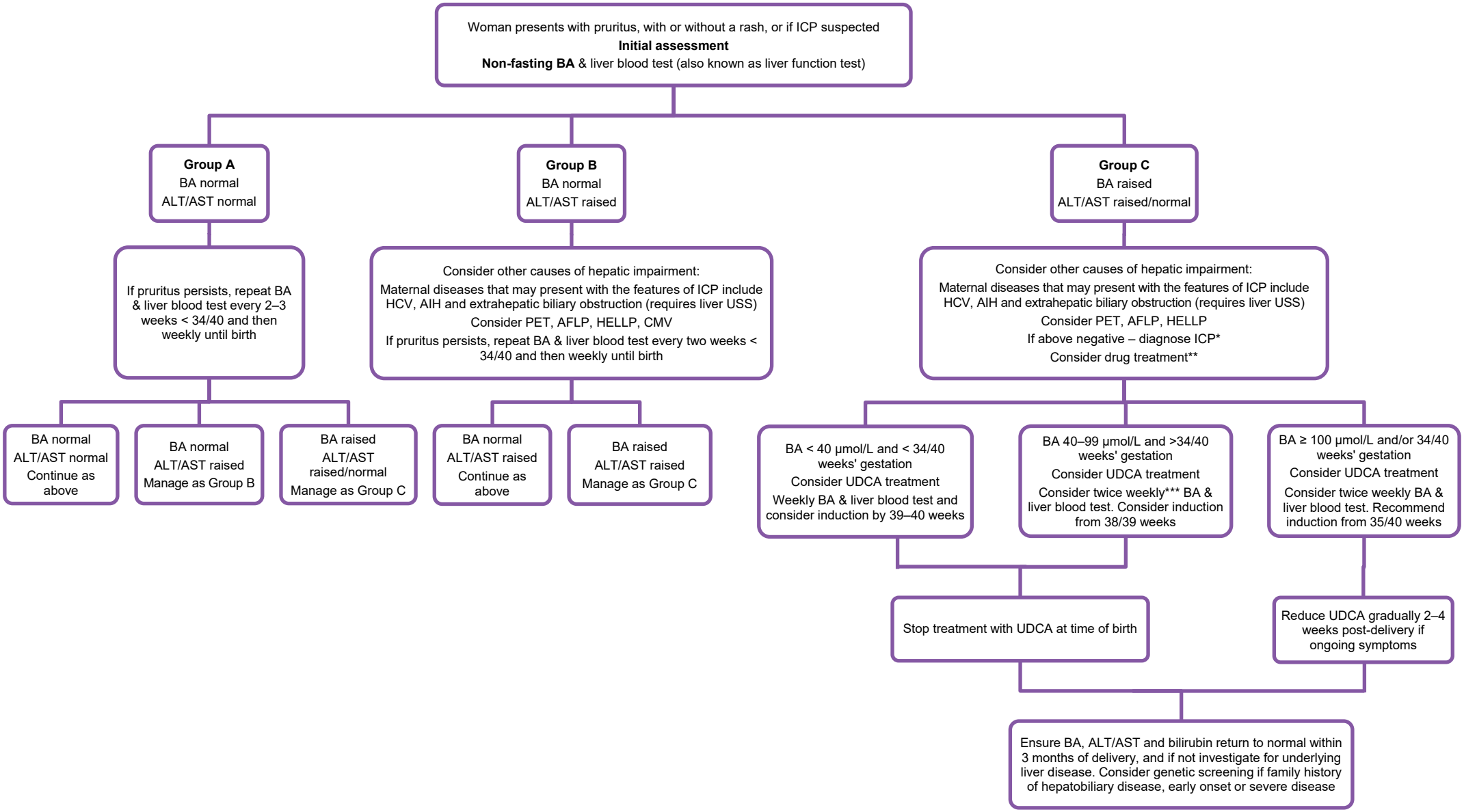
Guideline for diagnosis, treatment and management of intrahepatic cholestasis of pregnancy (ICP)



* With co-existing pathology, e.g. HCV/AIH/PBC, the risk of adverse outcomes with high maternal bile acids for those women is likely to be the same as for women with ICP.

** UDCA should still be considered for treating ICP. Ovadia et al (2021) shows that UDCA can help to reduce the associated risk of spontaneous premature birth in women with ICP whose bile acids are ≥ 40 μmol/L. If prescribed: starting dose is 500 mg BD with 250–500 mg increments if no improvement in symptoms or biochemistry, to a maximum dose of 2 g/day in divided doses.

Consider rifampicin as an adjunct therapy for women with severe hypercholanaemia (raised bile acids) or pruritus (150 mg BD increasing up to 300 mg BD). Rifampicin can worsen liver function and specialist involvement from areas such as obstetric medicine, obstetrics & gynaecology or hepatology is required to ensure screening for hepatotoxicity. A suggested threshold at which rifampicin should not be considered is in women with an alanine aminotransferase > 200 IU/L. Topical aqueous cream with menthol (1–2%) may help to soothe/cool the skin. There is no evidence for the use of antenatal CTGs in monitoring an ICP pregnancy. During induction of labour continuous CTG for women with bile acids ≥ 100 μmol/L is recommended due to the increased risk of fetal distress.

*** Ovadia et al (2019) showed that risk of stillbirth when BA ≥ 100 μmol/L is 3.44%. Bile acids can rise and fall quickly, so it is vital that regular BA tests are performed, ideally with results available within 24 hours of blood being drawn. We recommend a minimum of twice-weekly non-fasting BA > 34/40 weeks to increase the chances of detecting a woman whose bile acids may suddenly rise above the safe threshold and to provide reassurance for those women with the condition. Ovadia showed no correlation between raised ALT and stillbirth.

Key: AFLP = Acute fatty liver of pregnancy; AIH = autoimmune hepatitis; ALT = Alanine aminotransferase; AST = Aspartate aminotransferase; BA = Bile acid; CMV = Cytomegalovirus; CTG = cardiotocograph; HCV = Hepatitis C virus; HELLP = Hemolysis elevated liver enzymes and low platelets; PBC = Primary biliary cholangitis; PET = Pre-eclampsia toxemia; UDCA = Ursodeoxycholic acid; USS = Ultrasound scan

References

Mitchell et al (2021). *British Journal of Obstetrics and Gynaecology*, 128(10): 1635–1644. https://doi.org/10.1111/1471-0528.16669.
Ovadia et al (2019). *Lancet*, 393(10174): 899–909. https://doi.org/10.1016/S0140-6736(18)31877-4.
Ovadia et al (2021). *Lancet Gastroenterology & Hepatology*, https://doi.org/10.1016/S2468-1253(21)00074-1.
RCOG (2011). *Obstetric Cholestasis. Green Top Guideline No 43*. https://doi.org/10.1111/1471-0528.17206.