How can I help to reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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If you require a translation of this leaflet please call your midwife
What is Obstetric Cholestasis?
Obstetric cholestasis (OC) is a liver disorder that occurs during pregnancy which causes a build-up of bile acids in your body. The main symptom is itching of the skin but there is no skin rash. The symptoms get better when your baby has been born.

Not all itching will mean you have OC. Any itching in pregnancy must be investigated so that OC can be diagnosed appropriately.

OC is not common. In the UK it affects about 7 in 1000 women (less than 1%). OC is more common among women of Indian-Asian or Pakistani-Asian origin, with 15 in 1000 women (1.5%) affected.

What causes Obstetric Cholestasis?
We do not know what causes OC, but it is thought that hormones, genetics and environmental factors may be involved.

How do we diagnose OC?
OC is diagnosed from blood tests; liver function tests (LFTs) and a bile salts test. Other causes of itching such as eczema or allergies will be excluded. If the blood tests are within normal range and you continue itching, the tests will be repeated every other week.

We will consider screening for hepatitis, viral illness and auto-immune disease to exclude other causes of liver problems. A scan of your liver and gall bladder will also be arranged to check for signs of liver abnormalities or gall stones.

How will OC affect me?
Itching
Itching can start any time during pregnancy, but usually begins after 28 weeks. It is generally on the arms, legs, palms of hands and soles of the feet, although sometimes it may affect the whole body. It can vary from mild to intense and be

Useful Contact Numbers
Stoke Mandeville Hospital Day Assessment Unit
Situated in the Claydon Wing Annex
Tel: 01296 316106
Opening Hours: 08.00-19.00 Monday-Friday
09.00-17.00 Saturday-Sunday
Labour ward 01296 316103/4 24 hours

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Head of Midwifery
Women & Children’s Directorate
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
If you have had OC in your pregnancy, it is better to avoid the oestrogen-containing contraceptive pill and you may wish to discuss alternative forms of contraception.

Drinking alcohol does not cause OC. However, it is recommended to avoid alcohol intake when pregnant, especially when there is evidence of any liver disease.

References
Royal College of Obstetricians and Gynaecologists
www.britishlivertrust.org.uk

About this information
Some of the recommendations here may not apply to you. This could be because of some other illness you have or your general health. If you think the treatment or care you get does not match what we describe here, please talk to your midwife or obstetrician.

Further Information
www.rcog.org.uk - Information for patients
Obstetric Cholestasis

A web-based support resource for people diagnosed with OC is available at: www.ocsupport.org.uk
Email: jennychambersoc@aol.com
Or ring The British Liver Trust on 01425 481320

persistent, such that it can be very distressing. The itching tends to be worse at night and can disturb sleep, often making you feel tired and exhausted during the day.

There is no rash, but some women scratch so intensely that their skin breaks and bleeds.

The itching gets better after your baby is born and causes no long-term health problems.

Jaundice
A few women with OC develop jaundice (yellowing of the skin due to liver changes). Some women feel unwell and lose their appetite. Jaundice can also cause dark urine and pale bowel movements.

What does OC mean for my baby?
The effects of obstetric cholestasis on your baby are still not clear:

Increased chance that your baby may pass meconium (move its bowels) before being born
This makes the fluid around your baby a green or brown colour which means it is important that your baby is monitored closely in labour.

Increased chance of a premature birth
One in 10 women with obstetric cholestasis will have their baby before 37 weeks of pregnancy; this includes women who have their labour induced.

Risk of stillbirth (baby born with no signs of life after 23 completed weeks of pregnancy).
Recent research has shown that the risk of stillbirth is the same as in women without obstetric cholestasis (1 in 200). As with any pregnancy there is no way of predicting stillbirth but if you are diagnosed with OC you will have regular scans and monitoring of the baby.
Can obstetric cholestasis be treated?
There is no cure for OC except the birth of your baby. Treatment may ease symptoms for most women. None of the treatments offered affects the outcome for your baby.

Treatments might include:

- Some women have found that having cool baths and wearing loose-fitting cotton clothing helps to reduce the itching.
- Skin creams and ointments to relieve the itching. These are safe in pregnancy and may provide temporary relief.
- Antihistamines may help you sleep at night but don’t appear to have much success in helping itching.
- Ursodeoxycholic acid often known as ‘Urso’ reduces the level of bile acids in your blood and improves LFTs. It may also help reduce the itching.
- There is not enough evidence to say whether ursodeoxycholic acid reduces the small chance of a stillbirth or whether it is completely safe for your baby, but it is a commonly prescribed medication for OC.

Vitamin K (phytomenadione)
OC may cause a problem with the clotting mechanism of your blood, making you prone to bleed for longer than usual. Vitamin K can help with this change. If your blood clotting time is prolonged, you may be prescribed a daily dose of Vitamin K (also known as phytomenadione) to prevent complications if you start to bleed.

When is the best time for my baby to be born?
You will have an opportunity to discuss the option of having labour induced after 37 weeks of pregnancy, particularly if your symptoms are severe or your blood tests are very abnormal. Early induction (before 37 weeks) may carry an increased chance of caesarean section and an increased chance of your baby being admitted to the neonatal unit with problems of being born early. Your obstetrician will discuss what is best for you and your baby in your individual situation so that you can make an informed choice.

What extra care will I need?
Once diagnosed with OC you should be under the care of a consultant and have your baby in a consultant-led maternity unit with a neonatal unit. Depending upon your circumstances you will be advised to have additional antenatal checks.

You are likely to have liver function tests, usually once a week, until you have had your baby.

Additional monitoring of your baby will be undertaken with regular scans and fetal heart rate monitoring.

When you are in labour, you will be offered continuous monitoring of your baby’s heart rate.

Aftercare
After your baby is delivered the itching should quickly disappear and your LFTs and bile acids should return to normal. You will be offered blood tests at least 10 days after your baby is delivered to see that your blood levels have returned to normal. If the blood tests have not returned to normal at this time you will need to have further tests; it may be that your liver is taking a little extra time to return to normal or that there may be some underlying liver problems. If this is the case, your general practitioner (GP) will refer you to a doctor with specialist knowledge of the liver.

Is there anything else I should know?
There is a high chance that OC may happen again in a future pregnancy: 45–90 in 100 women (45–90%) who have had OC will develop it again in future pregnancies.