PIPADOR REVISION

MRCOG Part 1 Revision Notes

Obstetric Cholestasis

PATHOLOGY • LECTURE 331

VISUAL EXAMINATION REVISION NOTES

2026 Edition

331

MRCOG PART 1 REVISION NOTES | PATHOLOGY

Obstetric Cholestasis

Intrahepatic cholestasis of pregnancy — pathophysiology, diagnosis, fetal risk and management

≈ 0.7%	≥ 19	≥ 100	Recurrence
UK pregnancies (↑ South Asian)	Bile acids µmol/L + itch = ICP	↑ Stillbirth risk	≈ 60–90%

■ KEY FACTS: Learning objectives

- Describe the pathophysiology of intrahepatic cholestasis of pregnancy (ICP).
- Describe diagnosis and fetal risks related to bile acid concentration.
- Describe management and timing of birth (RCOG GTG 43, 2022).

331.1 Pathophysiology

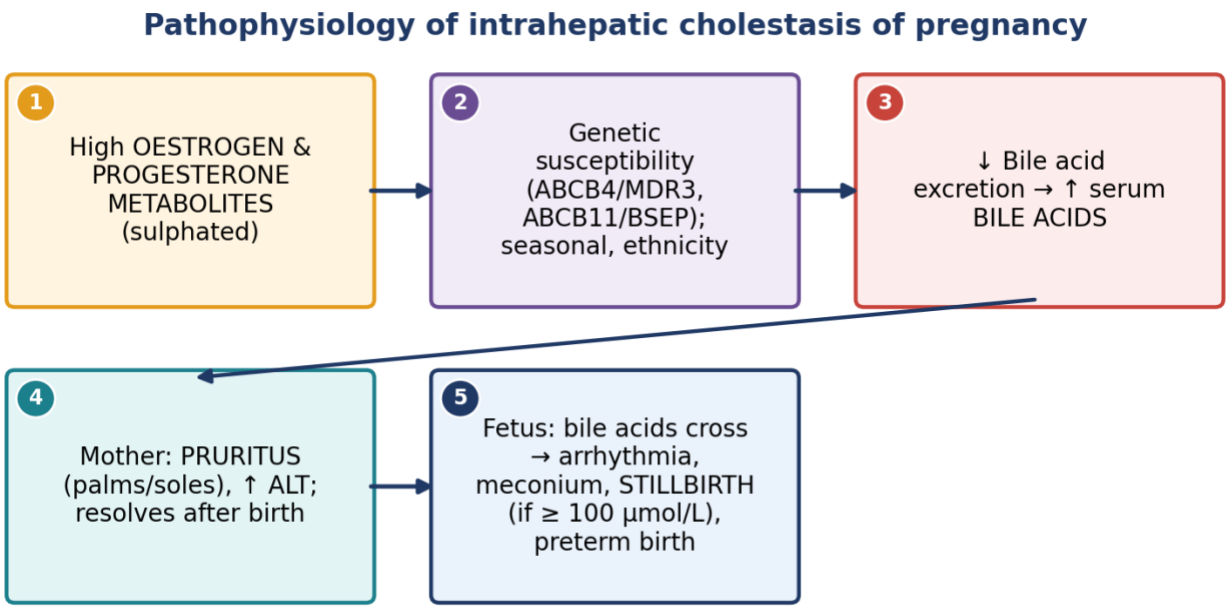


Figure 331.1 — Pathophysiology

- Liver histology (rarely needed) shows bland **canalicular cholestasis** (bile plugs) without inflammation.
- Fetal effects are linked to **high bile acids** crossing the placenta: fetal cardiomyocyte arrhythmia, placental vasoconstriction, meconium passage (colonic motility), and spontaneous preterm labour (↑ myometrial oxytocin sensitivity).

331.2 Diagnosis

- **Pruritus without rash** (palms and soles, worse at night) + **raised serum bile acids (≥ 19 µmol/L)**, usually 3rd trimester; ± raised ALT/AST.
- Exclude other causes: viral hepatitis (A, B, C, E, EBV, CMV)
  - Autoimmune hepatitis/PBC (anti-mitochondrial antibodies), gallstones
  - Pre-eclampsia/HELLP, AFLP.

- **Resolution after birth** confirms the diagnosis — check LFTs/bile acids ≥ 4 weeks postnatally.

331.3 Risk and management

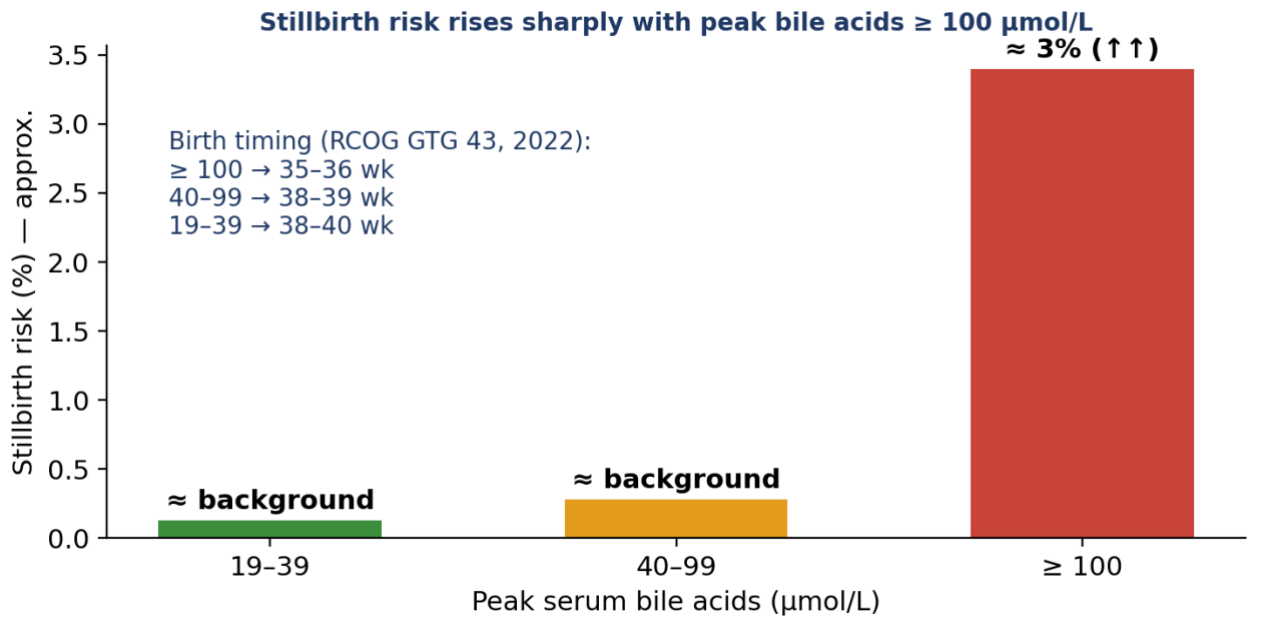


Figure 331.2 — Stillbirth risk and timing of birth

Topic	Details (RCOG GTG 43, 2022)
Monitoring	• Bile acids and LFTs (frequency individualised) • Fetal monitoring (CTG/USS) does not predict stillbirth
Ursodeoxycholic acid	• Does not reduce adverse perinatal outcomes (PITCHES) — may be offered for itch • Topical emollients, chlorphenamine (sedation)
Timing of birth	• Peak bile acids ≥ 100: 35–36 weeks • 40–99: 38–39 weeks • 19–39 without other risks: 38–40 weeks
Vitamin K	Consider if steatorrhoea/prolonged PT
Postnatal	• LFTs normalise • Recurrence ≈ 60–90% • COC may cause cholestasis — non-oestrogen methods preferred if previous severe ICP • ↑ later gallstones

331.4 Must-know summary

■ EXAM TIP

- Itch (palms/soles) without rash + bile acids ≥ 19 µmol/L; resolves after birth.
- Oestrogen/progesterone metabolites + genetic transporter variants (ABCB4, ABCB11).
- Stillbirth risk rises with bile acids **≥ 100 µmol/L** → birth at 35–36 wk.
- UDCA for symptoms only; recurrence common.

■ **MNEMONIC / MEMORY AID**

ICP — 'Itchy Palms, Clear skin, Plasma bile acids up'.