



Lipid Treatment in Conception, Pregnancy, and Lactation

Patient-Centered Education from the National Lipid Association

Facts To Know About Cholesterol and Triglycerides In Pregnancy

- Cholesterol and triglycerides (TGs) are fats that circulate in the blood and are essential for life. Healthy levels fall within certain ranges. A fasting *Lipid Panel* can be checked when your pregnancy is confirmed.
- Small changes in blood cholesterol and TGs are expected during pregnancy. Levels first fall and then rise during pregnancy to provide energy for the growing fetus and for maternal milk production. Women who have high cholesterol or TGs *before* pregnancy may develop even higher levels while pregnant. Others may develop high levels in pregnancy only. If your blood cholesterol or triglycerides are high during your pregnancy, you will require periodic testing. In some cases, specific treatment may be needed.
- A healthy diet during pregnancy is essential for improving your chances of delivering a healthy baby. A special diet may be needed if you have high cholesterol or triglycerides during pregnancy. Referral to a registered dietitian nutritionist (RDN) also may be needed. Referral to a lipid specialist may be needed for medications or other treatment. The National Lipid Association has provided the information below for general guidance.



High Cholesterol and Triglyceride Monitoring and Treatment During Conception, Pregnancy and Lactation

If you take medicine for high cholesterol or TGs and are planning pregnancy, stop these medications for 2-3 months before conception to reduce fetal risks. Obtain periodic lipid testing during pregnancy and lactation. If you become pregnant while on these medications, stop medications and inform your provider.*

If you develop **mild or moderately increased cholesterol or TGs** while pregnant, lifestyle treatment is the first step. Reduce dietary saturated fat and added sugars, and engage in moderate exercise if approved by your provider. Obtain periodic lipid testing.

If you develop **very high cholesterol or have known Familial Hypercholesterolemia (FH)** and are pregnant, you may safely take a bile acid resin (like colestevlam). For pregnant women with FH, LDL Apheresis also can be used. Statins should be avoided. Regular lipid testing is recommended.

If you develop **very high TGs or have known Familial Chylomicronemia Syndrome (FCS)** and are pregnant, fenofibrate can be started in the 2nd trimester. Prescription omega-3-fatty acids also can be considered. A TG level of more than 1,000 mg/dl requires a very low fat diet, dietitian care, and frequent lipid testing.

* If taking medications to lower cholesterol or triglycerides in pregnancy talk to your doctor about enrolling in a health agency registry that tracks health outcomes.

This information is provided Courtesy of the National Lipid Association
For more information, refer to Jacobson et al. *Journal of Clinical Lipidology* 2015;9:S1-S122.