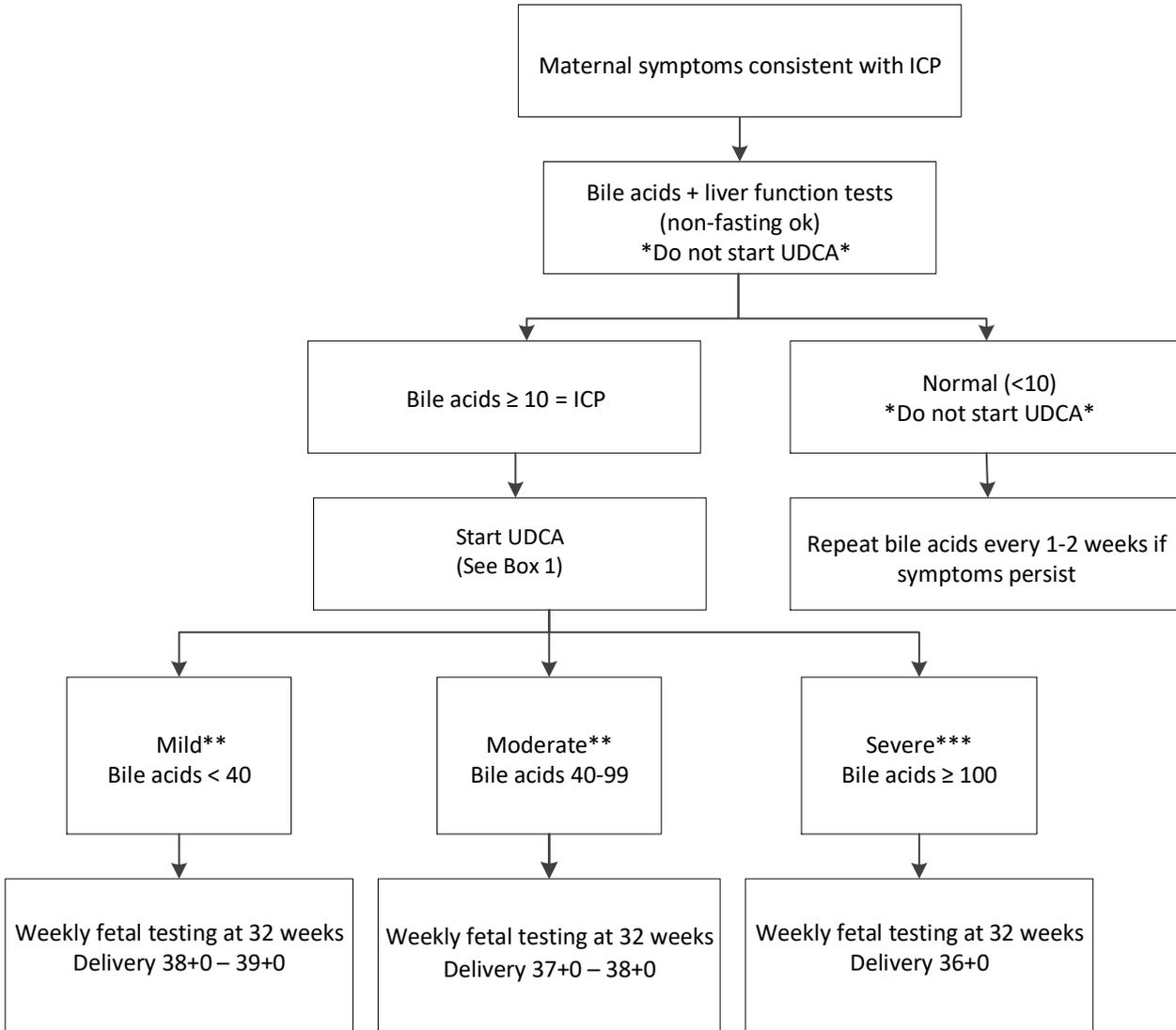


Intrahepatic Cholestasis of Pregnancy



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

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These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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