

## INTRAHEPATIC CHOLESTASIS OF PREGNANCY

Occurs in less than 2% of pregnancies in US, more common in Chile and Sweden

Pathogenesis: Cause of intrahepatic cholestasis of pregnancy (ICP) is unknown – genetic and hormonal factors presumptively play a role in development of ICP.

### Symptoms:

- pruritus: usually 2<sup>nd</sup> and 3<sup>rd</sup> trimester systemic pruritus with predilection for soles of feet and palms of hand (usually no rash); may proceed abnormal lab results by 3 weeks
- jaundice: 10 % of women develop jaundice (consider cholelithiasis, hepatitis)
- total bile acids (cholic acid + chenodeoxycholic acid) concentration may be elevated 10-100 fold (normal value 0-10)
- dark urine, lightly colored stools
- abdominal pain is uncommon

### Lab Data:

- obtain total serum bile acid concentration, if elevated, patient has ICP
- may also see elevated AST/ALT and alkaline phosphatase (consider cholelithiasis and hepatitis)

### Treatment:

- focus on relieving symptoms and preventing maternal and fetal complications
- ursodeoxycholic acid 500 mg PO BID to relieve pruritus, no adverse maternal or fetal effects (increases bile flow)
- antihistamines (hydroxyzine) and topical emollients may provide some relief
- if bile acids > 40 micromols/liter consider induction. Early delivery usually between 36-38 weeks if fetal lung maturity achieved. Consult perinatologist in OB Testing Unit (phone consult)

Maternal Outcome: maternal prognosis is good. Pruritus, usually disappears first few days after delivery. Recurrence in future pregnancies 60-80%.

Fetal Outcome: ICP can carry significant risk to the fetus including fetal prematurity, meconium stained amniotic fluid, increased risk for neonatal respiratory distress syndrome and intrauterine fetal demise (IUFD) which is more likely in last 4 weeks of pregnancy.

- consider NST/biophysical profile (call OBTU perinatologist)

#### REFERENCES:

Williams Obstetrics

Up to Date 2007: Bacq, Y: Intrahepatic cholestasis of pregnancy

Family Practice Obstetrics, Second Edition

High Risk Pregnancy, Second Edition