Mersey and West Lancashire Teaching Hospitals NHS Trust

Obstetric Cholestasis

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Author: Consultant
Department: Maternity
Document Number: MWL2251
Version: 001
Review Date: 01 / 07 / 2027

This information is for you if you have been diagnosed with obstetric cholestasis or if you have persistent itching in pregnancy.

It may also be helpful if you are a partner, relative or friend of someone in this situation.

It tells you about:

- how obstetric cholestasis is diagnosed
- what extra antenatal care you can expect
- what this diagnosis may mean for you and your baby
- what treatments there are

Within this leaflet, we may use the terms ‘woman’ and ‘women’. However, it is not only people who identify as women who may want to access this leaflet. Your care should be personalized, inclusive and sensitive to your needs, whatever your gender identity.

What is obstetric cholestasis?

- Obstetric cholestasis is a condition that affects your liver during pregnancy. This causes a build-up of bile acids in your body. The main symptom is itching of the skin but there is no skin rash. It usually starts towards the end of the pregnancy (the third trimester) but can happen earlier. The symptoms get better when your baby has been born.

- Obstetric cholestasis is uncommon. In the UK, it affects about 7 in 1000 women (less than 1%). Obstetric cholestasis is more common among women of Indian- Asian or Pakistani-Asian origin, with 15 in 1000 women (1.5%) affected.

What causes obstetric cholestasis?

The cause of obstetric cholestasis is not yet understood, but it is thought that hormones and genetic and environmental factors (for example diet) may be involved.

- **Hormones** - Hormones such as estrogens, levels of which are higher in pregnancy, may affect the way your liver works and cause obstetric cholestasis.

- **Genetic and environmental factors** - Obstetric cholestasis is more common in women from certain ethnic groups. Further evidence for a genetic component is that obstetric cholestasis appears to run in some families. If you have suffered from obstetric cholestasis, there is a risk of recurrence in a future pregnancy (see below: ‘Is there anything else I should know?’).

What does it mean for me?

Obstetric cholestasis can be a very uncomfortable condition. It does not have any serious consequences for your health during pregnancy but can be very distressing. If you experience anxiety or low mood because of ICP discuss this with your healthcare professional.

- **Itching** - Itching can start any time during pregnancy, but usually begins after 28 weeks. Although it often starts on the palms of your hands and the soles of your feet, it may spread over your arms and legs and, less commonly, may occur on your face, back and breasts. It can vary from mild to intense and persistent, and can sometimes be very distressing. The itching tends to be worse at night and can disturb sleep, often making you feel tired and exhausted during the day. There is no rash, but some women scratch so intensely that their skin breaks and bleeds. The itching gets better after birth and causes no long-term health problems.

- **Jaundice** – Rarely, women with obstetric cholestasis can develop jaundice. This is where your skin and eyes become yellow because of liver changes. Some women feel unwell and lose their appetite. Jaundice can also cause dark urine and pale bowel movements. Jaundice will get better after you have had your baby.

- **Pre eclampsia** - You may be more likely to develop pre-eclampsia (high blood pressure and protein in your urine during pregnancy) or to have gestational diabetes and your healthcare professional will advise you what checks you may need for these conditions. Further information can found in the RCOG patient information Pre-eclampsia (https://www.rcog.org.uk/for-the-public/browse-all-patientinformation-leaflets/pre-eclampsia-patient-information-page/) and Gestational diabetes (https:// www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/gestational-diabetes/).

How is obstetric cholestasis diagnosed?

You may be diagnosed with obstetric cholestasis if you have unexplained itching in pregnancy with abnormal blood tests (liver function and bile acid tests), both of which get better after your baby is born. It is a diagnosis that is made once other causes of itching and abnormal liver function have been ruled out.

Symptoms

Itching is very common in pregnancy, affecting 25 in 100 women (25%). Most women who have itching in pregnancy will not have obstetric cholestasis. However, itching can be the first sign of obstetric cholestasis, often being worse at night and involving the palms of the hands and soles of the feet. Therefore, if you do have itching, it is important you tell your midwife or obstetrician.

Examination of the skin

Your skin will be carefully examined to check that your itching is not related to other skin conditions, such as eczema. It is possible that you may have more than one condition.

Blood tests

You will be offered blood tests to help diagnose obstetric cholestasis. These include:

- **Liver function tests** (LFTs). These are blood tests that look at how well your liver is working. Some of these can be raised in obstetric cholestasis.

- **Bile acid test**. This is a blood test that measures the level of bile acids in your blood. Bile acids are raised in obstetric cholestasis. Your bile acid levels can be abnormal even if your LFTs are normal. Bile acid levels can also be raised in other conditions apart from obstetric cholestasis.

- **Blood tests** to rule out causes of other liver problems.

Some women may have itching for days or weeks before their blood tests become abnormal. If your itching persists and no other cause is found, your LFTs and bile acids should be repeated.

Ultrasound scan

An ultrasound scan can check for liver abnormalities and gallstones.

What does it mean for my baby?

The effects of obstetric cholestasis on your baby are still not clear:

- **There is an increased chance that your baby may pass meconium (open its bowels) before being born.** This makes the water around your baby a green or brown colour. Your baby can become unwell if meconium gets into their lungs during labour.

- **There is an increased chance of you having an early birth.** The chance of having your baby preterm (less than 37 weeks) is higher if you have obstetric cholestasis. This may be because you go into labour naturally or because your healthcare team advises you to give birth early.

- **There are no known long term health risks to your baby.** However, there is a small increased chance that your baby will need to go to the neonatal unit when they are born, especially if they have been born early.

What about the chance of stillbirth?

Your chance of having a stillbirth depends on the level of bile acids found in your blood as well as any other pregnancy complications you may be experiencing.

If your bile acid levels are between 19 and 39 micromol/L (Mild obstetric cholestasis) and you do not have any other risk factors, the chance of you having a stillbirth is no different to someone who doesn't have obstetric cholestasis.

If your bile acid levels are between 40 and 99 micromol/L (Moderate obstetric cholestasis), and you do not have any other risk factors, then the chance of you having a stillbirth is similar to someone who doesn't have ICP until you are 38–39 weeks' pregnant.

If your bile acid levels are 100 micromol/L or more (Severe obstetric cholestasis), your chance of having a stillbirth is higher than someone who does not have obstetric cholestasis and is around 3%. Most of these stillbirths happen after 36 weeks of pregnancy.

If you have other factors (such as gestational diabetes and/ or pre-eclampsia) or are having a multiple pregnancy (twins or triplets) you may have a higher chance of stillbirth, and this may affect when your healthcare team recommend that you give birth.

What extra care will I need?

Once you have been diagnosed with obstetric cholestasis, you will need additional monitoring in pregnancy and to have your baby in a consultant-led maternity unit with a neonatal unit. Depending upon your circumstances, you will be advised to have additional antenatal checks.

You are likely to have liver function tests, usually once or twice a week, until you have had your baby.

You should keep a close eye on your baby's movements and if you are worried, you should go to your local maternity unit for a checkup straight away.

When you are in labour, you will be offered continuous monitoring of your baby's heart rate.

Can obstetric cholestasis be treated?

There is no cure for obstetric cholestasis except the birth of your baby. Treatments to improve your itching are of limited benefit but might include:

- Skin creams such as aqueous cream, with or without the addition of menthol. These are safe in pregnancy and may provide temporary relief.

- Antihistamines may help you sleep at night but do not appear to have much success in helping itching.

- Some women have found that having cool baths and wearing loose-fitting cotton clothing helps to reduce the itching.

- There is a medication called ursodeoxycholic acid, which may slightly reduce itching in a small number of women.

None of the treatments offered affects the outcome for your baby.

There is no treatment available that helps your baby or that will make your bile acid levels better. Ursodeoxycholic acid may reduce your chance of giving birth prematurely, but it does not prevent stillbirth.

A daily dose of vitamin K may be recommended for a small number of women as rarely obstetric cholestasis may affect blood clotting. Most women will not need this. Shortly after birth, your baby should be offered vitamin K, as are all babies.

What follow-up should I have?

Obstetric cholestasis symptoms get better after birth. It can take several weeks for your blood tests to return to normal. You should have a follow-up appointment with your GP 6–8 weeks after the birth of your baby. The purpose of your follow-up is to ensure that your itching has gone away and that your liver is working normally. Continuing symptoms and abnormal liver function tests may suggest a different problem and you should then be referred to a specialist for further investigations.

Is there anything else I should know?

- There is an increased chance that obstetric cholestasis may happen again in a future pregnancy: 45–90 in 100 women (45–90%) who have had obstetric cholestasis will develop it again in future pregnancies.

- Your liver function tests and bile acids should be checked at the start of any future pregnancies and you should tell your healthcare professional if you develop any symptoms.

- Obstetric cholestasis does not affect your choice of contraception once your liver blood tests and bile acids have returned to normal. If you take an oestrogen containing contraceptive such as the combined pill and develop itching you should see your health care professional immediately for review.

- If you have had obstetric cholestasis, it is still possible for you take HRT in the future.

- Drinking alcohol does not cause obstetric cholestasis. However, it is sensible to avoid alcohol intake when pregnant, especially when there is evidence of any liver disease (see RCOG Patient Information: Alcohol and pregnancy: information for you at: https://www.rcog.org.uk/media/buohxsmm/pi-alcohol-and-pregnancy.pdf

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline No. 43 *Intrahepatic Cholestasis of Pregnancy* (July 2022).

Mersey and West Lancashire Teaching Hospitals NHS Trust

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633