Patient Preferences in the Management of Biliary Disease During Pregnancy: An Interview-Based Study

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BACKGROUND

- Management of benign biliary disease during pregnancy remains controversial
- Complications also have trimester-specific dependency
  - Shared decision-making is necessary
- Study aim: Identify how pregnant patients decide between operative and nonoperative management of benign biliary disease

METHODS

- We conducted semi-structured interview with a demographic survey of patients attending perinatal clinic between January – March 2025
- Treatment preferences for symptomatic cholelithiasis and gallstone pancreatitis were recorded before and after receiving trimester-specific risk-benefit counseling
- Transcripts analyzed using ATLAS.ti for thematic coding, identifying factors that influences decision-making

Variable	n (%)
Race/Ethnicity	
White	2 (10)
Black	2 (10)
Hispanic	15 (75)
Asian American/Pacific Islander	1 (5)
Education level	
Did not complete high school	1 (5)
High school diploma or GED	19 (95)
Occupation	
Homemaker	16 (80)
Other	4 (20)
Annual household income	
< $10,000	6 (30)
$10,000-25,000	5 (25)
$25,000-50,000	4 (20)
$50,000-75,000	3 (15)
>$75,000	2 (10)
Parity	
0	4 (20)
1	9 (45)
2	5 (25)
3+	2 (10)
Gestational age	
1st trimester (1-12 weeks)	3 (15)
2nd trimester (13-27 weeks)	12 (60)
3rd trimester (28-40 weeks)	5 (25)

Table 1. Patient characteristics

RESULTS

- A total of 20 patients, median age 30 years (interquartile range: 26 – 34 years)

Considerations	Narrative Examples
Fetal health 90%	"I would obviously do whatever is best for my baby." - #01
	"I would choose whatever is least harmful to the pregnancy." - #02
Maternal health 75%	"I know that if I need to prioritize my health first." -#13
	"I'm worried about myself too, I have been hospitalized before." -#04
Fear of surgery 35%	"I have a lot of trauma around surgery, and I don't want to do that if I don't have to." -#07
	"Surgery sounds like the last resort. It seems so painful and scary." -#12
Need for childcare 35%	"Being away from my children is not an option at all." -#09
	"I would choose whatever is the fastest option. My [partner] works every day." -#10
Fear of pain 30%	"I do not handle pain very well, and I wouldn't want to stay in pain for too long." -#11
	"If I stay in pain, I won't be able to work or provide for my family." -#20
Fear of hospitalization 15%	"People die when they stay in the hospital" -#02
	"I don't want to stay in the hospital longer than I have to." -#14

Table 2. Patient-reported treatment considerations

CONCLUSIONS

- Patient preferences for treating biliary disease are informed by disease severity, trimester, and variable fears and considerations
- Individualized risk-benefit discussion with a pregnant patient is essential in promoting shared-decision making in this particularly vulnerable population