

Pregnancy and Osteoporosis

Consumer Leaflet



This leaflet is about the rare and sudden occurrence of osteoporosis during pregnancy, usually diagnosed after birth. If you have had a fracture during or after pregnancy, then please speak to your doctor or health care professional. Optimising bone health during pregnancy is also important for those women already diagnosed with low bone density (osteopenia) or osteoporosis.

What is Pregnancy Associated Osteoporosis?

Pregnancy associated osteoporosis (also called transient osteoporosis of pregnancy) is a rare condition where a woman's bones break easily during pregnancy or in the weeks after she has given birth^{1,2}. These breaks normally occur in the spine, and sometimes the hip. While this can be painful and debilitating for a time, the bones usually heal quickly and most women recover fully without their daily lives being affected. Pregnancy associated osteoporosis is generally short-lived, and most women who have had this condition do not suffer broken bones in later pregnancies. It is still unclear whether women who have had pregnancy associated osteoporosis are more likely to suffer from osteoporosis and broken bones in later life.

What causes Pregnancy Associated Osteoporosis?

There is still uncertainty to why some women are more susceptible to their bones becoming fragile (low bone density) during pregnancy, and more research is needed to understand the condition. It is possible that some women already have low bone density before they become pregnant, as a result of chronic disease, medications or lifestyle, and the increases in bone metabolism that occur naturally in pregnancy bring added stresses to the skeleton³. Pregnancy also places more demands on the skeleton's 'calcium bank'. A healthy diet with adequate calcium and vitamin D levels will normally meet this demand, but in a small proportion of women, inadequate calcium and vitamin D may lead to excessive 'withdrawals' from the bank and a weakening of the bones during pregnancy⁴.

Some women need to have heparin injections during their pregnancy to treat a serious condition called anti-phospholipid

syndrome. Heparin has been associated with pregnancy-associated osteoporosis in some⁵ but not all research studies⁶. Overall, the risks to the survival of the baby if heparin is not taken are far higher than the risks of osteoporosis. If you have been taking heparin prior to or during your pregnancy, it is worth discussing this with your doctor.

How is Pregnancy Associated Osteoporosis diagnosed?

Pregnancy related osteoporosis is usually not diagnosed until after the baby is born. This is because osteoporosis itself generally doesn't have any symptoms until a fracture occurs, and in pregnancy associated osteoporosis, most fractures occur during or soon after the birth. Symptoms may include back pain and loss of height. Back pain is quite common during pregnancy for other reasons, so your doctor may not suspect osteoporosis. X-rays and bone scans that are routinely used to diagnose osteoporosis are usually avoided during pregnancy because of the small risks to the baby associated with radiation. Even after the baby is born, it may take some time to be diagnosed as the pain associated with fracture may be mistaken for post-pregnancy and labour aches. If osteoporosis is suspected after you have given birth, you may have a bone density (DXA) scan to measure the strength of your bones, as well as a normal x-ray to detect any broken bones. You may also need to have other tests to try to find out what has caused the osteoporosis.



Can pregnancy associated osteoporosis be treated?

Generally, fractures in spinal bones (vertebrae) that occur during or after pregnancy will heal without much intervention.

If you have had a spinal fracture, you may need to rest for a period to help the fracture to heal.

If the pain from your fracture is severe, it is important to discuss pain relief with your doctor, so that you can start moving about as soon as possible. This is because being immobile for too long can lead to other health problems. If you are apprehensive about taking pain relief medicines while you are breastfeeding, it is a good idea to speak with your doctor about the medicines that are safe for you to use. Other methods of pain relief, such as hydrotherapy or the use of a TENS machine, may be helpful. Without adequate pain relief, you may find everyday tasks painful and difficult.

Can I breastfeed?

It is important to speak to your doctor about any concerns you have around breastfeeding.

Some doctors strongly advise against breast-feeding if you have this condition, as breast-feeding draws calcium from the skeleton and can delay the recovery of your bone strength^{7,8}. If you are eating a healthy diet with enough calcium and you are getting enough vitamin D, you are unlikely to need vitamin supplements while you are breast-feeding. However, you may want to discuss with your doctor the possibility of taking calcium and vitamin D supplements if you are concerned about your diet during this time.

Breast-feeding has benefits for both mother and baby, and the decision to breast-feed is very personal. It is vital that you discuss the issues related to breast-feeding and pregnancy associated osteoporosis with your doctor so that you can make the best decision for you and your baby.

How long will it take to recover?

Fracture healing and regaining bone strength takes some time, so it's important to be patient, and make sure you have enough rest. Symptoms will generally improve two to six months after your baby is born.

Spinal bones that have been broken often do not return to their original shape when healed, and this can cause ongoing pain in the surrounding muscles. If you have had a spinal fracture, doing special exercises after your baby is born can help to strengthen your back and reduce pain⁹. It is worth speaking to a physiotherapist about exercises you can do to help. Exercise will

help you to recover from your fracture, but it is important to be cautious and take expert advice. It's also important to realise that your body has gone through a trauma, and that you will need plenty of support and assistance. It may be helpful to speak to your family and friends about getting the help you need.

Will my baby be affected?

Pregnancy Associated Osteoporosis does not cause the developing baby any harm, and your baby's bones will not be affected by the condition.

Can I have more children?

Pregnancy Associated Osteoporosis is most common in first pregnancies, although the condition can occur in subsequent pregnancies². Although many women who have suffered pregnancy associated osteoporosis do go on to have subsequent pregnancies and births that are trouble-free, it is important that you discuss any personal risks of future pregnancies and birth choices with your health care professionals and the people close to you.

Do you have more information on osteoporosis and management?

For more information on osteoporosis generally, and how calcium, vitamin D, and exercise can be beneficial to your bone health, please see the 'information to download section' of our webpage or call our toll-free information line on 1800 242 141.

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