

Diagnosing obstetric cholestasis – are further investigations of hepatic dysfunction really necessary?

Objective:

The diagnosis of obstetric cholestasis is made when pruritus occurs in pregnancy with associated abnormal liver function tests (LFTs) and/or raised bile acids. Clinical guidance from the RCOG recommends that other causes of itching and liver dysfunction should be excluded. Specifically: testing for hepatitis A, B and C, Epstein Barr (EBV) and cytomegalovirus (CMV), a liver autoimmune screen and liver ultrasound. The objective of this study was to determine the occurrence of other pathologies and whether these further investigations are necessary.

Design:

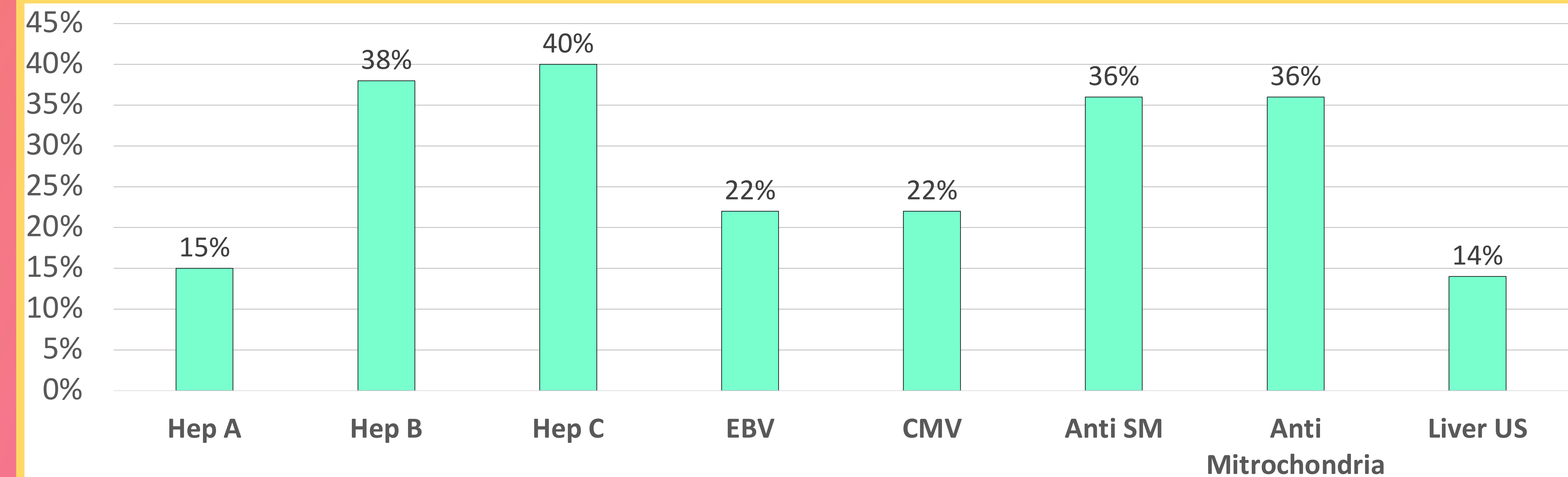
Case series of women diagnosed with obstetric cholestasis over a four-year period (2016 to 2019) in a district general maternity unit.

Method:

Pregnant women who had bile acids tested in pregnancy were identified from a computerised, laboratory database (n=610). The maternity case record of each woman with raised bile acids and abnormal LFTs was reviewed to identify those with unexplained pruritus (paper case records until 2018 and BadgerNet digital records for 2019). 102 women fulfilled the criteria ('the cases'), representing 17% of those having bile acids tested in pregnancy. Electronic patient records were interrogated further to determine what further investigations were undertaken.

Results:

Of the 102 cases of suspected obstetric cholestasis, further investigations were undertaken as follows: hepatitis A 15%, hepatitis B 38%, hepatitis C 40%, EBV 22%, CMV 22%, anti-smooth muscle antibodies 36%, anti-mitochondrial antibodies 36% and liver ultrasound scan 14%. Only one woman had all the RCOG recommended investigations undertaken, and 49 women (48%) had no further testing performed. A total of 227 additional investigations were done, only one of which was reported as abnormal, (a positive EBV screen in a woman who had obstetric cholestasis in a previous pregnancy).



Conclusions:

In our case series, almost half of the women with suspected obstetric cholestasis had no further investigations of hepatic dysfunction undertaken. When investigations were done, only one test result was abnormal and was of doubtful significance given the woman's past obstetric history. We propose that in the diagnosis of obstetric cholestasis, it is not necessary to investigate other causes of pruritus and hepatic dysfunction.