

Jaundice

Information for women who have jaundice 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 jaundice in pregnancy?

Jaundice is a situation in which the skin and sclera (whites of the eyes) look yellowish. This is due to the accumulation of a pigment called bilirubin, which can happen for a variety of reasons, including liver disease, obstruction of the duct system that carries bile between the liver, gallbladder, and small intestine, and excessive hemolysis, (the breakdown of red blood cells (RBCs)).

Pregnant women can suffer from [liver diseases](#), such as viral [hepatitis](#), just like those who are not pregnant. There are also a handful of liver problems that strike pregnant women in particular - these conditions include [hyperemesis gravidarum \(HG\)](#), [hemolysis and elevated liver enzymes and low platelets \(HELLP\) syndrome](#), [acute fatty liver of pregnancy \(AFLP\)](#), and [intrahepatic cholestasis of pregnancy \(ICP\)](#).

A duct obstruction issue that may strike pregnant women is cholecystitis inflammation of the gallbladder, which usually is caused by obstruction of a particular duct called the cystic duct. Typically, the obstruction is the result of what doctors call cholelithiasis, meaning the presence of gallstones, which usually are made of cholesterol or bilirubin. Cholecystitis can develop during pregnancy because of hormonal changes and because the movement of bile is slowed, allowing stones to grow and accumulate. Although many people have some level of cholelithiasis, they are not always big enough or in the right location to obstruct the cystic duct, and so they do not usually develop cholecystitis. Because pregnancy stimulates gall stone buildup, however, repeated pregnancies increase your chances of suffering cholecystitis in middle age. Hemolysis can happen for various reasons that cause RBCs to get trapped in small blood vessels. One of the various reasons is [sickle cell disease](#) because it changes the shape and flexibility of the RBCs.

How common is jaundice during pregnancy?

Jaundice is fairly common in pregnancy. Still, since it is a sign of various body abnormalities, rather than being a disease, there have not been any studies devoted to the epidemiology of jaundice in pregnancy in recent decades. Liver disease itself develops in about 3 percent of pregnancies, while gallstone-related problems, including cholecystitis, have been reported to affect 0.05 to 8 percent of pregnancies.

How is jaundice used in the diagnosis of conditions during pregnancy?

The finding of jaundice on physical examination is often an important clue, telling the doctor about possible problems with the liver, bile obstruction, or hemolysis. Jaundice would lead to a diagnostic workup that would include blood tests in all cases, and often imaging procedures, such as specialized forms of ultrasonography.

Does jaundice cause problems during pregnancy?

Maternal jaundice itself does not cause problems, but the underlying conditions often do. At the most severe end of the range are certain liver conditions, such as AFLP, which can disrupt multiple organs, leading to kidney failure and/or liver failure, even to the point that you need a liver transplant.

Does jaundice during pregnancy cause problems for the baby?

Maternal jaundice itself does not cause problems for the baby. However, because there is a great range of severity among underlying conditions that cause jaundice, there are varying degrees to which the fetus can be affected, from no effect to fetal death.

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 jaundice
- 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 jaundice during pregnancy?

Medications are for treating the underlying causes of jaundice, and there is a range of medications, depending on the condition. ICP, for instance, is treated with ursodeoxycholic acid (UDCA), which is safe both for the mother and her fetus. In the case of HG, the first medication that often is given is a combination of two drugs called [doxylamine succinate](#) (an antihistamine) and pyridoxine HCl (vitamin B6), which together are known as [diclegis](#). The treatment is safe for the baby, but its main use is not for HG, rather for [nausea and vomiting](#) of pregnancy. First-line drugs specifically for HG include

[ondansetron](#) and metoclopramide, while second choice drugs offered to patients who do not improve with one of the other drugs include promethazine, [clonidine](#), and mirtazapine. In cases of cholecystitis, you may be given antibiotics and pain medication, which, during pregnancy, often is favorable to the alternative, which is surgery. Because there are a large number of categories of antibiotics and pain medications, there are medical regimens for cholecystitis that are considered safe for pregnancy.

Who should NOT stop taking medication for jaundice during pregnancy?

In many cases, medications are vital to keep your condition stable, so they must not be withheld. This is particularly true of certain pregnancy liver complications, such as AFLP and HELLP syndrome.

What should I know about choosing a medication for my jaundice 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 my jaundice when I am breastfeeding?

Many of the pregnancy-related liver complications that cause jaundice clear up after delivery, such that you would no longer need the particular medication. In the case of an infectious cause, such as cholecystitis, there are a large number of categories of antibiotics and pain medications, so there are medical regimens available that are considered safe in nursing mothers.

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

Jaundice is an indication of a serious underlying condition. Most of the conditions that cause jaundice require some medication, except in the case of [hepatitis A](#) virus, which typically resolves on its own without any specific medication, or with limited medication, such as to treat fever. Similarly, with [hepatitis C](#) virus, although there is a treatment consisting of two anti-viral medications, one component of the treatment is not well studied in the setting of pregnancy, so it is recommended that pregnant women take the therapy, only as part of a clinical trial.

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

Cooperate with your physicians. These are serious complications, but if recognized early and managed efficiently, they are frequently survivable, both for mother and child.

Resources for jaundice in pregnancy:

For more information about **jaundice** during and after pregnancy, contact

<http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or contact the following organizations:

- [Mayo Clinic. Cholestasis in Pregnancy](#)
- [Cleveland Clinic. Gallstones](#)

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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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