SUSPECTED OBSTETRIC CHOLESTASIS
History of generalised itching, may include palms and soles

Perform full antenatal assessment including:
- Routine maternal observations
- Urinalysis
- Palpation
- FH auscultation
- Ensure good fetal movements
- Examine skin to exclude other conditions

BLOODS ABNORMAL
- Raised bile acids based on Trust reference range +/- Abnormal ALT
- Refer to DAU for medical review and management within 24-48 hours

BLOODS NORMAL BUT ITCHING PERSISTS
- Repeat LFTs and Bile Acids fortnightly

BLOODS NORMAL
- No further symptoms
- Continue with routine antenatal care

POSTNATAL PLAN
- Repeat LFT’s and bile acids no sooner than 10 days postnatal by CMW/ GP
- Continue to monitor until normal
- Progesterone only contraception until LFT’s normal
- Arrange GP review at 6/52 for bloods for LFT’s/ Bile acids and discuss contraception
- Advise high incidence of recurrence for mother

ConSider
- Diagnosis of HELLP and AFLP
- Jaundice
- Nausea & vomiting
- Unusual features in history Early gestation
- Abdominal pain
- Further investigations to rule out other causes
- Viral screen – Hep A, B and C
- EBV
- CMV
- Liver USS
- Anti-smooth muscle and anti-mitochondrial antibodies

Symptomatic treatment:
- Aqueous cream with 1% menthol
- Antihistamine
- Calamine Lotion

Perform full antenatal assessment
- Check SFH and good fetal movements

Medical Review
- Review Bloods taken by GP/CMW
- Prescribe: Antihistamine
- Ursodeoxycholic acid 250mgs BD/ TDS
- Topical treatments

Ensure patient aware of importance of monitoring fetal movements
- Signpost to patient information on movements
- Ensure clearly documented plan in notes

Follow up by CMW/GP
- Perform and review 1-2 weekly LFTs +/- Bile Acids

See in ANC at 36 weeks to plan induction
- Bile acids > 40: offer IOL at 37-38/40
- Bile acids < 40: offer IOL at 39-40/40

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.