

Pelvic Inflammatory Disease

Information for women who have pelvic inflammatory disease 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 pelvic inflammatory disease during pregnancy?

Pelvic inflammatory disease (PID) is inflammation of the female reproductive organs and the surrounding area, so it features inflammation of the cervix (cervicitis), the fallopian tubes (salpingitis), the lining of the uterus (endometritis), and the membrane that lines the pelvic and abdominal cavities (peritonitis). Typically, the inflammation is due to a [bacterial infection](#), usually with the species *Chlamydia trachomatis* or *Neisseria gonorrhoeae*, which are sexually transmitted infections (STIs), but you also can develop PID from non-sexual infections of bacteria coming either from outside or from your body. Such non-sexual infections can result from foreign objects in your reproductive tract, such as a douche or tampon (especially if left in too long) or occasionally from an intrauterine device (IUD) inserted for birth control. It is unusual for women to develop PID during pregnancy, but when it does happen during pregnancy, usually, it is during the first trimester. More commonly, PID is an issue affecting how easily you can become pregnant in the first place and your chances of developing an [ectopic pregnancy](#) (a pregnancy outside of the uterine cavity), especially an ectopic pregnancy located in the fallopian tube.

How common is PID during pregnancy?

Although PID is quite rare during pregnancy, it is a major health issue in young women with implications on fertility and on the risk for ectopic pregnancy. Based on data from the year 2018, the US Centers for Disease Control and Prevention reports approximately 2.5 million women, ages 18-44, in the United States have been diagnosed with PID at some point in life. You are at elevated risk for PID if you have multiple sex partners, if your partner has multiple sex partners, if you are below age 25, if your age at your first intercourse was below 15 years, if you have a history of sexually-transmitted disease (STD),

or, if your ethnicity is not Caucasian. Also, if you have recently received certain types of IUD, this may put you at risk.

How is PID diagnosed?

First of all, unless known to be pregnant already, any premenopausal woman who is suffering from abdominal [pain](#) must be given a pregnancy test, in which your urine is tested for the presence of the hormone beta-human chorionic gonadotropin (β hCG), which may be followed up with a β hCG blood test. A positive pregnancy test will point the diagnostic workup toward the goal of finding or ruling out an ectopic pregnancy. If the pregnancy test is negative, then [appendicitis](#) and PID will be high on the list of possibilities, especially if you are young (below age 25), and have other risk factors. On the other hand, doctors will be thinking more about gallbladder problems, if you are at least in your forties, and particularly if you have given birth to many babies. Doctors will also test your blood for signs of infection (elevated white blood cell count) and inflammation, and possibly for STIs. You will also get a pelvic ultrasound exam, and a procedure called laparoscopy in which the gynecologist can view the inside of your pelvis and abdomen with a camera and light through a tube to look for inflammation.

Does PID cause problems during pregnancy?

PID causes severe abdominal pain and often (but not always) [fever](#), plus vaginal discharge and bleeding, painful urination, and pain (and sometimes bleeding) with intercourse. As noted above, PID is rare during pregnancy. When it does occur during pregnancy, usually, it is during the first trimester. When this happens, PID can be easily confused with other emergencies that cause pain, such as appendicitis, and any diagnostic confusion related to pain and infection during pregnancy can be dangerous.

More commonly, PID is an issue related to fertility and ectopic pregnancy, because the salpingitis component of PID causes scarring in the fallopian tubes. Normally, after leaving the ovary, an ovum (egg) moves through the fallopian tube, where it can be fertilized by a sperm cell, producing a zygote that continues through the tube as it develops into a blastocyst, which implants in the endometrium, the lining of the uterus. Fallopian tube scarring makes it difficult to get through the tube. As a result, fertilized ova will typically die, rather than reaching the endometrium and implanting, and so PID impairs fertility. Alternatively, sometimes a blastocyst will get stuck in the tube and take root there, causing a tubal pregnancy. Such a pregnancy is not viable, at least with the current level of medical technology. If it does not terminate itself very early, the growth of the embryo in the tube will cause severe abdominal pain, and eventually, the tube can rupture, causing internal bleeding, which can lead

to what doctors call hypovolemic shock that can be fatal.

Does PID cause problems for the baby?

If PID does occur during pregnancy, and it is not discovered early and treated with appropriate antibiotics, there is an elevated risk that the fetus will be lost later in the pregnancy.

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 PID
- 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 PID during pregnancy?

Whether it occurs during pregnancy (rare), or outside of pregnancy, PID must be treated with antibiotic medication. The first choice antibiotic is ceftriaxone (intramuscular injection in a single dose), which is not thought to be dangerous during pregnancy. Outside of pregnancy, the next choice is [doxycycline](#), which is best avoided during pregnancy, but there are still choices of regimens that are not thought to be harmful in pregnancy. These include metronidazole (given orally) and cefoxitin (injected) together with probenecid (oral). Fever should be treated with anti-fever medication such as [acetaminophen](#).

Who should NOT stop taking medication for PID during pregnancy?

If you are taking an antibiotic regimen for PID, it is important to continue the treatment until it is completed. If you have an adverse reaction to a particular medication, your doctor can switch you to a different regimen.

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

PID is quite rare during the year after a woman gives birth, but if PID does develop while you are nursing, you need antibiotic treatment. Generally, the antibiotics that are given for PID are considered

compatible with nursing, when given for short periods of time.

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

PID is best treated with antibiotic medications to eliminate the infection, so that the inflammation subsides quickly, minimizing the damage. If PID occurs during pregnancy, treatment with antibiotics is vital for protecting the baby. Maintaining your hydration by drinking adequate amounts of fluid can be helpful.

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

Follow the instructions of your physician. Take your antibiotic treatment on the appropriate schedule and report any adverse effects of the medication immediately to your doctor.

Resources for PID in pregnancy:

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

- [Mayo Clinic. Pelvic Inflammatory Disease \(PID\)](#)
- [Healthline. Pelvic Inflammatory Disease](#)

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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.