



Comparison of Management of Obstetric Cholestasis in our unit with National Guidelines and assess the compliance .

Sadia Aziz, Himgauri Sabnis St Mary Hospital IOW NHS Trust



Introduction

Intrahepatic cholestasis of pregnancy is a multifactorial condition. It is characterised by pruritus in the absence of a primary skin condition, with abnormal maternal bile acid concentrations. The onset of symptoms is most common in the third trimester, but can be earlier in pregnancy. Alternative diagnoses (such as pre-eclampsia) should always be considered before a diagnosis of ICP is made.

Prevalence is influenced by genetic and environmental aspects and varies between populations. In the UK, ICP affects 0.7% of pregnancies in multi-ethnic populations, and 1.2%–1.5% of women of Indian-Asian or Pakistani-Asian origin.

Results

Data collected retrospectively in the year April 2023 till March 2024

Total 5 cases of ICP (0.5 %) were recorded out of 903 deliveries

4/ 5 (80 %) cases had mild ICP

1/5 (0.5%) had moderate ICP

1/5 (0.5%) had Em lscs

4/5 (80 %) had vaginal deliveries

Action/Recommendation

In our unit 4 patients had BA levels < 40 , however IOL was started less than 40 weeks. Our audit suggests that while management of obstetric

cholestasis in our unit is largely aligned with guidelines, there are opportunities for reviewing the SOP , postnatal follow up by checking LFTS ,Bile acid levels , confirming resolution of symptoms..Early identification and documentation of care. Future audits and targeted education of patients and staff could help in optimizing the management of this condition, ensuring better outcomes for both mothers and neonates.

Recommendations of RCOG Guidelines

Aim to deliver between 37 and 38 weeks if bile acids in excess of 100mmol/l.

If Bile acids are between 40 and 99mmol/l then deliver at 39 weeks.

If bile acid is less than 40mmol/l then there is no need for early induction.

Decision for delivery should be individualised for each patient and earlier induction may be necessary if other causes of maternal or fetal compromise present.

Gestation at time of Diagnosis

28-30wks 1/5		
30+1-33.00	0/5.	0/5.
33+1-35. 1/5. 0/5		
35+1- 38. 2/5. 40		
38-40 0/5. 0		
40+1-41. 1/5 0/5		

Investigations performed

Bile acids	deranged	5/5	
LFT		3/5	
Viral Serology		0/5	
Autoimmune Screen		Not done	
Liver scan		2/5	

Symptoms at the time of Diagnosis

Itching	5/5	100
Rash	0/5	00
Jaundice	0/5	00
Dark Uime	0/5	00

Methods and MOD

IOL	4/5	80
SVD	4/5.	80
CS	1/5.	0.5
Total	5	100

