



Case: Obstetric Cholestasis

Candidate brief

You are an FY2 O&G SHO in Maternity Triage

Please take a focused history from Kerry Smith, a 37-year-old female who has been referred by her GP.

15 mins	<ol style="list-style-type: none">1. Please take a full history (7 mins)2. Counsel her with an appropriate management plan (4 mins)3. Viva with the examiner afterwards (4 mins)
10 mins	<ol style="list-style-type: none">1. Please take a full history (7 mins)2. Viva with the examiner afterwards (3 mins)

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Disclaimer: All contents are contributed by medical students and/or junior doctors on behalf of BUSOG, although every effort has been made to ensure the information is correct and robust; however, authors accept no liability for errors.



Patient Brief

(Do not volunteer information unless asked)

Name: Kelly Smith

DOB: 7/02/1983 (37 years old)

Job: Primary school teacher

Opening statement: "My GP has referred me here because they wanted me to get checked over for this itch."

HPC:

Associated symptoms

- Currently 33 weeks pregnant
- Noticed for the past few weeks she has been feeling itchy
- **Worse at night**
- **Itchy on palms and soles of feet most notably, spares face**
- **No jaundice, changes in bowel habit**
- **No rash**
- No
 - PV bleed
 - PV discharge
 - Pain (pelvic or dyspareunia)
 - Normal fetal movements

Obs Hx

- G2P1 – SVD at 38+2
- Midwifery led care during pregnancy
- ***Noted some similar issues in previous pregnancy but resolved, post birth (patient cannot recall exactly what happened and how it was treated)***

Gynae Hx

- **LMP** 33 weeks ago
- Regular periods, 28 day cycles
- Not heavy, not painful

Smears: Up to date, no abnormal smears

STIs: Nil

Contraception: Was on the COCP prior to pregnancy

PMHx – Usually fit and well, nil surgical

DHx - NKDA, takes some OTC paracetamol for occasional headaches only when needed



FHx – Nil

SHx –

- Lives at home with husband, daughter (2 y/o) and 2 pet cats
- Non smoker
- Non-drinker during pregnancy, was drinking approx. half a bottle of wine/week before pregnancy
- No concerns about domestic violence
- No concerns about maternal mental health

Other information:

- Other systems review - normal

Ideas: Has she caught something from the kids at school?

Concerns: Worried about baby and how long she will be away from her family for, just her husband at home with her daughter and cats. Worried she pass this on to her kid and husband. Concerned about possible impact on wellbeing of baby

Expectations: To go home and spend time with her family



Investigations findings (Provide it after history talking or to enquire candidate about differential diagnosis)

INVESTIGATIONS:

- Observations: Temp 36, RR16, SpO2 98% on RA, BP 120/70, HR 74
- Abdominal examination (To assess and exclude for other presentations e.g. polymorphic eruptions of pregnancy, pemphigoid gestationis etc)
 - Soft, non-tender abdomen, gravid uterus, SFH 33cm, excoriations on abdomen noted, hepatosplenomegaly not noted
- Foetal surveillance: CTG
 - Baseline 140
 - Variability >5 and <25,
 - Accelerations seen
 - No decelerations
- Bloods :
 - FBC: Hb 126, WCC 10.1, Plt 204
 - LFTs: Bilirubin 25, ALP 223, ALT 137
 - Bile acids: 75
 - Clotting: Normal
 - Viral serology: Normal
 - Autoimmune screen: Normal
 - Ultrasound of liver and biliary tree: Normal



Examiner Brief

You are an FY2 in O&G working in Maternity Triage

15 mins	<ol style="list-style-type: none"> 1. Please take a full history (7 mins) 2. Counsel her with an appropriate management plan (4 mins) 3. Viva with the examiner afterwards (4 mins)
10 mins	<ol style="list-style-type: none"> 1. Please take a full history (7 mins) 2. Viva with the examiner afterwards (3 mins)

- **Please do not** provide **any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills

2. Formulation of clinical issues

3. Discussion of management

4. Professional behaviours and patient centred approach

Positive descriptors	Marks
History/Clinical skills (18)	
Appropriate introduction, elicit patient details and invite consultation	2
ITCH : Onset, Timing, nature, associations	2
Presence of any rash or other symptoms	2
Menstrual history – age at time of menarche, LMP, regularity of periods and characteristics	1
Gynaecological history – contraception , menopause, STIs, cervical screening	2
Obstetric history – Gravity, Parity, outcome of pregnancies	2
Enquire about risk factors : previous occurrence, family history, hepatitis C infection (previously)	2
Past medical (surgical) history; drug history, family history, social history	2
Formulation of clinical issue (5)	
Summary and outline of expected finding on investigations (bloods)	2
Good range of differential diagnoses	3
Viva	4
Discussion of management (4)	
Build patient concerns into plan and Justify choice of investigations	2
Demonstrate MDT approach -	1
Viva (Management)	3
Professionalism and patient centered approach (3)	
Able to elicit patient ideas, concerns, expectations	1
Use empathic behaviour and language	1

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Explain accurately, uses everyday language and check for understanding		
Professional communication to examiner as colleague		1

Viva Questions: (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resource:

Management of Obstetric cholestasis, Green-Top guideline No. 43,
 BMJ Best Practice Obstetric Cholestasis
<https://bestpractice.bmj.com/topics/en-gb/800/treatment-algorithm>

1. Differential diagnosis	<ul style="list-style-type: none"> ● Obstetric cholestasis ● Polymorphic eruption of pregnancy ● Pemphigoid gestationis ● Acute fatty liver of pregnancy ● Acute or chronic viral hepatitis ● Gallstones ● Primary Biliary Cirrhosis
2. In obstetric cholestasis, what are the risks to the fetus?	<ul style="list-style-type: none"> ● Stillbirth ● Preterm delivery (spontaneous or iatrogenic) ● Passage of meconium
3. How would you manage a patient with obstetric cholestasis?	<p>Management of care:</p> <ul style="list-style-type: none"> - Senior review - Transfer to consultant led care - Ensure follow-up in place <p>Medical:</p> <ul style="list-style-type: none"> - Topical emollients, eg. Calamine lotion - Ursodeoxycholic acid - Vitamin K <p>Plan for delivery:</p> <ul style="list-style-type: none"> - Induction of labour at 37- 38/40
4. How would you monitor this condition once diagnosed?	<ul style="list-style-type: none"> ● Monitor LFTs weekly until delivery ● Repeat LFTs 10 days postpartum at earliest to ensure resolution