



Manitoba Health, Seniors and Active Living (MHSAL) supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.

Patient Safety Learning Advisory

Intrahepatic Cholestasis of Pregnancy (ICP) Stillbirth

Summary:

A 36-year-old obstetrical patient with Gestational Diabetes and newly diagnosed cholestasis delivered a stillborn male at 37 weeks plus one day gestation. An urgent caesarean section was recommended in consultation with a tertiary care facility 48 hours prior to the delivery.

Keywords: Stillbirth, Intrahepatic Cholestasis of Pregnancy (ICP)

This review is based on a single event.

Findings of the Review:

A high-risk obstetrical patient with multiple underlying health conditions and a previous history of multiple pregnancy losses delivered in low risk hospital setting.

In a patient with Intrahepatic Cholestasis of Pregnancy (ICP), the diagnosis is made by testing liver enzymes including one called bile acids. Currently, bile acids are only performed out of province, with a turn-around time of 7-14 days, which leads to a delay in proper diagnosis and timely treatment.

Society of Obstetricians and Gynecologists of Canada (SOGC) guidelines indicate that antenatal corticosteroid therapy (i.e. betamethasone which is a medication administered to help babies' lungs mature prior to delivery) should not be routinely administered to women undergoing pre-labour Caesarean section at term gestation (including at 37- and 38-weeks gestation). The guidelines also state that in the case of Emergent Delivery, the Emergent Delivery should not be postponed to allow for 2 doses of corticosteroid therapy. These guidelines were in place at the time of the stillbirth.

System Learning:

Develop assessment suggestions/considerations for admission and delivery to each individual obstetrical site based on site resources.

Perform bile acid testing intra-provincially

Develop a cholestasis (ICP) supportive policy including an algorithm