



Cholestasis of Pregnancy

What is Cholestasis of Pregnancy?

Bile is a fluid made by the liver that helps to digest fats. Cholestasis of pregnancy is a liver disorder in which the release of bile from the liver is blocked by high levels of the hormones estrogen and progesterone during pregnancy. The bile builds up in the blood causing itching. Cholestasis of pregnancy usually occurs in the second half of pregnancy, and affects about one in 200 pregnancies. Cholestasis of pregnancy is also called intrahepatic cholestasis of pregnancy (ICP) and obstetric cholestasis.

Symptoms

Most women complain of itching. The itching usually begins on the palms of the hands and soles of the feet. The itching tends to be worse at night. Although there is no rash as is seen with pruritic urticarial papules and plaques of pregnancy (**PUPPP**), intense scratching may leave multiple scrapes or abrasions. About 10% of women with cholestasis of pregnancy may also develop jaundice (yellowing of the skin or whites of the eyes). Dark urine and light colored stool (bowel movements) are uncommon symptoms.

Risk Factors

If you have any of the following you are at increased risk for cholestasis of pregnancy

- A family history of cholestasis
- A history of cholestasis in a prior pregnancy
- A history of cholestasis with use of oral contraceptives
- You are presently carrying more than one baby (twins or triplets)
- This pregnancy is the result of in-vitro fertilization (IVF)
- You have hepatitis C

Diagnosis

Contact your doctor if you develop intense itching or signs of cholestasis of pregnancy.

Cholestasis of pregnancy is diagnosed by physical examination, reviewing your history, and performing blood tests to evaluate how well your liver is working. Some blood tests that might be ordered to evaluate your liver function include serum bile acids, alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), and prothrombin time (PT).

There are many medications and health conditions besides cholestasis of pregnancy that can cause itching and abnormal liver function tests. So make sure to take any medication you have been using, and any medical records your doctor may not have to your doctor's appointment.

The diagnosis of cholestasis of pregnancy is usually made if the following are present:

- Itching

- Elevated fasting bile acids greater 10 µmol/L

Because some women may have itching for weeks before abnormal liver function tests develop, your doctor will often repeat the tests every 1 to 2 weeks if your tests are normal.

Cholestasis of pregnancy can occur together with other diseases that cause similar symptoms. Your doctor may order more tests if there is chance you might have another disorder of pregnancy such as pre-eclampsia or HELLP syndrome.

Effect On Pregnancy

Cholestasis of pregnancy increases the risk for premature delivery and stillbirth. Some studies have found an increased chance for having a low birth weight baby if the mother has cholestasis of pregnancy. In addition, bleeding in the mother may occur due to poor absorption of vitamin K from the gut due to the lack of bile. The likelihood of having a complication increases with increasing levels of bile acids and appears to be greatest for women with very high levels of bile acids (≥ 100 micromol/L)

Treatment

- Ursodeoxycholic acid (Actigall, Urso); Usually 1000 mg or 15 mg /kg per day in three divided doses is given to improve liver function and decrease itching
- Calamine lotion and Diprobase® cream may help soothe your skin
- Vitamin K , 5 mg orally once daily or Parenteral vitamin K (phytonadione; AquaMephyton) 5 to 10 mg/d IM QD may be prescribed in patients with an abnormal prothrombin time (PT)
- Dandelion Root and Milk Thistle are natural substances that are thought by some to be beneficial to the liver . However, there is not enough scientific evidence to support the safe use of Dandelion Root or Milk Thistle during pregnancy or breastfeeding at this time.

Management

- Your baby's heart rate and movement will be monitored two times per week or more using an electronic monitor starting at the time cholestasis of pregnancy is diagnosed. This test is called the Nonstress Test. The fluid around the baby is often measured at the same time of the nonstress test.
- Early delivery at 36 0/7 weeks' is recommended for severe cases of cholestasis, in order to decrease the chances of a stillbirth. Delivery 36 /07 to 39 0/7 if the bile acid level is < 100 micromol/L is recommended.
- After delivery you should be seen by your doctor to make sure the itching has gone away and your liver tests have return to their normal values.
- The risk of developing cholestasis again in a future pregnancy is as high as 70 percent.