NHS
The Leeds Teaching Hospitals
NHS Trust

Obstetric Cholestasis

Information for patients

Leeds
Maternity Care

This leaflet is about obstetric cholestasis and how it affects the liver during pregnancy.

What is obstetric cholestasis?

Obstetric cholestasis is a condition that affects the liver during pregnancy. This means that there is a build-up of bile acids (a substance made by your liver to breakdown fats in the food you eat) in the blood.

The main symptom is itching with no skin rash. The condition improves quickly after you have your baby and does not have any serious consequences for your long-term health. Obstetric cholestasis is not common and affects about 7 in every 1000 people who are pregnant (less than 1%). It is more common if you are of Indian or Pakistani origin with 15 in 1000 (1.5%) people affected.

What causes obstetric cholestasis?

The cause of obstetric cholestasis is not well understood. However, it is thought that hormones and genetic factors may be involved. Hormones such as oestrogen are much higher in pregnancy and may affect the way the liver works leading to obstetric cholestasis. Genetic factors are that obstetric cholestasis appears to run in some families.

If you have had obstetric cholestasis once, you are more likely to have it again in a future pregnancy.

What are the symptoms of obstetric cholestasis?

- **Itching** - is the most common symptom and can start at any time during the pregnancy but more often, it begins after 28 weeks. It usually starts on the palms of the hands and the soles of the feet; however, it may spread over the arms and legs. It can vary from mild to intense itching which is very persistent. The itching tends to be worse at night which can disturb your sleep. There is no rash with obstetric cholestasis, but you can scratch so much that the skin breaks and bleeds. Obstetric cholestasis does not cause itching over your abdomen.
- **Jaundice** - rarely, if you have obstetric cholestasis, you can develop jaundice (yellowing of the skin caused by build-up of bile acids in the blood). You may feel unwell and lose your appetite. Jaundice can also make your stools (poo) pale in colour and your urine (wee) dark. If you have light coloured stools or dark urine, tell your midwife or doctor so they can look into why this is happening.
- Other symptoms such as new onset of vomiting, nausea, abdominal pain and fever (a raised temperature) need reporting to your midwife, doctor or Maternity Assessment Centre for further advice and investigation.

What does it mean for my baby?

- **Increased chance that your baby will be born early** - If you have OC there is an increased risk your baby may be born early. An individualised management plan with be made with you, your midwife and your doctor to help you make an informed decision about your care and when your baby will be born. If there are no other complications, and the obstetric cholestasis is mild (your bile acids are always less than 40) it is likely you will be offered induction after 38 weeks gestation.
- **Increased chance that the baby will pass meconium (have a poo) before being born** - If your baby has passed meconium (a baby's first poo) inside your womb the water around your baby will be a green or brown colour instead of clear. This would mean that closer monitoring of your baby's heart rate would be needed when you are in labour.
- **Risk of stillbirth** - some research conducted many years ago suggested that stillbirths may be more common if you have obstetric cholestasis. More recent research has shown that the risk of stillbirth is the same as people without obstetric cholestasis. This risk is 1 in 200 births particularly where bile acids are only moderately raised (remaining below 100). It is difficult to know if this is due to improvements in pregnancy and neonatal care or being offered early induction of labour if you have obstetric cholestasis. Some research about obstetric cholestasis found the cause of stillbirth is uncertain. This was because some women and pregnant people in the study had other health conditions that may have affected the risk of stillbirth. It is therefore important you have a individualised management plan to understand and plan for your individual risk.

How is obstetric cholestasis diagnosed?

If you have unexplained itching in the last part of pregnancy (after 20 weeks) it is important you tell your midwife so you can be tested for obstetric cholestasis. The tests include blood tests to measure your bile acid levels and liver function.

If these tests are within normal limits (Bile acids <10) but your symptoms continue, your midwife will repeat the blood test. If the repeat test is in the 'borderline' range, (10-19) your midwife will repeat them in 2 weeks.

If your bile acids are higher than 19 that suggests you may have obstetric cholestasis. You will then be given a hospital appointment to have further blood tests to confirm if you have obstetric cholestasis and what the next steps for you will be. It is not unusual for your bile acid results to change over time.

Mild cholestasis - bile acids below 40

This is the most common type of obstetric cholestasis. Your care and appointments will remain with your existing team. You will have blood tests every 2 weeks to monitor your bile acid levels and liver function.

Moderate cholestasis - bile acids between 40 and 100

If your bile acids go above 40 at any stage, you will be transferred to consultant led care which means you will be seen in the hospital antenatal clinic by a doctor (obstetrician). You will have blood tests every 2 weeks and a review at the hospital to discuss your symptoms. An individual management plan will be made with you and your doctor, this will include a plan for timing of the birth of your baby.

Severe cholestasis - bile acids over 100

This is less common but if you have severe obstetric cholestasis we would recommend you have your baby by 36 weeks gestation. You will be offered an antenatal appointment at the hospital to explore your options so an individual plan can be made.

Your midwife will check your blood pressure, test your urine (wee) and talk to you about the how your baby is moving.

If you feel your baby is not moving as much as they normally do, you must ring the Maternity Assessment Centre without delay. They will ask you some questions and invite you in for a review. This will include monitoring your baby's heart beat with a Cardiotocogram (CTG) monitor if you are above 26 weeks gestation.

What is the treatment for obstetric cholestasis?

There is no cure for obstetric cholestasis except the birth of your baby.

Some treatments may be offered to ease the symptoms you have. These treatments include:

- Skin creams and ointments to relieve the itching such as calamine lotion or aqueous cream with menthol. These are safe in pregnancy and many provide temporary relief.
- Cool baths and wearing loose fitting clothing may help to reduce itching.
- Antihistamine medication (chlorphenamine) may help the symptoms of itching but you should only take these if they are prescribed by a doctor as not all antihistamines are recommended in pregnancy.

- Ursodeoxycholic acid is a tablet that helps the body to clear bile acids but there is little evidence that this tablet reduces the level of bile acids in your blood. It has also not been shown to improve the symptoms of itching or reduce the risks of stillbirth. There is little evidence about the safety of the tablet in pregnancy and therefore it is not routinely prescribed. There is some evidence to suggest it may slightly reduce the risk of your labour starting early between 34 and 37 weeks and that it may help reduce the itching. You will have a discussion with your doctor so that you can make an informed decision about taking the tablet.

When is the best time for delivery of my baby?

The decision to deliver your baby needs to be individualised to your circumstances as well as the level of bile acids in your pregnancy. The timing of delivery is determined by the peak level of bile acids, not just the level late in the pregnancy.

If you have mild cholestasis it is recommended your baby is born around your due date.

If you have moderate cholestasis you will have the opportunity to discuss the option of having your labour induced after 38 weeks of pregnancy, particularly if your bile acids are still rising.

If you have severe obstetric cholestasis (peak bile acids above 100) your options will be discussed with you to help you make an informed decision. It is usual for you to be offered an earlier induction of labour between 35 and 36 weeks of pregnancy as it is difficult to predict the risk of stillbirth if your pregnancy continues after 36 weeks.

Induction before 39 weeks may carry an increased risk of caesarean section. In addition, if your baby is born before their due date there is a risk that your baby may need to be admitted to the Transitional Care unit for closer monitoring than is possible on the postnatal ward. You can stay with your baby on the Transitional Care unit.

Your doctor will discuss all your options so that you can make a fully informed choice.

What will happen after the pregnancy?

- Obstetric cholestasis gets better after your baby is born. You should stop any medication you are taking for obstetric cholestasis when your baby is born. We recommend you have your liver function blood test checked 4 weeks after having your baby. This can be done by your GP. If your blood results continue to be raised or your symptoms continue you may then be referred to a liver specialist for further tests and monitoring.
- If you have had obstetric cholestasis you may need to avoid oestrogen containing contraceptive pills. We would recommend you talk to your midwife, GP or family planning clinic to explore what forms of contraceptives would be best suited to you.
- There is a high chance that obstetric cholestasis may happen again in a future pregnancy. 45-90% of women and pregnant people who have had obstetric cholestasis will have it again in future pregnancies.

Please do not hesitate to discuss this leaflet or any other questions you may have with your midwife or doctor.

Useful websites

Tommys

- **https://www.tommys.org/pregnancy-information/pregnancy-complications/obstetric-cholestasis**

ICP Support

- **https://www.icpsupport.org/**

Questions / Notes

What did you think of your care?

Scan the QR code or visit **bit.ly/nhsleedsfft**

Your views matter

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