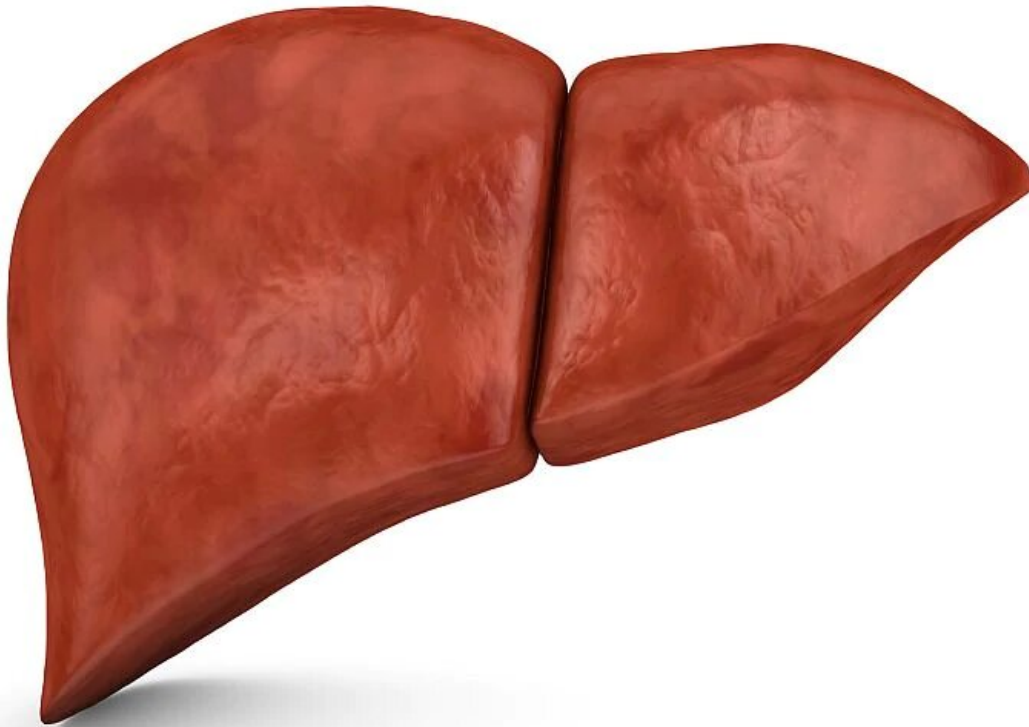


# Stillbirth risk up with high serum bile acids in pregnancy

March 13 2019

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(HealthDay)—The risk of stillbirth is increased in women with

intrahepatic cholestasis of pregnancy when serum bile acids concentrations are  $\geq 100 \mu\text{mol/L}$  or more, according to a review published in the March 2 issue of *The Lancet*.

Caroline Ovadia, from King's College London, and colleagues conducted a systematic literature review to identify studies defining intrahepatic cholestasis of pregnancy based upon pruritus and elevated serum bile acid concentrations, with or without raised liver aminotransferase concentrations. The goal was to determine whether elevated bile acid concentrations were associated with the risk of stillbirth and [preterm birth](#) based on 23 studies eligible for the aggregate data meta-analysis (5,557 intrahepatic cholestasis of pregnancy cases and 165,136 controls) and 27 studies with individual patient data (5,269 intrahepatic cholestasis of pregnancy cases).

The researchers found that stillbirth occurred in 0.83 percent of 4,936 intrahepatic cholestasis of pregnancy cases and in 0.32 percent of 163,947 control pregnancies (odds ratio [OR], 1.46; 95 percent confidence interval, 0.73 to 2.89). Maximum total bile acid concentration was associated with stillbirth (area under the receiver operating characteristic curve [ROC AUC], 0.83), but [alanine aminotransferase](#) was not associated with stillbirth in singleton pregnancies (ROC AUC, 0.46). Compared to women with serum total [bile acids](#) of

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