

Obstetric Cholestasis

What is Obstetric Cholestasis?

Obstetric cholestasis also known as ICP (intrahepatic cholestasis of pregnancy) is the commonest liver condition specific to pregnancy

It affects more than 5,000 women a year in the UK

Its cause is unknown, but is thought to be a combination of:-

- Genetics – it can run in families
- Hormones – it is more common in twins/multiple pregnancies
- Environment

Cholestasis causes **itching**. Itching more commonly affects the hands and feet but can occur anywhere on the body. It can vary from mild to severe. Most women notice itching is worse at night.

Why is ICP important?

ICP is associated with increased risk of

- Baby passing meconium (poo) prior to birth
- Spontaneous preterm (early) labour
- Admission to neonatal units
- Stillbirth (small risk applies to women with severe ICP with bile acids more than 100)

Most recent research has suggested that 90% women can be reassured that risk of stillbirth for their baby is not increased due to the condition.

Careful monitoring and management of the 10%, who are at risk, can mean babies can be born safely.

Diagnosis and management of obstetric cholestasis

20% of women will experience itching during pregnancy, but only a small number will have ICP.

The most important test is a blood test for Bile Acids. This is done alongside liver function tests (LFTs).

If this test is normal and itching persists it should be re-checked, as the itch can be present for weeks before it becomes raised.

Treatment of cholestasis involves

- Medicines to help with itching (antihistamines and topical treatments such as creams)
- Regular blood tests. Frequency will depend on how pregnant you are and blood levels.
- Early delivery of baby (between 35 and 39 weeks) dependent on bile acid levels.

After birth

After birth blood tests should go back to normal after 6 weeks. It is important that your GP checks this as if they remain abnormal you might need to be referred to a liver specialist. Having cholestasis means you have a higher chance of developing liver problems such as gallstones in the future.

Up to 80% women will have cholestasis in a following pregnancy.

Further information and support available from

<https://www.icpsupport.org/>

This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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