



**St George and Sutherland
Hospitals**

Obstetric Cholestasis

Information for women

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WHAT IS OBSTETRIC CHOLESTASIS?

Obstetric Cholestasis, also known as cholestasis of pregnancy or intrahepatic cholestasis of pregnancy, is an uncommon condition that occurs only during pregnancy.

It is thought to be due to a problem with the liver's ability to break down chemicals in the blood due to the high hormone levels during pregnancy. This means that chemicals known as bile acids may deposit in the skin and cause itchiness.

WHAT ARE THE SYMPTOMS?

The most common symptom of Obstetric Cholestasis is itchiness, usually without a visible rash. The itch may be anywhere over the body but women often say that it is worse over the hands and feet.

Jaundice (yellowness to the skin) may also occur but is rare.

WHY IS IT IMPORTANT?

Obstetric Cholestasis is important because it may make babies unwell late in the pregnancy. There have been occasions where babies have died inside the womb. We do not fully understand why this may occur. It is exceedingly rare for this to happen to babies less than 37 weeks pregnant. For this reason, we recommend having your baby at 37 weeks pregnant, usually by induction of labour.

HOW IS IT DIAGNOSED?

Obstetric Cholestasis is suspected when pregnant women have an itch without a visible rash. It is diagnosed by a fasting blood test checking the bile acid levels and liver function.

WHO DEVELOPS IT?

Any pregnant woman may develop Obstetric Cholestasis. It affects about 2 per 1000 pregnant women in Australia. It usually develops in the last 3 months of the pregnancy.

Women are at increased risk if:

- they are South American
- it occurred in a previous pregnancy
- it is a twin pregnancy
- if their mother or sister had it
- they have a history of liver disease or heavy alcohol use

HOW WILL I BE MONITORED?

Women with Obstetric Cholestasis are usually monitored through the *Day Assessment Unit*, usually on a weekly basis. You will see an obstetrician, obstetric medicine physician and a midwife. Obstetric Cholestasis is monitored by blood tests, and the baby's wellbeing is monitored by heart beat monitoring (CTG) and sometimes an ultrasound.

WHAT IS THE TREATMENT?

A medication called *Ursafalk* (Urso-deoxycholic acid, or UDA) is usually prescribed. This medication is effective in reducing the itchiness, reducing the bile acid levels and restoring the liver's

function. We do not yet know whether it makes it safe to continue the pregnancy beyond 37 weeks, so we usually still recommend that your baby is born at 37 weeks.

Other treatments such as antihistamines may help but are less effective.

Keeping cool, such as wearing loose fitting clothing and taking cool baths and showers may provide some short term relief from the itching.

The only truly effective treatment is to deliver your baby at 37 weeks gestation. Obstetric Cholestasis always improves after birth, and the UDA medication can be stopped.

ARE THERE ANY LONG TERM EFFECTS?

There are not thought to be any long term effects of Obstetric Cholestasis on either you or your baby after the baby is born. There is however an increased chance of developing Obstetric Cholestasis in a future pregnancy (about 40-80%)

Some women may need to be followed by their doctor to ensure that there are no other liver problems which may have contributed to developing the condition.

Taking the oral contraceptive pill may cause obstetric cholestasis to recur after the pregnancy therefore caution should be taken and your liver function should be monitored with regular blood tests by your GP.
