

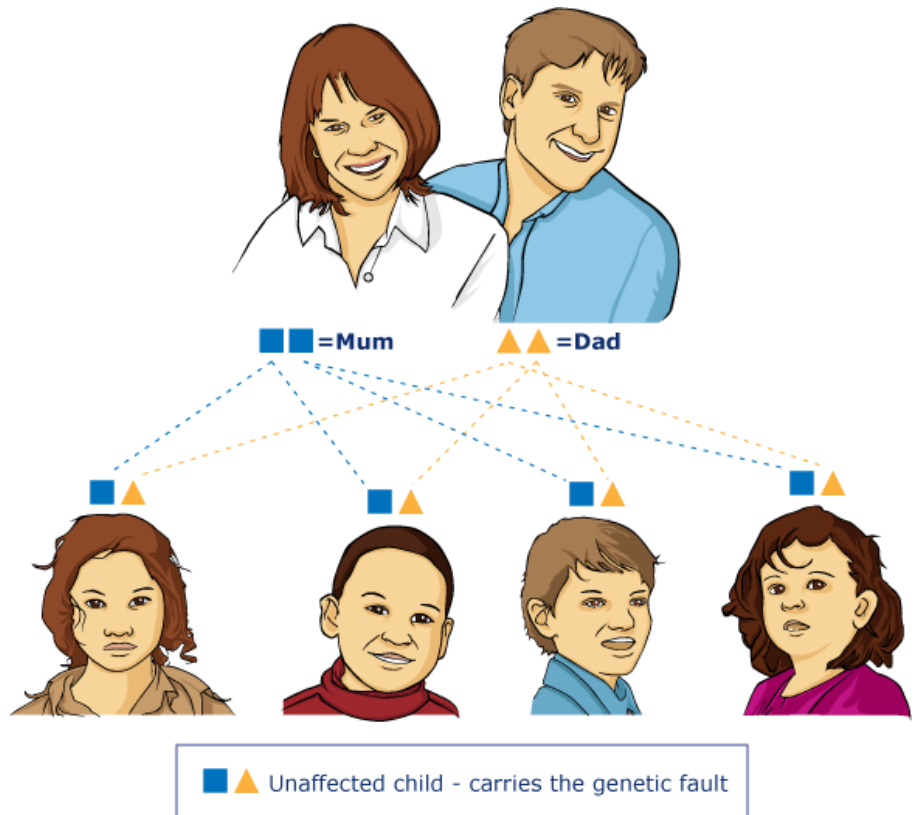


Pregnancy

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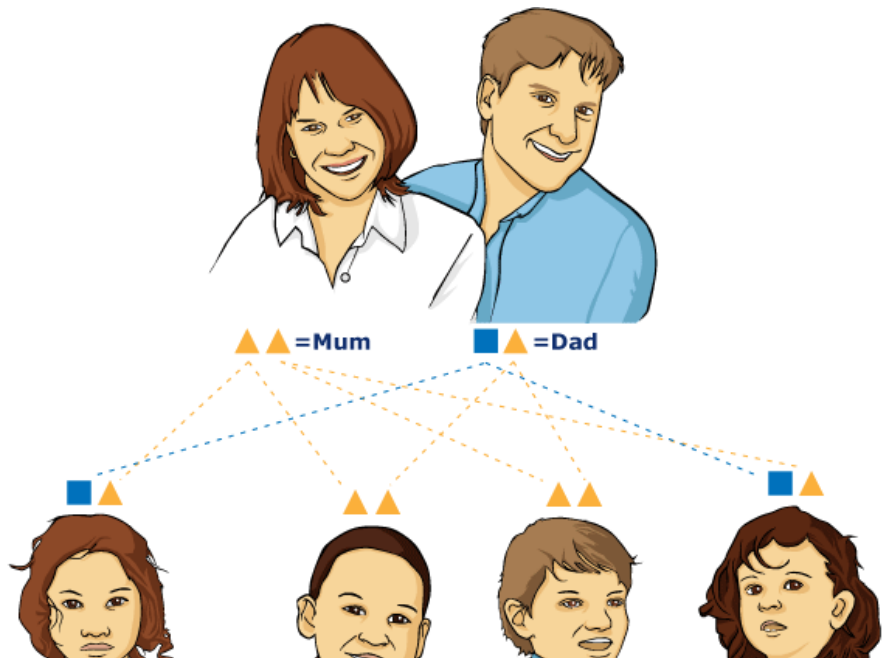
Treatment must be continued throughout pregnancy, because of the risk of fulminant liver failure if it is stopped. Many successful pregnancies have occurred in women treated with anti-copper drugs. Infants of Wilson's disease mothers present no particular problems. Assuming that there is no parental consanguinity, the risk that the baby has Wilson's disease is approximately 1:200; though all will be obligate heterozygotes (i.e. will carry the genetic fault see diagrams VI-VII). Breast feeding is not contraindicated.

Diagram VI



In this example dad has Wilson's disease (2 orange triangles). Each baby will be an obligate heterozygote. That is to say the child will be unaffected but carry the genetic fault (one orange triangle and one blue square). This is just an example; it would also have been the same outcome if mum had Wilson's disease and dad did not.

Diagram VII



- Wilson's disease for younger people
- Wilson's disease for patients and families
- What is Wilson's disease?
- What are the signs and symptoms of Wilson's disease?
- Metabolic pathway of copper
- How have I or my child got this condition?
- How does this occur?
- Diagnostic tests for Wilson's disease
- What is the treatment?
- Treatment compliance
- Pregnancy
- Is carrier detection available?
- Glossary of terms used



- ▲ Unaffected child - carries the genetic fault
- ▲ ▲ Child that has Wilson's disease

In this example mum has Wilson's disease (2 orange triangles) and dad is an unaffected carrier of the genetic fault. In this example there is a 50% probability that the baby will inherit Wilson's disease.