

ICP CARE

Severe itching during pregnancy?
It could be Intrahepatic Cholestasis of Pregnancy (ICP)

Intrahepatic Cholestasis of Pregnancy (ICP) is a liver disorder of pregnancy in which bile flow is impaired within the liver itself. This leads to elevated bile acids in the blood, and frequently elevated liver functions as well. Elevated bile acids have been shown to pose a risk to the unborn baby. ICP can occur at any point in pregnancy. It most often occurs in the third trimester, but has been seen as early as six weeks pregnant.

SYMPTOMS

Itching Itching is the hallmark symptom of ICP and often the only symptom. Itching can be moderate to severe and can be constant or intermittent. Many women find that the itching is more severe on their hands and feet, but others itch primarily in other areas such as arms, legs, chest, stomach, or scalp.

Right Upper Quadrant Pain Some women with ICP experience pain in the area of their livers, but this is frequently mistaken as pain from their babies pushing against their ribs. RUQ pain is most commonly felt under the ribs on the right side, but may also be felt under the tip of the right shoulder blade.

Dark Urine Physiological changes in the body may cause the urine to become dark in a woman with ICP, despite adequate water intake. The color may be anywhere from apple juice-colored to dark brown.

Pale Stool Bile is what gives our stool its normal color. Since bile flow is impaired in ICP, this can change the color of our stool, causing it to look gray.

Fatigue/Malaise While many women feel tired or unwell during pregnancy, ICP can cause these to be exaggerated. Exhaustion may be extreme, some women lose their appetites, and some even experience nausea and vomiting. Some women have trouble gaining weight during their pregnancies, even those who have normal appetites.

Are there risks to me or my baby?

Meconium Staining (as high as 50%)

Discovery of meconium staining is considered cause for immediate delivery when you have ICP because it is highly associated with the risk of stillbirth.

Fetal Distress and Arrhythmia (21-44%)

Preterm Labor

ICP makes our bodies more sensitive to oxytocin, which produces contractions. Spontaneous pre-term delivery (meaning not induced) occurs in 20-40% of cases.

Respiratory Issues

Bile acids can cause problems in your baby's lungs. Respiratory Distress Syndrome is a problem where baby's lungs can't inflate properly, and occurs in about 16% of cases. Some babies also do not begin breathing on their own after birth. If either happens your baby may need special care for a short time after birth.

Stillbirth

When untreated, the risk of stillbirth can be as high as 15%. With the medicine UDCA and delivery by 36-37 weeks, the risk is about the same as an uncomplicated pregnancy.

Hemorrhage

ICP can lead to deficiency of vitamin K, which is important in blood clotting. Hemorrhage can be prevented by testing prothrombin time and partial thromboplastin time. If there is a deficiency, it can be corrected with vitamin K supplements.

What should I do if I have symptoms of ICP?

The first step is to request the following blood tests from your doctor:

Bile Acids

Elevated bile acids (over 10 $\mu\text{mol/L}$) indicate ICP. You should expect a 5–10 day wait before bile acid results are available. Severity of itching does not correlate with bile acid levels. Even if bile acids are initially normal, you may still have ICP. You will need to be retested every 1–2 weeks as long as you are experiencing symptoms.

Liver Function Tests

The most important measurements in this test for ICP are the levels of the enzymes AST and ALT. Levels above 40 IU/L can be used to help diagnose ICP. These tests are readily available and you can expect results quickly, often within hours. Only 60% of women with ICP will have elevated liver enzymes. 10% or less will have elevated bilirubin, which can cause jaundice, or yellowing of the skin.



What can be done to treat ICP?

The only cure for ICP is delivery.

Until your baby is born there are many things that will be done to help treat your ICP.

Medication

ICP is treated with a medication called Ursodeoxycholic acid (UDCA), which helps lower bile acids and protects the baby against many of the harmful effects of bile acids. Sometimes in stubborn cases, it may be combined with other medications, but never substituted. UDCA has been shown to be completely safe for both you and your baby.

Early delivery

The risk to your baby rises dramatically in the last few weeks of pregnancy when you have ICP, so early delivery is a must. This most typically takes place at 36–37 weeks. Studies have shown that early delivery improves the outcome for your baby when compared to older studies that did not use early delivery, and does not put you at increased risk of Cesarean section.

Monitoring

Regular monitoring of your bile acid and liver function levels will help determine how well the medicine is working. Also expect twice weekly monitoring of your baby, including a biophysical profile and non-stress test if you are in your third trimester.

Will I have long-term issues related to my ICP?

All women with ICP should have bile acids and liver functions retested 3–6 months after delivery. In most cases, symptoms subside within hours or days of delivery, but sometimes they can persist for longer. Follow-up testing will help your doctor rule out any underlying liver issues that may have contributed to developing ICP. These underlying conditions are rare, and most women with ICP will have no long-term effects. Studies have also found no long-term effects for babies born to mothers who had ICP.

Women who have had ICP may be unable to tolerate hormonal birth control of any type after pregnancy, even if they were able to tolerate it in the past. If you decide to try hormonal birth control after ICP, you will need to have your liver functions monitored, and you may experience a return of your ICP symptoms.

ICP
CARE

fight the itch. save a life.

For more information, self-helps or support, please visit

www.icpcare.org