

“WOMEN’S PERCEPTIONS, EXPERIENCES, AND COPING STRATEGIES IN THE CONTEXT OF INTRAHEPATIC CHOLESTASIS OF PREGNANCY”

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ABSTRACT

This qualitative study explores the perceptions, experiences, and coping strategies of women diagnosed with Intrahepatic Cholestasis of Pregnancy (ICP) in Pakistan. Data were collected through semi-structured interviews with 11 participants from public and private hospitals in Multan and DG Khan. Thematic analysis identified four key themes: disease perception, impact of the disease, coping mechanisms, and cultural beliefs. Findings reveal that ICP is often not recognized as a serious condition, especially in rural areas, yet it significantly affects patients' psychological health. Women cope through religious faith, social, and family support, while superstitious beliefs about ICP persist in the community. These insights can guide healthcare providers in developing culturally sensitive treatment plans and support for pregnant women facing ICP.

Key Words: *Intrahepatic cholestasis of pregnancy, perceptions, coping, psychological impact, and cultural beliefs.*

Social Sciences Nexus

INTRODUCTION

Intrahepatic cholestasis of pregnancy (ICP) is a particular pregnancy related liver disorder developed in the late 2nd and early 3rd trimester of pregnancy by the increased level of bile acid (Geensen & Williamson, 2009). Obstetric cholestasis (OB) is another term for this most prevalent liver disease that occurs during pregnancy (Geenes, Williamson & Chappell, 2016). The exact pathophysiology or etiology of intrahepatic cholestasis of pregnancy disorder is still unclear because the diagnostic centers or laboratory screening tests are not reliable in underdeveloped countries. However, a general theory indicates that the disease may have a genetic basis (Ma, Liu, Chai, Jin, Sun, Zhou & Zhu, 2023). In a recent paper by Noor, Firasat, Bano, Afshan, Gul & Kaul, (2021) demonstrated that in backward areas of country needs to spread awareness to pregnant women about pregnancy disease. It has been suggested that ICP has genetic causes.

Environmental factors play a role in the occurrence of ICP in genetically susceptible individuals based on the observed geographical and seasonal variations (Burg et al., 1986). Reproductive hormones also contribute to the development of ICP. Several studies linked the conditions like multiple pregnancies, the ovarian hyper-stimulation effect, and late-trimester ICP presentation to elevated estrogen levels (Mutlu, Aslan, Guler, Mutlu, Erdem, Bozkurt & Erdem, 2017). Additionally, progesterone metabolites have been suggested to be involved in the pathophysiology of ICP. Other aspects for ICP pathogenesis are age of women as gestation after 35 years, twin or multiple pregnancies, and gestations through in vitro fertilization (Smith & Rood, 2020). According to a study by Feng, Li, He, Sun, Wang & Wang (2018) babies generated through IVF are more likely than spontaneous conception to result in poor fetal outcomes, such as premature

birth and neonatal hypoxia, and a greater risk of early-onset ICP.

Intrahepatic cholestasis of pregnancy is rare disease with harmful effects. Although there is little maternal risk associated with ICP, there have been reports of significant prenatal consequences such as neonatal respiratory distress, stillbirth, and preterm birth. Akram, Sadaf, Aziz, Ara, Rafiq & Malik (2022) examined the frequency of fetal maternal complications in patients with intrahepatic cholestasis during pregnancy disorder. They clarify that ICP is a condition relatively less problematic for the mother but can result in serious complications for the fetus. The first systematic study by Rehman, Gulbaz, Zafar, Asif, Aslam & Aslam (2023) reported about Fetal maternal difficulties of ICP disease, concluded that intrahepatic cholestasis during pregnancy is a serious health issue for expectant mothers and is linked to a number of serious fetal maternal outcomes, including postpartum hemorrhage, meconium-stained alcohol, premature birth, low birth weight, low APGAR score, elevated frequency of cesarean sections, and intrauterine fetal death.

Piechota and Jelski (2020) report that ICP is linked to 14% of parental and 60% of antenatal deaths. In UK, the ratio of intrahepatic cholestasis of pregnancy is one in 140 pregnancies. Geologically, the prevalence differs all over the world as Asia, South America, and Chile are represent high frequency. In Africa and the Caribbean, ICP is rare (Geens et al., 2016). According to Williamson et al., 2014), the prevalence of ICP is five times greater in twine or multiple pregnancies due to higher levels of estrogen. According to a study on the prevalence of ICP in Pakistan, ICP prevalence is 3.1% and prompt diagnosis of the disease needs specific healthcare (Hafeez et al., 2016).

The bile acids level in a case determines the severity of ICP. Bile acid level between 10 and 39 $\mu\text{mol/L}$ are categorized as mild ICP, and if range greater than or equal to 40 $\mu\text{mol/L}$ are categorized as severe ICP (Glantz et al., 2004). Hassan, Khurshid, Muzamil & Parveen (2020) conducted a study with the purpose of their research was to evaluate the effect of ICP on the health of the mother and fetus. The most prevalent symptom of ICP is pruritus. In most

cases, symptoms started to appear between 32 and 36 weeks.

A common treatment for ICP is Ursodeoxycholic acid, it helps to diminish the level of blood bile acid and comfort the mother's symptoms (Ovadia et al., 2016). Fahim, Majid, Shah, Fatima & Zuberi (2023) through quantitative method investigate the impact of UDCA during ICP. Their study findings indicate that UDCA positive impact on the fetus of pregnant women with ICP. According to Surac et al. (2011) correlational study's conclusion, a negative correlation between high levels of serum bile acid level and delivery weeks, but not between preterm birth and the onset time of pruritus or the response to UDCA treatment. Find that there is a correlation between TBAs and preterm delivery. The perinatal outcome may be enhanced by attempting preterm delivery at about 38th week of pregnancy.

Several studies reveal that psychological impacts in pregnancy cause premature delivery and low birth weight (Reupert, Andrea, Darryl, Mayberry & Nicholas, Kowalenko, 2013). According to Hualin, Yupin, Guoqiang, Xukun & Hongmei (2023) study, intrahepatic cholestasis of pregnancy disease raises psychological sickness scores as a result of physiological issues; however, there is no indication that the degree of mental illness can be reduced with effective therapy. According to Robinson (2014) women with the pregnancy loss have feeling of grief and self-blame. Some cope as try to avoid talking to people and staying alone (Shan, Dong & Hu, 2021). Studies indicate that in compare to people who are uneducated and the victim of stigmatization; have poorer contact to first-class medical protection, isolation, lack self-worth, and poorer stages of seeming societal care (Kanner, Pollack, Ranasinghe, Stevens, Nobles, Rohn & Mendola, 2021). According to study by Amita, Tania, Yudhishtervir & Jyoti (2009) The ICP recovers after delivery; however, psychological disorders such as prenatal depression persist.

The Lazarus theory of psychological stress was given by Richard Lazarus in 1984 completely support to present study. This theory provider comprehensive understanding about psychological stress, perception of disease and

coping with it. Leventhal, Meyer & Nerenz, (1980) introduced the Illness Perception Model (IPM) with is completely support to present study. This model provide an inclusive structure for understanding that how individuals perceive and respond to their illness.

This study provides a significant viewpoint through focusing the perceptual, psychological, and social aspects of women diagnosed with ICP, even though the majority of current research on the ICP is clinically oriented. This study provides in-depth insight into how women understand their symptoms, know their diagnosis, and assess the efficacy of their therapies by examining the perceptions and experiences with ICP. This patient-centered approach is essential to creating a comprehensive picture of the ICP disorder.

Rationale of the study

Current study focused on the experiences, perceptions, and coping of diagnosed women with intrahepatic cholestasis of pregnancy (ICP) disorder. Previous studies on the intrahepatic cholestasis of pregnancy disorder are focused perinatal depressive tendency (Hassan et al., 2020), impacts of ICP (Simjak et al., 2015), effective treatment (Kalsoom et al., 2021), etiology of ICP (Ambrose-Rudolph, 2022) and also fetal complications (Bacq et al., 2014) studied. Although less attention has been given on the psychological health of women with ICP. Moreover, the majority of studies were conducted are focused on the impact of different medicine regarding ICP recovery but clear gap exist on mental health.

To address this gap, this qualitative study aims to delve into exploration of experiences, perceptions, and coping of diagnosed women with ICP disorder in Specific public and private hospitals of Multan and DG khan. This study provides a significant contribution to the literature by focusing the perceptual and

psychological aspects of women diagnosed with ICP, even though the majority of current research on the ICP is clinically oriented (Reyes, 1997). However, this study provides in-depth insight into how women perceive their symptoms of the disorder and explore the coping strategies by examining the perceptions and experiences of women with ICP.

Statement of the research question

The following research questions were formulated: (1) what are the perceptions of diagnosed women with intrahepatic cholestasis of pregnancy disorder? (2) What are the impacts of ICP disease on diagnosed women with ICP disorder? (3) Which types of coping strategies are used to cope with the impacts of ICP disorder? (4) What are the cultural beliefs about the ICP disorder?

Method

Research design

The present study was applied cross-sectional qualitative research design to assess the perceptions, experiences, and coping of diagnosed women with intrahepatic cholestasis of pregnancy disorder.

Sample

A purposive and convenient sampling technique was employed to select sample for this study. The target population includes from medical institutions, clinics, and hospitals of Multan and DG Khan. The sample size (N=11) is determined by the point of saturation, where new information ceases to emerge, ensuring depth and richness in the data.

This cross sectional qualitative research was conducted with 11 diagnosed women with intrahepatic cholestasis of pregnancy disorder. The demographics of participants are given in (table 1) below:

Table 1: Demographic information of the participants (N=11)

| | |
|---------------------|---|
| Age (rang in years) | |
| 15--20 | 0 |
| 21--25 | 3 |
| 26--30 | 5 |
| 31--35 | 3 |
| 36--40 | 0 |

| | |
|----------------------|---|
| Marriage duration | |
| 1 ~5years | 7 |
| 6~10years | 0 |
| 11~15years | 2 |
| 16~20 years | 2 |
| Pregnancy month | |
| 2~4 | 0 |
| 5~7 | 7 |
| 8~9 | 4 |
| Numbers of child | |
| 0~3 | 6 |
| 4~7 | 5 |
| Education | |
| Uneducated | 1 |
| Primary | 4 |
| Middle | 0 |
| Metric | 2 |
| Intermediate | 0 |
| Graduation | 4 |
| Profession | |
| House wives | 7 |
| Job full | 4 |
| Husband's Education | |
| Uneducated | 1 |
| Primary | 0 |
| Matric | 5 |
| Intermediate | 1 |
| Graduation | 4 |
| Husband's profession | |
| Laborer | 4 |
| Job full | 4 |
| Business | 3 |
| Family system | |
| Joint | 9 |
| Nuclear | 2 |

Data collection

Semi-structured face to face in-depth interviews was conducted from the diagnosed women with intrahepatic cholestasis of Pregnancy disorder to elicit detailed narratives from the participants. The interview guide was developed based on a thorough review of relevant literature and also through observation of the disease. Interviews were conducted through audio-recorded with the participants' consent and transcribed verbatim for analysis.

Field notes & Ethical consideration

During and after each interview, field notes were taken to capture non-verbal cues, the interview context, and any researcher reflections. These field notes were complement the interview data and contribute to the overall analysis. This study was adhere to ethical guidelines outlined by the Ethical Committee of applied psychology of Women University Multan. Informed consent was obtained from all participants, ensuring confidentiality and voluntary participation. Participants was assigned pseudonyms to protect their identities, and the collected data was securely stored.

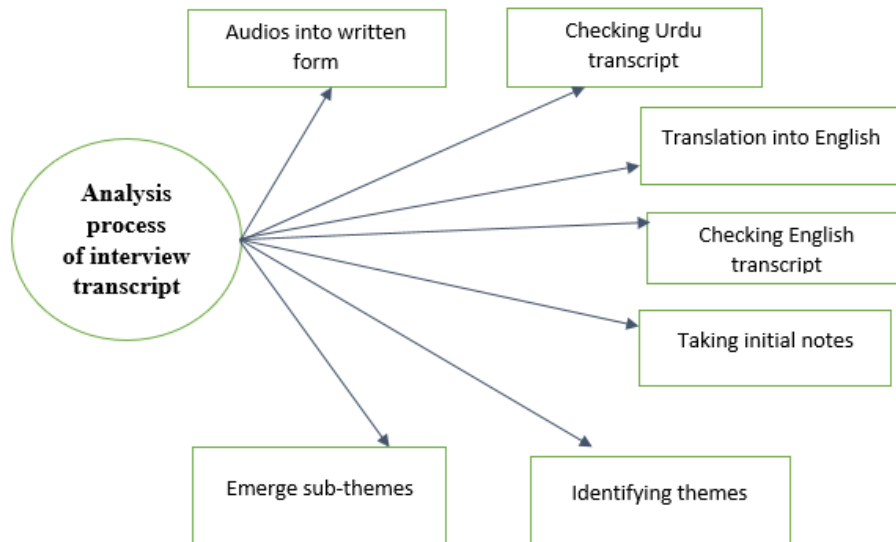


Figure 1 : Analysis process of interview transcript.

Results

The analysis of my research study generated 12 sub-themes which were organized into 4 main themes. The first theme is related to the perception of the disease that how the participant perceive this disease and how they

understand the nature of the disease. The second theme is based on impacts of the disease. Third theme is based on the participant’s coping with impacts of the disease and last theme cover the cultural beliefs about the disease.

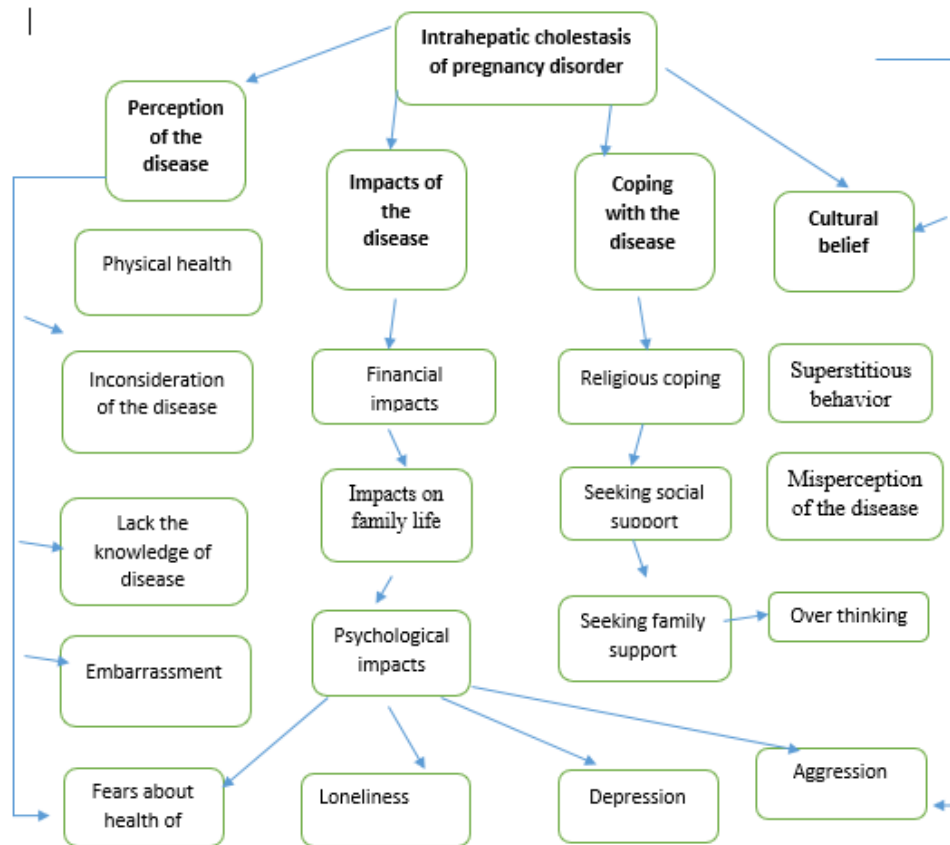


Figure: 2 Flow chart of themes of the study

Perception of the disease

Participant’s perception about ICP disorder consider very important that they know about the symptoms of the disorder. It affects their physical health. Most of the participants reports they have lack of knowledge about the disease.

Physical Health

Physical health is considered very important in any disease. Participants with ICP disorder reports that their physical health has been greatly affected by the ICP, before the pregnancy they were perfectly well. Most of the participants said that their health started to get worse towards the end of the second trimester. Participants 1 tells about her physical health and says that it becomes very difficult for her to pass out the day and night due to itching. It makes them much tired and disturbed. Sometimes I get a headache, tiredness started to feel a little more, so I had to see the doctor. In the soles of the feet, in the palms of the hands I have itching, and it used to go more at

International night, I didn't even sleep, so I became more worried, because of this, I became restless, and the night also passed with difficulty.

Inconsideration of disease

One of the participants says that in this disease, when she talked to their family that she have a problem like itching, their health is not good, they said that this happens with pregnancy. They do not consider it disease nor pay attention to the treatment. So this is a very common factor in the course of the disease, how many people consider it to be a serious disease.

I told my mother she said, "It happens in pregnancy, don't worry. When the baby born, everything will be fine. But there are some situations that are not fine. There are problems. Some are fine and some are not."

Lack the knowledge of disease

It is a very important point that people have more information about something that has more prevalence and less knowledge and understanding about something that has less

prevalence. Participant remarked that it's a disease with low prevalence in Pakistan and other places too. So people have lack of knowledge about disease and even not aware how to treat it. It is observed that when a person experience something, he become more conscious about it. This is the case when one participant experienced itching in her first pregnancy but did not seek treatment and due to this it stillbirth. In next she became very conscious that if this happened last time, now don't have to suffer any harm, so they led to treatment.

See, at first I didn't know that it was a serious disease. I was think that it started as a simple rash and it would go away on its own, but when I went to the doctor, he told me. There was tension about.

Embarrassment

It has been observed that people who have diseases which are not common are more hesitant to talk about it, feel embarrassed and blame themselves more that it is all their own fault. They think that they don't take care because they got it. Participant five and six recalled that the environment where they live is a very important and determines how people perceive something if it happens. Because of lack of awareness or lack of education, they do not consider it good, so those who are affected by it cannot sit among those people, because of the feeling of embarrassment.

When I am sitting somewhere and I have itching, I feel very ashamed that people are watching, what they will think. It has a lot of impact on the mind, so a person needs to get a little peace. And the heart wants to cut this place.

Impacts of the disease

It has been observed that Fluctuations in health take hold of a healthy system, due to which different effects on health appear prominently. Every disease has three effects, first one is psychological impacts, in which people are psychologically affected. They becomes a victim of depression and fears somewhere. They are unable to focus on their routine work. Financially very affected and also notices problems communicating with others.

Psychological impacts

Mother feels very happy to think about her fetus. When told to them that there are some problems or danger, then these things are mentally disturbed them. Participant two highlighted that it is very disturbing for a mother to think or understand that something will happen to her baby or may be her pregnancy will end. It starts to fear arise that they don't know when his fetus will die.

No, it is not a thought, but it is a fear that disturbs me mentally all the time.

Fears about health of fetus. Participant says that losing a child or thinking about losing a child is a very unfair situation in which a person becomes very anxious and depressed.

Then this problem should not happen with another child. If pregnancy loss happens, it is a matter of worry. The disease is such that it causes trouble. Then there is also fear. If this happens to me, then it is a matter of worry and fear that something like this will happen to me or other children in the future.

Loneliness.

It is a very difficult moment in which a person shares with others about those things that cause him a lot of pain or suffering. Sharing things with others are considered a very difficult moment in life. Participant 2 says that this is why she starts living alone because she can't face others or she doesn't want to be with others, so she stays isolated, which makes her more mentally ill. There is mental pressure to her.

There is a lot of disturbance in my life, as I told you, I don't like to talk to anyone and I like to be alone. Miscarriage happened and the second one is also this issue with her so Allah forbid if anything happens I am very scared.

Depression.

Health is very important for a person, if there is no health, then the person becomes very worried. When anxiety lasts for a long time, person becomes depressed, sad and anxious. For that reason, the mentality of a person goes very disturbed, in the same way, this participant

also said that sad feelings have started in her because of these problems. It is a sign of depression.

Life is a burden to me, like when I get sad, I get tension, depression, like when something doesn't feel good, I feel a burden.

Anger. Participant 8 tells about herself that before the disease she used to be very active and calm, but now her mood is irritable and if someone talks to her, she can't respond properly and when the itch If it gets too much, she can't focus on her routine, her routine gets disturbed, her tasks get left behind, which causes her mood swings and because of this she becomes very quiet and tolerates anger.

I get very angry and irritable. Even if someone talks to me in a nice way, I can't answer them well. Before this I used to love everyone, my family, but since I got sick, I feel like fighting with everyone, so I don't feel like anything. I seem to stay away from them a lot because firstly I get itchy and secondly I don't like any person. Feel calm, feel good.

Impacts on family life

Participant says that when her behavior is not good with her family because of the disease, this thing matters a lot. That if she is not healthy, she becomes irritated and starts acting in a strange way. Similarly, Participant says that she feels that time has stopped for her since she started itching. It does not time out, the duration is too long.

It happens in illness, in tension with the family, when the attitude is not good, then there is tension, everyone feels that their attitude has become strange, then they also feel that the cause of the illness is Due to the tension, their behavior has changed .It feels very strange in the midst of this worry, when you are worried, time does not seem to pass quickly, so it feels as if time has stopped. Lasts a lot.

Financial Impact

Participant six says that the doctor has made her more worried because he has prescribed me very expensive tests. One is that the disease makes me feel very strange and the other is that their tests are very expensive.

The doctor has made me worry a lot with this and also the tests are very expensive my

husband is a laborer so he can't afford the test but still with difficulty I got the tests done because you know The inflation that has increased, a person cannot fulfill anything in this inflation and besides, the doctor has also told me that at the end of the seventh month or by the next month, delivery will have to be done or an operation will have to be done. Because of this, I have become even more worried-

Coping

Religious coping

Participant one says that to deal with all these problems, the first thing that happens to her is that I associate myself with Allah. If there is a problem or any illness or trouble, then first pray to Allah Almighty that Allah Almighty has mercy on her, then in this way some of her worries end and we get some peace. "I connect myself more with Allah, I pray to Allah that Allah has mercy on me and I pray to Allah a lot that the child will be well and I will also be well. If I take it, I do it too, so I mostly remember my Allah and pray to Allah and sleep peacefully."

Seeking Social Support

Participant says that she used to search to find ways to deal with this disease. She looks at how many people, how many women are going through this problem and how they deal with it. The disease gives her courage to know that I am not alone, there are other people suffering from it and they are also living their lives. So, she spends time with her family which helps her with this problem.

Yes, I keep asking this problem from others that they have this problem from pregnancy, then I take care of myself because of this, yes, they all have a few problems. For this reason, I am satisfied with the way of Allah

Seeking family support

Family is an important circle in a person's life where a person shares all their problems and gets support from there. Let's not neglect the treatment of this disease so that we don't face any kind of harm. Participant says that her family is very supportive with this problem and they cares about everything with this disease. And besides, this disease is kept very private by her family.

My family is also supporting me to deal with this problem. It is kept private and my family also supports me a lot and everything is going very well now.

**Cultural beliefs about ICP
Superstitious beliefs**

Participant reveal superstitious beliefs and says that her mother-in-law took her to a Peer Baba for a tail treatment, who gave her a tweeze, so it is mostly their concept that it is there any influence of jinn or bad eyesight due to which she suffering from this disease.

She will go and then she took me to **peer baba** for Dum. They gave me an (amulet/taveez) which I am wearing till now.

Misperception of the disease

Participant 3 tells that the family members don't say anything but her mother in law says that I am just want to get their attention. I have no real disease I just pretends to be sick to avoid these things, but I know what is happening to me, I know the feelings inside me, the pain I am going through.

Family members said no, but my mother-in-law keeps saying that she is sitting because she doesn't work, so I know things go on

Table 2 : Themes of the study

| Themes | Sub themes | Statements |
|------------------------|--------------------------------|---|
| Perceptions of disease | Physical health | I have pain in my back I was tired I couldn't sleep my hands and feet were itchy that's why I couldn't rest or sleep. P3 |
| | Inconsideration of the disease | Mental health is damaged by the fact that other people don't consider it. It's becoming a psychological problem that they don't consider it. P9 |
| Impacts of the disease | Lack the knowledge of disease | See at first I didn't know that it was a serious disease. I was thinking that it started as a simple rash and it would go away on its own but when I went to the doctor he told me. There was tension. P8 |
| | Embarrassment | When I am sitting somewhere and I have itching I feel very ashamed that people are watching what will they think? And the heart wants to cut this place P6 |
| | Psychological impacts | No it is not a thought but it is a fear that disturbs me mentally all the time. P2 |
| Impacts of the disease | Loneliness | I don't want to talk to anyone and I want to be alone. . P7 |
| | Depression | Life is a burden to me, like when I get sad I get tension, depression like when something doesn't feel good I feel a burden. P8 |
| | Fears about health of fetus | As they are telling about the danger that the child may also be in danger the mother is also a little worried and afraid that what will happen what will not happen.... Obviously a person gets scared. P1 |
| | Overthinking | Yes I thought that what will happen next..., everyone has hopes for this child. My thoughts are too long now because of this disease. P2 |
| Impacts of the disease | Anger | I get very angry I take it out on the children I feel so angry that I just want to hit someone hard P3 |
| | Impact on family life | My personal life is very disturbed like my show every time if they ask me to do some work like do my clothes or cook me or any work then I always talk to them angrily, then the person gets disturbed again so I also have this kind of condition. P8 |

| | | |
|------------------|------------------------------|---|
| | Financial impact | I was a little worried that it never happened before and the inflation has also worried me so now it has increased a little more P5 |
| Coping | Religious coping | When a person is faced with difficulties he has good hope. He waits for a good time. Allah Pak will bring a better time these will be set. P3 |
| | Seeking social support | In order to get out of this problem, I tries as much as possible to spend time with others because the tension is felt less. By spending time with people we forget the tension for some time P4 |
| | Seeking Family support | Yes it is kept private and my family also supports me a lot and everything is going very well now. P2 |
| Cultural beliefs | Superstitious beliefs | She will go and then she took me to peer baba for Dum. They gave me an (amulet/taveez) which I am wearing till now. P5 |
| | Misperception of the disease | Our elders says that they never used to inject never even took medicine never even went. To a doctor. God had so much mercy they used to give birth to a child sitting at home automatically so because of these English medicines of today all these are spreading inside you. As you conceive the medicine are start until the baby is born. P1 |

Discussion

The findings of the study are consistent with the previous research by Hafeez et al., (2016) on the prevalence of ICP in Pakistan, that women perceived ICP disease as incurable. The findings are in line with the previous research by Furuta, Sandall, Cooper, & Bick, (2014) in European countries on miscarriages that Pregnancy Awareness Centers are established where they are given training and awareness from the start of pregnancy on how to deal with such complications and how to take their medicine. The results of present study are in line with the Singh et al. (2023) study on complications of ICP experiences, it has been observed that the itching during ICP is very different from the other skin issues. The findings of the study are similar with previous international research of Bacq et al., (2012) on ICP observed that the condition is very pathetic at the end of the second trimester and the beginning of the third trimester.

The findings of present study are similar with previous literature by Kristjansdottir & Gottfredsdottir, (2014) on miscarriage that women who are suffering from ICP, feel embarrassed. The research has also revealed similar results with the Kohari, Rekawek, Lipkind, & Ferrara, (2018) study findings that if disease occurred in first pregnancy then the

chances of this disease are more in further pregnancies.

The findings of the study are in line to the international research of western countries by Fisher & Lafarge (2015) that women who suffer from ICP disease develop feelings of loneliness and isolation. An important finding of present study is that ICP disorder’s treatment perceive very expensive. Another new finding is that women who are literate, deal in a better way with this disease. The findings of the study are in line with the previous research on cultural beliefs of disease by Thaddeus et al. (1994) in western countries that aged women think that it is not a disease but the effect of a demon or an evil eye. They think that the occurrence of such disease is associated with pregnancy and when the delivery takes place these symptoms disappear automatically. Their superstitious behaviors make them suffer a lot. The findings of my study indicate a new point that one of the reasons for not paying attention to the treatment is that the population of our country is very high but literacy rate is low.

There are many limitations in my study: The sample of this study was taken from the limited hospitals. The sample size of this study is small. This study is conduct only in Punjab province. In this study, post-delivery interviews are not taken from the women with ICP. The interview time is very short and due to the short time

period they are left to cover all aspects of the disease. This study unable to find out the perception of women with twine pregnancy because these women are not identified during data collection duration.

Suggestions

Firstly, females should get information about the pregnancy and have an idea how to deal and also understand the cause of the disease. Secondly, medical staff should be given skills to take care of women who going through many psychological problems. Thirdly, doctors should give all information about the disease to women when they consult with this disease so that they can have an idea of how much it is necessary to treat it. In future, longitudinal research needed on this disease in which family members, women who are affected by this disease and the medical staff who give treatment to these women should be recruited in the study.

Implications of the Study

The results of present study construct a better understanding for medical institutions to integrate a treatment plan, it may be helpful for health professionals how to deal with patients and medical students. These findings will be helpful for those women who are suffering from this disease. These finding also providing information about this disease to the rest of the women, which will make them aware about its impacts.

Conclusion

The purpose of this study was to understand the perceptions, experience, and coping of women diagnosed with intrahepatic cholestasis of pregnancy disorder. In the present study, data collected through semi-structured interviews and then analyzed by utilizing thematic analysis, out of which four themes have been extracted. This study shows that women with this disease are going through many difficulties including fear stillbirth, fear of fetus loss, and psychological impacts.

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