

## Patient information

### **Pregnancy and Prolactinoma**

#### Diabetes and Endocrinology Department

This leaflet has been written to provide information for women with a prolactinoma who become pregnant.

Further information regarding the management and treatment options for prolactinoma can be found in a separate leaflet 'Prolactinoma' PIF 1014.

#### **What is a Prolactinoma?**

A prolactinoma is a benign tumour (non-cancerous) of the pituitary gland. The tumour secretes an excess of the hormone prolactin.

These types of tumour can be divided into two groups: microprolactinoma and macroprolactinoma. These terms simply refer to the size of the tumour.

Micro means less than ten millimetres and macro means more than ten millimetres in size.

#### **How will being pregnant affect my prolactinoma?**

It is normal for the pituitary gland to enlarge and for prolactin production to increase during pregnancy in women without pituitary disorders. In pregnancy the placenta produces its own form of prolactin so blood levels can be very high as a normal feature.

Women with a prolactinoma may experience further enlargement of the pituitary gland during pregnancy.

One to five percent of pregnant women with a microprolactinoma will have symptoms related to the growth of their prolactinoma. In women with a macroprolactinoma, the risk of symptomatic prolactinoma growth may be as high as 35 percent.

#### **What problems can an enlarged prolactinoma cause?**

An increase in the size of your prolactinoma can put pressure on your brain or the nerves surrounding the brain; including the nerves of vision (optic nerve).

#### **This can cause the following 'pressure symptoms':**

- Headaches.
- Double vision and constriction of vision.

**If you experience changes to your vision or an increase in the frequency and severity of headaches, nausea, vomiting, extreme lethargy, excessive thirst or urination you should contact your family doctor (GP) endocrinologist or endocrine nurse immediately.**

### **Will I need to have my prolactin level checked during pregnancy?**

It is not necessary to routinely measure prolactin levels during pregnancy as it is normal for prolactin levels to rise (sometimes as much as ten times normal level) as your pregnancy progresses.

### **Should I continue to take my Dopamine Agonist medication?**

Before your pregnancy, you may have been taking a tablet known as a dopamine agonist. The three main dopamine agonists commonly used are: Bromocriptine, Cabergoline and Quinagolide. This medication will normally reduce the size of the prolactinoma and reduce the level of prolactin. You may have had your medication changed to bromocriptine while you were trying to become pregnant as this has the longest safety record in those trying to conceive whilst on dopamine agonists. However there is increasing evidence that cabergoline is also safe to use while trying to conceive.

During pregnancy, doctors generally prefer to keep medication to a minimum. Therefore, as soon as you become pregnant, your doctor will probably advise you to stop taking your dopamine agonist medication.

However, if your prolactinoma was greater than ten millimetres in size before your pregnancy, you may be advised to continue taking a dopamine agonist. This may be a different preparation to your normal tablet.

### **Why has my dopamine agonist changed?**

Bromocriptine is considered to be the safest dopamine agonist to take during pregnancy. Therefore, if you were taking cabergoline or quinagolide before your pregnancy, you may have your medication changed to bromocriptine.

### **How do I take bromocriptine?**

Bromocriptine is usually taken one to two times daily.

Before you start to take this medication, we recommend you read the manufacturer's printed information leaflet which comes with the tablets.

### **Are there any side-effects with the bromocriptine?**

You may experience some dizziness when you first start taking the tablets. For this reason we recommend you take bromocriptine in the evening, usually with your evening meal.

Other common side-effects related to bromocriptine include nausea, headaches and constipation. If you experience any side-effects please let your doctor/endocrine nurse know.

**Try not to stop taking your medication before speaking to your doctor as they may decide to change your medication or give you something to help with the side-effects.**

### **Will taking bromocriptine affect my baby?**

Bromocriptine has a long safety record for use during pregnancy. There is no evidence to suggest there is any increase risk of harmful effects in babies born to mothers who have taken bromocriptine during pregnancy.

### **What will happen if I don't take the tablets?**

The prolactinoma will most likely get bigger. As it gets bigger it may cause problems with your vision such as tunnel vision or blindness. You may also not be able to produce other important hormones such as thyroxine or cortisol; this is because the tumour is stopping your pituitary gland from working properly. If this happens you can very quickly begin to feel ill and lethargic.

### **What are the alternative treatments, if I am unable to tolerate the dopamine agonist medication and I am experiencing 'pressure symptoms'?**

If the bromocriptine does not decrease the size of your prolactinoma and reduce any 'pressure symptoms' you may be experiencing or if you are unable to tolerate any of the dopamine agonist medications; surgery to the pituitary gland may be needed.

### **Will I need an MRI of my pituitary gland during my pregnancy?**

It is not usually necessary to have an MRI scan during pregnancy. However, your doctor may consider arranging an MRI of your pituitary gland if you develop severe headaches or visual problems.

We may also arrange for you to have your visual fields checked at St Paul's out patient's department at the Royal Liverpool hospital.

### **Will I be able to breastfeed if I have a prolactinoma?**

Breast feeding should not be a problem as long as you are not taking dopamine agonist medication.

Bromocriptine can pass into the breast milk and therefore, breast feeding is not recommended while taking this medication. Also, you may find it difficult to produce breast milk when taking bromocriptine due to the fact this medication normally suppresses milk production.

### **How often will I need to be seen in the endocrine ante-natal clinic?**

We would normally plan to see you every two months throughout your pregnancy.

### **Feedback**

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others.

Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further information

**Please feel free to contact the Endocrine Specialist Nurses with any questions you may have. There is an answer machine where you can leave your name and contact details. We will return all calls.**

### Endocrinology Specialist Nurses

**Tel: 0151 706 2417**

**Text phone number: 18001 0151 706 2417**

### Dr Purewal's secretary

**Tel: 0151 706 3561**

**Text phone number: 18001 0151 706 3561**

### Related Patient information leaflets:

- **Transsphenoidal surgery (PIF 249)**
- **Prolactinoma (PIF 1014)**

**Author: Diabetes and Endocrinology Department**

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