

Gallstones

Information for women who have gallstones 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 are gallstones during pregnancy?

Gallstones are hard, crystalline masses that form cholesterol, calcium salts, or bilirubin. Most gallstones are small and cause no problems, but some grow large enough to obstruct one of the ducts that carries a substance called bile between the gallbladder, liver, and intestine. Because of hormonal factors and changes in the speed bile flow, pregnancy, aging, and obesity all encourage the formation and growth of gallstones.

How common are gallstones during pregnancy?

10-15 percent of the adult population in developed countries has gallstones, and they are 2-3 times more common in women of reproductive age than in men. Your risk of developing gallstones is further elevated if you are obese, if you suffer from metabolic syndrome, or if your good cholesterol (high density lipoprotein HDL) concentration is abnormally low.⁴

How are gallstones during pregnancy diagnosed?

Outside of pregnancy, gallstones can be visualized endoscopic ultrasonography (EUS), endoscopic retrograde cholangiopancreatography (ERCP), magnetic resonance cholangiopancreatography (MRCP), hepatobiliary iminodiacetic acid (HIDA) scanning, computerized tomography (CT), or abdominal ultrasonography. During pregnancy, doctors prefer to avoid HIDA and CT, since they expose the fetus to ionizing radiation, although the radiation dose from a HIDA scan is just 2.5 millieverts (mSv)², which is well within safe limits.³

Do gallstones cause problems during pregnancy?

Gallstones can obstruct a duct, causing inflammation of the gall bladder (cholecystitis), inflammation of the bile duct (cholangitis), or inflammation of the pancreas (pancreatitis). Cholecystitis and cholangitis

cause severe upper abdominal pain, typically with fever and chills. Pancreatitis typically causes pain following a belt pattern around the waist. Any of the conditions can be acute (intense, developing over a short time) or chronic (less intense and waxing and waning over months to years). If not recognized and treated, acute cholecystitis can rupture the gall bladder and the infection can spread to other organs, causing death. Chronic cholecystitis can lead to gall bladder cancer while pancreatitis can lead to pancreatic cancer.

Do gallstones cause problems for the baby?

Complications, such as rupture of the gall bladder, put the baby is at risk, since your life is at risk. Additionally, if you simply develop a fever, if it is not treated with anti-fever medication, the baby may be at increased risk of congenital defects involving the heart and other organs.

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 gallstones
- 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 gallstones during pregnancy?

Treatment is needed only when gallstones cause complications, such as cholecystitis. When cholecystitis does develop, during pregnancy, often, conservative management is enough. This means that you are given antibiotics and pain medication while doctors monitor your condition. Cholangitis also requires antibiotics also are needed in many cases of cholangitis, but sometimes antibiotics can be avoided in cases of pancreatitis. Among the antibiotic regimens effective against these conditions, there are several that are safe during pregnancy.¹

Who should NOT stop taking medication for gallstones during pregnancy?

If you are given antibiotic treatment, you must NOT to stop taking the antibiotics without consulting with your physician. If have a reaction to a particular antibiotic, your doctor can substitute a different antibiotic.

What should I know about choosing a medication for my gallstones 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 Pregistrysty's expert reports about the medications to treat this condition in www.pregistry.com/expertreports. Additional information can also be found in the sources listed below.

What should I know about taking a medication for gallstones when I am breastfeeding?

Because there are a large number of categories of antibiotics and categories of pain medications, medical regimens for treating cholecystitis and other gallstone complications are available that are safe if you are nursing.¹

What alternative therapies besides medications can I use to treat my gallstones during pregnancy?

You can slow the growth of gallstones and reduce your risk of a duct obstruction through some lifestyle changes. If you are obese, losing weight is an important change. You also can increase the concentration of HDL cholesterol in your blood by engaging in exercise, and adding dietary sources of monounsaturated fatty acids, such as fish and olive oil. Quitting smoking also may help.

What can I do for myself and my baby when I have gallstones during pregnancy?

Reduce your controllable risk factors, such as smoking, overeating, and avoidance of exercise. Inform your doctors about any drug side effects that you experience.

Resources for gallstones in pregnancy:

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

- [Mayo Clinic. Gallstones](#)
- [Healthline Understanding Gallstones: Types, Pain, and More](#)

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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.