

# Pancreatitis

## Information for women who have pancreatitis 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 pancreatitis during pregnancy?

Pancreatitis is inflammation of the pancreas, an organ located in the back of the upper abdomen, behind the stomach. The pancreas is both an *endocrine* gland that releases four different hormones into the blood and an *exocrine* gland that releases digestive enzymes and a base called bicarbonate ( $\text{HCO}_3^-$ ) into the small intestine. The pancreas can become inflamed for a variety of reasons, including damage from certain drugs, but the most common causes are alcohol abuse and gallstones. In connection with pregnancy, gallstones constitute the main scenario. The issue is not so much the development of pancreatitis during pregnancy, which is very rare, but that having multiple pregnancies increases your risk of developing gallstone disease, as does being overweight (or [obese](#)), being in your forties, and simply being female. A gallstone can obstruct the pancreatic duct, which runs through the length of the pancreas and joins with the common bile duct, or it can obstruct the common bile duct. In either case, pancreatic secretions, which include digestive enzymes, backup within the pancreas.

Consequently, the digestive enzymes partly digest pancreatic tissue itself, leading to inflammation. More often, this causes acute pancreatitis (AP), pancreatitis whose symptoms are severe with sudden onset, but it is also possible to have chronic pancreatitis (CP) (pancreatitis that waxes and wanes over time). As with AP, CP has multiple causes, including alcohol abuse, but CP can also develop as a result of multiple episodes of AP, making the pancreatic tissue increasingly susceptible to inflammation. It also can result from autoimmune disease.

### How common is pancreatitis during pregnancy?

AP is rare during pregnancy, with reported rates of approximately 3 cases per 10,000 pregnancies. CP is even rarer in women of childbearing age, with a Japanese study reporting 12 cases for every 100,000 women (not necessarily pregnant).

## **How is pancreatitis during pregnancy diagnosed?**

Clues that you may be suffering from pancreatitis come from symptoms, notably epigastric pain (pain just below the ribs, which typically radiates around your torso to the back. The pain tends to worsen after a meal because the meal stimulates the secretion of pancreatic enzymes. Blood will be drawn for various lab tests, such as a comprehensive metabolic panel (CMP), a complete blood count (CBC), and often liver function tests, but particularly important information comes from tests for levels of lipase and amylase. These are pancreatic enzymes that leak into the blood when the pancreas is inflamed. A finding that they are elevated at least three times the upper limit of the normal range suggests AP. Of these two enzymes, lipase is more specific than amylase for pancreatitis (meaning that amylase is often elevated due to causes other than pancreatitis). These enzymes often are not so elevated in cases of CP. Definitive diagnosis can be made either with cholangiopancreatography (ERCP) or with magnetic resonance cholangiopancreatography (MRCP). In addition to its diagnostic capability, ERCP offers the advantage of being able to treat some causes of pancreatitis, for instance through the removal of a stone. However, it also has disadvantages, firstly that it can cause an episode of AP. This results from the inadvertent injection of contrast dye into the pancreatic tissue itself and is a fairly common reason for malpractice suits. Second, ERCP exposes you and your fetus to some ionizing radiation; the dose is fairly low, but doctors generally prefer to avoid it anyway. In contrast, MRCP does not impart any ionizing radiation dose and its diagnostic capability is good and is constantly improving, though it cannot be used for any kind of treatment. In addition to these tests, you also may be evaluated with abdominal ultrasonography.

During the diagnostic workup, doctors will assess your age and various lab test results into what's called Ranson criteria. This generates a score that is used to determine whether your pancreatitis is mild, requiring only supportive measures and monitoring, or if it is likely to be severe AP. In the latter case, you must be admitted into the intensive care unit (ICU), and there could be particularly dangerous complications, notably the pancreas bleeding and becoming infected.

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

As noted above, pancreatitis gives you abdominal pain, typically around the upper abdomen to your back, and the pain gets worse when you eat. AP can include life-threatening complications, such as bleeding and infection which can lead to necrosis (death of the tissue of the organ), or to sepsis, (infection throughout the body). Both AP and CP cause digestive difficulty that can include [diarrhea](#) and lack of absorption of food and fat-soluble vitamins. This causes nutritional deficiencies and weight loss, which can be detrimental to pregnancy, in which you are supposed to gain weight. Pancreatitis,

especially, CP also can cause hormonal problems, such as type 1 [diabetes](#), and various other complications in numerous organs. [Depression](#) also can develop in those with pancreatitis, and over time, CP can lead to pancreatic [cancer](#).

### **Does pancreatitis cause problems for the baby?**

AP is associated with preterm birth and prematurity, as well as 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 pancreatitis
- 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 pancreatitis during pregnancy?**

In the setting of AP with infection, antibiotic treatment is needed. Some of the antibiotics given to non-pregnant AP patients have risks for the baby, but others can be given that are considered acceptable during pregnancy. Other medical treatments typically given include supplemental digestive enzymes for CP (to replace enzymes that the pancreas is not producing), pain medication, insulin for diabetes, [corticosteroids](#) for autoimmune pancreatitis, and antidepressants, since depression often develops along with pancreatitis. With some of these medications, there are pregnancy risks, but often there are choices within categories of drugs with options that are fairly pregnancy safe.

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

There are particular situations in which you cannot stop medications. Examples include insulin for diabetes resulting from an inflamed pancreas not making insulin, antibiotics for an infected pancreas or resulting sepsis, and digestive enzymes for CP.

### **What should I know about choosing a medication for my pancreatitis 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 Pregistryst's 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 pancreatitis when I am breastfeeding?**

If you are being treated for AP, then you would be NPO, meaning that you cannot eat, which makes it very challenging to breastfeed. If you have CP, then the appropriateness of nursing depends on the particular underlying condition. As noted earlier, CP is extremely rare among new mothers.

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

Mild cases of AP are treated with supportive measures. This means that you will be admitted to the hospital and given fluid hydration intravenously and nothing by mouth (no food). If you develop complications, you may need surgical intervention, such as debridement for a necrotic pancreas. Sometimes, CP is treated with surgical procedures, such as a Whipple procedure in which the head of the pancreas is removed along with part of the small intestine, part of the common bile duct, the gallbladder, and sometimes part of the stomach.

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

Follow the instructions of your physicians and dietician.

### **Resources for pancreatitis in pregnancy:**

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

- [Cleveland Clinic. Pancreatitis](#)
- [Mayo 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.