

Approvals:
Specialist Group: DAU Team Sep 2014, V3 Jan 2018
Maternity Guidelines Group: May 2010, V2 Jun & Oct 2014 (Chair's action), V3 Feb 2019
Directorate Board: July 2009, V2 May 2014, V3 Feb 2018
Clinical Guidelines Subgroup: June 2010, V2 Jan 2015, V3 Oct 2018
MSLC/BMV: July 2009, V2 Jul 2014, V3 Oct 2018
Equality Impact Assessment: May 2010, V3 Jan 2018
Scrutiny Board: May 2010
Patient Experience Group: August 2010, V2 Nov 2014, V3 Apr 2019

Division of Women, Children & Sexual Health Services

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
Follow us on Twitter @buckshealthcare

Author: DAU Team
Issue date: April 2019
Review date: April 2022

(ex-WZZ1306)
Version: 3

Obstetric Cholestasis (liver disorder in pregnancy)

Patient Information Leaflet

If you want to read this leaflet in another language
please contact your Community Midwife

Safe & compassionate care,

every time

What is Obstetric Cholestasis?

Obstetric cholestasis (OC) is a liver problem that can happen during pregnancy and may cause your body to make more bile acids. It can make the skin very itchy without there being a skin rash, but this gets better when your baby has been born.

Not all itching will mean you have OC. If you get itching during your pregnancy you should be checked by a Midwife or Doctor to see what may be causing it, for instance eczema or allergies.

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 OC?

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

How is OC diagnosed?

OC is diagnosed from blood tests which check your liver function and bile acids. If the blood tests are normal and you continue itching, the tests will be repeated every other week.

If the itching is persistent and OC has not been diagnosed, you may have further blood tests or a scan to test for other liver problems or gall stones.

How will OC affect me?

- **Itching**
Itching can start any time during pregnancy, but usually begins after 28 weeks. It generally starts on the palms of the hands and soles of the feet, spreading to the arms and legs, although sometimes it may affect the whole body. It can vary from mild to intense and be persistent, and can be very distressing. The itching tends to be

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
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL

If you have any further questions about your care or treatment please talk to your Midwife or Doctor.

References

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

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

Useful Contact Numbers

Stoke Mandeville Hospital Day Assessment Unit
Situated in the Claydon Wing Annex

Tel:	01296 316106	
Opening Hours:	08:00-18:00	Monday-Friday
	09:00-17:00	Saturday-Sunday
Labour Ward	01296 316103	24 hours

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. You will be checked regularly by your Midwife or Doctor. The jaundice gets better after you have had your baby.

What does OC mean for my baby?

- **There is an increased chance that your baby may pass meconium (open its bowels) before being born**
This makes the waters around your baby a green or brown colour so it is important that your baby is monitored closely in labour.
- **There may be an increased chance of a premature birth**
One in 10 women with OC will have their baby before 37 weeks of pregnancy; this includes women who have their labour induced.
- **Older studies suggested there may be an increased risk of stillbirth**
However, recent research has shown that the risk of stillbirth is the same as in women who do not have OC (1 in 200). As with any pregnancy there is no way of predicting stillbirth, but if you are told you have OC you will have an ultrasound scan, and regular monitoring of the baby.

What extra care will I need?

Once you are told you have OC you will be under the care of a Consultant and will be advised to have your baby on the Labour Ward at Stoke Mandeville Hospital because there are Doctors (Paediatricians) who can look after your baby if needed.

You are likely to have liver function tests and monitoring of your baby, usually once a week, until your baby is born. This is likely to be at the Day Assessment Unit (DAU) at Stoke Mandeville Hospital.

When you are in labour you will be offered continuous monitoring of your baby's heart rate and this can only be provided on the Labour Ward.

Can obstetric cholestasis be treated?

There is no cure for OC except the birth of your baby. Treatment can make the symptoms better for most women. None of the treatments offered adversely will affect your baby.

Treatments might include:

- Some women have found that having cool baths and wearing loose-fitting cotton clothing helps to reduce the itching.
- Over the counter skin creams and ointments such as emollients and E45 to relieve the itching. These are safe in pregnancy and may provide temporary relief.
- Antihistamines (anti-allergy tablets) may help you sleep at night but don't appear to have much success in helping itching.
- Ursodeoxycholic acid tablets, often known as 'Urso', reduces the amount of bile acids in your blood and improve liver function tests (LFT). Urso may also help reduce the itching.

Please talk to your Midwife or Doctor if you want further information.

Vitamin K

Your body uses Vitamin K to make clotting factors which help your blood to clot if you bleed. Having OC may cause a problem with how your blood clots. You will be advised to take a daily dose of Vitamin K to prevent problems if you start to bleed.

When is the best time for my baby to be born?

If your blood tests are very abnormal induced labour at 37 weeks is recommended. Otherwise it will be at 40 weeks.

If labour is induced labour *before* 37 weeks there is an increased chance of a caesarean section and an increased chance of your baby being admitted to the neonatal unit.

Your Doctor will discuss what is best for you and your baby so that you can make the right choice.

Aftercare

After your baby is born the itching should quickly disappear and your LFTs and bile acids should return to normal. You will be offered blood tests at your GP surgery at least 10 days after your baby is born, to see that your blood test results have returned to normal. If the blood tests have not returned to normal at this time you may need to have further tests and your GP may need to 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 to 90 in every 100 women (45–90%) who have had OC will develop it again in future pregnancies.

If you have had OC in your pregnancy, may be better to avoid the oestrogen-containing (combined) contraceptive pill and you may wish to discuss different forms of contraception with your Midwife or GP.