

HOW IS ICP MANAGED?

- **Medication**

Ursodeoxycholic Acid is recommended by the Society for Maternal Fetal Medicine as frontline treatment for ICP in doses of 10-21 mg/kg/day.

- **Delivery timing**

Current guidelines in the US per ACOG and SMFM are based upon bile acid levels^{4,8}

These are:

- For bile acids >100 $\mu\text{mol/L}$: delivery at 36 0/7 weeks. Consideration for delivery 34-36 weeks with unremitting itch, history of stillbirth due to cholestasis or worsening liver functions
 - For bile acids 40-99 $\mu\text{mol/L}$: delivery 36 0/7-39 0/7 weeks, with delivery recommended in the early portion of the window
 - For bile acids below 40 $\mu\text{mol/L}$: delivery 36 0/7-39 0/7 weeks
- Delivery should be:
 - Based upon highest ever bile acid
 - Individualized per patient
 - In the early portion of the 36 0/7-39 0/7 week window with the exception of mild cases (bile acids below 40 $\mu\text{mol/L}$)

- **Fetal monitoring**

May include non-stress tests and/or biophysical profiles.

ARE THERE LONG-TERM ISSUES RELATED TO MY ICP?

In most cases, symptoms subside within hours or days of delivery, but sometimes they can persist for longer. Follow-up total bile acids and liver panel test 3-6 months after delivery to rule out any underlying liver issues. Underlying conditions are rare, and most people with ICP will have no long-term effects. Studies found no long-term effects for babies. After ICP people may not be able to tolerate hormonal birth control of any type after pregnancy, even if they were able to take in the past. Before deciding to try hormonal birth control after ICP, liver functions need to be monitored, and you may experience a return of your ICP symptoms.

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Itching during pregnancy could be Intrahepatic Cholestasis of Pregnancy (ICP)



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WHAT IS INTRAHEPATIC CHOLESTASIS OF PREGNANCY?

ICP is a liver disorder of pregnancy in which bile flow is impaired in the liver itself (not in the gallbladder or bile ducts), which causes bile acids to build up in the bloodstream. High levels of bile acids may pose a risk to your unborn baby. ICP most commonly develops in the third trimester, but can occur as early as five weeks gestation.

WHAT ARE THE SYMPTOMS OF ICP?

For most people, the only symptom is moderate to severe itching. Itching can occur on hands and feet, ankles, wrists, arms, legs, scalp, or be generalized. For many, but not all, the itching worsens at night. Severity of itching does not correlate with severity of the disease.

A minority of people with ICP will have other symptoms including right upper quadrant pain, fatigue/malaise, gastrointestinal symptoms, dark urine, pale gray or greasy stool, or mild depression. 10% or less are jaundiced.



HOW IS ICP DIAGNOSED?

A blood test for total bile acids of greater than 10 $\mu\text{mol/L}$ is the only reliable way to diagnose ICP. Some fractionated bile acid tests have lower reference ranges, and ICP can be diagnosed using these lower numbers on those tests. In the United States bile acid tests require 3-10 days for results. Fasting for this test is not required for ICP.

Your provider may also order a liver panel test. The transaminases ALT and/or AST are elevated in 60% of ICP patients. Bilirubin is elevated in 10% or less of cases. In these cases, elevation is mild.



For more information, self-helps or support, please visit
ICPCARE.ORG

WHAT ARE THE RISKS OF ICP?

- **Preterm labor/birth**
Preterm labor occurs naturally in 20-40% of ICP pregnancies. While early delivery is typically part of ICP management, having your baby too early comes with additional risks. Contact your provider if you have symptoms of preterm labor, including cramping or uterine contractions.
- **Meconium staining**
Meconium is the first stool produced by the baby. It is common for the baby to pass the meconium in the uterus after 40 weeks gestation, but in ICP pregnancies this occurs much earlier and affects 16-18% of cases. Fortunately, complications from meconium staining are rare.
- **Respiratory distress**
Respiratory distress and failure to establish breathing at birth are about three times more common in ICP pregnancies when adjusted for gestational age. The risk is increased with higher bile acid levels and earlier diagnosis.
- **Stillbirth**
Stillbirth is the most troubling consequence of ICP. Fortunately this complication is rare in managed ICP. When bile acids reach 100 $\mu\text{mol/L}$ the risk increases to 3.5%, so these pregnancies are managed more aggressively. Most stillbirths occur after 37 weeks gestation.
- **Preeclampsia and Gestational Diabetes**
People with ICP are five times more likely to develop preeclampsia and about 14-30% more likely to develop gestational diabetes. All patients are routinely screened for these disorders. Contact your provider if you notice symptoms of preeclampsia such as headaches, vision change, sudden weight gain, or swelling.