



## Physiological Remodeling of Liver Function during Pregnancy

Evans Young\*

Department of Physiology, University of Otago, Dunedin, New Zealand

### DESCRIPTION

Hepatocytes, the main functional cells of the liver, play a central role in regulating metabolic balance throughout the human body. During pregnancy and lactation, a woman's physiology undergoes extensive modifications to support fetal growth, prepare for delivery and enable milk production. These stages place significant demands on energy metabolism, nutrient handling, hormone processing, and detoxification mechanisms. The liver, through the diverse functions of hepatocytes, contributes to coordinating these changes by adjusting its metabolic activities to match the altered requirements of both the mother and the developing or nursing infant. These adaptations are gradual and dynamic, reflecting the shifting priorities of gestation and postnatal nourishment.

Protein metabolism is another area where hepatocytes adapt. Amino acids are required for fetal tissue development, enzyme systems and organ formation. The liver adjusts its rate of amino acid uptake and processing while continuing to produce essential plasma proteins, including albumin and various transport proteins. Although maternal blood volume increases during pregnancy, plasma protein concentration may appear reduced due to dilution. However, hepatocytes continue to synthesize proteins at an adequate rate to support oncotic pressure, immune function and transport of hormones and nutrients.

Bile production and secretion are also influenced. Estrogen affects bile acid transport and flow and in some individuals this can result in reduced bile movement, leading to cholestasis of pregnancy. In this condition, bile acids may accumulate in the bloodstream, causing itching and increasing the risk of complications. This highlights the fine balance hepatocytes must maintain in managing bile synthesis, modification and excretion during gestation. In most pregnancies, however, hepatocytes successfully adapt to the increased load and maintain biliary balance.

After delivery, the body transitions into the lactation phase, which introduces an entirely new metabolic priority: milk

production. Lactation requires substantial energy, water, lipids, proteins and carbohydrates. Hepatocytes once again modify their function to support the mammary glands. Glucose becomes essential for lactose production, while fatty acids and glycerol form the basis of milk lipids. To meet these needs, the liver enhances gluconeogenesis and increases the breakdown of stored fat, a process that results in higher circulating ketone bodies that can be used as alternative energy sources by maternal tissues.

The hormonal environment during lactation is dominated by prolactin and oxytocin, along with reduced estrogen and progesterone levels. Prolactin influences hepatocyte gene expression, increasing the production of enzymes involved in glucose and lipid metabolism. The liver also contributes to maintaining normal blood sugar levels between meals, as the frequent removal of nutrients for milk production can predispose the mother to hypoglycemia if counterbalancing mechanisms are not in place. Through coordinated storage and release of substrates, hepatocytes stabilize energy availability.

These metabolic modifications do not occur in isolation. They are guided by multiple signaling pathways involving insulin, glucagon, cortisol, thyroid hormones and placental hormones. Hepatocytes contain receptors that detect changes in hormone concentration and nutrient availability. By activating or repressing specific genes, they reshape metabolic pathways in a precise and timely manner. This cellular flexibility allows the liver to meet the evolving needs of pregnancy and lactation without permanent structural changes in most cases.

### CONCLUSION

Hepatocytes undergo extensive metabolic adjustments during pregnancy and lactation to support the energy, nutritional, hormonal and detoxification needs of both the mother and the child. Through changes in glucose production, lipid synthesis, protein metabolism, bile formation and micronutrient regulation, these liver cells contribute to a balanced internal environment. Their dynamic response to hormonal signals enables the successful progression of pregnancy and supports the intense nutritional demands of milk production. This

**Correspondence to:** Evans Young, Department of Physiology, University of Otago, Dunedin, New Zealand, E-mail: eyoung@uto.govt.nz

**Received:** 29-Aug-2025, Manuscript No. JLR-25-30447; **Editor assigned:** 01-Sep-2025, PreQC No. JLR-25-30447 (PQ); **Reviewed:** 15-Sep-2025, QC No. JLR-25-30447; **Revised:** 22-Sep-2025, Manuscript No. JLR-25-30447 (R); **Published:** 29-Sep-2025, DOI: 10.35248/2167-0889.25.14.261

**Citation:** Young E (2025). Physiological Remodeling of Liver Function during Pregnancy. *J Liver*. 14:261.

**Copyright:** © 2025 Young E. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

continuous adaptation emphasizes the liver's fundamental role in reproductive physiology and maternal health.

## REFERENCES

1. Yang Y, Lin Q, Liang Y, Ma L, Zhang S, Lai Z, et al. Exposure to ambient air pollution and indicators of maternal liver function during pregnancy: Findings from a birth cohort study in Foshan City, Southern China. *Atmos Environ*. 2022;291:119408.
2. Sciarrone SS, Ferrarese A, Bizzaro D, Volpato S, Donato FM, Invernizzi F, et al. Safe pregnancy after liver transplantation: Evidence from a multicenter Italian collaborative study. *Dig Liver Dis*. 2022;54(5):669-675.
3. Chai TY, Deng D, Byth K, George J, Pasupathy D, Cheung NW. The prevalence of metabolic dysfunction-associated fatty liver disease and its association on adverse pregnancy outcomes in women with gestational diabetes mellitus. *Diabetes Res Clin Pract*. 2022;191:110038.
4. Shen Y, Shi X, Zhang M, Xu Z, Yin J. Liver Transplantation for Acute Liver Failure During Pregnancy: Case Report and Literature Review. *Transplant Proc*. 2023;55(8):1951-1955.
5. Qin X, Chen X, Yao L, Wang J, Lin L. Progress in the treatment of acute fatty liver of pregnancy and management of perioperative anesthesia review. *Gynecol Obstet Clin Med*. 2023;3(2):82-87.
6. McGuckin MM, Giesy SL, Overton TR, Boisclair YR. Inflammatory tone in liver and adipose tissue in dairy cows experiencing a healthy transition from late pregnancy to early lactation. *J Dairy Sci*. 2023;106(11):8122-8132.
7. Jabiry-Zieniewicz Z, Stelmach DA, Jasak K, Knap-Wielgus W, Szumska A, Raszeja-Wyszomirska J, et al. Pregnancies in Women After Liver Transplant due to Wilson's Disease-Case Series. *Transplant Proc*. 2024;56(4):919-922.
8. Zhang R, Feng Y, Nie P, Wang W, Wu H, Wan X, et al. Polystyrene microplastics disturb maternal glucose homeostasis and induce adverse pregnancy outcomes. *Ecotoxicol Environ Saf*. 2024;279:116492.
9. Li L, Fan M, Zhou M, Lu P, Liu J, Yi H, et al. Early plasma exchange and continuous renal replacement therapy improve puerperal prognosis in hepatitis B virus-related acute-on-chronic liver failure in pregnancy. *Liver Res*. 2024;8(2):118-126.
10. Wang C, Chang H, Wang H, Li H, Ding S, Ren F. Exposure to microplastics during pregnancy and fetal liver function. *Ecotoxicol Environ Saf*. 2025;294:118099.