exception. He cautioned me not to believe everything I read on the Internet and assured me that everything would be fine. I was diagnosed with Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPS). PUPPS (sometimes called PEOP, or Polymorphic Eruption of Pregnancy) is also rare, but is associated with a skin rash and does not involve the same risks to the fetus that ICP does.

Several days later, my obstetrician ordered a bile acid test and prescribed Cholestyramine, a drug normally used to lower cholesterol. I took the medicine initially, but my own research revealed that the drug was no longer considered effective at treating ICP.

A week later my skin was raw and bleeding from all the scratching. The bile acid revealed that my acid levels were 181 umol/L. Anything above 10 is considered abnormal and usually a level greater than 14 is used to confirm an ICP diagnosis. I was immediately prescribed Ursodeoxycholic acid (UCDA—also known as Urso or Actigall), and a biophysical profile was done to determine the health of the baby. Because my acid levels were so high, it took a couple of weeks for the itching to subside to a manageable level. Until my daughter was born, my treatment consisted of weekly biophysical profiles, follow-up bile acid tests and non-stress tests. It was also determined that the baby would be delivered at 37 weeks gestation, since studies have shown that fetal risk increases dramatically after 36 weeks. The weeks prior to her delivery were some of the longest and most difficult of my life.

Because ICP is rare and can affect women in different ways, it is often hard to diagnose. The majority of the information I obtained about the disorder came from a website hosted by women who suffer from ICP (www.itchymoms.com). It was there that I first learned Cholestyramine is not considered effective in treating ICP. It usually does not relieve the mother’s itching and can have a negative effect on absorption of vitamin K, which is essential for blood clotting. This can result in an increased risk of both maternal and fetal hemorrhage. UCDA, on the other hand, is not a naturally occurring bile acid reducer that crosses the placenta, so it helps to reduce the acid levels for the baby as well.

Depending on the patient’s condition, the doctor may choose to administer steroids. Steroids have been shown to aid not only in boosting fetal lung maturity but also in reducing itching. In addition, some doctors prescribe vitamin K therapy, since ICP can reduce the amount of fat-soluble vitamins and lead to a vitamin deficiency.

Doctors familiar with the disorder often recommend early delivery. The elevated bile acids have been proven to increase the risk of meconium passage, and excessive staining is usually present in stillbirths associated with this condition. It is suspected that some babies are unable to tolerate the acidic environment and their immature livers are more susceptible. Some doctors will perform fetal lung maturity tests at 36 weeks or earlier, and, if the lungs are mature, will induce labor prior to 37 weeks.

Perhaps the most important treatment is close monitoring of the mother and fetus. Until more is known about the exact cause of the disorder, patients, doctors and midwives should pay close attention to women complaining of excessive itching. If ICP is suspected, the patient should be given a serum bile acid test to confirm the diagnosis. Although a few other medicines and herbal remedies have been used to treat ICP, UCDA is generally considered the most effective and safest treatment to date. Both the healthcare provider and the patient should take time to research the latest information surrounding the disorder, since new knowledge is constantly being gathered.

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