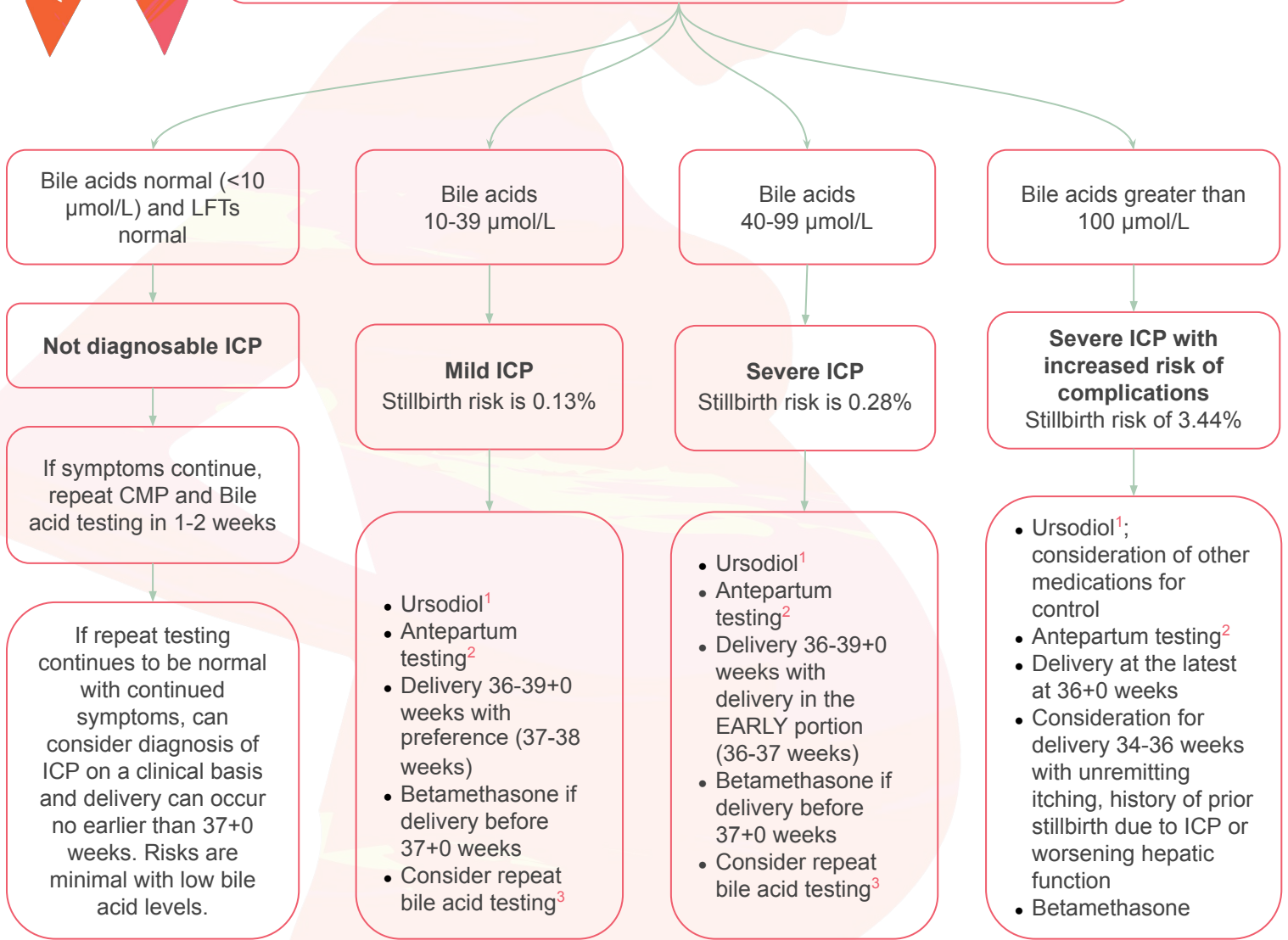




Suspected Intrahepatic Cholestasis of Pregnancy (Moderate to severe itching)

1. Take a history including family history, any history of liver disorders
2. Laboratory evaluation with CMP and Total Bile Acid tests
(Bile acids do not need to be fasting)



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Footnotes:

1. Ursodiol dosing should be between 10-21 mg/kg/day; usual starting doses are 300 mg twice or three times daily or 500 mg twice daily. Can be adjusted as needed
2. Antepartum testing is thought to be beneficial but cannot prevent all stillbirths. No frequency has been determined. Should start at which point delivery would occur for failed testing, usually around 32 weeks.
3. Repeat bile acid testing: Serial testing at a specific interval (ie weekly) has not been recommended by SMFM but repeat testing can be performed in patients who continue to have symptoms to better stratify risks and determine appropriate delivery timing.

References:

Society for Maternal-Fetal Medicine (SMFM), Lee RH, Pettker CM. Society for Maternal-Fetal Medicine (SMFM) Consult Series #53: Intrahepatic Cholestasis of Pregnancy. Am J Obstet Gynecol. 2020 Nov 13:S0002-9378(20)31284-9. doi: 10.1016/j.ajog.2020.11.002. Epub ahead of print. PMID: 33197417. [smfm.org]

Ovadia C, et al. Association of adverse perinatal outcomes of intrahepatic cholestasis of pregnancy with biochemical markers: results of aggregate and individual patient data meta-analyses. Lancet. 2019 Mar 2;393(10174):899-909. doi: 10.1016/S0140-6736(18)31877-4. Epub 2019 Feb 14. Erratum in: Lancet. 2019 Mar 16;393(10176):1100. PMID: 30773280; PMCID: PMC6396441.