**No2 COMMUNITY AND SECONDARY CARE PATHWAY FOR INTRAHEPATIC CHOLESTASIS OF PREGNANCY (ICP)**

- 15.09.2022 V4

**Itching in pregnancy**
- Perform full antenatal assessment
- Ensure normal fetal movements *
- No red flag symptoms **
- Examine skin to exclude other conditions

- Reassure that itching not due to OC at current time and continue current care
- Usual fetal movements advice
- If ongoing itching repeat bloods at 32, 36, 38-week antenatal appointment and treat as ICP if ≥19
- Additional fetal growth scans or CTG not indicated for itching alone

**Bile Acids <19**
- Take Bloods for LFTs and Bile Acids
- Offer symptomatic treatment (topical emollients and/or antihistamine – obtainable OTC)

**Bile acids ≥19**
- Refer for obstetric review (day unit or consultant ANC)

**Labour plan**
- Recommend continuous CTG monitoring if severe cholestasis (mild/ moderate on individualised basis)
- FBC and coagulation screen on admission
- IM vitamin K for baby recommended

**Postnatal Plan**
- Repeat LFTs and bile acids >4 weeks after birth by CMW/ GP and ensure normalising
- If remain abnormal, GP review to consider alternative causes
- Progesterone only contraception until LFT’s normal
- Advise increased incidence of ICP in future pregnancies (when compared to general population)

**Diagnosis levels** (Bile Acids- micromol/L)
- Mild ≥19-39
- Moderate ≥40-99
- Severe ≥100

**If bile acids ≥19-39**
- Repeat bloods weekly from 38 weeks and offer IOL by 40 weeks
- If bile acids ≥40-99 then repeat bloods weekly from 35 weeks and offer induction of labour at 38 to 39 weeks

**If bile acids ≥100, repeat LFTs and bile acids at 32 and 34 weeks by community midwife**
- If remain ≥100 discuss risks and benefits of planned birth at 35-36 weeks gestation in view of increased risk of stillbirth

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This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of publication.