

VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE INTRAHEPATIC CHOLESTASIS OF PREGNANCY

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

Intrahepatic Cholestasis of Pregnancy is a disorder of hepatic clearance of bile acids causing intense generalized pruritus. Although the incidence is reported to be low (0.1%), recently observed local prevalence seems to be somewhat higher. In terms of fetal mortality (stillbirth), cholestasis ranks among the most serious of obstetric disorders with losses occurring close to term. Published incidence of stillbirth is in the range of 3-4%.

Evaluation and diagnosis is made with serum studies of bilirubin, alanine and aspartate aminotransferase, and bile acids. Although ursodeoxycholic acid treatment is effective in relieving symptoms and improving serum studies, it is not clear that fetal mortality is improved.

To optimize perinatal outcomes, preterm delivery is indicated. In uncomplicated patients, delivery at 37 completed weeks of pregnancy is appropriate. Earlier delivery may be considered in cases of high bile acids, severe symptomatology or lack of response to medication. In these cases, amniotic fluid fetal lung maturity studies may be indicated to more clearly assess risks and benefits of delivery.

Although of uncertain benefit, antepartum testing with NST'S prior to delivery is customarily included in the ongoing assessment of these patients.