]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sivasuthan et al. (2013) Australia **[149]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Editorials													
Levy et al. (1998) United States & France **[120]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Mercadal & Nizard (2019)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
France **[150]**													
Editorials													
Hou (2002) United States **[151]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ellis (2012) United Kingdom **[152]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Jagielski (2015) United States **[154]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Book Chapters													
Lawrence (2012) United States **[156]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	≥1.8 mg/day [11,53]	Not reported
Flecha (2020) United States **[159]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Pahl (2019) United States **[160]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sandhu (2016) United States **[161]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (1994) United States **[13]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Fisher et al. (2018) United States **[162]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
Jean Stover (2008) United States **[178]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	≥2 mg/day [16,126]	Not reported
Jean Stover (2014) United States **[164]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	2-4 mg/day [16,53,179,180]	Not reported
Stover & Trolinger (2020) United States **[181]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	2-4 mg/day [53,179]	Not reported
Plant (2008) United Kingdom **[169]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2022) United States **[170]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	2-4 mg/day [53,179]	Not reported
Goody & Umans (2004) The Netherlands **[171]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vellanki & Hou (2019) United States **[172]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shahid et al. (2018) United Kingdom & Canada **[173]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Piccoli et al.	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not

Daily Amount	Vitamin A (RE)	Vitamin C	Vitamin D	Vitamin E	Vitamin K	Vitamin B1	Vitamin B2	Vitamin B3	Vitamin B5	Vitamin B6	Vitamin B12	Folate	Biotin
(2023) Italy **[174]**	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported

Abbreviations: NRV, nutrient reference value; KDOQI, Kidney Disease Outcomes Quality Initiative; EAR, estimated average requirement; RDI, recommended dietary intake

Supplementary Table S5. Mineral recommendations from the literature for pregnant women receiving dialysis.

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
NRV Female (Pregnancy 14-50 years) [1]	**AI: 460-920 mg/ day (20-40 mmol/day)**	**AI: 2,800 mg/day (72 mmol/ day)**	**RDI: 1,000-1,300 mg/day**	**RDI: 350-400 mg/day**	**RDI: 27 mg/day**	**RDI: 10-11 mg/day**	**RDI: 1,000-1,250 mg/day**	**RDI: 220 µg/day**	**AI: 1.2-1.3 mg/day**	**RDI: 65 µg/day**	**AI: 5 mg/day**	**RDI: 50 µg/day**
KDOQI Dialysis Guidelines [2]	**<100 mmol/day (<2.3 g/day salt)**	**Adjust intake to maintain serum potassium within normal range.**	**Adjust intake considering use of vitamin D analogs and calcimimetics to avoid hyper-calcaemia or calcium overload.**	**Not reported**	**Not reported**	**Not reported**	**Adjust intake to maintain normal serum phosphate levels. Consider the bio-availability of phosphorus sources.**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**Not reported**
Consensus Guidelines/Position Papers												
de Jong et al. (2022) The Netherlands [3]	Not reported	Not reported	≥1,000 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Schmidt et al. (2022) Germany [4]	Not reported	3 g/day (< 75 mEq/ L/day) (HD)	1,500-2,000 mg/day (HD)	Not reported	20-30 mg/day (HD)	15 mg/day (HD)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cabiddu et al. (2015) Italy [5]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Wiles et al. (2019) United Kingdom [6]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Reviews												

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Esposito et al. (2020) Italy [8]	80 mmol or 4 g/day (salt) [182]	3 g/day (<75 mEq/ L/day) or 50 mmol/ day (HD) [9,10,182]	1,500-2,000 mg/day (HD) [183]	Not reported	20-30 mg/day (HD)	15 mg/day (HD)	1,000-1,250 mg/day [183]	Not reported	Not reported	Not reported	Not reported	Not reported
Jungers & Chauveau (1997) France **[12]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Holley & Reddy (2003) United States [14]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shemin (2003) United States [16]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Díaz et al. (2016) Cuba **[17]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Alkhunaizi et al. (2015) Canada [18]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Nadeau-Fredette et al. (2013) Canada **[19]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hladunewich & Schatell (2016) Canada & United States [7]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Reynolds & Herrera (2020)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
United States **[21]**												
Hou & Firanek (1998) United States **[22]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser & Wiggins (1998) United States **[23]**	~2-3 g/day (salt)	~2-3 g/day	~1,200 mg/day	200-300 mg/day (HD)	Not reported	15 mg/day (HD)	1,200 mg/day (HD)	Not reported	Not reported	Not reported	Not reported	Not reported
Reddy & Holley (2007) United States **[24]**	80 mmol/day	50 mmol/day	1,500-2,000 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Oliverio & Hladunewich (2020) United States & Canada **[25]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Reyes-López et al. (2020) Mexico & Italy [9]	3-4 g/day (salt) (HD) [137]	3 g/day (HD) [137]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Tangren et al. (2018) United States & Canada [29]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vecchio et al. (2021) Italy [31]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Kapoor et al. (2009) United Kingdom [33]	Not reported	Not reported	1.5 g/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Castellano et al. (2011)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Italy [34]												
Hladunewich et al. (2011) Canada [36]	Not Reported	Not reported	Not reported	Not reported	>30 mg/day [184]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2010) United States [37]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hall & Brunskill (2010) United Kingdom [38]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Kothari et al. (2019) United States [39]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Lim & Wah (2018) Malaysia [41]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vázquez-Rodríguez (2010) Mexico [44]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (2004) United States [45]	Not reported	Not reported	Not reported	Not reported	Not known. At least 1g over usual requirement.	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Onder et al. (2016) United States **[46]**	Not reported	Not reported	1,500-2,000 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Wiles & Oliveira (2019) United Kingdom & Brazil [50]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Furaz-Czerpak et al. (2012)	Not reported	Not reported	1,500 mg/day [24]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Spain **[51]**												
Singh & Pradeep (2012) India [52]	Not reported	Not reported	1.5 g/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2007) United States [53]	2-4 g/day (salt)	Not reported	≥1,000 mg/day [185,186]	Not reported	Not reported	15 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shehaj & Kazancıoglu (2023) Turkey & Albania **[55]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vázquez-Rodríguez (2010) Mexico [57]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Porter (2009) United States [58]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou & Elahi (2005) United States **[176]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Nikolskaya & Prokopenko (2014) Russia [60]	Not reported	Not reported	1,500 mg/day [24]	Not reported	Not reported	Not reported	800 mg/day (for high serum phosphate)	Not reported	Not reported	Not reported	Not reported	Not reported
Hui & Hladunewich (2019) Canada **[62]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (1999) United States [11]	Not reported	Not reported	2,000 mg/day (from phosphate binders)	200-300 mg/day	Not reported	15 mg/day	1,200 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported
Davison (1991) United	80 mmol/day	50 mmol/day	1,500 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Kingdom **[63]**												
Hou (1987) United States **[64]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Oliverio et al. (2021) United States **[65]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ramin et al. (2006) United States **[66]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Chan et al. (1998) Canada **[67]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Giannattasio et al. (2017) Italy **[68]**	100 mmol/day (especially near delivery)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou & Grossman (1990) United States **[69]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Grossman et al. (1993) United States **[70]**	Not reported	Not reported	Not reported	200-300 mg/day	Not reported	15 mg/day	1,200 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported
Bili et al. (2013) Greece **[71]**	Not reported	Not reported	1,500 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Case Reports/Case Series												
Lim et al. (2017) Malaysia **[72]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sulaiman et al. (2014) United States	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
[73]												
Kondakova et al. (2023) Russia **[74]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cao et al. (2018) China **[75]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Arai et al. (2020) Japan **[76]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sprenger-Mähr et al. (2019) Austria **[77]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Mambap et al. (2023) Cameroon **[78]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Buil et al. (2015) Spain **[79]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Manisco et al. (2015) Italy **[47]**	Not reported	Not reported	800 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Seker (2016) Turkey **[80]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shanmugalingam et al. (2021) Australia **[81]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Haase et al. (2005) Germany **[82]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Yu et al. (2015)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
China **[83]**												
Espinoza et al. (2013) Chile **[86]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Choi et al. (2018) Korea **[87]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Tuot et al. (2009) United States **[88]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ribeiro & Silva (2020) Portugal **[90]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Giofre' et al. (2007) Italy **[93]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Malik et al. (1997) Saudi Arabia **[94]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Campos-Collado et al. (2016) Mexico **[95]**	2,000 mg/day or 2,000-3,000 mg/day	2,512 mg/day (40 mg/kg IBW/day, with restriction of foods >250 mg/serve)	1,000-1,200 mg/day	200-300 mg/day	200 mg/day (from high iron foods)	Not reported	1,200 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported
Reister et al. (1999) Germany **[98]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Swaroop et al. (2009)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
United States **[99]**												
Yoo et al. (2004) United States **[100]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Giatras et al. (1998) United States [15]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Luciani et al. (2002) Italy **[101]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hadj Sadek et al. (2011) Morocco **[102]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Pepperell & Dawborn (1970) Australia **[103]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Abu-Zaid et al. (2013) Saudi Arabia **[104]**	Not reported	Not reported	1,500 mg/day [24]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Al-Saran & Sabry (2008) Saudi Arabia **[105]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ackrill et al. (1975) United Kingdom **[106]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
GómezVázquez et al. (2007) Mexico **[107]**	3 g/day (NaCl) (case 2)	2 g/day potassium (case 2)	Not reported	Not reported	Not reported	Not reported	800 mg/day (cases 1,2)	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Mohammed et al. (2021) Trinidad and Tobago **[108]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Alhwiesh (2015) Saudi Arabia **[109]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	800 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported
Pipili et al. (2011) Greece **[110]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ramadani et al. (2018) Indonesia **[111]**	Not reported	Not reported	1,500 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hussain et al. (2005) United States **[112]**	Not reported	Not reported	1,500 mg/day	Not reported	Not reported	Not reported	800-1,600 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported
Kedzierska et al. (2011) Poland & Germany **[113]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Bahadi et al. (2010) Morocco [61]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
López-Menchero et al. (2004) Spain **[115]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Coyle et al. (2008) United States **[116]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sheriff et al. (1978)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
United Kingdom **[118]**												
Walsh (2002) United Kingdom **[119]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Cocîrţă et al. (2016) Romania **[121]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Guida et al. (2003) Italy **[123]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
McPhatter & Drumheller (2008) United States **[125]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Sandhu et al. (2014) United States **[127]**	Not reported	Not reported	Not reported	Not reported	30 mg/day [184]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser (1989) United States **[128]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Park et al. (2006) Korea **[129]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Yattara et al. (2019) Mali & Republic of Senegal **[130]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Seed & Gilbertson (2022) Australia **[132]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Henderson (1996) United States **[133]**	4 g/day (salt)	3 g/day	Not reported	200-300 mg/day [70]	200 mg/day (or as per iron studies) [70]	15 mg/day [70]	1,200 mg/day [70]	Not reported	Not reported	Not reported	Not reported	Not reported
Melendez et al. (1988) United States **[135]**	2 g/day (salt)	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Vidal et al. (1998) Uruguay **[137]**	1st trimester: 3-4 g/day (salt) 2nd/3rd trimesters: More flexibility	1st trimester: 3 g/day 2nd/3rd trimesters: More flexibility	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou et al. (1993) United States **[138]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Brookhyser et al. (1996) United States **[139]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Amoah & Arab (1991) Saudi Arabia **[140]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shah et al. (2007) United Kingdom **[141]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Dunbeck et al. (1992) United	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
States **[142]**												
Cattran & Benzie (1983) Canada **[143]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Villa et al. (2007) Italy **[144]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Racette (1997) British Columbia **[145]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Molaison et al. (2003) United States **[89]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2004) United States **[126]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Unzelman et al. (1973) United States **[147]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Perry (1994) United States **[148]**	Not reported	60 mEq/day	Not reported	Not reported	Not reported	Not reported	1,200 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported
Sivasuthan et al. (2013) Australia **[149]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Editorials												
Levy et al. (1998) United States & France **[120]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Mercadal &	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Nizard (2019) France **[150]**	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported	reported
Hou (2002) United States **[151]**	Not reported	Not reported	Not reported	Not reported	Not known. At least 1g over usual requirement.	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Ellis (2012) United Kingdom **[152]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Jagielski (2015) United States **[154]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Book Chapters												
Lawrence (2012) United States **[156]**	~2-3 g/day (salt) (HD) ~2-4 g/day (salt) (PD) [11,53,157]	~40 mg/kg pre-gravid IBW/day (individ-ualise per serum values) (HD). May not need restriction in PD [11,53,157].	~1,000-1,200 - mg/day (HD/PD) [11,53,157]	Not reported	Not reported	Not reported	~1,200 mg/day (HD/PD) [11,53,157]	Not reported	Not reported	Not reported	Not reported	Not reported
Flecha (2020) United States **[159]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Pahl (2019) United States **[160]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Sandhu (2016) United States **[161]**	Not reported	Not reported	Not reported	Not reported	30 mg/day [184]	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Hou (1994) United States **[13]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Fisher et al. (2018) United States **[162]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2008) United States **[163]**	Not reported	Not reported	Not reported	Not reported	Not reported	≥15 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2014) United States **[164]**	Not reported	Not reported	Not reported	Not reported	Not reported	≥15 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover & Trolinger (2020) United States **[167]**	Not reported	Not reported	1,500 mg/day [24]	Not reported	Not reported	≥15 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Plant (2008) United Kingdom **[169]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Stover (2022) United States **[170]**	Not reported	Not reported	Not reported	Not reported	Not reported	15 mg/day	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Goody & Umans (2004) The Netherlands **[171]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Daily Amount	Na	K	Ca	Mg	Fe	Zn	P	I	Cu	Se	Mn	Mb
Vellanki & Hou (2019) United States **[172]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Shahid et al. (2018) United Kingdom & Canada **[173]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
Piccoli et al. (2023) Italy **[174]**	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

Abbreviations: NRV, nutrient reference value; KDOQI, Kidney Disease Outcomes Quality Initiative; Na, sodium; K, potassium; Ca, calcium; Mg, magnesium; Fe, iron; Zn, zinc; P, phosphorous; I, iodine; Cu, copper; Se, selenium; Mn, manganese; Mb, molybdenum; AI, adequate intake; RDI, recommended daily intake; HD, haemodialysis; IBW, ideal body weight; NaCl, sodium chloride; PD, peritoneal dialysis.

Supplementary Table S6. Other relevant commentary from the literature regarding pregnant women receiving dialysis.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Consensus Guidelines/Position Papers				
de Jong et al. (2022) The Netherlands [3]	Not reported	Not reported	Not reported	HD: Double dose water-soluble vitamins, folic acid (5 mg/day), oral or parenteral iron (iron carboxymaltose up to 1000 mg or 15 mg/kg/dose, iron isomaltoside up to 1000-2000 mg or 20 mg/kg/dose, iron sucrose up to 62.5-100 mg during dialysis), calcium if insufficient dietary intake (500-1000 mg/day, dose depending on the dietary calcium intake). Use calcium supplementation with caution in advanced CKD and hyper-phosphatemia despite adequate dietary measures.
Schmidt et al. (2022) Germany [4]	Habits and economic situation must be considered, and individual needs must be defined.	Not reported	Dry weight assessed weekly based on ultrasound measurement of inferior vena cava diameter. Weight gain of ~300 g/week from 2nd trimester should be factored in. Fluid management must be adapted to expected weight gain.	Oral/IV iron and vitamin D. Supplementation depends on general and disease-specific recommendations, phosphate binders often paused depending on serum levels (may switch to calcium-containing phosphate binders).
Cabiddu et al. (2015) Italy [5]	Unrestricted, protein-rich diet.	Not reported	Weight gain estimated at 300 g/week in 2nd trimester and 300-500 g/week in 3rd trimester.	Phosphate supplements on long-hour daily HD, water-soluble vitamins, zinc (as required) [184,187-189], oral/IV iron, folate, vitamin B12, vitamin D, and oral magnesium (as required).
Wiles et al. (2019) United Kingdom[6]	Unrestricted diet, rich in protein (HD) [7].	Not reported	Weight gain 300 g/week in 2nd trimester and 300-500 g/week in 3rd trimester [12].	High-dose folic acid (5 mg/day pre-pregnancy and in 1st trimester), water-soluble vitamins, oral or

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				parenteral iron, vitamin D, electrolytes (including magnesium), and calcium-phosphate balance monitored every 1-2 weeks [7].
Reviews				
Esposito et al. (2020) Italy [8]	Intensive dialysis during pregnancy allows a more liberal diet intake (dietary restrictions not usually required) [190].	Not reported	Weight gain of 1-1.5 kg in 1st trimester and 0.5 kg/week from 2nd trimester [32].	Folic acid (2-5 mg/day), oral/IV iron, vitamin C, thiamine, riboflavin, niacin, vitamin B6, zinc as required, vitamin B12 [10,16,191], and 1,25 OH vitamin D for sHPT or deficiency (1000-2000 IU/day) [16]. Hyperphosphatemia can be treated with calcium-based binders and vitamin D analogues, and vitamin A is not recommended (except in countries where vitamin A deficiency is a public health issue) [192]. A lower calorie diet is recommended for PD due to calories provided by dialysate glucose absorption [9].
Jungers & Chauveau (1997) France [12]	Adequate calorie and protein supply required [13].	Not reported	Not reported	Hydro-soluble vitamins, zinc, iron, folic acid (prevention of anaemia), and oral calcium carbonate (for the prevention of hypocalcaemia; must avoid end-HD hypercalcemia) [13].
Holley & Reddy (2003) United States [14]	Not reported	Not reported	Weight gain 1 lb/week or 500 g every 10 days.	Folate (1mg/day), water-soluble vitamins, and maintenance IV iron.
Shemin (2003) United States [16]	Not reported	Not reported	Dry weight increase 0.5 kg/ week in 2nd/3rd trimesters [151]. Establishing a dry weight is challenging during pregnancy because a steady	Oral potassium/phosphate if hypokalaemia/hypophosphataemia develop, phosphate binders should stop, folate (2.0 mg/day), and IV iron [193,194]. Hyperglycaemia may

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
			increase in weight of 11-16 kg is expected.	develop as a result of large dextrose loads from PD solutions combined with the anti-insulin effect of pregnancy.
Díaz et al. (2016) Cuba [17]	Not reported	Not reported	Not reported	Folic acid (1 mg/day), weekly iron, water-soluble vitamins (C, thiamine, riboflavin, niacin, B6) [154,195], oral calcium carbonate (not exceeding 1.5 g/day), and 1,25 dihydroxy vitamin D.
Alkhunaizi et al. (2015) Canada [18]	Diet can be liberalised to ensure adequate caloric and protein intake.	Breastfeed as desired, but caution should be exercised against over aggressive ultrafiltration and dehydration which can hamper milk production.	Not reported	Inactive vitamin D (adjusted to PTH and ALP levels), IV iron, double dose of oral multivitamin daily, oral folate (5 mg/day), water-soluble vitamins, calcium, and phosphate (as required).
Nadeau-Fredette et al. (2013) Canada [19]	Diet and caloric intake need not be limited during pregnancy, especially during intensive HD [117].	Not reported	1st trimester: Weight gain minimal. 2nd/3rd trimesters: Weight gain of 0.5 kg/week in normal weight women [196]. Ideal weight gain during pregnancy ranges from 25-35 lb for women with a normal pre-conception BMI.	Folic acid (5 mg/day), minerals, water-soluble vitamins [53], and iron (oral/IV) [197,198].
Hladunewich & Schatell (2016) Canada & United States [7]	Typically no dietary restrictions required. Ensure adequate caloric and protein intake.	Women undergoing dialysis can breastfeed as desired, but overly aggressive ultrafiltration and dehydration can hamper milk production and should be avoided.	Not reported	Folic acid/day (5 mg/day), renal multivitamins (water-soluble), magnesium (as required), phosphate (Fleet® enema can be added to the dialysate bath if patient is unable to maintain adequate oral intake), iron sucrose (oral/IV), and calcium-based binders and vitamin D analogues as

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				necessary. A dietitian should monitor the patient's diet throughout pregnancy.
Reynolds & Herrera (2020) United States [21]	Not reported	Breastfeeding is safe and recommended for most women with CKD, however all medications must be reviewed for lactation safety.	Expect weight gain of ~0.3 kg/week as pregnancy progresses, with careful monitoring of ultrafiltration to avoid hypotension.	Double-dose water-soluble vitamins, folic acid (5 mg/day) [29], and IV iron [199].
Hou & Firanek (1998) United States [22]	Protein restriction can be liberalised once dialysis has started so that maternal and fetal nutrition are not compromised.	Not reported	Not reported	IV iron in small doses (100 mg/dose) to avoid acute toxicity in the foetus. Adjustment of the doses of oral or parenteral vitamin D should be made only to maintain normal calcium and phosphorus levels.
Brookhyser & Wiggins (1998) United States [23]	Liberal diet due to intensive dialysis. Potassium is also liberalised with frequent dialysis but ongoing monitoring of serum levels and concurrent adjustments in potassium content of the dialysate may be needed.	Breastfeeding is possible for dialysis patients; however breastmilk quality is questionable. It is recommended these women supplement their breastmilk feedings with formula to ensure all infant nutrient needs are met [200]. The urea content of breastmilk may be higher in renal patients which can cause dehydration in infants [201]. Therefore adequate water should be given with breastmilk feedings to prevent this issue.	Aim for 1-2 kg interdialytic weight gain. Appropriate dry weight gain be encouraged for the specific trimester of pregnancy [202]. Weekly dry weight assessments are recommended.	Zinc (15 mg/day), carnitine (unknown, possibly 330 g/day), ferrous sulfate (325 mg 3x/day, iron) [203], IV iron, oral active vitamin D if serum levels are low, and no vitamin A/E supplementation. Indications for enteral nutrition: 1st trimester decline in albumin of >1 g/dL, weight loss and low pre-pregnancy weight for height, and/or hyperemesis gravidarum non-responsive to nutrition counselling/ supplementation.
				And in the last half of pregnancy, in addition to the above risks, if overall weight gain is <6 kg or <0.25-0.5 kg/week, and non-responsive to nutritional counselling and nutritional supplementation, the patient should take

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				nothing by mouth until the tube feeding tolerance is established. Commencement of enteral nutrition: Initial infusion should start at no greater than 30 mL/h for 24 hours advancing gradually until the desired calorie and protein level are achieved. Oral feedings can then be initiated gradually after tolerance to the tube feedings is established. A cycling of the feeding over several hours per day may be better tolerated than a continuous drip 24 hours per day. Tube feedings should not run 1 to 2 hours before treatment nor during treatment [204-206]. Indications for parenteral nutrition: TPN should only be considered if an attempt at enteral nutrition has failed, or the patient has such severe gastrointestinal symptoms that enteral nutrition is not possible. Commencing parenteral nutrition: Glucose infusion should be limited to 5 mg/kg/min and amino acid solutions should have a balanced profile of essential and non-essential amino acids. The recommended profile for nutrients is 40%-60% carbohydrate/20% amino acids/20%-40% fats. A water-soluble vitamin and folic acid should be provided [204]. Indications for IDPN: A desire to avoid invasive nutritional support, a patient who cannot tolerate high- volume loads between treatments, a home environment

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				where TPN or tube feeding would be hazardous, permanent gastrointestinal dysfunction, and/or patients who do not require that 100% of their needs be met parenterally. Diabetes: Strict adherence to glucose monitoring schedules, insulin adjustment, and diet modification are recommended [207]. Regular meals and dialysis times so that meal timing and blood sugar testing/insulin timing can remain constant day to day is also recommended [133].
Reddy & Holley (2007) United States [24]	Higher protein intake is recommended. Frequent dialysis allows for liberal diet and fluid intake.	Not reported	Increase estimated ideal weight by ~0.5 kg/week. Avoid maternal volume depletion.	IV iron (62.5 mg-100 mg at a time, depending on the preparation) [11,22,120], measure and supplement 25-OH vitamin D every trimester, vitamin C, thiamine, riboflavin, niacin, vitamin B6, folate, and oral phosphorus supplements for hypophosphataemia. Phosphate binders are often discontinued.
Oliverio & Hladunewich (2020) United States & Canada [25]	With increased HD most nutritional restrictions can be liberalised.	Not reported	Weight gain is minimal in the 1st trimester, followed by 0.3-0.5 kg/week in the 2nd/3rd trimesters. Total weight gain of 11.5-16 kg (25-35 lbs) is recommended for women with a normal pre-pregnancy BMI [208].	Phosphorous, iron sucrose, and high-dose folic acid (5 mg/day) supplementation. Calcium-based binders and vitamin D analogues (safe in pregnancy as long as maternal calcium levels are maintained in the normal range. However, Sevelamer is associated with reduced or irregular ossification of foetal bones in animal models).
Reyes-López et al. (2020) Mexico & Italy [9]	For adults with CKD and diabetes, 3 meals and 2-3 snacks/day are preferred.	Not reported	1st trimester: Weight gain of 1-1.5 kg.	IV vitamin D analogues (once 25 OH-D reaches its optimal levels a vitamin D-containing multivitamin should be

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	Promoting healthy CHO consumption (low-GI foods and/or high-fiber foods) and avoiding added sugars and processed foods is also recommended [209] [210]. At least 50% of dietary protein should be of high biological value [27,28].		2nd/3rd trimesters: Weight gain of 0.5 kg/week [51]. Total expected pregnancy weight gain is 5.2-12 kg [95] [123] [182]. Interdialytic weight gain has been suggested to be 4-4.5% of dry weight [211].	continued) [97], oral/IV iron (20-30 mg/day of IV elemental iron (iron gluconate) until transferrin saturation reaches 30% and serum ferritin 200-300 ng/mL) [32], 1-5 mg folic acid/day (with higher doses for pregnant women receiving HD) [18,97]. Due to more frequent dialysis sessions phosphorus restriction/use of phosphate binders may not be needed in CKD pregnancies [18].
Tangren et al. (2018) United States & Canada [29]	Unrestricted diet (including liberalised dietary phosphate) due to intensified HD.	There are no known contraindications to breastfeeding in women with ESRD on HD. However medication review is necessary to ensure that all medications are compatible with breastfeeding (iron can be continued). Avoid volume depletion to facilitate breastfeeding.	Dry weight increases up to 0.5 kg/week during 2nd/3rd trimesters. Volume management during pregnancy is challenging because dry weights are difficult to ascertain.	Folic acid (5 mg/day), double dose of water-soluble vitamins, oral supplementation of phosphate to maintain serum phosphorus levels as necessary, IV iron sucrose, and vitamin D analogues as required (considered safe in pregnancy).
Vecchio et al. (2021) Italy [31]	Not reported	Not reported	Control interdialytic weight gain.	Oral iron/folic acid, electrolytes, vitamin C, thiamine, riboflavin, niacin, vitamin B, vitamin D (as necessary), and dosage adjustments of potassium, sodium, and calcium [11,16].
Kapoor et al. (2009) United Kingdom **[33]**	Fluid intake should be determined individually. Take into account native urine output and the type/ frequency of RRT the woman is receiving.	Not reported	Expect a weight gain of 0.5 kg/week.	Vitamin D (measure levels every trimester and supplement if low), folate (5 mg/day), vitamin C, thiamine, riboflavin, niacin, vitamin B6, and IV iron. Most people on dialysis tend to have high phosphate levels but if the levels are low oral phosphate supplements can be used.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Castellano et al. (2011) Italy [34]	Not reported	Not reported	Not reported	There are some case reports about intradialytic hyperalimentation as adjuvant support in pregnant HD patients [88].
Hladunewich et al. (2011) Canada [36]	An unrestricted diet is recommended. Caloric intake requirements increase as pregnancy progresses.	Not reported	1st trimester: Expected weight gain is minimal. 2nd/3rd trimesters: Dry weight can be expected to increase by up to 0.5 kg/week. Healthy maternal weight gain in a woman with a normal BMI should range from 25-35 lb.	Double dose multivitamins, folic acid (5 mg/day), and oral/IV iron.
Stover (2010) United States [37]	Liberal diet for sodium, potassium, and phosphorus content due to more solute removal with increased dialysis.	Not reported	Dry weight gain of ~1.6 kg in the 1st trimester and 0.3-0.5 kg/week in the 2nd/3rd trimesters is to be expected [179].	IV iron (no more than 62.5 mg to 100 mg at any one time) [24], folic acid/day (3-4 mg) [212] (some renal vitamins with >1 mg of folic acid may need to be given or doubled to meet this goal, or a standard renal vitamin could be doubled and additional folic acid provided), nutritional vitamin D as required (ergocalciferol or cholecalciferol), Prenatal vitamins every other day alternating with a renal vitamin (to avoid vitamin A toxicity), and zinc (15 mg/day) [10,89]. Phosphate binders may not be needed (if required calcium-containing binders are usually given due to increased calcium needs of the developing foetus). If calcium carbonate is needed only for calcium supplementation, it should be given apart from meals for better calcium absorption [89] [53]. There are mixed recommendations for the use of vitamin

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				D analogues to suppress PTH during pregnancy. Use oral protein or protein/energy supplements if increased needs cannot be met.
Hall & Brunskill (2010) United Kingdom [38]	Not reported	Not reported	Dry weight will increase by ~1.5 kg in the 1st trimester, then 0.5 kg/week until delivery. These changes should be supervised by careful clinical evaluation of the patient's fluid status.	IV iron
Kothari et al. (2019) United States [39]	Most dietary restrictions are relaxed due to intensified dialysis. Nutritious and well-balanced meals targeting adequate calorie and protein intake is recommended.	The benefit of breastfeeding supersedes any associated risk. Significant variations in breast milk composition between pre- and post HD samples suggests that breastfeeding after a dialysis session is preferable to breastfeeding prior to a dialysis session. Discard milk pumped immediately prior to dialysis [41]. Aggressive ultra-filtration may reduce milk supply. There are no available data on breast-feeding in PD.	1st trimester: Total ~1 kg weight gain. 2nd/3rd trimesters: Weight gain of ~0.5 kg/week.	IV iron sucrose if deficient [29], vitamin B12, folate, phosphorus, vitamin C, thiamine, riboflavin, niacin, vitamin B6, calcium-based phosphorus binders for elevated phosphorous levels, calcitriol to address vitamin D deficiency, and calcium (1.5-2 g/day). Post-dialysis supplementation is recommended for all prenatal vitamins.
Lim & Wah (2018) Malaysia [41]	Not reported	Not reported	Weight gain of 0.3-0.5 kg/week during 2nd/3rd trimesters. Dry weight must be reviewed continuously.	Iron (1-15 mg/day), folic acid (1 mg/day) [5], vitamin C, thiamine, riboflavin, niacin, vitamin B6, calcium, vitamin D3, water-soluble vitamins, and minerals.
Vázquez-Rodríguez (2010) Mexico [57]	Not reported	Not reported	Aim for ≤1 kg interdialytic weight gain.	Nil

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Hou (2004) United States [45]	Unlimited protein intake is recommended.	Not reported	1st trimester: It may become difficult to dialyse the patient down to her pre-pregnancy dry weight, but the change should be only 0.9 to 2.3 kg. 2nd/3rd trimesters: Weight gain of 0.3-0.5 kg/week is expected (depending on pre-pregnancy BMI). Recommended total weight gain for women who become pregnant at their ideal body weight is 11.5 to 16 kg [134]. Only 1.6 kg of this weight gain occurs in the 1st trimester.	Doses of water-soluble vitamins should be increased 3-4 fold (including folic acid) [134], and IV iron (ferric gluconate).
Onder et al. (2016) United States [46]	Not reported	Not reported	Weight gain of 1-1.5 kg in the 1st trimester and 0.45-1 kg/week in last trimester.	Oral iron supplementation is usually inadequate (IV iron can be given safely), folic acid (5 mg/day), vitamin C (500 mg/day), thiamine, riboflavin, niacin, vitamin B6, 25-OH vitamin D should be measured each trimester and supplemented levels are <30 ng/mL. Frequent HD can lead to hypophosphatemia sometimes requiring oral phosphorus supplements or increased dietary intake (adding phosphorus to dialysate as needed to keep may also be useful). Supplemental 1,25-dihydroxy vitamin D may be continued for the management of sHPT and/or for routine repletion [213].
Wiles & Oliveira (2019) United Kingdom & Brazil [50]	Not reported	Breastfeeding should be encouraged and supported. Prescribed medication should	Weight gain of 300-500 g/week during 2nd/3rd trimesters is expected, and should be	Oral magnesium supplementation as required, IV iron sucrose/iron

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
		be compatible with lactation, and dialysis regimens should accommodate breastfeeding [5] [29].	accommodated appropriately in dialysis weight targets [5] [29].	dextran/ferric carboxymaltose [214], correct vitamin D deficiency (e.g. Via use of activated analogues), and folate/day (5 mg/day, starting ≥12 weeks prior to conception for foetal neural tube formation). Phosphate binders are often discontinued but if indicated calcium is safe for use in pregnancy although Sevelamer is usually avoided due to animal evidence of impaired ossification of the foetal skeleton at supra-therapeutic doses [215]. Diabetes: Avoid problematic hypoglycaemia and consider weight reduction for increased BMI.
Furaz-Czerpak et al. (2012) Spain [51]	Increased potassium and phosphorous uptake in order to maintain adequate levels is recommended [11].	Not reported	1st trimester: Minimum 1-1.5 kg weight gain. 2nd/3rd trimesters: Weight should increase by 0.45-1 kg/week [15].	Avoid hypocalcaemia and hyper-phosphataemia (if necessary, use calcium chelating agents, but avoid post-dialysis hypercalcaemia) [11,12]. Iron (IV > oral) [24], folic acid (1 mg/day starting from 1st trimester) [11], water-soluble vitamins [15], dialysable supplements (vitamin C, thiamine, riboflavin, niacin, vitamin B6) [16], calcium carbonate (1-2 g/day) [24], and oral supplements for hypophosphatemia. 25-OH vitamin D levels should be measured every trimester and supplemented if low [11]. 1,25-dihydroxyvitamin D can be used for pHPT and deficiency, but dosage adjustments must be based on weekly

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				calcium and phosphorous measurements (calciferol does not appear to be toxic at reasonable doses) [24]. Sevelamer, lanthanum carbonate, aluminium hydroxide, cinacalcet, and paricalcitol have not been tested or established for use during pregnancy/lactation [216,217].
Singh & Pradeep (2012) India [52]	Fluid intake is determined individually depending upon the type of RRT the woman is receiving.	Not reported	After the 1st trimester dry weight should be increased by approximately 1 lb/week (400 g/week). A weight gain of 0.5 kg/week can be expected.	Folate (5 mg/day), calcium, oral magnesium [218], water-soluble vitamins (vitamin C, thiamine, riboflavin, niacin, vitamin B6), zinc, and iron (oral/parenteral). Due to placental 25- hydroxy vitamin D3 conversion, decreased supplemental vitamin D is required and should be guided by levels of vitamin D, PTH, calcium and phosphorus.
Stover (2007) United States [53]	Diet can be liberalised for sodium, potassium, and phosphorus content because of intense dialysis.	Not reported	Not reported	Double dose of a standard renal vitamin or one of the newer renal vitamins with greater >1 mg of folic acid, and minimum 2 mg folic acid/day [16]. IV vitamin D analogues to suppress PTH, maintain normal serum calcium levels, and treat deficiency. Oral iron (PD) and IV iron dextran/gluconate/sucrose (HD/PD) [182,186], zinc, and protein or calorie/protein supplements as required. Supplemental vitamin A is not routinely given due to risk of toxicity [10]. Phosphate binders may not be necessary with intensive

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				dialysis. Calcium carbonate may be used apart from meals for calcium supplementation if necessary.
Shehaj & Kazancıoglu (2023) Turkey & Albania **[55]**	Not reported	Not reported	Increase in dry weight of 0.5 kg/week during 2nd/3rd trimesters is expected [41].	Calcium (1.5-2 g/day, with caution as hypercalcemia may lead to foetal hypoparathyroidism) [39], iron (1-15 mg/day), folic acid (1 mg/day) [5], <1.5 µg calcitriol/week [219], and oral magnesium supplementation [187,220].
Vázquez-Rodríguez (2010) Mexico [44]	A balanced diet is recommended.	Not reported	Not reported	Parenteral iron, oral iron (100-300 mg/24 hours), folic acid (1 mg/day), water-soluble vitamins [11], and vitamin D (dose guided according to serum vitamin D levels, PTH, calcium, and phosphorus in the maternal blood) [11,15].
Porter (2009) United States [58]	Sodium, potassium, and phosphorus intake can be liberalised.	Not reported	Weight gain of 2 kg in 1st trimester and 0.5 kg/week in 2nd/3rd trimesters for women who begin pregnancy with a normal BMI can be expected.	IV iron (in small doses of 100 mg or less to avoid deposition in the foetus), additional oral folate (4 mg/day, ideally prior to pregnancy in order to reduce the risk of neural tube defects in the foetus), calcium (1000 mg/day), and double doses of renal vitamins (regular prenatal vitamins contain doses of vitamin A that are in excess of that required by dialysis patients). In some cases, phosphorus binders may need to be stopped due to hypophosphatemia from more frequent dialysis. Assessment of maternal serum 25-OH vitamin D levels should be done, with supplementation given if this is low since the placenta can provide conversion to the active form.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Hou & Elahi (2005) United States [59]	Not reported	Not reported	Dry weight can be determined with careful physical exam and a trial of fluid removal.	Oral or IV 1,25-dihydroxy-vitamin D, ferric gluconate, increased dose of water-soluble vitamins, and increased potassium supplementation. Many patients no longer need phosphate binders and must be monitored for hypophosphataemia. Four-fold increase in dose of folic acid is also suggested. Severely decreased oral intake may warrant parenteral nutrition.
Nikolskaya & Prokopenko (2014) Russia [60]	Not reported	Not reported	1st trimester: Total weight gain should be only 1-1.5 kg. 2nd/3rd trimesters: Weight gain of 300-500 g/week is expected.	IV iron (to treat anaemia), folic acid (1 mg/day starting from the 1st trimester) [51], vitamin B12, and water-soluble vitamins (vitamin C, thiamine, riboflavin; the dose of which should be increased by two times) [16].
Hui & Hladunewich (2019) Canada **[62]**	Not reported	Not reported	Not reported	IV iron, water-soluble vitamins (double usual daily dose), and minerals. Supplement folic acid (minimum of 5 mg in the 1st trimester) and calcium (1.5-2 g/day).
Hou (1999) United States [11]	Potassium intake should be increased.	Not reported	With daily dialysis interdialytic weight gains are modest and the risk for hypotension with fluid removal is decreased.	The safety of IV iron has not been established but it has been widely used [193]. If a patient is dialysed on a lower calcium bath, enough calcium should be absorbed from phosphate binders if 2 g/day of calcium is taken. 1,25 dihydroxy vitamin D preparations (oral or IV) are usually continued. Decreased oral intake has sometimes been severe enough to require parenteral nutrition either during HD or continuously [221].

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				Potassium supplements (as required), increased dose of water-soluble vitamins (particularly folic acid), and carnitine (330 mg/day) are recommended. Vitamins A and E do not require supplementation.
Davison (1991) United Kingdom **[63]**	Despite frequent dialysis an uncontrolled dietary intake should be discouraged.	Not reported	Avoid rapid fluctuations in intravascular volume by limiting interdialytic weight gain to ~1 kg until late in pregnancy.	Dialysable vitamins are recommended. Vitamin D supplements can be difficult to judge in patients who have had a parathyroidectomy. The use of parenteral nutrition has also been advocated [128]. With CAPD intraperitoneal insulin can facilitate diabetic management.
Hou (1987) United States **[64]**	Largely unrestricted, high-protein diet is recommended.	Not reported	Not reported	Nil
Oliverio et al. (2021) United States **[65]**	Liberalise phosphorus intake with intensified HD.	Not reported	Anticipate weight gain of 0.3-0.5 kg/week in the 2nd/3rd trimesters.	Supplement phosphorous as needed (with intensified HD).
Ramin et al. (2006) United States **[66]**	Not reported	Not reported	Expect weight gain of 1 lb/week [48].	IV iron, folate (1 mg/day), and water-soluble vitamins [48].
Chan et al. (1998) Canada **[67]**	Not reported	Not reported	Not reported	Supplementation in pregnant HD patients with albumin or amino acid infusions during dialysis [222-224] has increased body weight and albumin levels in malnourished chronic dialysis patients. Water-soluble vitamins [225] and zinc are recommended.
Giannattasio et al. (2017) Italy **[68]**	An unrestricted diet is recommended. At least 50% protein should be of high biological value.	Not reported	Weight gain of 300 g/week in the 2nd trimester and 300-500 g/week in the 3rd	Iron (as early as possible even in the presence of only mild deficiency) [18]. IV iron in small doses in refractory cases (80-90% can be

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
			trimester can be expected [5,18,23,226,227]. Weight gain must be carefully monitored to avoid dehydration and hypotension.	deposited in foetus) [5,24]. Vitamin D (guided by levels of mono- and di-hydroxylated vitamin D, serum calcium, and phosphate levels), and calcium-based phosphorus binders. There is little evidence on the use of cinacalcet and vitamin D analogues. IDPN can be considered (if necessary) during pregnancy or lactation [226].
Hou & Grossman (1990) United States **[69]**	Not reported	Not reported	Not reported	Measure levels of 1,25(OH)2D3 and supplement where the levels are below normal for pregnancy. Serum calcium levels need to be monitored to avoid hypercalcemia. Monthly serum iron, total iron binding capacity, and ferritin levels should be measured, and iron supplementation given as needed. Folate (1 mg/day) is also recommended. Women who may not be taking prescribed folate supplements should be educated about their necessity.
Grossman et al. (1993) United States **[70]**	Empirically, the authors' approach has been to lift dietary protein restrictions and increase dialysis time to prevent increased azotemia, the dietary protein prescribed is then the same as for a healthy woman. BUN is monitored weekly but dietary protein is restricted only if azotemia cannot be controlled by	Not reported	Optimal weight gain for a normal-weight mother during pregnancy is 11.3-16 kg (25-35 Ib) [228].	Water-soluble vitamins (the usual dose for dialysis patients can be doubled when dialysis time is doubled, but when there is no increase in dialysis time the same increases used for the normal pregnant woman should be used) [229]. Vitamin A is not recommended (a reasonable approach would be to measure retinol esters as a percentage of vitamin A at the time of pregnancy diagnosis and during each trimester; no

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	modifications in the dialysis prescription. If intensive dialysis is undertaken the restriction on certain fruits and vegetables can be relaxed.			supplement would be given unless these measurements indicated deficiency as toxicity can easily occur). Vitamin E supplementation is not recommended. Iron supplementation (2-3g additional iron; if erythropoietin therapy is initiated during pregnancy at least 150 mg of iron will be needed for each g/dL increase in haemoglobin desired; IV iron (100 mg/dose) weekly for a 10-week period is recommended.
			Reviews	
				In patients who are not iron overloaded and whose transferrin saturation is 30% or less, 500 mg of IV iron can be given when pregnancy is diagnosed. Oral ferrous sulfate (325 mg 3x/day) can also be used.). Folate (1.8 mg/day) is recommended. A calcium supplement (1 g/day) of a partially absorbed phosphate binder is warranted in CAPD patients (however, the patient should be monitored carefully for hyper-calcemia). Measure levels of 1,25 OH2 vitamin D3 and only supplement if the level is low, phosphorus is controlled, and the calcium/phosphate product is <65. Excessive zinc ingestion can lead to copper

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				deficiency and blood dyscrasia, so zinc supplementation may not be completely benign.
Bili et al. (2013) Greece **[71]**	Not reported	Not reported	Not reported	Iron, folic acid, and vitamin D (if indicated).
Case Reports/Case Series				
Lim et al. (2017) Malaysia **[72]**	Not reported	Not reported	Not reported	Nil
Sulaiman et al. (2014) United States **[73]**	Not reported	Not reported	Increase dry weight by 0.5 kg/week in the 2nd/3rd trimesters.	Case 3 was non-compliant with both medical therapy and dialysis. Hypophosphatemia can develop in patients due to daily dialysis, especially in patients who are compliant with a low phosphorus diet and phosphate binders.
Kondakova et al. (2023) Russia **[74]**	Compliance with the water-drinking regime and phosphorous/potassium/ sodium restrictions was recommended.	Breastfeeding is not advised since the concentration of nutrients is low, and the content of toxic substances exceeds permissible limits. High urea concentrations can denature proteins which negatively affects the composition of milk, blocks digestive enzymes and changes the conformation of immunoglobulins. In this case, the patient stopped breastfeeding a month after delivery due to insufficient breast milk and the inability to express it in a certain time period. More research in this space is needed.	Not reported	Nil

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Cao et al. (2018) China **[75]**	Not reported	Not reported	Weight gain of 0.5 kg/week was prescribed.	Expect weight gain of 1-1.5 kg in the 1st trimester, then increase from 0.45-1 kg/week [47,51].
Arai et al. (2020) Japan **[76]**	Increased dietary intake of phosphate could be effective in reducing hypophosphatemia. Aim for adequate dietary intake of potassium to help maintain serum levels within the normal range.	Not reported	Increase in dry weight by 300-400 g/week in the 1st/2nd trimesters, then taper down by 200 g/week in the 3rd trimester.	Minimal weight gain of 1.0-1.5 kg in the 1st trimester and 0.45 kg/week thereafter can be expected [15]. Previous guidelines recommend that dry weight should be increased by 300-500 g/week in the 2nd/3rd trimesters [5,230]. Oral phosphate supplements could be effective in reducing hypophosphatemia. IV iron for anaemia is recommended [24].
Sprenger-Mähr et al. (2019) Austria **[77]**	Not reported	The mother breastfed for only a few weeks after the first pregnancy and for 5 weeks after the second pregnancy. It is suggested that in a patient with sHPT and bone disease breastfeeding should be discouraged to prevent further aggravation of bone resorption.	Dry weight should be adjusted weekly.	Pregnancy in a patient with uncontrolled sHPT should not be pursued. A woman on HD should be advised to get pregnant only after PTH and mineral metabolism are well controlled. In a dialysis patient in whom renal calcitriol synthesis is absent, calcitriol supplementation and non-native vitamin D supplementation is necessary for intestinal calcium absorption. WHO recommends 1.5-2 g/day calcium supplementation for pregnant women after the 20th week of pregnancy [37].
Mambap et al. (2023) Cameroon **[78]**	Dietary intake was not limited, however salt restriction was recommended. The patient was encouraged to increase intake of dairy and animal protein to prevent hypophosphatemia in	The child was fed on commercial breast milk substitutes from birth till 5 months.	A 0.5 kg weight increase/ fortnight was prescribed.	Not reported

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	the absence of phosphorus tablets.			
Buil et al. (2015) Spain **[79]**	Culturally appropriate diets must be prescribed. Diets in these patients have changed from very restrictive to less restrictive over time. In this case the patient had an Asian diet based around on rice, which was already described as optimal for kidney patients in the 1960s (rich in amino acids and low in protein, resulting in lower urea production and increased appetite)[48]. The patient was advised to increase the amount of other foods by following a free diet. The main objective is to prevent malnutrition.	Breastfeeding should not be ruled out. In consultation with the lactation committee Spanish Association of Pediatrics "there are no justified reasons to stop breastfeeding in the case of dialysis. The risk of hepatitis C is higher among people on dialysis, but hepatitis C does not contraindicate breastfeeding. Breastfeeding does not have to affect the balance of liquids and solutes that are carried out on dialysis." In this case, the child enjoyed mixed lactation (the mother's sister gave birth the day before and tandem lactated the two children until 5 months).	Not reported	Occasionally enteral nutrition is administered during HD sessions to cover deficiencies [88].
Manisco et al. (2015) Italy **[47]**	Increased dietary intake to correct hypophosphataemia is recommended [107]	Not reported	Dry weight increase of 800-1,000 g/month in 3rd trimester was postulated.	Measure 25-OH vitamin D every trimester and supplement if low [11]. Water-soluble vitamins, folate (1 mg/day), vitamin C, thiamine, riboflavin, niacin, vitamin B6 [16], calcium (1.5-2 g/day), oral or IV iron (10-15 mg/day), and calcitriol to control hyperparathyroidism and 1,25-OH-vitamin D deficiency, and oral supplements for hypo-phosphataemia are recommended [24].

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Seker (2016) Turkey **[80]**	Not reported	Not reported	The estimated dry weight of the patient was increased according to her weight gain. Her weight gain was a total of 9 kg during the pregnancy.	Intensive dialysis regimens reduce the foetal uremic environment, minimize large fluid shifts and placental hypoperfusion and allow greater diet freedom with nutritional benefits.
Shanmugalingam et al. (2021) Australia **[81]**	Not reported	The patient breastfed her newborn.	Not reported	Nil
Haase et al. (2005) Germany **[82]**	No dietary restrictions imposed (all pregnant women enjoyed the liberal intake of fluid and food).	Not reported	Estimated maternal dry weight was increased by 200-400g every 10 days (if judged appropriate).	Nil
Yu et al. (2015) China **[83]**	Not reported	Not reported	1st trimester: Minimum weight gain of 1-1.5 kg/week. After this weight should increase by 0.45-1 kg/week [15].	Nil
Espinoza et al. (2013) Chile **[86]**	Not reported	Not reported	Calculation of dry weight according to the Evans Blue method (case 1). Dry weight increased 500g every 2 weeks per protocol (cases 2,3,4,5,6).	Frequent and prolonged dialysis allows for a higher protein-calorie intake. IDPN has not shown survival advantages in malnourished HD patients but in the event of a pregnancy could have a role.
Choi et al. (2018) Korea **[87]**	Not reported	Not reported	Not reported	Oral iron/folic acid/vitamin B12 should be supplemented [11,57].
Tuot et al. (2009) United States **[88]**	Not reported	Not reported	An appropriate weight gain of 11.5-16 kg is expected per singleton pregnancy [231].	Intensive dialysis regimens are believed to reduce the fetal uremic environment, minimize large fluid shifts and placental hypoperfusion and allow greater dietary freedom with nutritional benefits [15,232]. The use of parenteral nutrition in pregnant dialysis-dependent patients has been reported only once [128]. Folic acid, zinc, and renal multivitamins are recommended.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Ribeiro & Silva (2020) Portugal **[90]**	There is greater freedom with diet and fluids during HD, which aims to provide for better phosphorus uptake.	Not reported	An average weight increase of 300 g/week was observed.	Dry weight increases of 0.3-0.5 kg every 7-10 days from the 20th week of gestation is suggested. The patient was not consistently complaint with dialysis. Zinc, double dose of water-soluble vitamins, folic acid, B-complex vitamins, ≤1.5 μg of calcitriol/week (to correct pHPT or deficiency), 1-2g calcium carbonate/day (in patients with phosphorus levels >5.5 mg/dL and in the absence of hyper-calcemia), and IV iron has also been recommended.
Giofre' et al. (2007) Italy **[93]**	The patient was living in a geographical context where the Mediterranean diet is widespread. She followed a diet rich in white meat, fish, olive oil for dressings, fruit, and vegetables.	Not reported	Total weight gain of 19.3 kg (case 2). Total weight gain of 13 kg (case 3).	Moderate physical activity is recommended.
Malik et al. (1997) Saudi Arabia **[94]**	A high calorie diet was recommended.	Not reported	Not reported	Nil
Campos-Collado et al. (2016) Mexico **[95]**	Eliminate high phosphorus foods (except for dairy products), aim for 5 meals/day, and decrease intake of sweetened carbonated beverages, high-fat Mexican food, and high-sodium/sugar foods. Increase vegetable intake and low-fat cooking methods.	Not reported	Weight gain of 0.23-0.33 kg/week (in pregnant overweight women) is recommended [196].	Physical activity is encouraged. The patient used a stationary bike during her HD sessions 4 days/week.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Reister et al. (1999) Germany **[98]**	Intensification of the dialysis treatment made the almost complete removal of dietary restrictions possible.	Not reported	The patient's interdialytic weight increase was 1,500-2,500g. The patient's dry weight did not increase more than a that of a usual pregnancy.	Nil
Swaroop et al. (2009) United States **[99]**	Not reported	Not reported	Not reported	Prevent metabolic acidosis. Manage mineral metabolism and avoid hypo- and hypercalcemia. Water-soluble vitamins and zinc supplementation is recommended. Prevent hypo-magnesemia with adequate dialysis baths and eventually with oral supplements.
Yoo et al. (2004) United States **[100]**	Not reported	Not reported	Programmed adjustment of dry weight was done by revising the estimated dry weight weekly to an expected weight gain during progression of the triplet pregnancy.	Parenteral iron should be given in small doses (≤100 mg/dose) to avoid acute iron toxicity in the foetus. Water-soluble vitamins are lost during dialysis and require supplementation. Pregnant patients on a 2.5 mEq/L calcium dialysate usually require oral calcium supplementation (2 g/day) [11,22,120,186].
Giatras et al. (1998) United States [15]	Increased dialysis time allows for a more liberal diet (protein and potassium) and fluid intake.	Not reported	Estimated dry weight was increased by 500g every 10 days, corresponding to usual maternal weight gain in a normal pregnancy.	Minimal weight gain of 1-1.5 kg in the 1st trimester, then 0.45 kg (1 pound)/week thereafter is recommended. A 2.5 mmol/L dialysate needs to be supplemented with 1-2g oral calcium carbonate to avoid calcium loss. IV iron (500 mg) is recommended as soon as pregnancy is diagnosed if transferrin saturated is <30% [70]. Between 0.8-1.0 mg folate/day (HD), and double usual dose of water-soluble vitamins is

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				suggested [233]. Vitamin D should be monitored and supplemented only if low. Supplementing other divalent cations and trace elements are rarely necessary. Vitamin A supplementation is not advised
Luciani et al. (2002) Italy **[101]**	High calorie/high protein diet was suggested.	Not reported	Dry weight was increased progressively on average 1.2±0.5 kg in the 1st trimester, and 0.5 kg/week from the 2nd trimester. Maternal dry weight and weight gain were estimated regularly and re-evaluated according to changes in the estimated foetal weight.	Recommendations for dry weight increases in the 1st trimester are 1-1.5 kg, and 0.5 kg/week thereafter [98].
Hadj Sadek et al. (2011) Morocco **[102]**	An unrestricted diet was recommended.	Not reported	2nd trimester: Weight gain 300 g/week. 3rd trimester: Weight gain 300-500 g/week.	Nil
Pepperell et al. (1970) Australia **[103]**	No salt restriction was prescribed.	Not reported	Not reported	Treatment with vitamin D, calcium, and blood transfusion may play an important role in addition to dialysis in ensuring normal foetal development.
Abu-Zaid et al. (2013) Saudi Arabia **[104]**	Increased nutritional phosphorus ingestion was recommended to correct hypophosphatemia [112].	Not reported	Not reported	Calcium carbonate oral supplementation (1-2 g) [11,24], oral phosphorous supplements to correct hypophosphatemia [112], IV iron (500 mg in all pregnant dialysis patients with transferrin saturation <30%) [70], folic acid (0.8-1-5 mg/day) [11,117], and water-Soluble vitamins [15] are recommended. Vitamin D3 levels should be checked regularly and

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				supplemented when levels are low [15].
Al-Saran & Sabry (2008) Saudi Arabia **[105]**	Diet was liberalised with intensive dialysis (protein and potassium) [193].	Not reported	After the 1st trimester weight gain is usually linear (~1 pound/week) [120].	IV iron (500 mg at diagnosis of pregnancy if transferrin saturation <30%) [186], folate, and water-soluble vitamins is recommended [15]. Adjustment of vitamin D may be required and should be guided by measurement of vitamin D, parathyroid hormone, calcium, and phosphorus levels [119].
Ackrill et al. (1975) United Kingdom **[106]**	Relatively free dietary intake was recommended (partially due to intensive dialysis).	Not reported	Interdialytic weight gain of <0.5 kg was prescribed/ observed.	Nil
Gómez Vázquez et al. (2007) Mexico **[107]**	Not reported	Not reported	Not reported	Water-soluble vitamins and zinc are recommended [27].
Mohammed et al. (2021) Trinidad and Tobago **[108]**	A 'normal' diet to avoid hypokalemia and hypophosphatemia was recommended.	The patient opted to breastfeed.	Target weight of 0.5 kg/week was increased from the 2nd trimester.	Nil
Alhwiesh (2015) Saudi Arabia **[109]**	Not reported	Not reported	Not reported	Water-soluble vitamins and zinc are recommended.
Pipili et al. (2011) Greece **[110]**	Protein and caloric consumption were liberalised to allow for a greater variety of food choices.	The patient produced little breast milk and was started on bromocriptine mesylate (2.5 mg 2x/day for 2 weeks) for lactation suppression.	Dry weight was gradually increased (0.5 kg every 15 days for the first 2 months, 0.5 kg/week for the following 2 months, and 1 kg/week in the last 2 months).	Folate, trace elements, water-soluble vitamins, and iron are recommended.
Ramadani et al. (2018) Indonesia **[111]**	Controlled diet (protein and salt) was recommended.	Not reported	An increase in estimated ideal weight of ~0.5 kg/week is recommended (close clinical	Minimum 800-1,000mg iron supplement is required by mother and foetus during pregnancy [24,187]. Folate

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
			follow-up and frequent assessments in the 2nd/3rd trimesters is required).	(1 mg/day), phosphorous (oral or in dialysate), vitamin C, thiamine, riboflavin, niacin, and vitamin B6 are also recommended. Measure and supplement 25-OH vitamin D every trimester.
Hussain et al. (2005) United States **[112]**	Intensive dialysis enables a liberal diet (higher in protein and potassium).	Not reported	Not reported	Vitamin D metabolites, replenishment of decreased 25-OH-vitamin D stores, provision of adequate 1,25-di-(OH)-vitamin D (either orally or IV), and IV iron is recommended [15,138,193].
Kedzierska et al. (2011) Poland & Germany **[113]**	6-7 well-balanced meals/day and slowly absorbed carbohydrates was recommended.	Not reported	Not reported	Postprandial hyperglycemia was treated successfully with diet. The postprandial glucose level did not reach 160 mg/dL. The patient did not use insulin. Electrolyte replacement and vitamin D is recommended.
Bahadi et al. (2010) Morocco [61]	Intensive dialysis allows for a liberalised diet (protein and potassium).	Not reported	Weight gain of 0.3-0.5 kg/week in the 2nd/3rd trimesters was prescribed for all patients.	A 500 mg dose of iron (as soon as pregnancy is diagnosed if transferrin saturation is <30%) [70] and 0.8-1.0 mg folate/day [117] is recommended.
López-Menchero et al. (2004) Spain **[115]**	Not reported	The patient began breastfeeding 5 days postpartum and continued mixed lactation for the following 4 months.	Not reported	Water-soluble vitamins and folic acid (post-dialysis) are recommended. Avoid hyperphosphatemia and hypocalcemia (calcium binders).
Coyle et al. (2008) United States **[116]**	Liberal potassium and phosphorus-rich foods, with daily variety of high quality protein food sources for meals and snacks is	Not reported	Not reported	Nil

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	recommended. 3 full meals and snacks daily, with liberal oral fluid intake is also suggested.			
Sheriff et al. (1978) United Kingdom **[118]**	Not reported	Not reported	Not reported	Nil
Walsh (2002) United Kingdom **[119]**	The patient ate bananas and chocolate to compensate for low potassium levels and was advised to increase protein and calcium intake. Due to the patient's personal circumstances the nurses arranged for a hot meal to be delivered every afternoon.	The infant was fed on formula milk.	The major influx of weight change occurred in the 2nd trimester (here the target weight increased by 7 kg, however the target weight did not exceed the actual weight at any time throughout the pregnancy). The team aimed not to take off >1.5 kg fluid/day.	There are no rules to determine target weight, just recommendations from previous studies: Increase dry weight by 0.5 kg/week in 3rd/4th month and 1 kg/week in 5th/6th month [15], or increase weight by 300 g/week in the 2nd trimester (total of 3.6 kg) and 300-500g/week in the 3rd trimester [91].
Cocîrţă et al. (2016) Romania **[121]**	Not reported	Not reported	Weight gain of 300-500 g/week during the 2nd/3rd trimesters is recommended [119].	Water-soluble vitamins (vitamin C, thiamine, riboflavin, niacin, vitamin B6) [234], vitamin B12, calcium (1.5-2 g/day), and iron (oral/IV) supplementation is recommended [5,24]. 25 OH vitamin D3 must be measured every trimester and supplemented if levels are low [15].
Guida et al. (2003) Italy **[123]**	A balanced diet is recommended.	Not reported	A total weight gain of 12 kg total at the end of the pregnancy was observed (this coincided with the conventional standard of 12.5 kg). The main goal in controlling dry weight is to achieve a good blood pressure control.	Nil

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
McPhatter & Drumheller (2008) United States **[125]**	A Vietnamese diet consists of rice, beans, and vegetables with little or no dairy products [235]. The patient had a liberal diet without limits on phosphorus or potassium intake. The patient tolerated milk and agreed to try and drink one glass per day while increasing intake of fish/meat/egg/rice/nuts/ beans to improve protein status. Small meals and snacks were encouraged. The family was instrumental in improving the patient's nutritional status by providing 3 cooked meals per day, and the patient's sister introduced her to Boost® (a protein/ calorie nutritional supplement) of which she willingly took 120-240 mL/day. The patient's husband also found a Subway® sandwich she liked and would eat during every dialysis treatment.	Not reported	Not reported	The patient was seen daily by the dietitian for evaluation of intake and encouragement to continue to improve dietary intake. The patient was not willing to try protein/calorie nutritional supplements or protein supplements initially.
Sandhu et al. (2014) United States **[127]**	Not reported	Breast milk in patients with ESRD will have high	Minimum 1-1.5 kg weight gain in 1st trimester and 0.45-1 kg/week thereafter is recommended [15]. The	Water-soluble vitamins (doubling of the dose of daily multivitamins, particularly folic acid), calcium (30 g/day) [238], increased doses of

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
		concentration of urea, and in cases of breast-feeding it can lead to osmotic diuresis in infants [236].	estimated dry weight should be increased to 400 g/week after the 1st trimester [237]. Healthy maternal weight gain in a pregnant woman with a normal BMI should be 11.5-15.9 kg.	potassium supplementation, and phosphate replacement (as required in PD patients) is suggested. Phosphate binders may be discontinued in HD patients [236]. IV magnesium must be administered with caution to pregnant women on PD to avoid toxicity [239].
Brookhyser (1989) United States **[128]**	Modifications in dietary sodium, potassium, and phosphate were made on a sliding scale dependent on clinical evaluation/ laboratory data. High biological value protein is recommended. A liberal diet (high protein/calorie) was allowed (intensive dialysis). The patient was advised to eat some CHO post-HD treatments, prior to leaving the HD unit, to avoid post-dialysis hypoglycaemia (sometimes seen after discontinuation of glucose infusions, although this was not encountered).	Not reported	Interdialytic fluid weight gains were limited to 1 kg.	Nil
Park et al. (2006) Korea **[129]**	Increased calorie and protein needs. High protein diet with folic acid, calcium, and iron prescribed.	Not reported	Body weight should be adjusted to increase by about 450-500g.	Oral/IV iron, folic acid (0.8-2 mg/day), and calcium supplementation is recommended.
Yattara et al. (2019) Mali & Republic of Senegal **[130]**	A free diet is recommended.	Not reported	Expect weight gain of 1-1.5 kg/month in the 1st trimester and 500 g/week in the 2nd/3rd trimesters [240].	IV iron [138] and vitamin supplementation (B1, B2, B9, B12, C, D) is recommended.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Seed & Gilbertson (2022) Australia **[132]**	A plant-based diet was started at the commencement of HD (based on advice from the treating nephrologist).	Not reported	Not reported	HD ceased at 31 weeks due to stability of renal function and patient request. The patient associated improvement in urea levels with better adherence to a plant-based diet (urea 10.9 mmol/L with strict adherence to plant-based diet, 16.3 mmol/L prior to beginning plant-based diet, and 14.8 mmol/L with faltering adherence to plant-based diet).
Henderson (1996) United States **[133]**	The patient was prescribed a diet according to the American Diabetic Association to avoid hypoglycemia and address early satiety. 3 meals and 3 snacks were provided. A 10 am snack on dialysis resulted in nausea and vomiting so the meal pattern was then altered to include 3 meals, a 2 pm snack, and an 8 pm snack. No fluid restriction was needed (due to daily dialysis and urine output of 400 mL/day until the time of delivery). Some flexibility with the meal pattern was necessary to meet protein and calorie requirements.	Not reported	Interdialytic weight gains were 1.0-2.5 kg without a fluid restriction. Monitoring adequacy of dry weight gain was complicated by fluid shifts and retention.	Hypoglycemia at 2 am occurred at 22-23 weeks gestation despite 45g of carbohydrate at 8 pm. Whole milk was used to treat low blood sugars but did not exceed 1-2 cups (0.24-0.48L)/day. Calorie, protein, and key nutrient intake records twice weekly are recommended to ensure adequate intake and aid in estimating dry weight. Small doses (100 mg/dose weekly for 10 weeks) of IV iron dextran can be used in these patients [70].
Melendez et al. (1988) United States **[135]**	Increased intake of fresh fruits and vegetables are encouraged for potassium value and contribution of calories and fibre. These	Not reported	Target weights must be adjusted frequently to accommodate a growing foetus [241].	Case 2 had diabetes mellitus managed with exceptional blood glucose control with peritoneal insulin throughout pregnancy. Normal

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	patients require minimal fluid restriction and may need to be slightly over-hydrated to prevent possible complications related to dehydration [241]. A 2 g/day sodium restriction along with intensified dialysis enhances fluid balance and reduces the need for a fluid restriction [242].			glucose levels in the diabetic patient are achieved with intraperitoneal insulin and strict blood glucose monitoring [243]. Though hyperphosphataemia is a concern with increased dietary intake, it can easily occur if antacids are used to control morning sickness (careful monitoring of serum values, manipulation of dialysis, adjustment of intake, and phosphate binders are necessary). Calcium and vitamin/ mineral supplements are advised
Vidal et al. (1998) Uruguay **[137]**	The increase in calories was obtained with carbohydrates from corn starch, common sugar, and honey. Protein was added through high-biologic value protein from egg white, powder milk, and meat. Fluids were adjusted to diuresis and blood pressure in the 1st trimester, and diuresis, blood pressure, and weight in the 2nd/3rd trimesters.	Not reported	In all 4 cases, the weight gain curve was recorded on the chart designed at the Latin American Center for Perinatology and Human Development. Pre-dialysis weights were plotted every 2 weeks. These weights were used because it was not possible to estimate a stable dry weight.	Special care in Sunday meals was recommended to the patients as they did not receive dialysis on this day.
Hou et al. (1993) United States **[138]**	Not reported	Not reported	Not reported	Nil
Brookhyser et al. (1996) United States **[139]**	A liberal diet is recommended in these patients due to intensive	Not reported	Total weight gain of 15.8 kg (case 1) and 17 kg (case 2). The rate of weight gain was	Nil

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	dialysis [244,245], however ongoing monitoring for excesses and deficiencies related to diet and blood chemistries are still needed. Guidelines for moderating fat and cholesterol intake were provided for preventative health care purposes due to increased cholesterol in last trimester of both pregnancies.		appropriate in both pregnancies. Fluid gains of 1-2 kg were maintained easily (cases 1,2). Dry weight assessments were performed with regularity to ensure that the target weights were achieved.	
Amoah & Arab (1991) Saudi Arabia **[140]**	Not reported	Not reported	Total maternal weight gain was 12.5 kg during the pregnancy.	Nil
Shah et al. (2007) United Kingdom **[141]**	Increased calorie and protein intake (diet liberalisation) was recommended due to the intensified dialysis regimen.	Not reported	Not reported	Pregnant dialysis patients on a 2.5 mEq/L calcium dialysate usually require oral calcium supplements of 2 g/day.
Dunbeck et al. (1992) United States **[142]**	High protein/high calorie diet was prescribed, supplemented with Ensure™.	Not reported	During the first week of PD the patient's weight increased by 1 kg.	Blood sugar and insulin management for diabetics is easier to achieve on CAPD [243]. IV iron is recommended. Maintain normal serum calcium and phosphorus levels (calcium-based binders and calcitriol are considered safe in pregnancy, but sevelamer and cinacalcet should be avoided).
Cattran & Benzie (1983) Canada **[143]**	No added salt or potassium was recommended, otherwise regular daily diet.	Not reported	Weekly assessment noted a progressive rise in ideal weight in keeping with a normal	Nil

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
			pregnancy, with a total increase of 7 kg during the first 30 weeks of pregnancy.	
Villa et al. (2007) Italy **[144]**	It is important not to place dietary restrictions but recommend a generous protein intake instead.	Not reported	Dry weight gain of 0.5 kg every 10-15 days was observed. Dry weight was hypothesized and adjusted during pregnancy progression.	Nil
Racette (1997) British Columbia **[145]**	Not reported	Not reported	Not reported	Nil
Molaison et al. (2003) United States **[89]**	The majority of the patient's protein intake should be from high biological value sources to maintain appropriate BUN levels. The patient had a tendency to eat more protein than the meal pattern allowed. Limit high-calorie, low-nutrient foods to help meet nutritional needs and prevent excessive weight gain [246].	Not reported	Not reported	Folic acid (1.8 mg/day) is recommended.
Stover (2004) United States **[126]**	Liberalised intake of potassium, phosphorous, sodium, and fluid is recommended with more dialysis time.	Not reported	Not reported	Renal vitamin preparations and added minerals (minimum 2 mg/day folic acid and 15 mg/day zinc), and IV vitamin D analogues (unclear if harmful to foetus) have been recommended. Supplement calcium as needed to keep serum calcium/ phosphorous levels within normal limits (2 g/day has been suggested when a 2.5 mEq/L dialysate is used). Oral or IV iron is also recommended.

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Unzelman et al. (1973) United States **[147]**	Salt intake was unrestricted. High biological value protein is recommended.	Not reported	Not reported	Intermittent rest and decreased activities is recommended.
Perry (1994) United States **[148]**	A no added salt diet was prescribed.	Not reported	Estimated dry weight was increased by approximately 1 lb/week in the 2nd trimester, and then 1.5-2 lb/week in the 3rd trimester.	Nil
Sivasuthan et al. (2013) Australia **[149]**	Not reported	Not reported	A weight gain of 0.25 kg/week till 20 weeks of gestation occurred. Dry weight was assessed at each dialysis session (case 2). Review weight and monitor blood volume weekly.	Dietitian to review protein intake/ status regularly. Folate (5 mg/day), vitamin B1 daily, vitamin D (1,000 IU/day), and calcitriol (adjust according to phosphate and calcium) is recommended during HD and PD. IV iron to maintain transferrin saturation >25% and ensuring that phosphate binders and active vitamin D are adjusted as needed (during HD) is also suggested.
Editorials				
Levy et al. (1998) United States & France **[120]**	Increased dialysis time allows for a more liberal diet and protein intake, and thus an overall improved nutritional state. It is important to ensure adequate calorie supply [12].	Not reported	Not reported	Hydro-soluble vitamins and zinc. Correct anaemia using iron and folic acid. Prevent hypocalcaemia using oral calcium carbonate: however, avoid HD induced hypercalcaemia. Prevent hypo-magnesaemia with appropriate dialysis bath and eventual oral supplementation [12].
Mercadal & Nizard (2019) France **[150]**	Not reported	Breastfeeding is negatively impacted by ultrafiltration but is not contraindicated unless new treatments/ medications are needed that are incompatible with	Weight gain of ~1 kg/month is to be expected. Regular re-evaluation of weight is necessary.	Folic acid (5 mg/day), hydro-soluble vitamins, iron, phosphate, and magnesium (as required).

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
		breastfeeding. Probably, the best test of breast milk quality is the baby's growth.		
Hou (2002) United States **[151]**	Daily dialysis allows for an unlimited protein intake (so that foetal protein needs can be met).	Not reported	Recommended weight gain for women of IBW who become pregnant is 11.5-16 kg (only 1.6 kg of this weight gain occurs in the 1st trimester). In early pregnancy the change in the dry weight should be 0.9-2.3 kg depending on the pre-pregnancy BMI. Weight gain in the 2nd/3rd trimesters is 0.3-0.5 kg/week depending on the pre-pregnancy BMI.	Doses water-vitamins should be raised 3-4-fold (especially folic acid) [247]. Iron can be given as IV sodium ferric gluconate.
Ellis (2012) United Kingdom **[152]**	Not reported	Not reported	Weight gain of 1-1.5 kg in the 1st trimester is expected, increasing to ~0.45 kg per week during the 2nd/3rd trimesters. Careful monitoring of foetal growth in the 3rd trimester by the use of serial ultrasounds may be advisable in order to help prevent excessive fluid removal [153].	Oral supplementation of phosphate in the case of hypophosphataemia [51]. Iron requirements increase throughout pregnancy, especially in the 3rd trimester. Other issues which increase the anaemia of pregnancy (including inadequate erythropoiesis, folic acid deficiency, inflammatory processes, and hyperparathyroidism) contribute to making management more complex [248].
Jagielski (2015) United States **[154]**	Diet liberalisation is encouraged. Ongoing education about topics such as high biologic value protein was provided to ensure adequate and optimal nutrition levels.	Not reported	Not reported	Supplementation of vitamins A or E is not recommended therefore a generic prenatal vitamin should not be considered as a viable vitamin supplement for pregnant dialysis patients. Two vitamin supplements that most closely meet the suggested requirements and are also cost-

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				effective include Nephro-Vite Rx and Rena-Vite Rx (2 pills/day) (it is more economical to add vitamin D separately). Vitamin C and zinc may also need to be assessed and require additional nutrition education to ensure adequate levels are being met.
				Referral assistance should be provided to patients with low socioeconomic status to ensure access to foods and supplements that meet increased protein and calorie needs. Consider providing patients with a local and regional resource list for food and supplemental programs that are available in their community.
Book Chapters				
Lawrence (2012) United States **[156]**	Hypertension in pregnant women with kidney disease should be managed by dietary control of fluid intake and fluid removal during dialysis.	The choice to breastfeed is up to the mother. There are no contraindications to breast-feeding for women with CKD, provided their health is otherwise stable [249]. If a mother chooses to breastfeed, her requirements during lactation would be ~330 kcal higher than the weight-maintenance needs of her non-pregnant counterpart during the first 6 months postpartum, and	Dry weight should be used for BMI calculation.	Water-soluble renal vitamins (dosage double typical non-pregnancy dosage), vitamin D, calcium, folic acid, iron, and zinc (15 mg/dL) are recommended [53]. Oral iron supplements for mild anaemia or IV iron sucrose/gluconate if oral supplements are ineffective [182]. Note that the use of IV iron preparations may result in increased absorption by the foetus with subsequent acute iron toxicity, so this route of administration is to be used conservatively and monitored

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
		approximately 400 kcal higher during the second 6 months postpartum [250]. Fluid intake should be appropriate to support milk production: however, monitoring of fluid retention status is required.		carefully [22]. Nutrition-related values that must be monitored include blood pressure, blood urea nitrogen, albumin, casual plasma glucose, HgA1c (in patients with diabetes mellitus), and serum cholesterol [157,249]. Serum nutrients that must be monitored include potassium, phosphorus, calcium, sodium, and iron [157]. Anthropometrics that should be evaluated include weight, fluid retention status, and intradialytic fluid gains (HD). Other conditions associated with pregnancy itself may warrant adaptations to the nutrition prescription (e.g. Intractable hyperemesis gravidarum where the addition of IDPN has been used successfully to improve the medical outcomes in acutely ill patients on HD) [88,251,252].
Flecha (2020) United States **[159]**	Not reported	Not reported	Not reported	RDAs for supplementation in pregnant dialysing women: Vitamin C (85 mg), thiamin (1.4 mg), riboflavin (1.4 mg), niacin (18 mg), vitamin B6 (1.9 mg), folate (600 mcg), vitamin B12 (2.6 mcg), zinc (11 mg), calcium (1,000 mg), iron (27 mg), phosphorous (700 mg), iodine (220 mcg). RDAs for supplementation in lactating dialysing women: Vitamin C (12 mg), thiamin (1.4 mg), riboflavin (1.6 mg), niacin (17 mg), vitamin B6

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				(2 mg), folate (500 mcg), vitamin B12 (2.8 mcg), zinc (12 mg), calcium (1,000 mg), iron (9 mg), phosphorous (700 mg), iodine (290 mcg). Tolerable maximum supplement doses for pregnant and lactating dialysing women: Vitamin C (2,000 mg), niacin (35 mg), vitamin B6 (100 mg), folate (1,000 mcg), zinc (40 mg), calcium (2,500 mg), iron (45 mg), phosphorous (4,000 mg), iodine (110 mcg). Oral calcium carbonate should be administered in cases of hypocalcaemia. Hypocalcaemia should be avoided by giving 1-2g of supplementary calcium/day.
Pahl (2019) United States **[160]**	Not reported	Not reported	1st trimester: Weight gain of 1-1.5 kg. 2nd/3rd trimesters: Weight gain 0.5 kg/week.	Parenteral iron (as required), water-soluble vitamins/minerals, active vitamin D preparations, multivitamins, folic acid (2-5 mg/day), occasionally additional B-complex, and trace mineral elements are recommended [117,253]. Supplement phosphorous as required (in treatment of hypophosphatemia). Where hypercalcaemia is not present, hold Cinacalcet and manage mineral-bone disease with binders and active vitamin D preparations (not enough information is available around the safety of Cinacalet during pregnancy).

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
Sandhu (2016) United States **[161]**	Not reported	Breast milk in patients with ESRD will have high concentrations of urea, and in cases of breastfeeding it can lead to osmotic diuresis in infants [127,236].	Minimum weight gain of 1-1.5 kg in the 1st trimester and 0.45-1 kg/week thereafter [15]. Estimated dry weight should be increased to 400 g/week after the 1st trimester to account for foetal weight of ~500 mg/week in the 2nd/3rd trimesters [237]. A pregnant woman with a normal BMI should gain a total of 11-15 kg [127].	Increase doses of potassium supplements and iron. Multivitamins, folic acid, and an additional 30g of calcium supplementation is recommended [238]. Phosphate binders are usually discontinued in HD, but phosphate replacement might be needed in PD [127,236].
Hou (1994) United States **[254]**	Daily dialysis allows for a more liberal diet.	Not reported	It is difficult to prescribe a specific weight gain for pregnant dialysis patients. Weekly physical examination to evaluate volume status is recommended (dialysis fluid removal should be adjusted accordingly).	In a patient dialysed with a bath containing 2.5 mmol/L calcium, prescribe 1-2 g/day additional calcium in the form of calcium carbonate (above what is contained in phosphate binders). Measure 1,25(OH2)D3 levels each trimester and supplement if low. Folate (1 mg/day above usual supplement), zinc (15 mg/day), water-soluble vitamins (increase standard renal supplement dose rather than prenatal vitamins as they carry the risk of vitamin A toxicity), and IV iron (as required) are recommended.
Fisher et al. (2018) United States **[162]**	Continuous fluid removal avoids hypotension and allows more liberal diet and fluid intake.	Not reported	1st trimester: Weight gain is normally only 1-2kg and thus the post-dialysis weight varies only slightly. 2nd/3rd trimesters: Weight gain is 0.3-0.5 kg/week [255].	Water-soluble vitamins, folate, zinc, and iron (oral or IV with iron sucrose) are recommended [22]. Standard prenatal vitamins (which may contain excess vitamin A) are best avoided.
Stover (2008) United States **[163]**	Sodium, potassium, and phosphorus can often be	Not reported	During the 2nd/3rd trimesters (when most weight gain occurs) the pregnant dialysis patient's	Doubling a standard renal vitamin should provide adequate folate and other water-

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	liberalised in the diet with more dialysis.		estimated dry weight should increase by 0.5 kg/week [151].	soluble vitamins needed during pregnancy. Vitamin D analogues have been given but not enough information on safety during pregnancy. Vitamin A is not usually given thus renal vitamins are generally given instead of prenatal vitamins. IV iron sucrose/gluconate is prescribed to achieve iron studies in goal range for general dialysis population (oral iron has been used but is not as well absorbed). Calcium can be given as calcium acetate or carbonate to bind phosphorus, or as calcium carbonate for a calcium supplement. Keep in mind that there is increased absorption of calcium from dialysate with more frequent dialysis, and phosphate binders may not be needed. Presently there are renal vitamin preparations already containing >1 mg of folic acid with adequate amounts of other water-soluble vitamins and even added zinc; these may be utilized as well. May need a nutritional supplement to meet energy/protein needs. It is recommended that the dietitian meet with the patient to discuss an overview of nutritional needs as soon as possible after the pregnancy is confirmed and she has agreed to follow through with it. Weekly follow-up using dietary recalls and/or food intake records to evaluate

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				nutrition adequacy is suggested [10]
Stover (2014) United States **[164]**	It may be easier to meet dietary needs with liberalisation of sodium, potassium, and phosphorus content due to the increased amount of solute removal with more dialysis.	The literature is scarce regarding the safety of breastfeeding an infant born to a mother with CKD. The question is whether the breast milk content will be high in urea and cause a diuresis in the infant that must be supplemented with extra water. Most women who plan to breastfeed decide not to once the infant is born (as the pregnancy has been so difficult).	During 2nd/3rd trimesters (when most weight gain occurs) the estimated dry weight should be increased by 0.5 kg/week [179].	Water-soluble vitamins are preferred over prenatal vitamins (due to the need to avoid excess vitamin A). Doubling a standard renal vitamin (containing 1 mg folic acid) is generally advised to meet folic acid needs. IV vitamin D analogues have been given for women needing suppression of the PTH and to maintain normal serum levels of calcium. IV iron sucrose/gluconate is recommended (oral iron has been used but is not as well absorbed) [182]. In later stages of pregnancy when anaemia is worse, 80-90 % of IV iron may be deposited in the foetus, therefore no more than 62.5-100 mg (depending on the iron preparation used) should be given at one time [24]. Zinc (minimum 15 mg/day) is recommended [10,89]. Calcium-containing phosphate binders are generally given to the pregnant dialysis patient due to increased calcium needs of the foetus. There are no studies to evaluate the safety of using calcium acetate or calcium carbonate during pregnancy however these preparations have been utilized during this time [89,182,256]. They may be given with meals for phosphate binding (though serum phosphorus levels are often low due to intensive dialysis), or apart from meals primarily for calcium supplementation

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				and if the serum phosphorus level is below goal range. Patients may need a nutritional supplement to meet energy/protein needs (commercial supplements may be used with increased dialysis time and more solute removal). Weekly follow-up using dietary recalls and/or food intake records to evaluate nutrition adequacy is suggested [10].
Stover & Trolinger (2020) United States **[167]**	It may be easier to meet increased dietary needs with liberalisation of sodium, potassium, and phosphorus content due to the increased amount of solute removal with more dialysis.	The literature is scarce regarding the safety of breastfeeding an infant born to a mother with CKD. The question is whether the breast milk content will be high in urea and cause a diuresis in the infant that must be supplemented with extra water. Most women who plan to breastfeed decide not to once the infant is born (as the pregnancy has been so difficult). Women who choose to breast feed require an extra 500 kcal/day [168].	Estimated dry weight or target weight should be increased by 0.5 kg/week during the 2nd/3rd trimesters (when most weight gain occurs) [257].	A regular commercial supplement may be used with increased dialysis time and more solute removal. Water-soluble vitamins are usually preferred over prenatal vitamins due to the need to avoid excess vitamin A. A standard renal vitamin containing 1 mg folic acid is often doubled. There are renal vitamin preparations already containing >1 mg folic acid and even added zinc, and these may also be used as long as they contain recommended amounts of other water-soluble vitamins needed during pregnancy. Vitamin D analogues have been given intravenously during dialysis to pregnant women needing suppression of the PTH and to maintain normal serum levels of calcium. There still does not seem to be definitive information available concerning whether these forms of vitamin D cross the placental barrier and, if so, whether they are safe

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				relative to foetal development [97,182,258]. It may be beneficial to provide supplements of 25(OH)D as it does cross the placental barrier and can be utilized by the foetus [259,260]. IV iron sucrose [182] or oral iron may be used (although oral iron is not as well absorbed). Zinc is recommended (15 mg/day (included in prenatal vitamins and in some renal vitamins, or it is provided as an added supplement) [10,212]. Calcium-containing phosphate binders are generally given to the pregnant dialysis patient if needed. Sometimes serum phosphorus levels are less than goal range, in these instances calcium supplements in the form of calcium carbonate are given between meals and phosphate supplements are prescribed if needed. Patients may need nutritional a supplement to meet energy/protein needs
Plant (2008) United Kingdom **[169]**	More frequent dialysis allows for a reduction/ removal of the dietary and fluid restrictions that are standard with less intense regimens [15,117].	Not reported	An adequately nourished woman can be expected to gain 1.0-1.5 kg in the 1st trimester. Subsequent weight gain of ~0.45 kg/week occurs until delivery [15] (although it may be much more variable in individual women) [117].	Water-soluble vitamins (especially folic acid) need generous supplementation due to intensive regimens. Many protocols also incorporate supplementation of trace minerals and parenteral iron (due to increased losses in HD and poor oral absorption) [70].
Stover (2022) United States **[170]**	Potentially liberalise dietary potassium, phosphorous,	The literature around breastfeeding safety for infants born to mothers with CKD is	Expect a weight gain of 1.6 kg in the 1st trimester and	Cinacalcet and Etelcalcetide are not recommended for elevated PTH due to lack of information regarding its use

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
	sodium, and fluid intake with more intensive dialysis.	scarce. The question is whether the breast milk content will be high in urea for those in later stages of CKD and those back on regular dialysis schedules. High urea concentration could cause diuresis in the infant that must be supplemented with extra water. Most women who plan to breastfeed decide not to once the infant is born (as the pregnancy has been so difficult).	0.3-0.5 kg/week weight gain in the 2nd/3rd trimesters [47]. Weights are dependent on energy/protein intake and volume status and must be evaluated based on a team approach.	during pregnancy. IV vitamin D analogues have been used for women needing suppression of PTH and maintenance of normal serum calcium levels, but there is no definitive information available regarding these crossing the placental barrier or foetal safety [97,182]. Supplemental 25 hydroxyvitamin D is a consideration (crosses the placental barrier and may be utilised by the foetus) [259,260]. Supplement calcium as needed to keep serum calcium/ phosphorous levels within normal limits. IV iron sucrose [258] to maintain serum ferritin and transferrin saturation within goals is recommended, although some physicians prefer oral iron alone or included in vitamin preparations. The mother may require protein or calorie/ protein supplements to attain her estimated energy and protein requirements. Doubled dosage of a standard renal multivitamin (some renal vitamins with >1 mg folate may be appropriate) and zinc supplementation is also suggested [10,212].
Goody & Umans (2004) The Netherlands **[171]**	Not reported	Not reported	Increase estimated dry weight by 0.5-1.0 kg/month during the first 6 months and by 0.25-0.5 kg/week during the last trimester, with close monitoring of blood pressure (HD).	IV iron (in 100-200 mg doses to limit placental transfer) titrated to keep transferrin saturation > 15% is recommended. Monitor serum phosphate weekly and decrease oral binders, or supplement phosphorus

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
				during dialysis if low. Double folate supplementation (~2 mg/day) and increase water-soluble vitamins. Given placental vitamin D hydroxylation there is usually adequate calcium absorption with use of calcium-containing phosphate binders to support foetal skeletal growth (HD) [11,261,262]. For these same reasons oral or parenteral vitamin analogues are usually held, and phosphate binder doses may be decreased, then both adjusted based on results of frequent serum chemistries. Changes may be so profound that some patients may benefit from intradialytic phosphorus supplementation (HD) [263]. Nutrition should be optimised before conception and intensive nutritional counselling is usually required during pregnancy [182].
Vellanki & Hou (2019) United States **[172]**	An unrestricted diet is recommended.	Not reported	Dry weight can be difficult to ascertain as weight usually increases by 0.5 kg/week in the 3rd trimester.	Double dose of water-soluble vitamins, folic acid (4 mg/day), and IV iron.
Shahid et al. (2018) United Kingdom & Canada **[173]**	An unrestricted, phosphate-rich diet (to avoid hypophosphataemia) is recommended [253].	Not reported	An adequately nourished woman can be expected to gain 1-1.5 kg in the 1st trimester with a subsequent weight gain of ~0.5 kg/week until delivery. Target	HD: Double dose of multivitamin, water-soluble vitamins, minerals, folic acid (5 mg/day), and oral or IV iron (to maintain normal stores; patients usually need a >30-50% increase in IV iron dosing as there is an estimated

	Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
			post-dialysis dry weight needs to be adjusted regularly [253].	1-3g yearly loss of iron on HD). Cessation of phosphate binders (to avoid hypophosphataemia) is also suggested [253].
Piccoli et al. (2023) Italy **[174]**	Foods that are rich in magnesium, potassium, and phosphate may be needed and whenever possible are preferable to adding oral supplements due to more physiological absorption and metabolism. An unbalanced diet in which most of the energy comes from protein intake may enhance hyper-catabolism and worsen acidosis.	Not reported	A weight gain of ~1 kg/month in the 1st/2nd trimesters and up to 2 kg/month (500 g/week) in the 3rd trimester is usually taken as a reference. However, this rule of thumb has to be adapted to each individual case and establishing the 'dry weight' derives from an individualised assessment of diet, weight gain, dry weight, blood pressure, and utero-placental blood flows.	Oral iron is often not sufficient to compensate for increased needs. IV iron (targeted at transferrin saturation levels >20%) has been given to pregnant dialysis patients without adverse events however in the later stages of pregnancy up to 80%-90% of parenteral iron may deposit in the foetus therefore it should be administered in small doses. Folate and vitamin B12 should be monitored and supplemented as necessary (at doses adjusted upon blood levels). Vitamin D needs may be increased because of placental 25-hydroxy-vitamin D3 conversion, therefore, vitamin D supplementation should be guided by blood levels and calcium/phosphate balance. Calcium supplements or calcium-based binders are safe; however, their use may not be needed if high dialysis efficiency is used. Sevelamer should not be used in pregnancy. Supplementation of phosphate/ potassium/magnesium as needed is recommended. Water-soluble vitamins, zinc, and copper should be measured and supplemented, with dose adjustments based on blood levels. Nutritional cons ultations are

Dietary Patterns	Breastfeeding	Weight	Other Recommendations/Comments
			important and should be provided whenever possible taking into account the profound changes that are required from the usual restrictive dietary policy to an unrestricted one (especially on extended-hours HD).

Abbreviations: HD, haemodialysis; CKD, chronic kidney disease; IV, intravenous; PD, peritoneal dialysis; PTH, parathyroid hormone; ALP, alkaline phosphatase; BMI, body mass index; TPN, total parenteral nutrition; IDPN, interdialytic parenteral nutrition; CHO, carbohydrate(s); GI, glycaemic index; ESRD, end-stage renal disease; RRT, renal replacement therapy; sHPT, secondary hyperparathyroidism; pHPT, primary hyperparathyroidism; CAPD, continuous ambulatory peritoneal dialysis; BUN, blood urea nitrogen; WHO, World Health Organization; IBW, ideal body weight; RDAs, recommended dietary allowances.

Supplementary Table S7. Summary of included case reports/case series.

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
Lim et al. (2017) Malaysia [72]	IgA nephropathy	1	42	Before	CAPD: 4x2L exchanges/day, 1.5% bags for each exchange, daily UF 500-1,500 mL	36	Ferrous fumarate (200 mg/day), folic acid (5 mg/day), vitamin b complex (1 tablet 1x/day), calcium carbonate 1g (3x/day).
Sulaiman et al. (2014) United States [73]	Diabetic nephropathy/ extensive cocaine use (case 1); diabetic nephropathy & hypertension (cases 2, 4); uncontrolled hypertension (case 3)	4	39 (cases 1,4) 34 (case 2) 38 (case 3)	During (cases 1,2,3,4)	HD: 4 hours 6x/week (cases 1,2,3) 24 hours over 7 days (case 4)	34 (case 1) 27 (case 2) 33 (case 3) 29 (case 4)	Phosphate binders, vitamin D, multi-vitamin supplements, folate, prenatal vitamins (case 1); folate, prenatal vitamins (case 2); oral iron, folate, prenatal vitamins (case 3); IV iron, folate, prenatal vitamins (case 4).
Kondakova et al. (2023) Russia [74]	Chronic glomerulo-nephritis	1	31	Before	HD: 3.5 hours 6x/week (20-24 hours/week)	37	IV iron (III) hydroxide sucrose complex (dose

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							increased from 100-200 g/month), iodine, folic acid, ascorbic acid, calcium preparations, vitamin D.
Cao et al. (2018) China [75]	Chronic glomerulo-nephritis	1	34	Before	HD: 20 hours/week	31 + 4	IV iron sucrose (100 mg biweekly), folic acid (10 mg), calcitrol (0.25 mg/day), calcium carbonate D3 (0.6 g/day).
Arai et al. (2020) Japan [76]	IgA nephropathy	1	39	Before	HD: 4.5 hours 5x/week, then 6 hours 6x/week from 10 weeks gestation (36 hours/week)	38 + 3	IV iron (120 mg/week); calcitriol 0.25 μg/day, precipitated calcium carbonate 1,000 mg/day, and lanthanum carbonate hydrate 1,500 mg/day were discontinued at diagnosis of pregnancy.
Sprenger-Mähr et al. (2019) Austria [77]	Lupus nephritis	2 (same patient)	22 (case 1) 25 (case 2)	Before	HD: 24 hours/week (case 1) 4 hours 6x/week (case 2)	32 (case 1) 36 (case 2)	Sevelamer, no vitamin D or calcium (case 1); iron supplementation adapted as required, oral calcitriol (0.25 μg) after each dialysis session, cholecalciferol 6,000 IU/week (case 2); the patient refused oral calcium supplements, so

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							increasing calcium in the dialysate bath seemed a plausible alternative.
Mambap et al. (2023) Cameroon [78]	Hepatitis B virus-related glomerulo-nephritis	1	29	Before	HD: 5 hours 4x/week until 34 weeks gestation, then 5 hours 5x/week (25 hours/week) until delivery	36 + 4	Native vitamin D (100,000 UI every 2 months), vitamin C (500 mg 2x/week), IV vitamin B complex (post every HD session), folic acid (5 mg/day), IV iron sucrose (100 mg/week), calcium carbonate between meals.
Buil et al. (2015) Spain [79]	Shönlein-Henoch disease	1	27	Before	HD: 3 hours 6x/week	34	Daily oral iron until 24 weeks gestation, weekly IV iron after 24 weeks gestation.
Manisco et al. (2015) Italy [47]	Pyelonephritis	1	29	Before	HD: 195 minutes 3x/week (months 1/2), 300 minutes 6x/week (months 3-8), 240 minutes 6x/week (month 9)	36	Iron gluconate, oral calcium (2 g/day), folate (5 mg/day), calcitriol (0.25 µg/day), oral protein supplementation suggested to attain daily protein and caloric intakes.
Seker (2016) Turkey [80]	Hypertensive nephrosclerosis	2 (same patient)	28 (case 1) 34 (case 2)	Before (cases 1,2)	HD: 5 hours 6x/week (cases 1,2)	32 (case 1) 30 (case 2)	IV iron, calcium, folic acid (case 1); IV iron, folic acid (1mg/day), calcium (1,500 mg/day) (case 2).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
Shanmugalingam et al. (2021) Australia [81]	Pauci-immune glomerulo-nephritis	1	34	During	HD: 5 hours/day (22 weeks 3 days to 23 weeks 3 days), 6 hours/day (24 weeks 3 days), 5 hours/day (25 weeks 6 days to 26 weeks 6 days), 5.5 hours/day (27 weeks 6 days to 32 weeks 6 days), 6 hours/day (33 weeks 2 days to 37 weeks 1 day); 3x/week (22 weeks 3 days to 26 weeks 6 days), 5x/week (27 weeks 6 days to 31 weeks 6 days), 6x/week (32 weeks 6 days to 37 weeks 1 day)	37 + 1	Fortnightly iron polymaltose infusions (200 mg), multivitamins, calcium (1,200 mg/day).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
Haase et al. (2005) Germany [82]	Focal sclerosing glomerulonephritis (case 1); Lignac-Fanconi syndrome (cystinosis) (case 2); post-streptococcal glomerulonephritis (case 3); mesangio-proliferative glomerulonephritis (case 4); renal amyloidosis due to familial Mediterranean fever (case 5)	5	37 (case 1) 21 (case 2) 27 (case 3) 23 (case 4) 32 (case 5)	Before (cases 1,2,4,5); during (case 3)	HD: 36 hours/week (6 sessions/week) (case 1); 35 hours/week (daily) (case 2); 24 hours/week (6 sessions/week) (cases 3,4,5)	30 + 4 (case 1) 31 + 5 (case 2) 30 + 0 (case 3) 37 + 4 (case 4) 34 + 4 (case 5)	IV iron (sodium ferric gluconate complex), trace elements (Inzolen infantibus, 1 ampoule containing 2.5 mmol magnesium, 0.015 mmol zinc, 0.015 mmol copper, 0.005 mmol manganese, 0.0015 mmol chromium), vitamin B12 (Cytobion, 1 ampoule containing 1,000 mg cyanocobalamin), folate (Folat-Injektopas, 1 ampoule containing 5 mg folate), vitamin B-complex (Polybion N, 1 ampoule containing 10 mg Thiamin, 4 mg Riboflavin, 40 mg Nicotinamid, 6 mg Dexpanthenol, 0.5 mg Biotin and 4 mg Pyridoxin); on average, 3 to 4 ampoules of trace elements, 10 mg folate, 500 mg vitamin B12, and 4 ampoules of

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							vitamin B-complex were given IV/patient/week (cases 1,2,3,4,5); two patients needed oral administration of vitamin D (1,25 OH).
Yu et al. (2015) China [83]	Chronic glomerulo-nephritis and stage-3 hypertension	1	22	Before	HD: 4 hours 5x/week (~3 months), then daily (until delivery)	34 + 4	IV compound amino acid (250 mL), 10 % L-carnitine (20 mL), fructose diphosphate sodium (10g), folic acid/day (0.4 mg/day), polyferose 150 mg/day, multivitamins.
Espinoza et al. (2013) Chile [86]	Unclear (case 1); hypertensive nephrosclerosis (case 2); lupus nephropathy (cases 3, 5); chronic glomerulonephritis (case 4); polycystic kidney (case 6)	6	24 (case 1) 33 (case 2) 28 (case 3) 34 (case 4) 33 (case 5) 35 (case 6)	Before (4 cases); during (1 case)	HD: 4 hours 6x/week (case 1), 3 and 5 hours 6x/week (case 2), 3 and 5 hours 5x/week (case 3), 3 hours 6x/week (cases 4,5,6)	All patients had preterm deliveries (gestational age of 33 ± 1.7 weeks)	Intra-dialysis IV essential amino acids the first quarter (100g) (case 2); vitamins (C, thiamin, riboflavin, niacin, B6 and folic acid), minerals (calcium, zinc, IV iron) (cases 1,2,3,4,5,6).
Choi et al. (2018) Korea [87]	Unclear, chronic glomerulonephritis was suspected	1	37	Before	CAPD: 5x2 L exchanges/day, using 2.5%–1.5%–1.5%–1.5% physioneal (dextrose dialysis solution) and	27 + 4	Folic acid/day (4 g/day), ferrous iron 256 mg/day.

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					extraneal (icodextrin dialysis solution)		
Tuot et al. (2009) United States [88]	Diabetes (presumed)	1	36	Before	HD: 4 hours 6x/week	36	Prenatal multivitamin (1x/day), folic acid (1 mg/day), vitamin B6 (100 mg/day), calcium carbonate (1,250 mg with meals), IV iron supplementation according to the dialysis unit anemia management protocol (total 1,200 mg in 9 months), oral calcitriol (0.25 mg 3x/week), IDPN initiated at 14 weeks providing a total of 1.5 calories/mL (indicated by 5.5 kg LOW compared to pre-pregnancy dry weight).
Ribeiro & Silva (2020) Portugal [90]	Class IV lupus nephritis	1	26	Before	HD: 4 hours 5x/week	28	Not reported
Giofre' et al. (2007) Italy [93]	IgA nephropathy	3 (same patient, but only last 2 pregnancies on HD)	30 (case 2) 32 (case 3)	During 2nd pregnancy, but before 3rd pregnancy	HD: 12 hours/week (2nd trimester), 24 hours/week (3rd trimester) (case 2); 12 hours/week (first 8 weeks), 18 hours (during last week) (average 15	33 (cases 2,3)	Oral calcium carbonate (2 g/day, as a phosphorus chelating agent), vitamin D3 (0.25 mcg/day) (case 2); calcium carbonate (3-4 g/day), vitamin D3 (0.25 mcg/day) (case 3).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					hours 40 min) (case 3)		
Malik et al. (1997) Saudi Arabia [94]	Chronic pyelonephritis	3 (same patient)	33 (first pregnancy)	Before all pregnancies	HD: 3x/week in 1st/2nd trimesters, 4x/week in 3rd trimester (cases 1,2,3)	36 (case 1) 27 (case 2) 23 (case 3)	Oral iron and vitamin supplements (case 1).
Campos-Collado et al. (2016) Mexico [95]	Unknown	1	22	Before	HD: 14 hours/week	34 + 2	Folic acid/day (5 mg/day), calcium (300 mg/day in 1st trimester, then 550 mg/day in 2nd/3rd trimesters), vitamin D3 (200 IU/day), iron (elemental iron was 160 mg/day in 1st/2nd trimesters, then 460 mg/day in 3rd trimester), multivitamin (1,500 IU vitamin A, 200 mg vitamin C, 250 IU vitamin D3, 1 mg folic acid, 250 mg calcium, 60 mg iron).
Reister et al. (1999) Germany [98]	Not reported	1	32	Before	HD: 4 hours until 20 weeks gestation, then 4.5 or 5 hours	28 + 6	Iron substitution

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					thereafter; 3x/week until 12 weeks gestation, then 5x/week thereafter		
Swaroop et al. (2009) United States [99]	Hypertensive nephrosclerosis secondary to poorly controlled hypertension (case 1); polycystic kidney disease (case 2)	2	33 (case 1) 28 (case 2)	Before (case 1); during (case 2)	HD: 3.5 hours 6x/week (case 1); 3 hours 15 minutes 6x/week (case 2)	27 + 3 (case 1) 29 (case 2)	Multivitamin, folic acid, iron (cases 1,2).
Yoo et al. (2004) United States [100]	Chronic glomerulo-nephritis	1 (triplets)	36	Before	HD: 4 hours 3 x/week, 4.25 hours 3x/week from 12 weeks gestation, 4.5 hours 3x/week from 16 weeks gestation, 3 hours 6x/week from 26 weeks gestation, 3 and 3.25 hours on alternate days 6x/week from 30 weeks gestation	34	Prenatal vitamins, folic acid, iron (including 5 doses of 50 mg IV iron dextran during the 28th and 32nd week of gestation), IV calcitriol (stopped at 26 weeks when serum PTH level decreased to 28 pg/mL).
Giatras et al. (1998) United States [15]	Focal segmental glomerulosclerosis & chronic interstitial nephritis	1	32	Before	HD: 4 hours 4x/week until 28 weeks gestation, then 3.5 hours 4x/week until	33	Vitamin D (0.5 μg x 3/week), folic acid (1 mg q.d.), prenatal vitamins.

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					delivery		
Luciani et al. (2002) Italy [101]	Autosomal dominant polycystic kidney disease (case 1); graft-failure chronic rejection (case 2); reflux nephropathy (case 3); membrano-proliferative glomerulonephritis (case 4); autosomal dominant polycystic kidney disease (case 5)	5	22 (case 1) 29 (case 2) 28 (case 3); 25 (case 4) 30 (case 5)	Before (cases 1,2,3,4); during (case 5)	HD: 18-24 hours 6x/week (case 1); 16-20 hours 4-5x/week (case 2); 24-27 hours 4-4.5/week (case 3); 10.5-14 hours 3-4x/week (case 4); 21 hours 6x/week (case 5)	26 (case 1) 32 (case 2) 29 (case 3) 23 (case 4) 33 (case 5)	Iron and folic acid (cases 1,2,3,4,5).
Hadj Sadek et al. (2011) Morocco [102]	Unknown (cases 2,3,4,5,8); membrano-proliferative glomerulonephritis (case 1); acute tubular necrosis complicating postpartum hemorrhage (case 6); diabetic nephropathy (case 7)	8	24 (case 1) 25 (case 2) 31 (case 3a) 34 (case 3b) 39 (case 3c) 32 (case 4a) 35 (case 4b) 37 (cases 5,6) 45 (case 7) 38	Before (cases 1,2,3a,3b,3c,4a,4b,5,6,7,8)	HD: 3x4 hour sessions (case 1); 2x5 hour sessions (case 2); 2x6 hour sessions, then 3x4 hour sessions (from 12 weeks) (case 3a); 2x6 hour sessions, then 3x5 hour sessions (from 18 weeks) (case 3b); 3x4 hour sessions, then 3x5 hour sessions (from 20 weeks) (case 3c); 2x5 hour sessions (case 4a); 2x5 hour sessions, then 3x4	7 (cases 1,2) 36 (case 3a) 27 (case 3b) 30 (case 3c) 8 (case 4a) 37 (case 4b) 16 (case 5) 32 (case 6) 15 (case 7)	Unknown whether supplements were administered, however oral iron recommended.

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
			(case 8)		hour sessions (from 22 weeks), then 4x4 hour sessions (from 26 weeks) (case 4b); 2x5 hour sessions (case 5); 3x4 hour sessions, then 4x4 hour sessions (from 20 weeks) (case 6); 3x4 hour sessions (case 7); 2x5 hour sessions, then 3x4 hour sessions (from 22 weeks), then 4x4 hour sessions (from 29 weeks) (case 8)	33 (case 8)	
Pepperell et al. (1970) Australia [103]	Not reported	1	20	During	HD: 6 hours 3x/week	30	Oral iron and folic acid.
Abu-Zaid et al. (2013) Saudi Arabia [104]	Post-bilateral nephrectomy secondary to chronic pyelonephritis	1	31	Before	PD: 22 hours/week, then 28 hours/week (4 hours/day)	29	Oral ferrous sulfate (200 mg 1x/day), water-soluble vitamins, vitamin D supplementation not required (serum levels within normal ranges).
Al-Saran & Sabry (2008) Saudi Arabia [105]	Not reported (case 1); chronic glomerulonephritis (case 2)	2	37 (case 1) 36 (case 2)	Before (case 1); during (case 2)	HD: 7 hours 3x/week (case 1); 6 hours 7x/week	30 (case 1) 32 (case 2)	Oral ferrous fumarate (100 mg/day), IV iron saccharate (100 mg/weekly), calcium carbonate as a

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					from 20 weeks gestation (case 2)		phosphate binder (1,500 mg/day), multivitamins, folic acid (case 1); oral folic acid (5 mg/day), calcium carbonate (600 mg TID), iron saccharate (100 mg IV 1x/week) (case 2).
Ackrill et al. (1975) United Kingdom [106]	Bilateral renal scarring with vesicoureteral reflux & recurrent bacteriuria	1	24	Before	Mode of dialysis not reported: 30 hours/ week from 14 weeks gestation, 37 hours/ week (across 5 sessions) from 19 weeks gestation	32	Dialyzable vitamins (Albee with vitamin C tablets 2/day), folic acid, iron (Slow-Fe Folic tablets 2/day), no calcium or vitamin D supplements.
Gómez Vázquez et al. (2007) Mexico [107]	Bilateral nephrolithiasis (case 1); unknown (case 2)	2	28 (case 1) 20 (case 2)	During (cases 1,2)	PD: 6 exchanges/day (5x1,500 mL 1.5% PD solution with a dwell time of 3 hours, 1x1,500 mL exchange of 4.25% PD solution with a dwell time of 4 hours) (case 1); 6 exchanges/day of 750 mL 1.5% PD solution, with the PD solution	36 (case 1) 38 (case 2)	Parenteral iron 1x/week, vitamin supplements, calcium, oral iron, calcitriol (case 1); vitamin supplementation, IV iron dextran, calcium carbonate 1 g with each meal, calcitriol 0.25 μg/day (case 2).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					infusion volume increased by 250 mL each week until 1.5 L was reached (5 exchanges with bags of 1.5% and 1 with 1 bag of 2.5%) (case 2)		
Mohammed et al. (2021) Trinidad and Tobago [108]	Primary glomerulo-nephritis	1	33	Before	HD: 3.5-4 hours 6x/week	34 + 4	Folic acid (5 mg/day), IV Venofer (100 mg every 2 weeks), caltrate/vitamin D3 (600 mg/400 IU, 2 tablets/day), IFA (2 tsp/day).
Alhwiesh (2015) Saudi Arabia [109]	Focal segmental glomerular sclerosis	1	38	Before	PD: 10 L of Physioneal, each fill volume of 1.5 L over 9 hours	37	Calcium carbonate (1.2g 3x/day), calcitriol (0.5 mg/day), folic acid (5 mg/day), ferrous sulfate (190 mg/day), multivitamins.
Pipili et al. (2011) Greece [110]	Glomerulonephritis	1	35	Before	HD: 5x/week (for a total of 20 hours/ week), then 6x/week after a month	33	IV iron sucrose (100 mg/week), folic acid (10 mg/day).
Ramadani et al. (2018) Indonesia [111]	Not reported	1	30	Before	HD: 4 hours 3x/week	31-32	Iron, calcium, vitamins, folic acid.

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
Hussain et al. (2005) United States [112]	Not reported (case 1); hypertension (case 2)	2	21 (case 1) 33 (case 2)	During (case 1); before (case 2)	HD: 3 hours 6x/week (case 1); 20 hours/week (6 sessions/week) (case 2)	31 + 5 (case 1) 25 + 6 (case 2)	Oral supplementation of calcium acetate, 1,25-dihydroxy-vitamin D3, multi-vitamins, folic acid, parenteral iron (case 1); oral supplementation of calcium, multi-vitamins, folic acid, parenteral iron, parenteral calcitriol (case 2).
Kedzierska et al. (2011) Poland & Germany [113]	Fanconi-Bickel syndrome (FBS)	1	31	During	HD: 4 hours 6x/week until ~25 weeks gestation, then 5 hours 6x/week thereafter	34	Potassium prescribed; authors also recommend electrolyte replacement and vitamin D.
Bahadi et al. (2010) Morocco [61]	Chronic glomerulopathy (case 1); indeterminate nephropathy (cases 2,5,6,7); tubulointerstitial nephritis (case 3); nephrolithiasis (cases 4,8); IgA nephropathy (case 9)	9	34 (case 1) 37 (case 2) 35 (case 3) 35 (case 4) 22 (case 5) 40 (case 6) 40 (case 7) 37 (case 8) 32	Before (cases 1,2,3,4,5,6,7,8,9)	HD: 18 hours/week (cases 1,2,4); 12 hours/week (cases 3,5); 24 hours/week (cases 6,8,9); 16 hours/week (case 7)	27 (case 1) 33 (case 2) 7 (case 3) 36 (cases 4,6) 21 (case 5) 35 (cases 7,8) 34 (case 9)	Iron (4 cases).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
			(case 9)				
López-Menchero et al. (2004) Spain [115]	Lupus nephropathy	1	29	Before	HD: 3-3.5 hours 6x/week	33 + 1	Folic acid, vitamin B1, vitamin B6, vitamin B12.
Coyle et al. (2008) United States [116]	Chronic interstitial nephritis	1	33	During	HD: 3 hours 5x/week	39	Oral ferrous sulfate (325 mg 2-3x/day, as tolerated) (1st trimester), zinc (daily), IV iron sucrose injection (100 mg for 2 doses was started then 50 mg/week from 2nd trimester), liquid protein supplements, no phosphate binders were prescribed.
Sheriff et al. (1978) United Kingdom [118]	Chronic glomerulo-nephritis (presumed)	1	44	Before	HD: 3 days/week (during final 4 weeks of pregnancy)	36	Vitamin C, aneurine Co forte, folic acid (all doubled during final 4 weeks of pregnancy), serum phosphorus were well controlled by aluminium hydroxide given orally, oral supplements of calcium and magnesium were necessary for 2 weeks after delivery.

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
Walsh (2002) United Kingdom [119]	Reflux nephropathy	1	31	Before	HD: 3 days/week (1st trimester), 5 hours 6x/week (from 2nd trimester)	29	Iron
Cocîrță et al. (2016) Romania [121]	Not reported (case 1); hepatorenal polycystic disease (case 2)	2	36 (case 1) 42 (case 2)	Before (cases 1,2)	HD: 3x/week (cases 1,2)	33 (case 1) 36 (case 2)	Not reported
Guida et al. (2003) Italy [123]	Renal hypoplasia	1	22	Before	HD: 4 x/week	36	20g of daily protein was administered as supplement of protein at low phosphorus content.
McPhatter & Drumheller (2008) United States [125]	IgA nephropathy	1	29	During	HD: 3 hours 5x/week, then 4 hours 5x/week	37	IV iron sucrose (50 mg/week), prenatal vitamins (not changed to renal vitamins to minimise medication change).
Sandhu et al. (2014) United States [127]	Autosomal dominant polycystic kidney disease	1	25	During	CAPD: 1.5% dextrose dialysate (whole pregnancy) Exchanges/day: 4 (beginning), 5 (24 weeks gestation), 12 (pre-delivery) Fill volumes (L): 2 (beginning), 1.5 (24 weeks gestation), 0.25 (pre-delivery)	38 + 5	Iron (for anaemia), calcitriol (for Hyper-parathyroidism).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					Total volumes (L): 8 (beginning), 7.5 (24 weeks gestation), 0.25 (pre-delivery) Dwell times (hours): 3 (beginning/24 weeks gestation), 2 (pre-delivery)		
Brookhyser (1989) United States [128]	Not reported	1	30	During	HD: Daily (inpatient), then 4 hours 6x/day (outpatient)	23 (foetal demise)	2x Tabrons/day, ferrous gluconate (300 mg/day), zinc sulfate (220 mg/day), pre-natal vitamin and mineral supplements contraindicated due to high vitamin A content, 10 mg zinc added to parenteral nutrition regimen at 23 weeks, phosphorous levels occasionally required adjustment by diet and medication; parenteral nutrition was administered during HD treatments at 20 weeks gestation (regimen: 500cc

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							dextrose 35% and 500cc amino acids 3.5%, providing 680 kcal and 21g protein/treatment).
Park et al. (2006) Korea [129]	Not reported	2	28 (case 1) 37 (case 2)	During (case 1); before (case 2)	CAPD (case 1); HD 4-5x/week (case 2)	37 (case 1) Unclear (case 2)	Oral iron supplementation (cases 1, 2).
Yattara et al. (2019) Mali & Republic of Senegal [130]	Extra-capillary glomerulonephritis associated with thrombotic micro-angiopathy secondary to systemic lupus erythematosus	1	32	Before	HD: 5 hours 3x/week (1st/2nd trimesters), 1x5 hours + 1x4 hours + 2x3 hours (4x/week) (3rd trimester)	37	1 tablet folic acid/day, 500 mg calcium 2x/day, 100 mg acetyl salicylic acid/day (1 sachet), iron.
Seed & Gilbertson (2022) Australia [132]	Vesicoureteral reflux	1	32	During	HD: 3 hours 3x/week (11 to 21 weeks gestation), 2.5 hours 2x/week (21 to 31 weeks gestation)	38	Vitamin D3, oral iron, magnesium, vitamin B6, folic acid, coenzyme Q10, iron sucrose (100 mg 1x/week).
Henderson (1996) United States [133]	Diabetic nephropathy & renal hypertension	1	24	Before	HD: 3 hours 3x/week, 3 hours every other day (from 20.5 weeks), then daily dialysis (from 21 weeks)	28+5	Nephrovite Rx+ Fe 2x/day (provides 120 mg vitamin C, 3 mg thiamin, 3.4 mg riboflavin, 40 mg niacin, 24.4 mg pantothenic acid, 20 mg vitamin B6, 12 ug vitamin B12, 600 ug

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							biotin, 2 mg folate, 200 mg iron, 14 mg zinc), zinc sulfate 220 mg 2x/week, ferrous fumarate, no magnesium supplement (to avoid toxicity), no calcium supplement (on a 3.0 mEq/L dialysate bath providing 650- 750 mg of calcium per treatment), no vitamin D supplement.
Melendez et al. (1988) United States [135]	Nephrotic syndrome (case 1); not reported (case 2)	2	42 (case 1) 26 (case 2)	Before (case 1); during (case 2)	CAPD: Not reported (case 1); 1,500 cc exchanges throughout the pregnancy (case 2)	34 (case 1) 36 (case 2)	Not reported
Vidal et al. (1998) Uruguay [137]	Not reported	4	21 (case 1) 32 (case 2) 30 (case 3) 24 (case 4)	Before (cases 1,2,3,4)	HD: 18 hours/week (cases 1,3); 18-21 hours/week (case 2); 18-24 hours/week (case 4)	33.5 (case 1) 34.5 (case 2) 33 (case 3) 27 (case 4)	Caloric and protein supplements (2nd trimester), vitamins C/D3 (0.25 ug/day)/B complex, IV iron (dextran and gluconate), calcium (calcium carbonate,

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							1-2 g/day as intake and 1-1.5 g/day as binder) (cases 1,2,3,4).
Hou et al. (1993) United States [138]	Reflux, congential abnormalities, recurrent UTIs (case 1); systemic lupus erythematosus (case 2); reflux and recurrent UTIs (case 3); polycystic kidney disease (case 4); systemic lupus erythematosus (case 5)	5	30 (case 1) 24 (case 2) 20 (case 3) 31 (case 4) 30 (case 5)	During (cases 1,3); before (cases 2,4,5)	HD (cases 1,2,4,5): 3 hours 3x/week, then more frequent dialysis after 27 weeks gestation (case 1); 3 hours 5x/week, then 3 hours 6x/week ~3 months after conception (case 2); 3.5 hours 4x/week (case 4); 3 hours 3x/week, then 3 hours 4x/week at 10 weeks gestation, then 2.5 hours 6x/week at 23 weeks gestation (case 5) CAPD (case 3): 3 exchanges/day of 1,500 m, 1.5% dextrose, this was increased to 4	33 (case 1) 34 (case 2) 35 (case 3) 24 (baby did not survive) (case 4); 27 (foetal demise) (case 5)	Oral ferrous sulfate (325 mg 3x/day) (case1); multivitamin with iron, calcium carbonate (1g with meals), IV 1,25 dihydroxy vitamin D3 (after each dialysis session), Imferon (1g) (case 2); IV iron (2,300 mg), folic acid (1 mg/day), parenteral vitamin B12 (case 5).

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					exchanges/day at 32 weeks gestation		
Brookhyser et al. (1996) United States [139]	Chronic interstitial nephritis	2 (same patient)	~26 (case 1) ~27 (case 2)	Before	HD: 4 hours 5x/week (not dialyzing on Wednesdays and Sundays) (cases 1,2)	36 (case 1) 35 (case 2)	CarniVite (2 tablets/day), ferrous sulfate (2x/day) (case 1); Nephrovite (2 tablets/day), oral Levocarnitine, 1x Regain bar/day (15g protein and 330 kcal), Niferex (2 tablets 3x/day), IV iron (2nd trimester) (case 2); Just Right cereal (15 mg zinc/serve as oral zinc caused gastrointestinal upset), oral calcitriol (2x 0.25 ug tablets 4x/day), Oscal (500mg, 5 tablets 6x/day), Cephulac (30 mL 4x/day PRN) (cases 1,2).
Amoah & Arab (1991) Saudi Arabia [140]	Not reported	1	35	Before	HD: 4 hours 3x/week, then 3 hours 6x/week (after 17 weeks gestation)	30	Parenteral phosphate replacement during dialysis (to correct hypophosphataemia); calcium lactate (500 mg calcium 3x/day), calcitriol (0.5 ug/day), ferrous sulphate (150 mg/day), vitamin B

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							complex (1 tablet post-dialysis), folic acid (5 mg post-dialysis).
Shah et al. (2007) United Kingdom [141]	Goodpasture's syndrome	1	29	Before	HD: 6x/week (minimum 24 hours/week)	~27 + 6	Iron, water-soluble vitamins (B/C), folic acid, hypocalcaemia was avoided by close monitoring of calcium and vitamin D levels and ensuring adequate doses of calcium and Alfacalcidol.
Dunbeck et al. (1992) United States [142]	Focal segmental glomerulosclerosis	1	23	During	CAPD: Initially 500 cc; after 4 days the patient started 4x1000cc exchanges/day	35	Feosol and Nephrocaps daily.
Cattran & Benzie (1983) Canada [143]	Not reported	1	34	Before	CAPD: 2L exchanges 4x/day, then 1L exchanges 6x/day (from 22 weeks gestation)	30 (stillborn)	A supplement of 20g of protein once the patient was known to be pregnant, Nutrifer Plus 1x/day.
Villa et al. (2007) Italy [144]	Membranous glomerulonephritis nephrotic syndrome atypical	1	26	Before	HD: 5 hours 4x/week (20 hours/week), then 5 hours 5x/week (25 hours/week) (from 26 weeks gestation until	31	Ferro gluconate (1fl/week), calcitriol (1 ug IV)/dialysis (reduced at around 26 weeks gestation), calcium carbonate (2g/day), folic acid and

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					delivery)		vitamin B12 at the end of each dialysis session.
Racette (1997) British Columbia [145]	IgA glomerulonephritis	1	25	Before	CAPD: Twin bag system with 2L exchanges 4x/day, then patient placed on a cycler machine allowing 1L of solution/hour to be infused and removal of 20L/day (from 28 weeks gestation) - Maximum volume of dialysis solution exchange, with 4 hours/day off the cycler)	30+3	Vitamins (Diavite), calcium (Calsan), iron (Fergon), IV iron every 2 weeks (iron dextran).
Molaison et al. (2003) United States [89]	Not reported	1	33	Before	HD: Increased to 6x/week, however the most treatments the patient received in any 1 month was 22 (non-compliant); the patient had an average of 13.3 hours of HD/week with a range of	31	Renal-formulated vitamins with iron were recommended (due to risk of vitamin A toxicity with standard supplement), folic acid (1 mg/day), zinc (15 mg/day), discontinue calcium supplements, vitamin D3 (calcitriol, 1 ug/treatment),

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
					45-69.5 hours/month		phosphate binders with meals (6 calcium acetate tablets/meal), IV iron until 2nd trimester, oral iron (renal formulated vitamin with iron) from 2nd trimester until delivery.
Stover (2004) United States [126]	Glomerulonephritis	1	~30	Before	HD: 3.5 hours 3x/week for ~2 months, then 3.75 hours 4x/week	Just under 35 weeks	Double dose renal multivitamin, folic acid (2 mg/day), zinc gluconate (50 mg/day), IV iron sucrose (stopped initially, then resumed after a week after the healthcare team reviewed its safety in the current literature), calcium acetate (2 tablets 3x/day with meals and 1 tablet with snacks (667 mg) for 1 month) - The patient asked to switch to a phosphate binder due to issues with tolerance and was prescribed 2 calcium

Author(s) Location	Aetiology of Kidney Disease	No. of Subjects	Maternal Age*	Dialysis Commencement †	Dialysis Regimen	Pregnancy Term ‡	Supplementation
							carbonate tablets (550 mg) 3x/day with meals.
Unzelman et al. (1973) United States [147]	Glomerulonephritis	1	26	Before	Nocturnal HD: 8 hours, 3-4x/week	31	Oral iron, calcium gluconate, prenatal vitamins, folic acid.
Perry (1994) United States [148]	Not stated	1	21	Not stated	HD: 3 hours 3x/week, then 3 1/4 hours 3x/week at 25 weeks gestation, then 3 hours 4x/week at 28 weeks gestation	30	Polysaccharide iron complex (150 mg/day), Iberet with folate (vitamin B complex, vitamin C, and controlled-release iron, 1 tablet/day), folic acid (1 mg/day), zinc gluconate (22.5 mg/day).
Sivasuthan et al. (2013) Australia [149]	Lupus nephritis (cases 1,2)	2	30 (case 1) 20 (case 2)	Before (case 1); during (case 2)	APD 3x 1.5% 6L bags until 20 weeks gestation, then CAPD 5 exchanges with 1.5% bags with volumes of 1.5L (case 1); HD: 3 hours 6x/week, then 4 hours 6x/week at 22 weeks gestation (case 2)	31 (case 1) 29 (case 2)	Not reported

*At diagnosis of pregnancy
┼ Before or during pregnancy
╪ Weeks + days
Abbreviations: CAPD, continuous ambulatory peritoneal dialysis; UF, ultrafiltration; HD, haemodialysis; IV, intravenous; LOW, loss of weight; PTH, parathyroid hormone; PD, peritoneal dialysis; TID, ter in die (three times a day); IFA, iron-folic acid; q.d., quaque die (once daily); PRN, pro re nata (as needed); APD, automated peritoneal dialysis; IDPN, intradialytic parenteral nutrition; UTI, urinary tract infection.

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Supplementary Figure S1: PRISMA flow diagram of study selection