

RUH

Patient information: Obstetric Cholestasis care



**This leaflet contains some useful information
about Obstetric Cholestasis and what it
means for you and your baby**

What is Obstetric Cholestasis?

Obstetric Cholestasis (OC) is a condition of the liver that occurs in 1 in 160 (less than 1%) pregnant women in the UK. Cholestasis means that there is a reduced flow of bile down the bile ducts in the liver. Bile acids allow ingested fatty substances to dissolve so they can be absorbed into the blood stream.

In OC bile accumulates in the liver and then spills out into the blood stream. The excessive bile acids accumulate in the blood and cause itching (the main symptom of OC), though the exact nature of this link has yet to be established. Obstetric Cholestasis can also be called Intrahepatic Cholestasis in pregnancy.

What causes Obstetric Cholestasis?

The exact cause of OC is not known, it is thought several different factors are involved:

- **Hormonal:** It is thought that the pregnancy hormone, oestrogen, can have an effect on the ability of the liver to transport some chemicals, including bile acids, in women who develop OC.
- **Genetic:** OC is more common in certain populations, such as Scandinavians and South Americans. It is also more common in certain families. You are more likely to have OC if your sister or mother suffered from it.
- **Environmental:** More women are diagnosed with OC in the winter months, which may suggest an environmental trigger.

Who is more likely to get Obstetric Cholestasis?

It is more common if you have a:

- Twin or Triplet pregnancy
- Previous pregnancy affected by OC
- Mother or sisters who have had pregnancies affected by OC
- If you originate from certain parts of the world; e.g. in Chile and Bolivia, 1 in 20 pregnant women develop OC.

What are the symptoms?

The most common and often only symptom is itching. This usually starts after the 28th week of pregnancy and will resolve completely after you have had your baby. The itching can be all over your body, but is usually worse on the palms of your hands and soles of your feet. It can become severe, affecting your concentration, sleep and mood. Other symptoms that can occur are tiredness, nausea, poor appetite and mild jaundice (you may go yellow and have dark urine and pale stools)

How is the diagnosis of OC made?

There is no specific test which will diagnose OC. The diagnosis is made on your symptoms of itching without a rash and abnormal blood tests (liver function tests and bile acids). The symptoms of OC usually start several weeks before the bile acids or liver function tests become abnormal. So if your blood tests are normal but your symptoms persist then the midwife/doctor may repeat them in a week's time before starting any treatment for OC.

What do the blood tests mean?

AST

AST is an enzyme released by the liver cells when they are not working properly. AST is raised in many conditions where the liver may not be functioning as it should. This test is not diagnostic of OC, but will increase suspicion that you have this condition if it is raised.

Bile acids

These are bile salts that get into your blood as it is not passing out of the liver in the normal way. If these are raised then this might mean you have OC. The level of bile acid in your blood may come down with treatment, and therefore we do not repeat this test once the diagnosis has been made.

What if the abnormal liver function tests are not caused by OC?

Itching and abnormal liver function tests can sometimes be caused by liver disease, alcohol or drug dependence. If the doctors are worried about this then they may do an ultrasound of your liver and gallbladder, looking for liver disease and gallstones. They may do blood tests to look for liver disease.

Are there any risks for me in the pregnancy?

There are minimal risks for you if you are diagnosed and treated for OC. The itching can be very distressing but with treatment this will often resolve. It will completely resolve once your baby has been delivered.

You do have an increased risk of bleeding after you have had your baby, because OC prevents absorption of the fat-soluble vitamin K, which is essential to maintain normal blood clotting. To prevent this from happening you may be given oral water-soluble vitamin K supplements to take during your pregnancy.

Are there any risks for my baby?

Until recently it was thought that there was an increase in the risk of fetal distress, premature delivery and stillbirth. However recent studies have shown that there is no benefit to monitoring your baby antenatally with ultrasound or with regular fetal heart rate monitoring (CTG). It is important for you to monitor fetal movements, however, and if you are worried that these are reduced you should contact your midwife.

Recent studies have also suggested that there is no increase in risk of your baby being stillborn if OC is actively managed. However, we still currently recommend that you deliver your baby between 37-39 weeks and that we monitor your baby's heart rate continuously during labour. This may mean that you will need to be induced.

How will my pregnancy be monitored, once I have been diagnosed with OC?

The doctors will recommend:

- Blood tests once a week to monitor your liver function (FBC, clotting studies, LFTs)
- That you monitor your baby's movements; if they are reduced, you should contact your midwife/the hospital
- Treatment – see below

- Vitamin K after 32 weeks
- That you deliver your baby in the consultant-led unit in the Royal United Hospital, Bath
- Active management of the third stage of your labour, i.e. you have the injection of syntometrine to help deliver your placenta

What are the treatments for OC?

Self-help tips/simple remedies

- Reduce the thermostat in your house
- Keep your body uncovered at night
- Take cool showers and baths
- Soak your hands and feet in ice water
- Calamine lotion
- Use a bland moisturiser containing menthol

Piriton (Chlorphenamine Maleate)

This is an antihistamine, which is available over the counter or on prescription. It can help reduce the itching. It can also make you a little bit drowsy so can be useful at night time if you are having difficulty sleeping.

Ursodeoxycholic acid

This is a naturally occurring bile acid, which is used as a medication. It may help reduce the bile salts in your blood stream and improve your liver function tests. This may then improve your symptoms (and possibly your risks of pregnancy complications).

There are no randomised trials that show specific benefit to the fetus or baby.

Vitamin K

Vitamin K is essential for your blood clotting mechanism to work. Sometimes the level of vitamin K is reduced in people with abnormal liver function. In OC it is difficult to absorb extra vitamin K from your diet so supplements are advised after 32 weeks of pregnancy.

Do I need to do anything after I have had my baby?

It is important to have your liver functions checked after you have had your baby. If the test results are abnormal they will normally resolve within 6 weeks. We recommend that you have your liver function tests checked 10 days and 4 weeks after you have had your baby. If the liver function tests remain abnormal then your GP will need to do some further investigations.

Will I get OC in my next pregnancy?

You have a 60-90% chance of developing OC in any future pregnancies.

If you would like further information then please ask your doctor or midwife. You can also get information from:

www.icpsupport.org.uk

ICP Support and information lines:
Magdalen Rees: 07549 6670211 or
Jenny Chambers: 07843 660349

Contact telephone numbers:

Monday-Thursday 9am-5pm and Friday 9am-1pm:

- **Antenatal Clinic** **01225 824659**
- **Antenatal Reception** **01225 824645**