

# Cirrhosis

## Information for women who have cirrhosis during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

### What is cirrhosis during pregnancy?

Cirrhosis is scarring in the liver by way of accumulation of fibrous collagen protein throughout the organ as a result of long-term disease, most often chronic alcoholism. Although cirrhosis is not common during pregnancy, women who are pregnant with cirrhosis are at increased risk for a complication of cirrhosis, called portal hypertension, because of changes in the cardiovascular system that develop during pregnancy. Portal hypertension puts you in danger of life-threatening bleeding, plus cirrhosis itself interferes with liver function.

### How common is cirrhosis during pregnancy?

Almost 3 percent of pregnancies are complicated by some type of [liver disease](#). However, cirrhosis is very rare during pregnancy, because cirrhosis interferes with the production of chemicals that break down estrogen. This means that estrogen levels tend to be quite high, as when you are pregnant, which makes it difficult to conceive.

### How is cirrhosis during pregnancy diagnosed?

Cirrhosis is what is called a histological diagnosis. This means that definitive diagnosis requires a biopsy in which a piece of the liver is obtained and observed under a microscope by a pathologist.

Nevertheless, very often, patients are given a presumptive diagnosis of cirrhosis based on history of something that could cause cirrhosis (such as alcoholism or [hepatitis B](#) or [C](#) infection) and based on the presence of complications of cirrhosis, such as portal hypertension and problems with liver function.

If your physical examination suggests that you may have portal hypertension, doctors will want to run a type of ultrasound test called transient elastography, which can diagnose portal hypertension. Then, they will need to test you for the presence of a complication called esophageal varices. This can be

done with a technique called Doppler ultrasonography of the spleen and portal vein, with an imaging test called endoscopy, or even with a technique called capsule endoscopy in which you swallow a capsule containing a tiny camera.

### **Does cirrhosis cause problems during pregnancy?**

Cirrhosis gives you [jaundice](#) (yellowing of skin and the white part of eyes) and a variety of symptoms that are associated with many different diseases (some but not all of which are also common in normal pregnancy), such as fatigue, [nausea and vomiting](#), loss of appetite, itchy skin, red line near the waste line on skin, and abdominal tenderness.

Cirrhosis can lead to what's called portal hypertension high pressure in a system of veins that leads from the stomach, intestine, spleen, and pancreas into the liver. The increased pressure diverts some blood into other venous pathways that take it through smaller veins that are not supposed to carry so much blood. This leads to swollen veins called varices, which can occur in various places. In the rectum, varices are called [hemorrhoids](#), uncomfortable venous swellings, which, most often, are caused by straining during defecation. With portal hypertension, the great danger is the development of varices in the esophagus, because these can rupture, causing severe bleeding. If the bleeding is gradual, the blood will move forward in the digestive tract and give you blackened stool (called melena) and can make you [anemic](#) because you are losing blood. If large varices rupture suddenly, it will release a lot of blood, which will be coughed up through the mouth. This situation, known as hemoptysis, can be life-threatening. At the same time, since cirrhosis interferes with various liver functions, the body's clotting mechanisms can be disrupted, giving you more of a tendency to bleed than you would normally.

### **Can cirrhosis cause problems for the baby?**

Yes. Since cirrhosis can have life-threatening complications for the mother, the baby's life is at risk.

### **What to consider about taking medications when you are pregnant or breastfeeding:**

- The risks to yourself and your baby if you do not treat the cirrhosis
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

### **What should I know about using medication to treat cirrhosis during pregnancy?**

Women who develop portal hypertension as a result of cirrhosis can be treated with beta-blocker medication. There is some concern about the use of [beta-blockers](#), due to an inadequate amount of

studies that have been published. However, if you have portal hypertension with the possibility of having esophageal varices, then generally, the benefits of taking a beta-blocker are considered to outweigh the risks.

### **Who should NOT stop taking medication for cirrhosis during pregnancy?**

If you are given medication for portal hypertension, it is essential to continue taking it to keep the condition under control, so that you don't have worsening esophageal varices with increasing chances of rupture.

### **What should I know about choosing a medication for my cirrhosis during pregnancy?**

It is important to stay in communication with your health care provider as the release of new studies over time can change the outlook on the role of specific medications during pregnancy.

You may find Pregistrys expert reports about the medications to treat this condition [here](#). Additional information can also be found in the sources listed below.

### **What should I know about taking a medication for cirrhosis when I am breastfeeding?**

Beta-blocker medications, such as [labetalol](#), propranolol, atenolol, and metoprolol, are considered safe for nursing mothers.

### **What alternative therapies besides medications can I use to treat my cirrhosis during pregnancy?**

Your physician can put you on a low salt diet, which, along with medications, can help reduce certain symptoms such as fluid retention. If you have esophageal varices, these can be treated with a variety of procedures, such as endoscopic band ligation. The only way to cure cirrhosis is with liver transplantation, which is not possible during pregnancy.

### **What can I do for myself and my baby when I have cirrhosis during pregnancy?**

It is very important to follow the instructions of your doctors.

### **Resources for cirrhosis in pregnancy:**

For more information about **cirrhosis** during and after pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or contact the following organizations:

- [Esophageal Varices](#).

- [Cleveland Clinic. Cirrhosis of the Liver](#)

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## **General information**

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to

keep track of all the medications you are taking.

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