Intrahepatic Cholestasis of Pregnancy- practice guidelines

ICP is a diagnosis unique to pregnancy characterized by profuse itching (pruritus gravidarum), often worse on hands and trunk, which becomes progressively more severe and is often worse at night. It also can be associated with jaundice several weeks after initial pruritus. Lab abnormalities that accompany the symptoms include hyperbilirubinemia, mild transaminitis, and elevation of serum bile acids.

Treatment includes Ursodiol, which reduces the concentration of serum bile acids and antihistamines.

Bile acids cross the placenta. Fetuses of women diagnosed with ICP are at increased risk for stillbirth. There is no reliable way to predict stillbirth in these fetuses. However, we do recommend twice weekly antenatal testing in women with ICP or suspected as having ICP.

**DELIVERY RECOMMENDATIONS:** In women with lab abnormalities and a diagnosis of ICP, delivery at 37 weeks gestation is recommended. For women who present late in gestation with symptoms of cholestasis for whom labs are not available, a delivery by 38 weeks is recommended. Lastly, in women with severe jaundice and progressively worsening symptoms, delivery at 36 weeks could be considered in consultation with experts in maternal fetal medicine.

These recommendations are only guidelines. Each patient is unique and may in some circumstances require a different delivery plan in consultation with a specialist.