Fatty Liver Disease Signals High-Risk Pregnancy

A new study analyzed how non-alcoholic fatty liver disease affects maternal health outcomes.

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Due to its myriad potential negative effects on maternal health and pregnancy outcomes, non-alcoholic fatty liver disease (NAFLD) in pregnant women should lead physicians to consider their pregnancy as high risk, according to the authors of a new study. Women with fatty liver disease who are considering getting pregnant, the authors posit, should therefore receive preconception counseling about these risks.

Fatty liver disease involves the accumulation of fat on the liver and can give rise to fibrosis, or scarring, of the organ and hepatocellular carcinoma (the most common form of liver cancer). In its more severe form, NAFLD is known as non-alcoholic steatohepatitis (NASH).

As described in the Journal of Hepatology, researchers analyzed hospital discharge records from the U.S. National Inpatient Sample database, covering 2007 to 2016. They examined NAFLD trends among some 18.5 million adult women who gave birth following at least 20 weeks of gestation, regardless of whether they had a live birth or a stillbirth.

A total of 5,640 of these women had fatty liver disease, while 115,210 had other forms of chronic liver disease.

Out of every 100,000 pregnancies, the proportion of women with NAFLD increased nearly threefold during the study period, from 10.5 pregnancies in 2007 to 28.9 pregnancies in 2015.

The investigators found that NAFLD was associated with preeclampsia, eclampsia, HELLP (hemolysis, elevated liver enzymes, low platelets) syndrome, preterm birth and maternal bleeding following delivery. These associations were all independent of preexisting metabolic health conditions.

“Emerging U.S. data highlight the largest rise in NAFLD incidence among adults under 40 years of age, and NASH is now the leading indication for liver transplantation in young adults,” the study’s lead investigator, Monika Sarkar, MD, of the University of California, San Francisco, Division of Gastroenterology and Hepatology, said in a press release. “The public health implications of NAFLD and NASH in young adults, including women of childbearing age, are therefore vast. In the

current study, we investigate the implications of NAFLD in young women and demonstrate that it does indeed confer distinct risks for their pregnancies, including both maternal and perinatal health."

"These data support the need for more routine consideration of NAFLD in pregnancy, particularly in women with existing metabolic comorbidities," Sarkar continued. "Women with NAFLD warrant preconception counseling regarding maternal and perinatal risks as well as management by a high-risk obstetrician during pregnancy."

To read the study, click here.

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