

Obstetric cholestasis (OC): a liver condition during pregnancy causing itching

Department of Obstetrics

Information for Patients

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Introduction

You have been given this leaflet because you have been diagnosed with a condition called obstetric cholestasis or you have been having severe itching in pregnancy. It is also known as intrahepatic cholestasis of pregnancy (ICP).

This leaflet will give you information about:

- How it is diagnosed.
- What care you can expect during your pregnancy.
- What the diagnosis may mean for you and your baby.
- What treatments are available.

What is obstetric cholestasis?

Obstetric cholestasis (OC) affects your liver. It can cause a build up of bile acids in your body. Bile acids are made in your liver. They help you to digest fat and take in some vitamins. The main symptom is itching of the skin but there is no skin rash. In the UK obstetric cholestasis affects about 7 in 1000 women. OC is more common among women of Indian-Asian or Pakistani-Asian origin, with 15 in 1000 women (1.5%) affected.

What causes obstetric cholestasis?

The cause of OC is not yet fully understood. It is thought that hormones, genetics (runs in the family) and environmental factors, may be involved.

In pregnancy higher levels of hormones, such as oestrogen, may affect the way your liver works and cause obstetric cholestasis.

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What are the symptoms?

- General itching is very common in pregnancy. It affects 23 in 100 women (23%). Only a small number of these women will have OC.
- Itching is often the first sign of the condition. It is often worse at night. It affects the palms of the hands and soles of the feet.
- If you do have itching, it is important you tell your midwife or obstetrician.

How is it diagnosed?

- For most people a diagnosis is made by a history of itching without a rash.
- Abnormal bloods tests (raised bile acids)
- Some may have abnormal liver function tests.
- Women with risk factors or unusual results or symptoms may also need an ultrasound scan to check their liver and gallbladder or blood tests to look for viral or autoimmune illnesses.

Inspection of the skin

We will look at your skin to check that your itching is not related to other skin conditions e.g. eczema.

Blood tests

You may be offered further investigations such as more blood tests and a scan of your liver.

- **Liver function test (LFTs).** These involve a number of blood tests that look at how the liver is working.
- **Bile acid test.** This measures the level of bile acids in your blood. The bile acid level can be abnormal even if your LFTs are normal but this is not common.
- **Blood tests.** To rule out causes of other liver problems.

What does it mean for me?

Although obstetric cholestasis can be a very uncomfortable condition, it does not have any serious long term effects on your health.

Itching

Itching can start at any time during pregnancy, but usually begins after 28 weeks. Although it often starts on the palms of your hands and the soles of your feet, it may spread over different parts of the body.

The itching can vary from being mild to very intense. It is often worse at night and can affect sleep. For some women the itching can cause breaks in the skin and bleeding from scratching.

Obstetric cholestasis can sometimes make your pee (urine) dark in colour. It may also make your poo pale and smelly and difficult to wash away. If this happens you should tell your obstetrician or midwife.

What does it mean for my baby?

For most babies there are no harmful results. There are some complications are more common, mainly with high levels of bile acids:

The effects of OC on your baby are still not clear:

- Increased chance that your baby may pass meconium (its first poo) before being born. This makes the fluid around your baby a green or brown colour. The higher your bile acid levels are, the higher the chance of your baby passing meconium before birth. Your midwife will do more checks on your baby at 1 and 2 hours of age if they have passed meconium before birth. This is to make sure they are well and not showing any difficulties with breathing.
- Overall about 1 in 3 babies are born before 37 weeks in the UK. Obstetric cholestasis increases this chance, particularly with very high levels of bile acids. Some of these babies are born early because we have chosen to deliver them then, but there is also a higher rate of preterm labour.
- The risk of stillbirth if your bile acids are under 40 are the same as for women with normal bile acids, which is very reassuring.
- If you have bile acids between 40 to 100, the risk of stillbirth increases after 38 weeks. This is why delivery at 38 weeks is usually offered and discussed with you.
- If you have bile acids over 100 early delivery at 35 to 36 weeks will be discussed as the risk of stillbirth increases by 3 to 4%.

What extra care will I need?

Once diagnosed with obstetric cholestasis, you should be under the care of the maternal medicine team. You will be advised to have your baby in a consultant-led maternity unit with a neonatal unit. You are likely to be advised to have blood tests that check your liver function and bile acid levels at your community midwife appointments and weekly towards the end of your pregnancy. When you are in labour, you will be offered continuous monitoring of your baby's heart rate.

Can obstetric cholestasis be treated?

The only cure for obstetric cholestasis is the birth of your baby. However, treatment may ease symptoms for most women. None of the treatments offered will affect the outcome of your baby. Treatments might include:

- Skin creams and ointments to ease the itching such as chamomile lotion and aqueous cream with menthol. These are safe in pregnancy and may give temporary relief.

- Antihistamines may help you sleep at night.
- Cool baths and wearing loose fitting cotton clothing may help to reduce the itching.
- Eating a healthy diet including fresh fruit and vegetables, avoiding processed food and having a lean meat is advised during all pregnancies.

Vitamin K

Obstetric **cholestasis** may cause a problem with your blood clotting, making you more likely to bleed for longer than normal. The maternal medicine team will talk to you about whether you need daily vitamin K to **try and prevent** problems if you start to bleed. Shortly after birth, your baby should be offered vitamin K, as are all babies.

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

The maternal medicine team will make a plan with you about the best time for your baby to be born. This will depend on the levels of bile acid in your blood. The plan will include:

- Planning for either vaginal birth or caesarean section. If you are having **1** baby and your pregnancy has had no other complications, there is no reason why you cannot have a normal delivery with obstetric cholestasis.
- Planned birth by the time of your due date (40 weeks) may be considered if your bile acids are raised between 19 and 39 micromol/L. If you have no other risk factors you may also think about waiting to go into labour as your risk of stillbirth is no different to someone without OC.
- Planned birth at 38 to 39 weeks of pregnancy may be recommended if your bile acid levels are 40 to 99 micromol/L and if you have no other risk factors.
- Planned birth at 35 to 36 weeks of pregnancy may be recommended if your bile acid levels are 100 micromol/L

What follow-up should I have?

Obstetric **cholestasis** will get better after birth. However, you should have a follow-up appointment at 4 to 6 weeks after the birth of your baby with your GP.

The purpose of your follow up is to make sure that your itching has gone away and that your liver is working normally. Continuing symptoms and abnormal liver function tests may suggest a different underlying problem and you should be referred to a liver specialist.

Is there anything else I need to know?

There is a high chance that obstetric cholestasis may happen again in a future pregnancy:

45 to 90 in a hundred women (45 to 95%) who have had obstetric cholestasis will get it again in future pregnancies.

- If you have had obstetric cholestasis in your pregnancy, it is better to avoid the oestrogen containing birth control pill. You may wish to discuss other forms of birth control.
- Drinking alcohol does not cause obstetric cholestasis . However, it is recommended that you avoid drinking alcohol when pregnant.

Contact details:

For more information about obstetric cholestasis, please contact your GP or midwife.

More Information

More information can also be found at:

www.nhs.uk/pregnancy/related-conditions/complications/itching-and-intrahepatic-cholestasis/

www.tommys.org/pregnancy-information/pregnancy-complications/obstetric-cholestasis

www.icpsupport.org/index.html

britishlivertrust.org.uk/information-and-support/living-with-a-liver-condition/liver-conditions/intrahepatic-cholestasis-pregnancy/

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