ICP does not appear to increase risk of Cesarean.

90% of severe cases will get ICP in a subsequent pregnancy.

1-2 pregnancies in 1000 is affected by ICP in the USA (Latina at 5.6%)

If your doctor does not have experience with ICP seek a perinatologist or a Maternal Fetal Medicine Specialist who does.

Risks:
- Preterm labor, Respiratory issues, Meconium staining and Stillbirth. Risks increase with higher bile acid levels.

Medication:
- Ursodeoxycholic acid (Recommended dosage 10-21 mg per kg per day)

Early Delivery:
- 36-37 weeks of pregnancy usually, depending on bile acid levels

Monitoring:
- Non-stress tests and/or Biophysical Profiles

Symptoms:
- Intense Itching (palms of hands, soles of feet or all over itch)
- Right Upper Quadrant Pain
- Dark Urine
- Pale Stool
- Fatigue/Malaise

Treatment:
- Your baby’s life is in your hands. Push for proper diagnosis and treatment of ICP!
- The only cure for ICP is delivery.

Diagnosis:
1. Ask your healthcare provider for a Bile Acid blood test.
2. Total Bile Acids over 10μmol/L may indicate Intrahepatic Cholestasis of Pregnancy.

Liver Function Tests:
The most important measurements in this test for ICP are the levels of the enzymes AST and ALT. Levels above the lab reference range can be used to help diagnose ICP. These tests are readily available and you can expect results quickly often within hours.

Intrahepatic Cholestasis of Pregnancy (ICP) is a liver disorder of pregnancy that leads to elevated bile acids in the blood and poses risks to the unborn baby.

For more information, links to studies or support from other itchy moms, please visit www.icpcare.org.