



Framework for safe acupuncture practice when treating:

Itching in Pregnancy

Professional Safety and Red flags when treating Itching in Pregnancy

Not all pregnancies presenting with itching will be suitable for acupuncture treatment. Practitioners need to be aware of referral requirements to the prenatal primary care provider, adherence to suggested clinical documentation guidelines (shown below), awareness of ongoing primary care/medical monitoring and familiarity with the risks and warning signs of cholestasis.

Background: Pruritus or itching is a common presentation in pregnancy. However, due to increased risk factors, including preterm birth, fetal distress and stillbirth, Intrahepatic Cholestasis of Pregnancy (ICP) should always be considered as a possible cause. The itching associated with cholestasis is due to pregnancy hormones affecting bile production. This is the result of inefficient elimination of bile acids through the liver which can be detected through a blood test. Medical management includes monitoring of bile acids and liver function. Treatment may include medications and induction of labour at 37 weeks to prevent adverse events. For some pregnancies, acupuncture treatment may be appropriate, but any treatment will require documentation of appropriate medical diagnostic tests, particularly bile acid levels. Additionally, referral may be needed per the relevant medical guidelines for your country/region of practice.

Application to Clinical Practice: Best practice when treating itching in pregnancy includes documenting that the primary medical caregiver is aware of itching as a symptom, and that there has been a blood test for ICP. If this is not the case, your role is in referral and follow up. If the results for cholestasis are positive, best practice includes documenting your awareness of the medical management plan and ongoing monitoring.

Risk factors that require consideration: Risk factors include but not limited to previous cholestasis, family history of cholestasis or liver disease and twin or multiple pregnancies.

Decision Flow Chart

ITCHING IN PREGNANCY

1) ASK THE QUESTION



Is the primary medical caregiver aware of the itching?

Yes - Move to step 2.

No - Refer your patient to their primary caregiver. Move to step 4.

2) TESTING FOR CHOLESTASIS?



Yes - Move to step 3.

No - Document that the primary caregiver did not provide testing for cholestasis. Move to step 4.

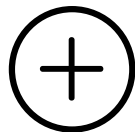


3) DOCUMENT AND TREAT

Document test results and provide appropriate treatment for the diagnosis.

4) TREAT AND REFER

Provide acupuncture treatment that does not mask symptoms of itching. Refer to a primary care provider.



5) BE INFORMED AND PROFESSIONALLY SAFE

Ensure you provide appropriate information, treatment and follow up.

Appropriate documentation for professional safety & when presenting as a case history

- Gestational age in weeks and pregnancy history (number of pregnancies and live births).
- Blood test results (negative for bile acid levels and liver enzymes) as per medical guidelines for referral if concerns arise).
- Any risk factors
- Primary care medical management plan (medication, planned monitoring, induction).
- Your diagnosis and treatment plan.
- Communication with primary medical caregiver, as appropriate.

Recommended reading:

Committee of the Royal College of Obstetricians and Gynaecologists. Obstetric Cholestasis (Green-top Guideline No. 43). Reviewed 2014. https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_43.pdf

Websites:

ICP Care. Overview of Intrahepatic Cholestasis of Pregnancy. Updated 2016-2017. <https://icpcare.org/icp-overview/>