

Cholestasis of pregnancy

Also known as Intrahepatic cholestasis of pregnancy, recurrent cholestasis of pregnancy, obstetric cholestasis, cholestasis of pregnancy, recurrent jaundice of pregnancy, cholestatic jaundice of pregnancy, idiopathic jaundice of pregnancy, prurigo gravidarum, icterus gravidarum

What is it?

Intrahepatic cholestasis of pregnancy is a rare liver condition which causes an itchy skin. There is no rash but the skin may show scratch marks (excoriations) or become yellow (jaundiced). This condition typically develops late in pregnancy and resolves within days after the baby is born. Closer monitoring of the pregnancy is recommended as this condition can have serious effects on the unborn baby.

What causes it?

The cause of intrahepatic cholestasis of pregnancy is unknown. The liver becomes less able to clear certain substances. Bile acids and bilirubin accumulate in the blood and cause an itchy skin. This condition sometimes runs in families.

What does it look like?

Intrahepatic cholestasis of pregnancy typically occurs in the 3rd trimester of pregnancy. Symptoms often begin on the palms of hands and soles of feet after which a widespread itchy skin develops. The skin may appear normal or show scratch marks and turn yellow as the condition progresses. Some women experience fatigue, nausea or abdominal discomfort.

What other problems can occur with it?

This condition is potentially serious for the unborn baby with an increased risk of foetal distress, preterm labour and stillbirth. In severe cases the mother may be less able to absorb vitamin K causing her to be prone to bleeding around the time of delivery.

How is it diagnosed?

A diagnosis is made on a special blood test that shows an elevation in bile acid levels. Liver function tests may be abnormal. A coagulation profile is often included in blood investigations to assess the risk of bleeding.

How is it treated?

Intrahepatic cholestasis of pregnancy is usually treated with ursodeoxycholic acid, an oral medication that lowers bile acid levels, relieves itch and improves foetal outcome. Treatment should be started promptly and continued until the baby is born. Careful obstetric and paediatric care is important and babies may be delivered early.

What is the likely outcome of the condition?

Intrahepatic cholestasis of pregnancy improves within a few days of delivery. However it usually recurs in subsequent pregnancies and may also recur with commencement of the oral contraceptive pill.