

## Obstetric Cholestasis – Summary Clinical Guideline

Reference No: Obst/07:23/C6

### MONITORING

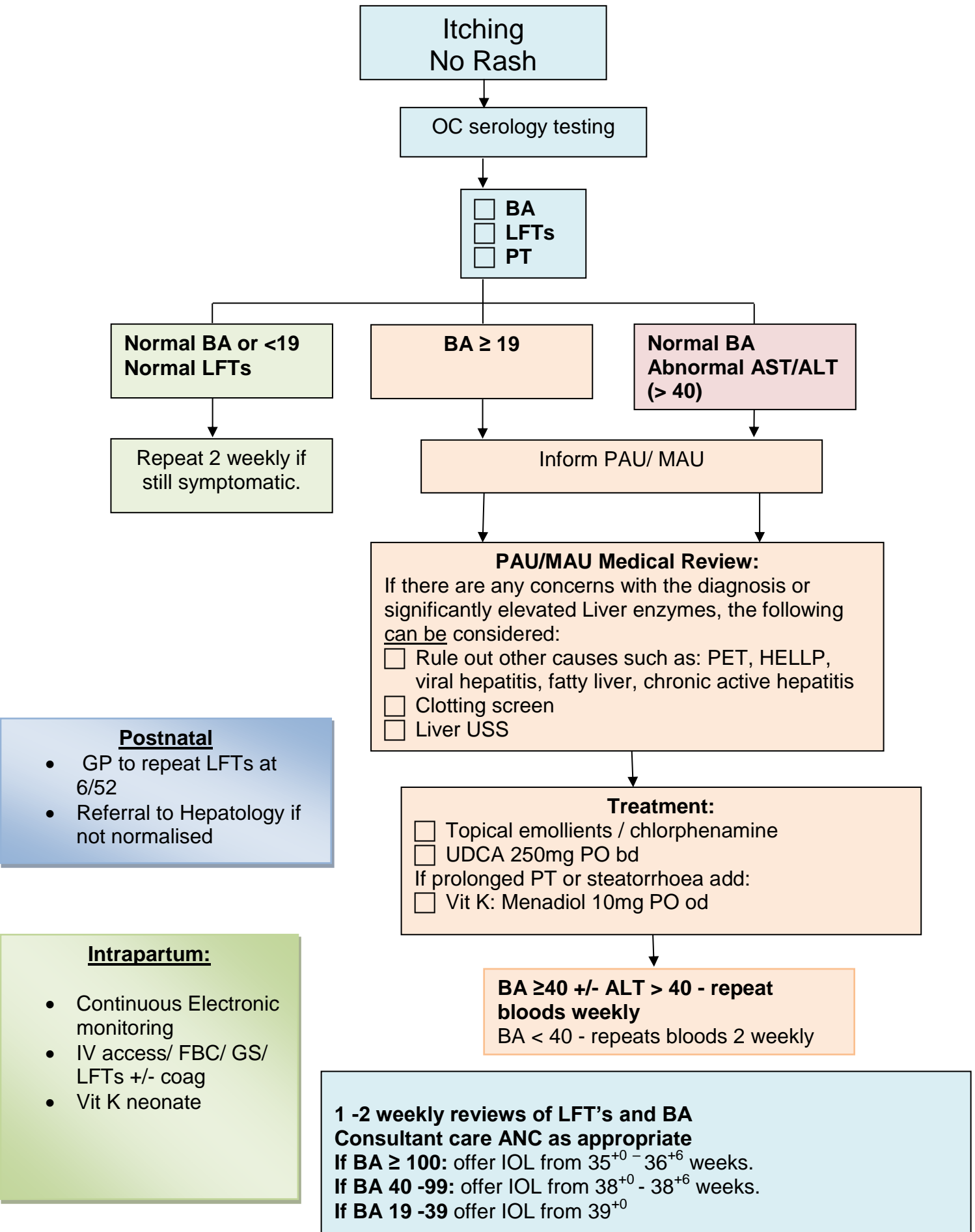
- Repeat LFT's and BA 1 -2 weekly
- Results to be reviewed and patient informed in case of any changes to management plan
- Follow up appointment in ANC for patients with OC diagnosed
- Serial Ultrasound scans (USS) and antenatal Cardiotocography (CTG) **should not** be undertaken in the absence of other obstetric indications (see patient management checklist)
- There is no evidence of increased adverse outcome with bile acids <100

### CHECK LIST FOR OC

Patient Details  
Phone contact No:

- OC diagnosed:
  - BA: ..... at gestational age: .....weeks
  - LFTS (N/Abnormal )
  - PT (normal/prolonged)
- Patient information leaflet given
- ANC Follow up appointment made
- Patient sticker, pregnancy details and phone number added to the list in PAU (RDH/ MAU (QHB))
- Blood request forms for patient (BA and LFTs). Explanation to patient about regular blood test and day for the test to be done.
- URSO prescribed. Advise that dose can be increased depending on symptoms to 500mg URSO qds PO if required.
- If > 37/40 - book IOL to achieve birth by 40 weeks, sooner if BA > 100 or significantly deranged LFTs
- If patient DNA blood test for review
  - a. 1<sup>st</sup> - FU phone call. Advise for blood test and give day for test for the next week. Record in electronic notes.
  - b. 2<sup>nd</sup> – FU phone call. Advise for repeat blood test and review in PAU/MAU within 1 week.
- Electronic letter to GP

**Flowchart**



**Postnatal**

- GP to repeat LFTs at 6/52
- Referral to Hepatology if not normalised

**Intrapartum:**

- Continuous Electronic monitoring
- IV access/ FBC/ GS/ LFTs +/- coag
- Vit K neonate