Wessex Ante Natal Care Pathway 26.04.2019 V2

NHS Wessex Clinical Networks

No2 COMMUNITY AND SECONDARY CARE PATHWAY FOR OBSTETRIC CHOLESTASIS IN PREGNANCY

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

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

Take Bloods for FBC, LFT's and Bile Acids.

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

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

Refer to DAU if ALT / Bile acids increase or any concerns

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

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

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
- Arrange GP review at 6/52 for bloods for LFT's/ Bile acids and discuss contraception
- Advise high incidence of recurrence for mother

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.