CLINICAL PRACTICE GUIDELINE

Confirmed Cholestasis: MFAU QRG

This document should be read in conjunction with the Disclaimer

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This Quick Reference Guide must be used in conjunction with its respective Clinical Guideline, Cholestasis in Pregnancy.

Criteria for referral
Diagnosis confirmed by
- Clinical features
- Exclusion of other forms of liver disease or cholestasis
- Laboratory findings

Key points
1. The frequency of assessment in MFAU may change according to the maternal and fetal condition.
2. All assessments, test results and treatments are recorded on the MR226 Multiple Visit Record Sheet.
3. Where possible arrange assessment when the woman’s Obstetric Team is rostered on duty for the Labour and Birth Suite.

Management
1. Check and record the maternal temperature, pulse, blood pressure respiration rate and SAO₂ and urinalysis.
2. Perform an abdominal palpation. Note:
   - Fundal height
   - Lie and presentation (depending on gestation)
   - Uterine activity
3. Perform blood tests
   - Liver function tests (LFTS) – weekly
   - Coagulation studies – order if the woman has abnormal LFTs.
4. Assessment of Fetal Wellbeing

**Ultrasound Assessment**
- Perform a baseline ultrasound
- Perform an ultrasound 3 weekly for growth and well-being

More frequent assessment will depend on the maternal and fetal clinical condition.

*Ultrasound is not a reliable tool for prediction of fetal death in obstetric cholestasis.*

**Cardiotocography (CTG) monitoring**
- Weekly monitoring 30 - 34 weeks gestation
- Bi-weekly monitoring after 34 weeks gestation
- Monitoring prior to 30 weeks gestation is at the discretion of the Team Consultant

*Fetal monitoring has not been shown to be predictive of fetal death.*

5. Arrange medical review.

**Abnormal Results**
- Inform the Senior Registrar or Consultant immediately of any abnormal results
  - Non reassuring FHR pattern
  - Abnormal ultrasound findings
  - Maternal reporting of a reduction in fetal activity
  - Maternal reporting of worsening pruritis, despite treatment
  - Abnormal and/or deteriorating blood results
  - Increased uterine activity

- Document a medical plan in the woman’s medical records e.g. ‘MR226 Maternal Fetal Assessment Outpatient’ and the MR004 ‘Obstetric Special Instruction Sheet’.
- Arrange a follow-up antenatal clinic appointment in 1-2 weeks.
- Arrange a follow-up MFAU appointment and monitoring as discussed with the Senior Registrar and Consultant.

The frequency of appointments depends on the maternal/fetal condition, and is adjusted accordingly.

**Normal Results**
- Inform the Obstetric team of the test results and maternal/fetal condition.
- Reappoint to MFAU for assessment if requested by the obstetric team prior to the antenatal clinic appointment. Clinic appointments are generally made 2 weekly if normal results.
FLOW CHART MANAGEMENT CONFIRMED OBSTETRIC CHOLESTASIS

Woman presents to MFAU for assessment and review

Midwife/RMO assesses the woman and reviews tests

Are all the assessments and test results normal?

**YES**
- Inform the obstetric team of the results.
- Ensure antenatal clinic clinic appointment is booked
- Reappoint to MFAU for assessment and review as requested by the obstetric team
- Advise the women to contact MFAU if any signs of her condition worsening

**NO**
- Notify Registrar or Consultant of any abnormal tests results or deteriorating maternal/fetal condition
- A management plan is made and written in the medical record
- If the woman is suitable for discharge and monitoring as an outpatient ensure:
  - a follow-up antenatal clinic appointment is booked
  - a follow-up MFAU appointment is made.

Related WNHS policies, procedures and guidelines

Cholestasis In Pregnancy
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<thead>
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<th>Keywords:</th>
<th>Cholestasis, confirmed, liver, MFAU, blood tests, ultrasound, CTG, results, pregnancy</th>
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<tbody>
<tr>
<td>Document owner:</td>
<td>OGCCU</td>
</tr>
<tr>
<td>Author / Reviewer:</td>
<td>Evidence Based Clinical Guidelines Co-ordinator</td>
</tr>
<tr>
<td>Date first issued:</td>
<td>February 2008</td>
</tr>
<tr>
<td>Last reviewed:</td>
<td>July 2016</td>
</tr>
<tr>
<td>Next review date:</td>
<td>July 2019</td>
</tr>
<tr>
<td>Endorsed by:</td>
<td>OGCCU Management Committee</td>
</tr>
<tr>
<td>Date:</td>
<td>13.7.2016</td>
</tr>
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<td>Standards Applicable:</td>
<td>NSQHS Standards: 1 Clinical Care is Guided by Current Best Practice</td>
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</table>

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