

7 PREGNANCY

Many women who develop primary Addison's disease are diagnosed around the age of 40, by which time most have had their families already. For younger women, it is possible to have a healthy pregnancy and normal childbirth with Addison's, provided that you ensure you receive good medical care throughout the pregnancy and maintain your medication regime carefully.

a) BECOMING PREGNANT

In general, Addison's disease does not affect a woman's fertility. A few women have become pregnant despite advanced, untreated symptoms of the disease. Women with Addison's disease have also successfully completed IVF treatment to become pregnant.

However, Addisonian women may find that they become temporarily infertile if their medication regime is severely inadequate and they are experiencing pronounced symptoms of steroid insufficiency. A small proportion of women with Addison's also develop premature ovarian failure.

"I delivered my firstborn daughter just six months ago. I was lucky enough to conceive straight away and had a fairly uneventful pregnancy until about 7 and a half months. I began having 'sinking' spells in the morning where I felt very weak and had trouble breathing. After initially being told this was 'normal' in late pregnancy my endocrinologist increased my steroids and I felt much better. I delivered vaginally with a 100mg dose of intravenous hydrocortisone prior to delivery. My baby is healthy; she's a big girl (95th percentile) and weighed 9 pounds 3 ounces at birth." WENDI

b) MANAGING YOUR PREGNANCY

During pregnancy most women simply need to continue with their pre-pregnancy medication levels. However, some women find that their medication requirements go either up or down. So it is important to arrange for specialist monitoring of your pregnancy from the first months. It is most common for women to need a slight increase in their medication during the last three months, due to the gain in weight and body fluids.

c) CHILDBIRTH

Giving birth is a highly demanding physical activity, so it needs extra steroid cover. This is usually provided as a hydrocortisone injection at the onset of the second stage of labour. If the first stage of labour is prolonged, you may also need a steroid injection then. After the birth your steroid cover should be returned to your normal medication levels as rapidly as possible. Usually, you can go back to your normal dose immediately after the birth.

If you are having a caesarean this will also need extra steroid cover, the same as for any other form of major surgery.

A caesarean requires extra steroid cover during the operation and for 48 hours afterwards. This can either be provided in the form of steroid injections every 8 hours or as a drip with intravenous hydrocortisone. Major surgery such as a caesarean usually requires that you have no food or drink from 8 hours before the operation. A drip with saline solution can prevent any risk of dehydration occurring during this period so ask your anaesthetist if this can be provided. After 48 hours your steroid cover should be returned to your normal medication dose as rapidly as possible. Usually, you can go back to your normal dose immediately.

Needless to say, home birth is not recommended.

"I have had my three children since I was diagnosed with Addison's. I did fine on my normal medication until the end when I got pretty big. I had to be induced with all three and found that it was important to get a drip with intravenous hydrocortisone going as soon as labour started. I also had to stay on increased steroids for about ten days after delivery. My kids were very healthy and weighed 7 pounds 3 ounces, 9 pounds 5 ounces and 10 pounds 1 ounce at birth. I felt better when I was pregnant than I do when I'm not. My kids are now seven, five and two." LINDA

d) CARING FOR A NEWBORN BABY

During the early months of a newborn's life they require round the clock care. If you are spending long periods of time up in the middle of the night caring for your newborn(s), you may need to adjust your medication regime. Try taking your medication

more frequently, in smaller amounts to match the periods when you and your baby are awake and asleep. You can safely take your first dose of the day as early as 3am, if that is when your baby wakes you.

e) INHERITANCE

In most cases, Addison's disease is not inherited. In a few cases it can be, as mentioned in section 2: *Related autoimmune conditions*. Ask yourself if any of your extended family has Addison's or a related autoimmune condition? If so, there is a small

possibility that your child might develop an autoimmune endocrine condition. In those rare cases where children develop Addison's disease, the symptoms usually become apparent during their teenage years, rather than during early childhood.