Northern Care Alliance
NHS Group

Obstetric Cholestasis (Severe itching in pregnancy)

An information guide

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Obstetric Cholestasis (Severe itching in pregnancy)

Key Points

- Obstetric cholestasis affects the liver during pregnancy
- It gets better after your baby is born
- The main symptom is itching without a skin rash
- About 1 in 160 women in England are affected
- The cause of obstetric cholestasis is not yet fully understood
- Medication can be given to relieve itching
- There are uncertainties about how obstetric cholestasis may affect your baby
- There may be an increased risk of stillbirth
- Preterm birth is more likely, due to premature labour or early induction of labour
- Other liver problems will be ruled out to make this diagnosis

What is obstetric cholestasis (OC)?

OC can affect your liver during pregnancy. The main symptom is itching of the skin (pruritus). There is no skin rash. The itching gets better after your baby is born.

In England, this disorder affects about one in 160 women and it is more common among women originating from the Indian subcontinent with 15 in 1000 women (1.5%) affected.

What causes obstetric cholestasis?

The causes of OC are not yet understood. It is thought that hormonal, genetic and environmental factors (for example diet, seasonal variation) may be involved. OC runs in some families. In OC, the flow of bile (yellowish fluid that contains waste products and chemicals) is reduced, which causes a build-up of bile acids in your body leading to itching.

What does it mean for me?

OC can be a very uncomfortable condition but it does not have any serious consequences for your health. Itching usually starts after 28 weeks and it can be mild to intense.

The itching may occur on the palms of your hands and soles of your feet. It may spread over your arms and legs and less commonly on your face, back and breasts. There is no rash. It tends to be worse at night and can disturb sleep.

Some women with OC develop jaundice (yellowing of the skin due to liver changes), feel unwell and lose their appetite. They may have dark urine and pale stools.

What does it mean for my baby?

The effects of obstetric cholestasis on your baby are still not clear.

Small research studies many years ago suggested that stillbirths (baby born with no signs of life after 23 completed weeks of pregnancy) may be more common among women with obstetric cholestasis.

Recent research has shown that the risk of stillbirth is now the same as in women without obstetric cholestasis (1 in 200). We do not know whether the reduction in stillbirth rate in women with obstetric cholestasis is attributable to a general improvement in obstetric and neonatal care or early induction of labour.

With OC, there is also a risk of labour starting prematurely (1 in 10). This includes women who have their labour induced.

There is also an increased chance that your baby may pass meconium (move her/his bowels) before being born.

How is obstetric cholestasis diagnosed?

Diagnosis of OC is based on the presence of itching and abnormal blood results, both of which get better after the baby is born. Blood tests include liver function tests and bile acids. Other blood tests and an ultrasound scan will be offered to rule out other liver problems and gallstones.

Diagnosis could be given within the week. However, for some women with OC, it can take several weeks after itching begins before a blood test can detect any problem.

If you have a normal blood test result (Liver Function Test and bile acids) and you are still itching, then you will be offered a repeat blood test every 1 – 2 weeks.

What extra care will I need?

Once diagnosed with obstetric cholestasis, you should be under the care of a consultant and have your baby in a consultant-led maternity unit with a neonatal unit.

Depending upon your circumstances, you will be advised to have additional antenatal checks. These may include monitoring the baby's heart rate (cardiotocography) and growth scans. However, none of these tests can predict if the baby is at risk of stillbirth.

When you are in labour, you will be offered continuous monitoring of your baby's heart rate.

Can obstetric cholestasis be treated?

There is no cure for obstetric cholestasis except the birth of your baby. Treatment may ease symptoms for most women. None of the treatments offered affects the outcome for your baby.

The treatments might include:

- Skin creams and antihistamines to relieve the itching
- Ursodeoxycholic acid, which is a medicine that reduces the build-up of bile acids in the liver, thereby helping to reduce itching. There is not enough evidence to say whether ursodeoxycholic acid reduces the small chance of a stillbirth or whether it is completely safe for your baby, but it is a commonly prescribed medication for obstetric cholestasis
- Some women have found that having cool baths and wearing loose-fitting cotton clothing helps to reduce the itching
- Vitamin K supplements. Vitamin K is important to help the blood to clot normally. Its level may be reduced in some women with OC. If your blood clotting time is prolonged, it is recommended that you take a daily dose of vitamin K to prevent complications if you start to bleed. Even if your blood clotting is not affected, there may be a small benefit from vitamin K
- Vitamin K is also offered to all newborn babies to prevent the risk of bleeding.

When is the best time for my baby to be born?

The option of having labour induced will be discussed with you after 37 weeks of pregnancy, particularly if your symptoms are severe or your blood tests are abnormal.

Early induction (before 37 weeks) may carry an increased chance of caesarean section and an increased chance of your baby being admitted to the special care baby unit with problems associated with being born early.

It is difficult to predict the small risk of stillbirth if your pregnancy continues beyond 37 weeks.

Follow-up tests after birth

OC gets better after birth.

The purpose of your follow-up appointment is to ensure that your itching has gone away and that your liver is working normally.

An appointment will be made with your GP 6 - 8 weeks after your baby's birth. If you continue to have abnormal liver functions tests, this may indicate a different problem and you will be referred to a specialist.

There is a high chance that OC may happen again in a future pregnancy (45 – 90 %)

You should avoid taking oral contraceptives containing oestrogen as it may precipitate a recurrence of the features of cholestasis.

Further information:

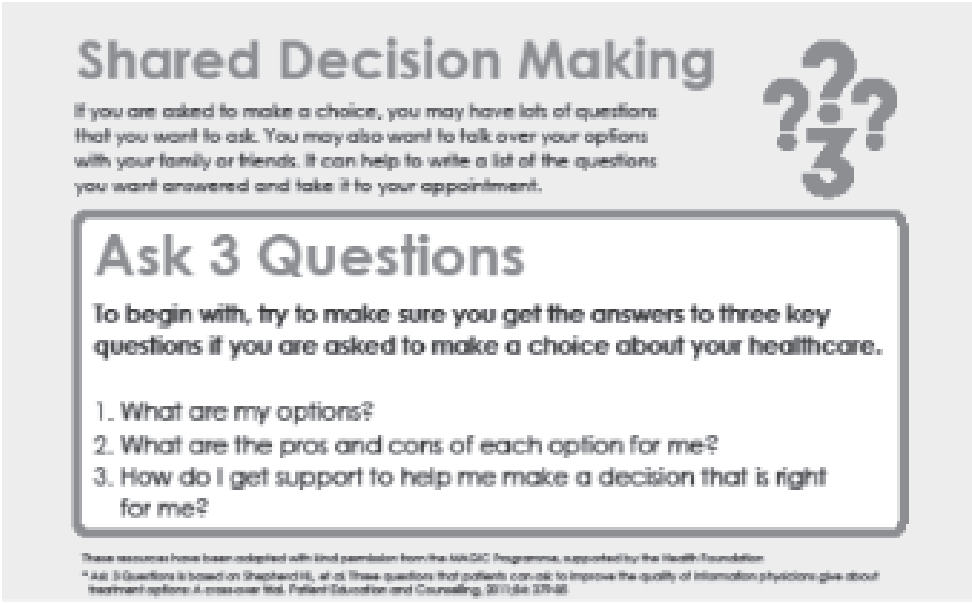
Royal College of Obstetricians & Gynaecologists (RCOG) guideline Obstetric Cholestasis (April 2011)

www.rcog.org.uk/womens-health/clinical-guidance/obstetric-cholestasis-green-top-43

Obstetric Cholestasis Support & Information Line www.ocsupport.org.uk

The British Liver Trust www.britishlivertrust.org.uk

NHS Choices www.nhs.uk



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