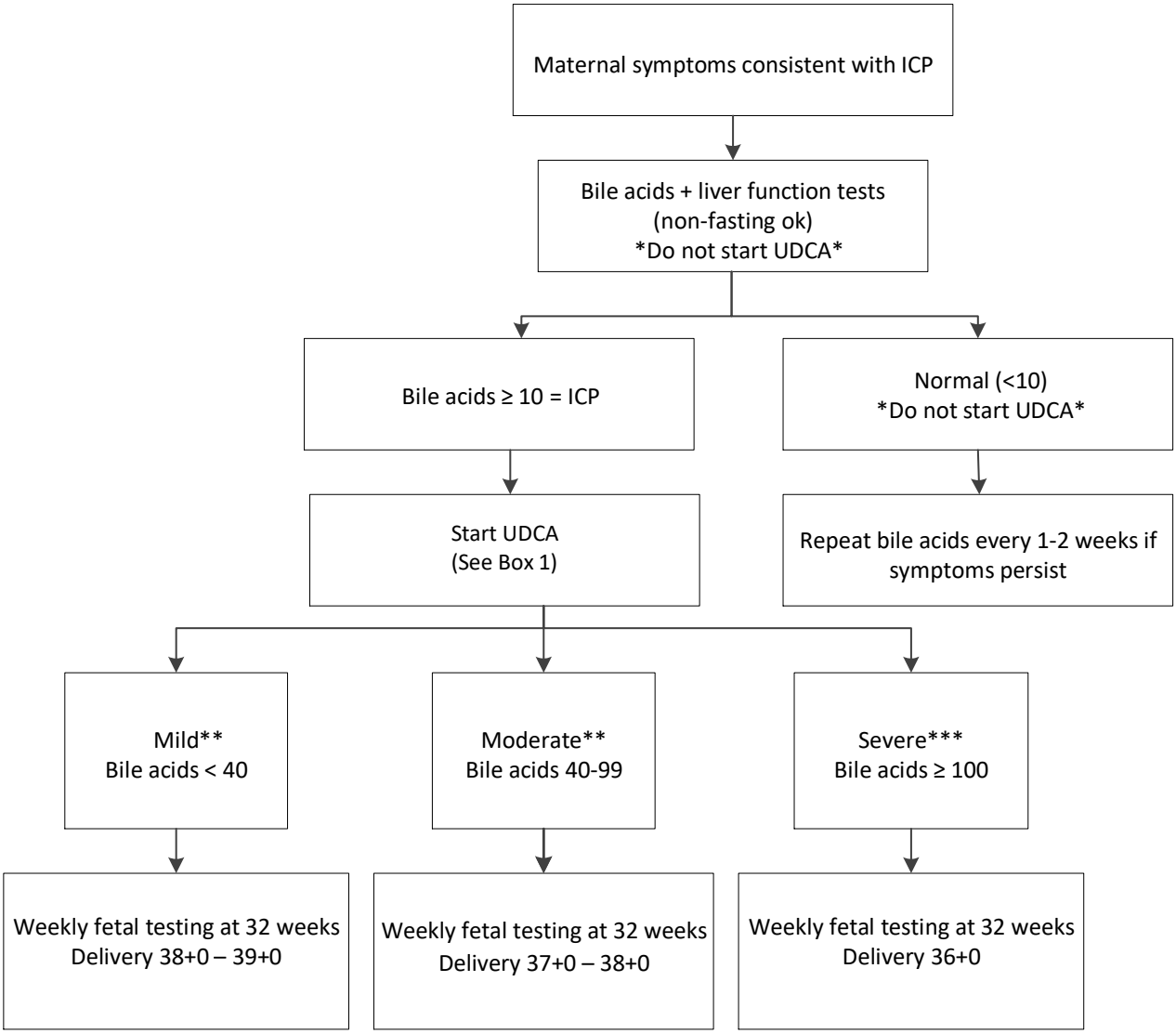
UNC SCHOOL OF MEDICINE

Intrahepatic Cholestasis of Pregnancy



In all patients with MILD or MODERATE ICP, **repeat bile acid level at 35 weeks to guide the management for timing of delivery. Base management decisions off the **MAX** bile acid level.

***Consider earlier (34+0 – 36+0 weeks) delivery for:
1. Excruciating/unremitting maternal pruritis
2. History of stillbirth less than 36 weeks for ICP in a previous pregnancy in current pregnancy
3. Preexisting liver disease with clinical or laboratory evidence of worsening

Abbreviations

- ICP - intrahepatic cholestasis of pregnancy
- UDCA - urosodeoxycholic acid

BOX 1: Treatment

- UDCA is current recommended treatment first-line therapy
- All therapies primarily aimed at maternal itching:
  - Ursodeoxycholic acid; 500mg BID or 300mg TID, titrate to symptoms, max 2g/d
  - Antihistamines: Hydroxyzine or chlorpheniramine (less sedating) o Calamine lotion (no data)
- Other therapies may also be considered, but are not well-studied, consider MFM consultation

BOX 2: Follow-up

- Discuss recurrence risk (60-90%)
- Repeat bile acids, liver function tests to ensure normalization
  - Consider right upper quadrant ultrasound or referral to GI if abnormal
- Avoid high estrogen-containing contraceptives
  - Most OCPs are acceptable
  - Warn women that symptoms may recur with hormonal birth control

References

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