M E M O R A N D U M

Date: April 6, 2023

TO: All Obstetrical Care Providers

FROM: Carol Schneider, MD, HSC Head of Obstetrics

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RE: Intrahepatic Cholestasis of Pregnancy in Manitoba

In an effort to better align the care of patients with Intrahepatic Cholestasis of Pregnancy in Manitoba with evidence-based practice, we recommend adopting the recommendations summarized in the **RCOG Green-top Guideline No. 43 June 2022: Intrahepatic cholestasis of pregnancy** (BJOG 2022;129:e95-e114).

We would like to highlight the following key changes in practice outlined in this guideline:

1. The diagnosis of intrahepatic cholestasis of pregnancy (ICP) should be considered in pregnant women who have itching in skin of normal appearance and raised peak random (ie. fasting not required) total bile acid concentration of **19 micromol/L or more**. [Grade D]

TABLE 1. Terminology for pregnant women with itching of normal skin

Diagnosis	Clinical features
Gestational pruritus	Itching and peak bile acid concentrations <19 micromol/L [a]
Mild ICP	Itching and raised peak bile acid concentrations 19–39 micromol/L
Moderate ICP	Itching and raised peak bile acid concentrations 40–99 micromol/L
Severe ICP	Itching and raised peak bile acid concentrations ≥100 micromol/L

Note: Peak bile acid concentrations refer to the highest bile acid concentration recorded during a woman's pregnancy. Thus a woman's diagnosis may progress in severity during pregnancy.

[a] The upper limit of normal bile acid concentrations in pregnancy is 18 micromol/L.[10]

2. Additional laboratory and/or imaging investigations are not recommended unless itch is associated with atypical clinical symptoms, the presence of relevant comorbidities, or in early onset severe ICP. Consider additional postnatal investigations in women in whom resolution of abnormal liver function tests is delayed or does not occur. [Grade C]

3. Consider discussing the care of women with severe, very early or atypical presentation of what appears to be ICP with a hepatologist. [Grade D]

4. Confirm the diagnosis of ICP in the postnatal period at least 4 weeks after birth, with resolution of itching and liver function tests returning to normal (including bile acids). [Grade D]

5. Advise women with isolated ICP and a singleton pregnancy that the **risk of stillbirth** only increases above population rate once their **serum bile acid concentration is 100 micromol/L or more**. Bile acid testing may be repeated in 1-2 weeks in patients with gestational pruritis, mild ICP and moderate ICP to assess the bile acid trajectory. Thereafter, **only repeat if a rising peak level will change timing of delivery**.

    a. In women with peak bile acids 19–39 micromol/L (**mild ICP**) and no other risk factors, advise them that the risk of stillbirth is similar to the background risk. Consider options of planned birth by 40 weeks' gestation or ongoing antenatal care.

    b. In women with peak bile acids 40–99 micromol/L (**moderate ICP**) and no other risk factors, advise them that the known risk of stillbirth is similar to the background risk until 38–39 weeks' gestation. **Consider planned birth at 38–39 weeks' gestation.**

    c. In women with peak bile acids 100 micromol/L or more (**severe ICP**), advise them that the risk of stillbirth is higher than the background risk. **Consider planned birth at 35–36 weeks' gestation. [**Grade A]

6. Advise women with ICP and a twin pregnancy that the risk of stillbirth is higher compared with a twin pregnancy without ICP. [Grade D]

7. Clinicians should be aware that **fetal assessment and/or non-stress test (NST) do not predict or prevent stillbirth** in ICP. [Grade D] ICP is therefore **no longer an accepted indication for referral to the Fetal Assessment Unit (FAU)** effective 1 May 2023.

8. Advise women with ICP that the presence of risk factors or co-morbidities (such as gestational diabetes and/or pre-eclampsia and/or multifetal pregnancy) appear to increase the risk of stillbirth and may additionally influence decision-making around timing of planned birth. [Grade D]

9. Advise women that there are **no treatments that improve pregnancy outcome** (or raised bile acid concentrations) and treatments to improve maternal itching are of limited benefit. [Grade A]

10. Do not routinely offer ursodeoxycholic acid (Ursodiol) for the purpose of reducing adverse perinatal outcomes in women with ICP. [Grade A] Ursodiol <u>may</u> provide a minor improvement in maternal pruritis that may warrant consideration of its' use.

See the attached flowchart from the guideline for care of the pregnant patient with itching. If you have questions or concerns, please speak to the Head of Obstetrics at your site.

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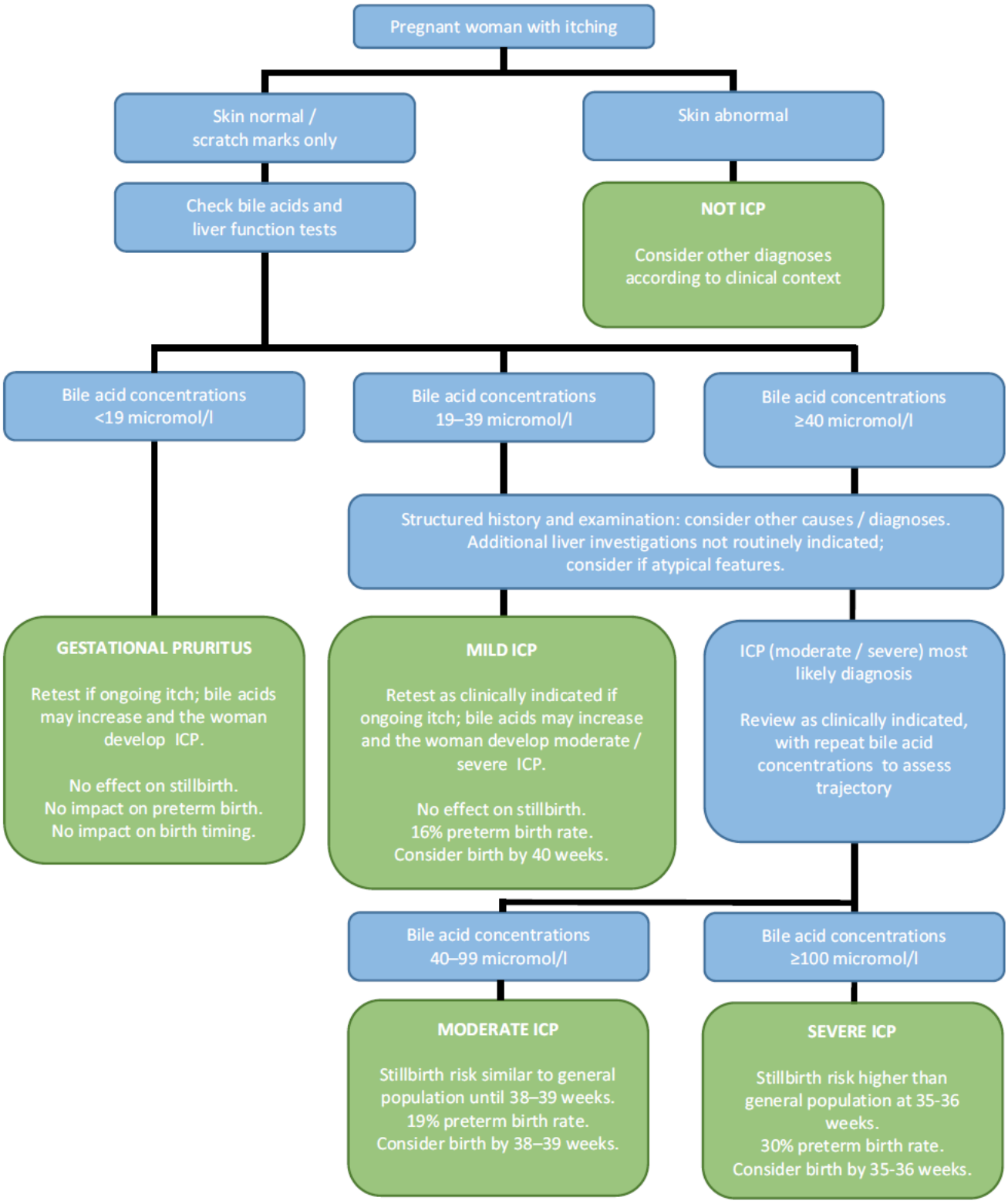

Reference:
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