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ICP – Intrahepatic Cholestasis of Pregnancy

NIHR BioResource – Rare Diseases study project

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Summary

Intrahepatic cholestasis of pregnancy (ICP) presents with pruritus and abnormal liver tests in pregnancy. Affected women have raised concentrations of bile acids in their blood. Bile acids are made by the liver and plan an important role in fat absorption from the gut in addition to influencing blood levels of glucose and lipids. Severe, early-onset ICP is diagnosed in women who develop symptoms at 32 weeks of pregnancy or earlier and in whom the serum bile acids are 40µmol/L or above.

Prof. Cath Williamson & Dr Peter Dixon, ICP project Leads

This group of ICP patients is more likely to have genetic abnormalities in transport proteins in the liver (BSEP and MDR3). They are also at increased risk of adverse pregnancy outcome, in particular spontaneous preterm labour and stillbirth. Women with severe, early onset ICP are at risk of liver disorders in later life, as are their relatives, and we believe identification of these individuals will enable treatment to improve future health. Recruitment to this resource will also enable more detailed characterization of genetic and biochemical changes that enable personalized approaches to care of women and families affected by ICP, thereby improving pregnancy outcomes and preventing serious liver disease in later life.

Recruitment Criteria

Inclusion

Confirmed diagnosis of severe early onset ICP (maternal serum bile acids ≥40µmol/L, disease onset at 32 weeks of gestation or earlier).

Exclusion

Diagnosis of another hepatobiliary disorder (e.g. abnormal hepatitis serology, extrahepatic biliary obstruction).