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# THE ITCH

Itching during pregnancy is more often than not caused by your changing hormones and stretching skin. But there is another, more alarming, condition you should know about

bile acids in the bloodstream that cause a persistent itch in the last trimester of your pregnancy. It can, however, start as early as five weeks into pregnancy. According to Cape Town obstetrician and gynaecologist Dr Philip Zinn, it is only seen occasionally in South Africa's private sector. The exact cause of ICP is not known, but research has shown that there are hormonal, genetic and environmental links. Sisters and daughters of women with ICP have around a 14 percent increased chance of developing ICP. What is known is that women who have ICP in one pregnancy are very likely to develop it again in the next one. Reported recurrence rates vary, with some researchers stating that 60 percent of cases reoccur, while others claim up to 90 percent.

## THE SYMPTOMS

Severe itching, which usually presents itself in the third trimester – but can start as early as the first trimester – is a common symptom of ICP. Every woman who has itching in pregnancy (particularly in the third trimester and especially if there is no rash) needs to have liver enzyme tests as well as a bile acid test. These are two separate blood tests. The liver function test shows how the mother's liver is coping with the pregnancy, and the bile acid test gauges the risk to the baby, and is used to diagnose ICP, guide treatment and time delivery.

Dark urine, pale stools, jaundice (yellowing of the skin and whites of the eyes), nausea, fatigue, anxiety, depression and loss of appetite are other signs to look out for. You will need to

visit your doctor immediately should you experience any of these symptoms.

## SHOULD I WORRY?

ICP is associated with spontaneous preterm labour, foetal distress, meconium staining and in severe cases, stillbirth. There is also an association of postpartum haemorrhage (loss of blood following delivery) with ICP, but this is thought to affect less than 20 percent of women with the condition. Recent research has suggested that with active management, the risk of stillbirth in an ICP pregnancy is believed to be the same as that of a normal pregnancy (about one percent).

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## TREATMENT

“A high index of suspicion is needed to pick up ICP and manage it properly,” says Dr Zinn and, “while treatment to relieve the itch – which can be mild or severe, constant or intermittent, localised or general – can help the mother, it doesn't necessarily help the risk to the baby,” he warns.

“Your baby will need early delivery but usually this is still around term (from 37 weeks) and not prematurely. If early delivery is a possibility, then steroids

One of the hardest things about being pregnant is knowing what's normal, and knowing what's not. Because so often you *think* what you're feeling (itchy, tired, nauseous, perhaps even a little down) is simply signs of your pregnancy, when in fact the symptoms are pointing towards something more sinister.

Intrahepatic cholestasis of pregnancy (ICP) is the most common liver disorder of pregnancy. It results from a build up of



Victoria with son Daniel and husband Brendan

## VICTORIA'S STORY

I thought the fact that I couldn't make it through the day was because I'd spaced my babies so closely together. But when I noticed at 37 weeks that my stools began to get very pale and this was followed by a few days of gastro, I knew something was up. I saw my doctor on the Monday and wanted to be hospitalised but he sent me home with antidiarrheal tablets. By the Wednesday night I got dreadfully itchy and googled it. ICP came up and I had all the symptoms. My itch was unbearable (I would have scratched it until it bled), there was no rash, it was worse at night (and keeping me awake) and it was predominantly on my hands and feet. It was different to that superficial itchy feeling you get on your tummy as your belly starts to grow. By the Friday morning, my sister noticed that I was scratching my earlobes and trying to scratch the skin under my toenails. I literally wanted to scratch my eyeballs out and decided to phone my doctor at the Constantiaberg Hospital in Cape Town. He told me to come in immediately for blood tests. They revealed abnormal liver function and my baby was delivered a few hours later via emergency c-section. The itch stopped almost instantly and thankfully all was fine. Had I (or my doctor) ignored the itch, I could have had a stillborn. I'm so glad I contacted him when I did and urge moms to be who have a bad itch and/or a bad feeling about their itch, to trust their instincts, phone their doctors and insist on blood tests.

## WHAT CAUSES IT?

IT'S NOT CLEAR EXACTLY WHAT CAUSES ICP, BUT EXPERTS AGREE THAT IT MAY BE LINKED TO:

- ✓ Hormones ✓ Multiple pregnancies ✓ In vitro fertilisation
- ✓ Certain populations, for example, Scandinavians and South Americans are at higher risk ✓ Genes – it can run in families ✓ Climate – more women are diagnosed with ICP during winter.

## THE SYMPTOMS

✓ Mild or severe itching which is constant or intermittent. Many women report that it typically affects their hands and feet ✓ It is generally reported as being worse at night, and often interrupts sleep ✓ There is no rash associated with ICP, although scratch marks on the skin are common. Some women scratch until their skin bleeds.

## LESS COMMON SYMPTOMS:

- ✓ Dark urine ✓ Pale stools ✓ Jaundice ✓ Nausea ✓ Fatigue
- ✓ Anxiety and depression ✓ Loss of appetite



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## talking point

may be required to help mature the baby's lungs," he says. It's believed that with active management (monitoring bile acid levels and liver function regularly) the risk of foetal complication drops to that of a normal pregnancy. While liver function tests are indicative of how well your liver is working, bile acid levels are most important in gauging the risk to baby. "Depending on the results,

ursodeoxycholic acid is given to reduce the build up of bile salts," says Dr Zinn.

### AFTER BIRTH

Usually the condition resolves itself within 48 hours after delivery, but it can take several weeks for the itching to disappear. You can breastfeed your baby, even if your doctor suggests that you continue on medication. Around six

to 12 weeks after giving birth, your liver function and bile acid levels should be checked. There may be an underlying liver condition that has caused the itching during pregnancy. If this is the case you will be referred to a hepatologist (liver specialist) or gastroenterologist who has a special interest in the liver. If you want to try for another baby, talk to your doctor so your pregnancy can be managed. **YP**

## CAITLIN'S STORY

I had the perfect pregnancy, or so I thought. No morning sickness, no stretch marks, and a small, neat bump. My baby was happy, and I felt really connected to her. I spent my pregnancy focusing on the birth itself, sure that I was going to have a natural water birth, using hypnosis and a midwife. I was healthy, did pregnancy yoga, and put a lot of research into every decision I made.

At 33 weeks I noticed a very mild itch, but ignored it because I had heard that itching in pregnancy is normal. I also noticed my urine was dark on occasion but put it down to dehydration. A week later there was an increase in itching, and I found it odd because it was in areas that I knew my skin was not stretching (such as my wrists and collarbones). Thinking it was dry skin, I poured tissue oil into my bath and smothered myself with cream. I slept better when I did this, but I would still wake up in the early hours of the morning itchy and unable to fall back to sleep.

One night I googled my symptoms, and came across a condition called intrahepatic cholestasis of pregnancy (ICP). It was difficult to believe that my seemingly harmless itchy skin could be the sign of a high risk condition that can result in preterm labour, foetal distress and even stillbirth. I immediately asked to be tested for ICP, and the result was positive. However, my bile acid was never tested (this is the only way to gauge the risk to the baby), and I was not offered the medication, which may help to keep the harmful bile acid levels down. I was however scheduled for an induction at 37 weeks, because the risk of stillbirth supposedly increases after this point. Unfortunately, we never made it to the induction date. Just three days before

my scheduled induction I went into preterm labour, but on arriving at the hospital my midwife could not find my baby's heartbeat. It was too late. This has to be the most devastating news any parent can hear. I had no choice but to go on and give natural birth – we got to see our baby, hold her and say our goodbyes. I cannot describe that feeling of leaving the hospital without our baby.

Thankfully my husband and I were surrounded by so much love and support that carried us through. For me, part of the healing process was understanding what had gone wrong, and finding out whether

“IT WAS DIFFICULT TO BELIEVE THAT MY SEEMINGLY HARMLESS ITCHY SKIN COULD BE A SIGN OF A HIGH RISK CONDITION”

it could be prevented in future pregnancies.

I started doing my own investigation into the condition. I visited doctors and specialists, just trying to find more information. I trawled the Internet. I asked my friends to find out from their own doctors if anyone knew about the condition. I searched on South African website forums for any other women complaining of a pregnancy itch. The more I searched, the more convinced I became that in South Africa the condition was remaining undiagnosed most of the time. This spurred me on, and I decided that after I found the answers to my own questions, I would help spread awareness about the condition in



the hopes of preventing other families from going through what we did.

This is when I came across ICP Support, a charity based in the UK. I was able to ask questions, get research based answers, access relevant medical articles and connect with other women who had also experienced ICP. Suddenly, I didn't feel so alone. The most important thing I learned was that stillbirth in ICP pregnancies may be prevented if the pregnancy is managed correctly by a doctor who is up to date about the condition. This knowledge gave me the confidence to try for another baby. A year after we lost our first baby I fell pregnant again. This time I was seen by a high risk specialist who monitored my bile acid level and liver function closely, had me come in for regular scans to check my baby's wellbeing, put me on the medication when necessary and delivered my miracle baby early. I decided that I wanted to spread awareness about ICP in South Africa and help prevent other families from going through what we did. I now run the South African branch of ICP Support. Visit [www.icpsupport.org](http://www.icpsupport.org) for more.