

Obstetric Cholestasis

Information for Pregnant Women — Maternity Outpatient Department

What is obstetric cholestasis?

Obstetric cholestasis is a rare disorder that can affect your liver in pregnancy. This causes a build-up of bile salts in your body. The main symptom is itching of the skin, but there is usually no skin rash. The symptoms will get better after your baby is born.

If you have previously had obstetric cholestasis, you have a high chance that it will recur in future pregnancies.

The exact causes are not clear, but hormonal, environmental and genetic factors may be responsible.

What are the symptoms of obstetric cholestasis?

Obstetric cholestasis can be very uncomfortable for you, but it does not have any serious consequences for your own health.

Typically, symptoms occur after 28 weeks of pregnancy when the hormonal levels are at their highest. Sometimes it develops earlier in pregnancy, especially if you have had it previously.

An itch is the most common symptom. It can be all over but more predominately on the hands and feet. Commonly, the itch may be the only symptom. The itch can be distressing for some women, affecting sleep (as it is often worse at night), concentration and mood.

Other less common symptoms may include tiredness, poor appetite or mild jaundice (yellowing of the skin and white of the eyes).

How is it diagnosed?

You may be diagnosed with cholestasis if you develop itching during pregnancy with abnormal blood tests (liver function and bile salts). The diagnosis is made only after other causes of abnormal liver tests and itching have been ruled out. This will involve you having additional blood tests looking for other liver problems.

In some cases, the itch develops a week or more before the blood test becomes abnormal, therefore if the itching persists and no other cause is found, the blood tests should be repeated every 1-2 weeks.

Are there any risks for my baby?

Despite on-going research, the effects on your baby are still not clear.

- There is an increased chance that your baby will pass meconium (open its bowels) before birth, this can turn the waters around your baby green.
- There is an increased chance of premature (early) birth before 37 weeks of pregnancy, affecting 1 in 10 women with cholestasis, including women whose labours are induced.
- Risk of stillbirth (baby dying before birth). Older research suggested that there was an increased risk of stillbirth in pregnancies affected by cholestasis, more recent studies, however, show this may not be the case. Until the information becomes clear, many obstetricians will recommend induction of labour at 38 weeks if you have not had your baby by then.

Once the baby is born, the risk to your baby is removed and your symptoms should improve.

What is the treatment for obstetric cholestasis?

There is no known cure for obstetric cholestasis except the birth of your baby.

Treatment can ease symptoms for most women, but none of the treatments offered affect the outcomes for your baby.

Treatments may include:

- Skin creams to relieve the itching. These are safe for use in pregnancy and may provide you with temporary relief.
- Antihistamines may help you sleep but do not appear to have much success in helping with the itching.
- Ursodeoxycholic Acid (commonly called 'urso') reduces the level of bile acids in your bloodstream (reducing itching) and improves your liver function tests. It is unlicensed for use in pregnancy in New Zealand but it is the most commonly prescribed medicine for obstetric cholestasis. It needs to be prescribed by a specialist doctor at the hospital.
- Some women find cool baths and loose fitting clothing of natural fibres (cotton and linen) helpful to reduce itch.

Obstetric cholestasis may cause a problem with the blood clotting mechanism of your blood, making you more prone to bleeding or bleeding longer than usual. A daily dose of Vitamin K supplements are therefore offered to women from 34 weeks gestation until birth.

Shortly after birth, you will be offered a dose of vitamin K for your baby, as are all babies.

What extra monitoring is needed?

Once diagnosed with obstetric cholestasis, you will be closely monitored by the hospital doctors and midwives through the Day Assessment Unit (DAU). This will include regular blood tests.

You will be advised to birth at Christchurch Women's Hospital, where you will have close monitoring during labour and there are doctors to provide additional care for you and your baby if required.

A discussion will take place with you regarding induction of labour. It would be usual to advise induction of labour at 38 weeks (2 weeks before your expected due date).

What happens following the birth of my baby?

Your Lead Maternity Carer (LMC) will arrange a blood test 3 weeks after your baby is born to check your blood results have returned to normal. If they have not returned to normal, your LMC will refer you to your GP.

Avoid oestrogen-containing contraceptives as cholestasis may recur. Alternative contraception should be used.

What can I do?

If you have any concerns about yourself or your baby, you must get in contact with your LMC or if unavailable, the Birthing Suite at Christchurch Women's Hospital (phone 364 4715). If you think your baby is moving less than usual, you need to contact your midwife right away for further advice.