

Decoding Obstetric Cholestasis: From Diagnosis to Delivery

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Background

Obstetric cholestasis (OC) is a pregnancy-specific liver disorder marked by pruritus, elevated bile acids, and deranged liver function tests (LFTs). It is associated with increased risks of preterm birth, postpartum hemorrhage (PPH), and meconium-stained liquor. Early diagnosis and appropriate management are essential for optimizing maternal and neonatal outcomes.

Objective

To evaluate the clinical presentation, ursodeoxycholic acid (URSO) treatment, and maternal-neonatal outcomes in women diagnosed with OC.



Methodology

This retrospective study included 16 pregnant women diagnosed with OC at a private hospital in Lahore, Pakistan, from January to October 2024. Data collected included demographics, gestational age at diagnosis and delivery, LFTs, bile acids, URSO dose, and outcomes. Descriptive and inferential statistics (Pearson correlation, chi-square test) were applied.

Results

- Mean age: 26.8 ± 2.8 years
- Gestation at diagnosis: 33.5 ± 3.0 weeks
- Gestation at delivery: 37.9 ± 1.1 weeks
- Mean birth weight: 2.90 ± 0.36 kg

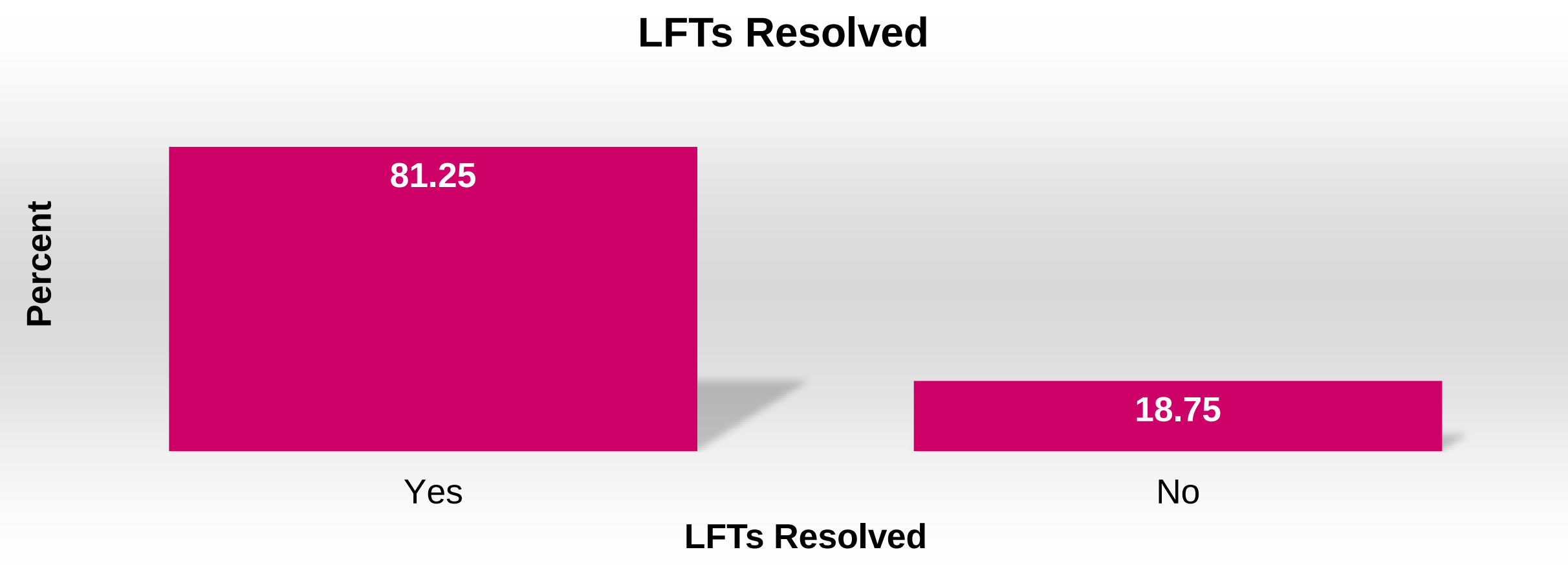
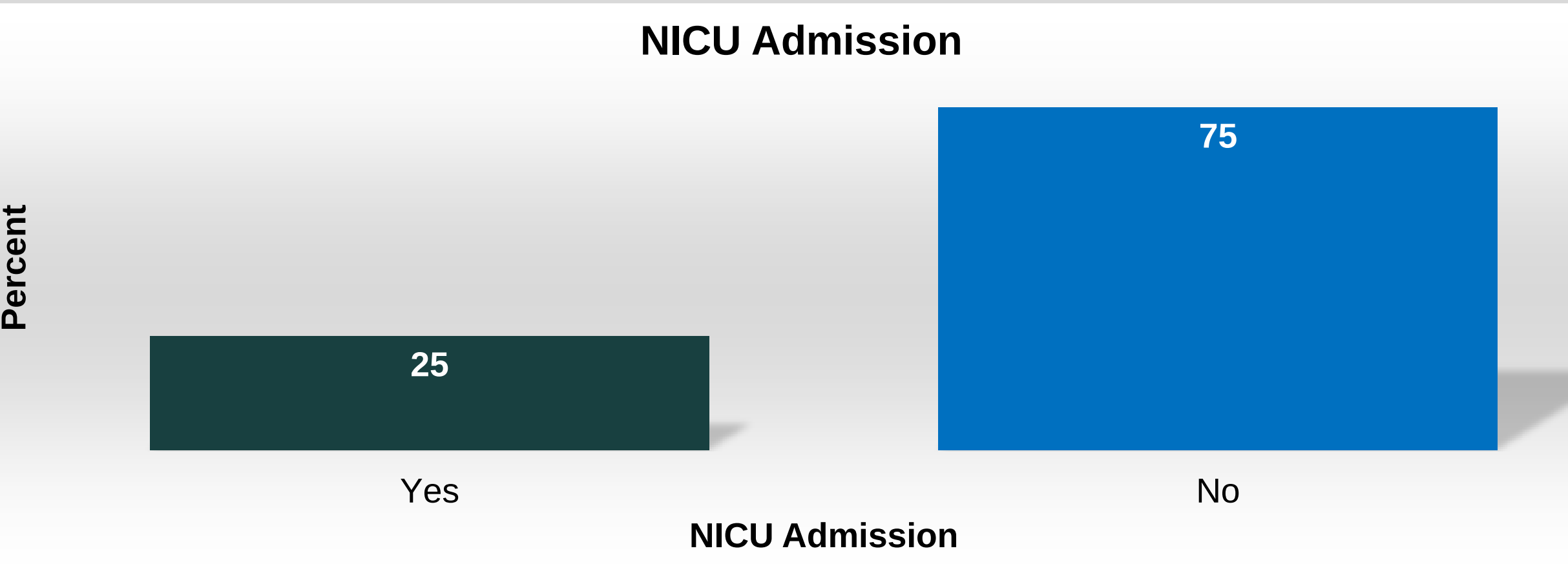
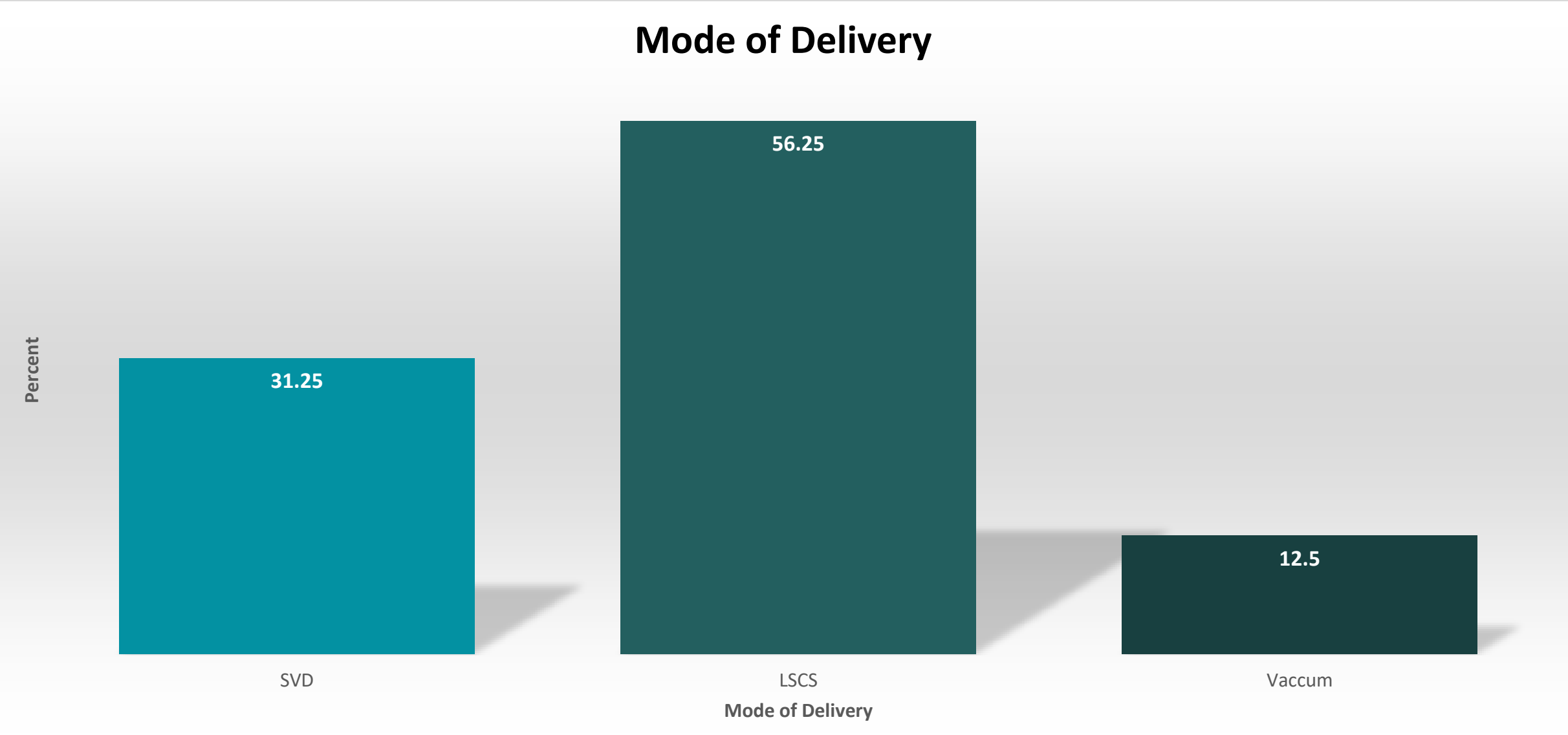
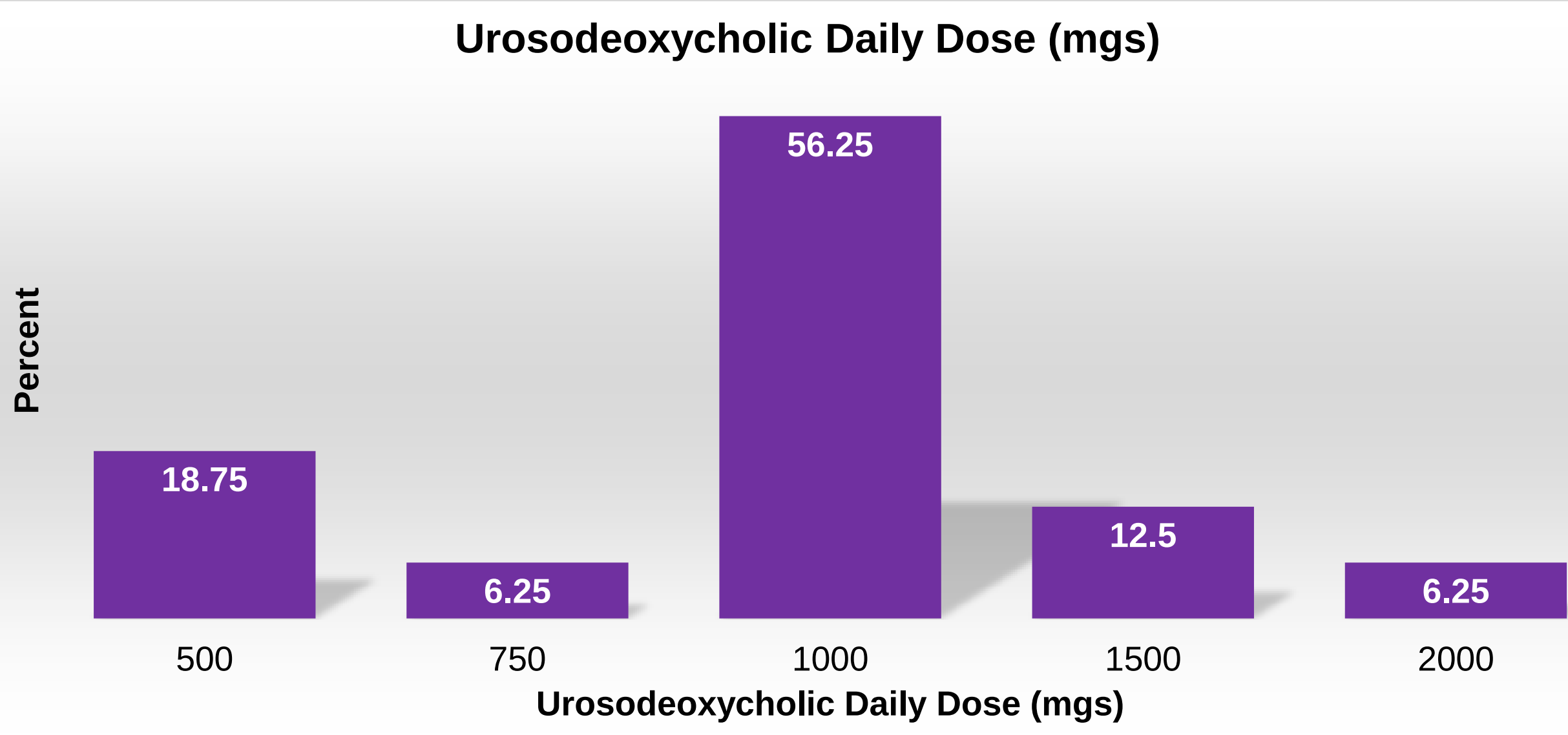
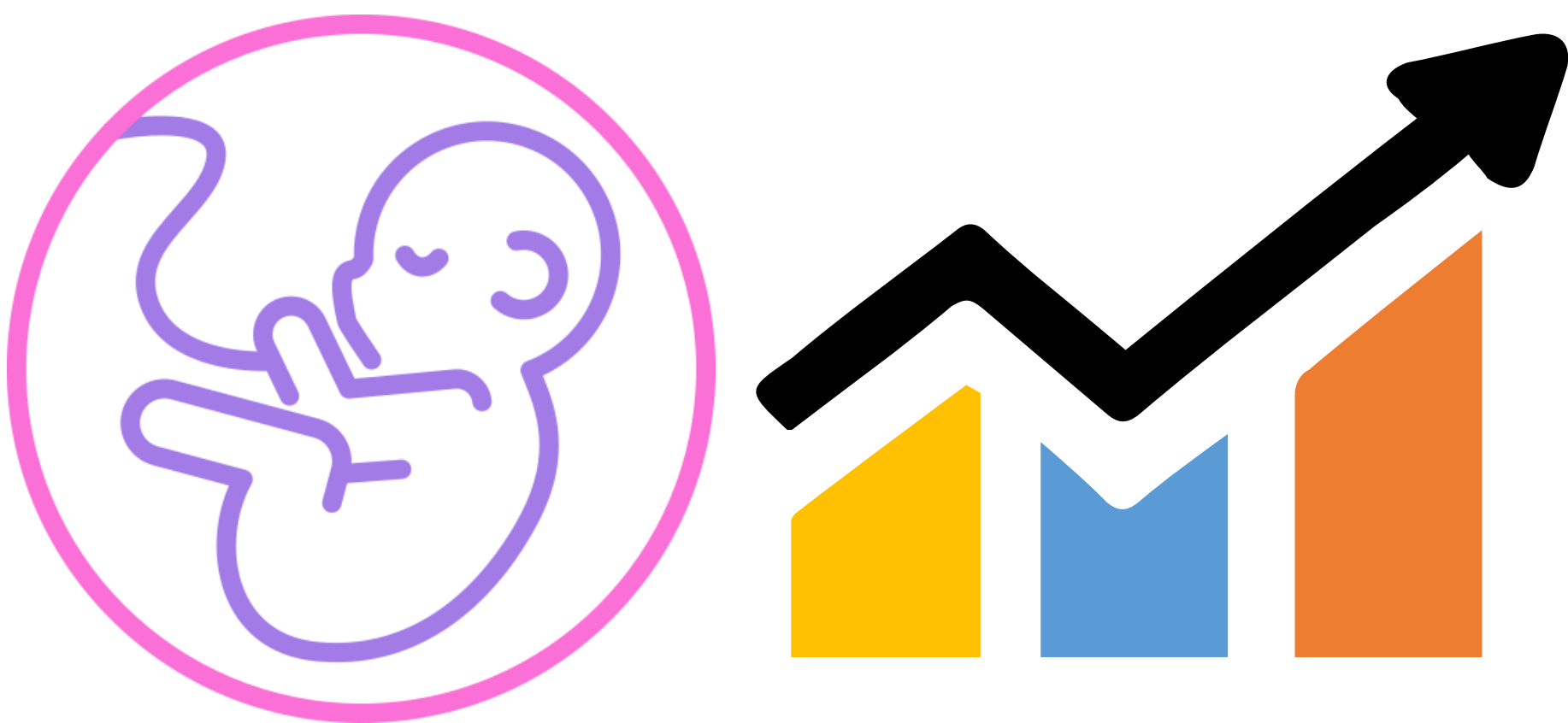
All patients received URSO, with the majority (56.3%) on 1000 mg/day.

Mode of delivery: LSCS (56.3%), SVD (31.3%), vacuum-assisted (12.5%).

NICU admissions: 25%.

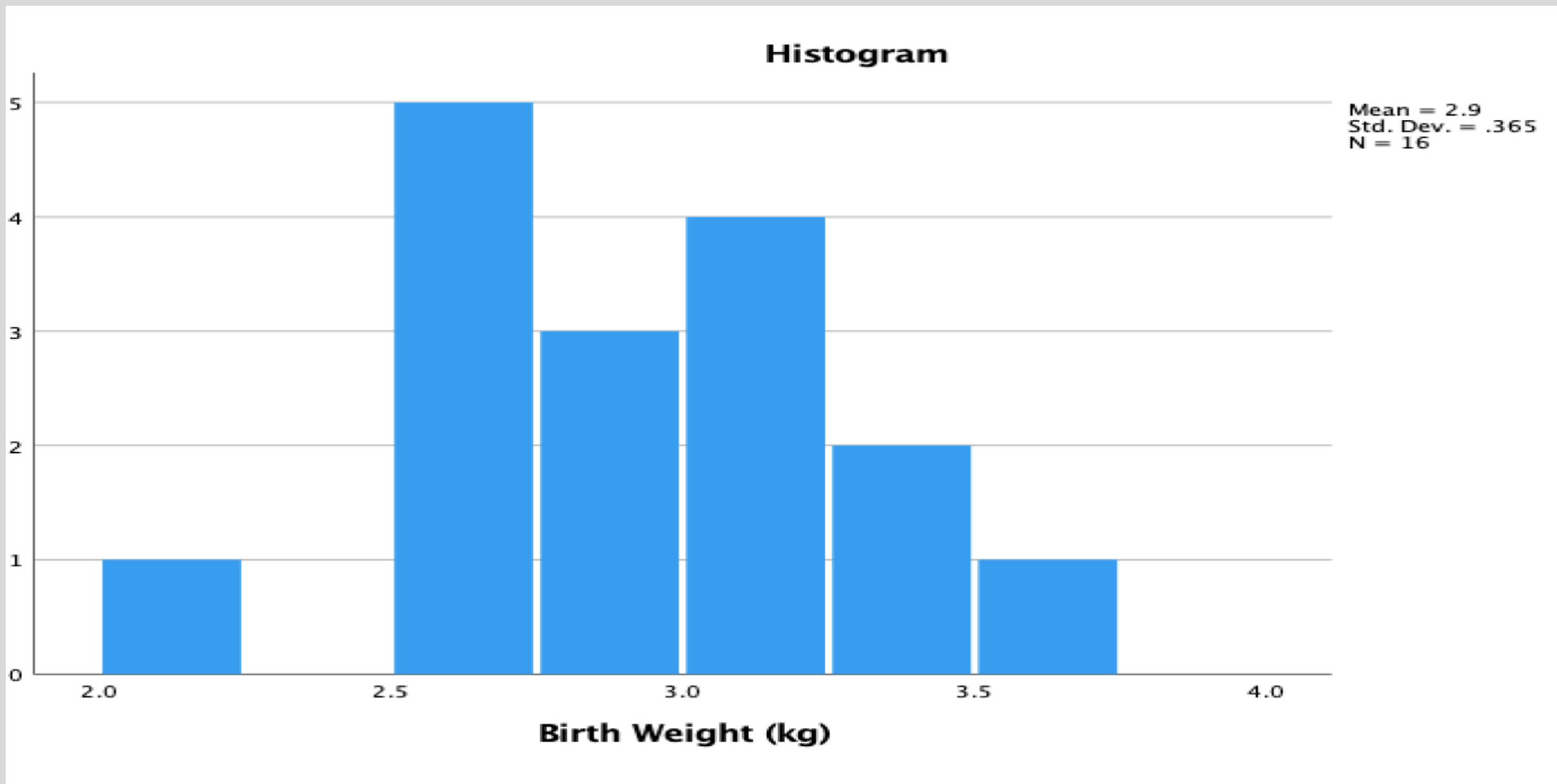
LFT resolution postpartum: 81.3% achieved normalization.

A weak negative correlation was observed between BMI and gestation at diagnosis ($r = -0.154$, $p = 0.568$). No significant association was found between gestational age at delivery and neonatal birth weight ($\chi^2 = 0.327$, $p = 0.568$).



Conclusion

Early diagnosis and treatment with URSO are effective in managing OC and minimizing adverse outcomes. Most patients delivered at term with favorable neonatal outcomes. Larger studies are warranted to establish standardized treatment protocols.



References

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