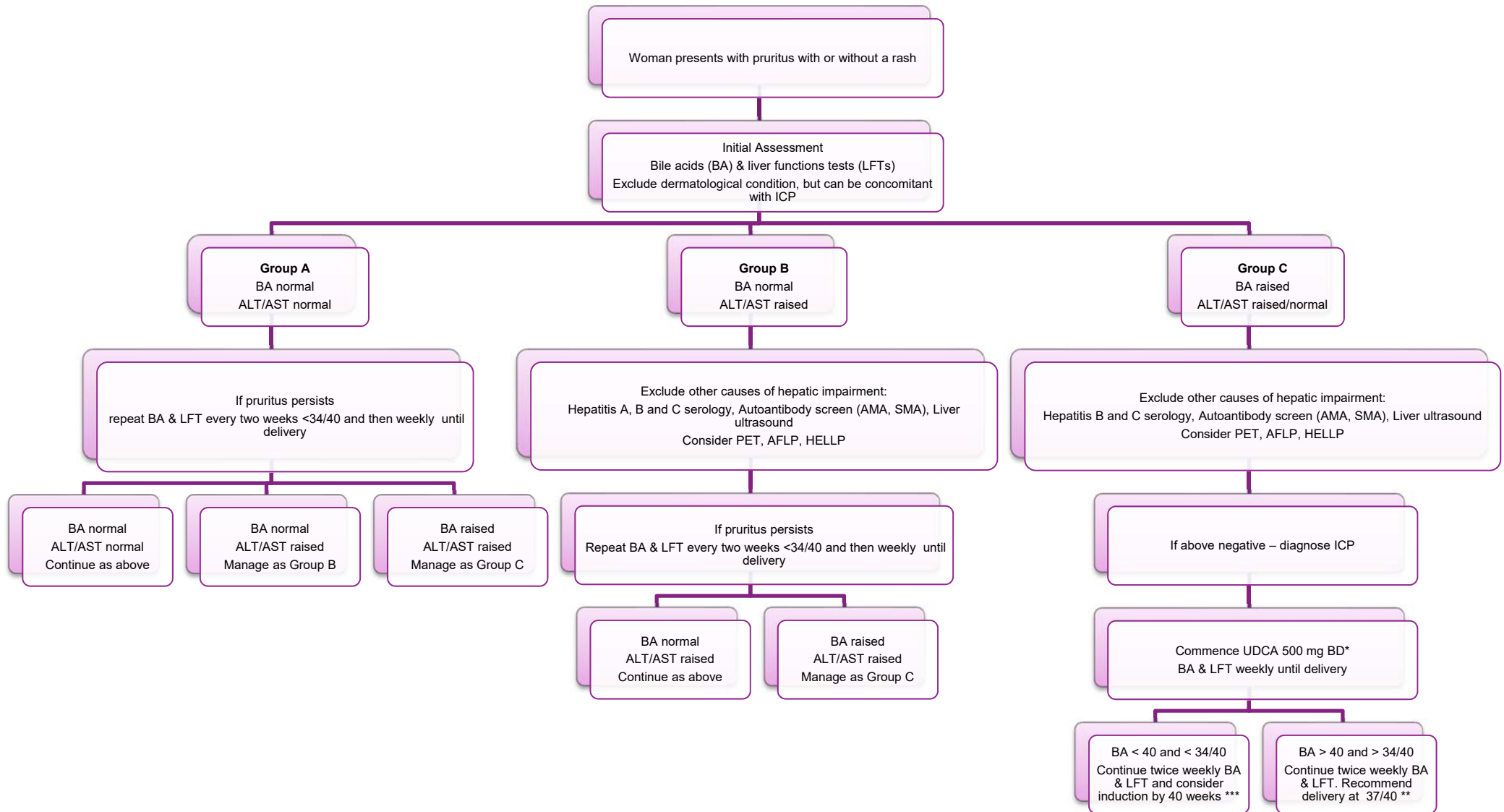


Guideline for diagnosis, treatment and management of ICP



* UDCA may be increased by 250–500 mg per week if there is no improvement in symptoms or biochemistry, to a maximum dose of 2 g/day in divided doses. Consider introducing rifampicin as an adjunct therapy if bile acids remain > 100 µmol/L 150 mg BD increasing up to 300 mg BD but only in conjunction with specialist advice, as the drug can worsen liver function in some women

** Some clinicians will consider delivery before 37/40 depending on level of bile acids.

*** Bile acids can rise suddenly and steeply, so it is vital that bile acid results are available within 24 hours of blood being drawn. No in-depth study has been made of women who progress beyond 38 weeks. Researchers still need to establish the mechanism for stillbirth.