



# QUESTIONS YOU MAY HAVE ABOUT PREGNANCY AND IBD



When it comes to inflammatory bowel disease (IBD) and pregnancy, many women have questions and concerns. How will my IBD and the medications I take affect the health of my child? Does having IBD and being pregnant put my health at risk?

These types of worries can sometimes cause women with IBD to put off getting pregnant or choose not to have children at all.

**We can help.**

**With proper planning and care, women with IBD can have healthy pregnancies and healthy babies.**

What's the key to proper planning and care? Sharing facts and information. Pregnant women with IBD need a team of health care providers (HCPs), even before pregnancy, who share information as they work towards the best treatment plan. The more information you have, the better prepared you can be to play an active role in the decisions about your care.

These frequently asked questions are meant to give you clear answers and provide a guide to help you move forward.

## IBD & MY CARE TEAM

### QUESTION:

**What is IBD?**

### ANSWER:

- IBD is a group of disorders, including Crohn's disease and ulcerative colitis.
- In the U.S., 1.6 million people have IBD.<sup>1,2</sup> Of those, roughly half are women, and most will carry the diagnosis during childbearing years, and throughout all phases of family planning: trying to conceive, pregnancy and postpartum.<sup>3</sup>

### QUESTION:

**What can I do to manage my IBD?**

### ANSWER:

- While not everyone will have access to specialty care, if possible, you should be seen regularly by a gastroenterologist (GI) with a clear expertise in IBD. If you become pregnant, it will be important you work with your maternal-fetal medicine (MFM) subspecialist and/or obstetric provider to lead your pregnancy-related care.
- Unfortunately, for women with IBD, one of the greatest known risks to pregnancy is an IBD flare,<sup>4</sup> so you are encouraged to work with your HCP before you get pregnant, during pregnancy, and after you have your baby, to develop and implement a treatment plan.

#### REFERENCES

1. Kaplan, G.G. and Ng, S.C. Understanding and Preventing the Global Increase of Inflammatory Bowel Disease. *Gastroenterology*, 2017. 152(2): p. 313-321 e2.
2. Ng, S.C., et al., Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies. *Lancet*, 2018. 390(10114): p. 2769-2778.
3. Shah SC, Khalili H, Gower-Rousseau C, et al. Sex-based differences in incidence of inflammatory bowel diseases-pooled analysis of population-based studies from Western countries. *Gastroenterology* 2018;pii: S0016-5085(18)34685-7. doi: 10.1053/j.gastro.2018.06.043. [Epub ahead of print].
4. Mahadevan et al., Inflammatory Bowel Disease (IBD) in Pregnancy Clinical Care Pathway – A Report from the American Gastroenterological Association IBD Parenthood Project Working Group. *Gastroenterology*, 2018.

## QUESTION:

**What types of HCPs should I be working with to make sure I have a healthy pregnancy?**

## ANSWER:

- If you are pregnant with IBD, you should work with your MFM subspecialist who will coordinate care with your delivery provider and GI.
- A pregnant patient with IBD should be monitored by both a GI, who has a clear expertise in IBD, and an obstetric provider, ideally an MFM subspecialist, with further assistance from other care providers.
- Your obstetrician (OB) or MFM should lead pregnancy-related care, and your GI should lead IBD care, with excellent communication between them and any other providers involved.

## QUESTION:

**What is an MFM subspecialist?**

## ANSWER:

- An MFM is an OB with an additional three years of formal education and is board-certified in maternal-fetal medicine, making them highly qualified experts and leaders in the care of complicated pregnancies. An MFM is distinct and different from a “high-risk OB.”<sup>5</sup>

## QUESTION:

**I live in an area without an MFM subspecialist. What should I do?**

## ANSWER:

- We understand that not everyone has the option of seeing an MFM subspecialist due to factors like location or health care coverage.
- While consulting with MFMs in other areas is certainly an option, you may also get your IBD care from any GI, obstetrician/gynecologist (OB/GYN), or specialized physician's assistant, nurse practitioner, or midwife. These providers can follow the care pathway to help care for you.

## QUESTION:

**Are there others who I can expect will help with my care?**

## ANSWER:

- During your pregnancy, you may find it helpful or even necessary to include a nutritionist as part of your care team. This is especially important for women with active IBD or those who are not gaining enough weight during pregnancy. Although not everyone will have access to specialty care, a lactation or breastfeeding specialist who has experience with common IBD medicines can also help. Also, a psychologist can help support you through any anxiety or depression you may have about your disease and pregnancy.

## IBD & MY PREGNANCY

## QUESTION:

**What kind of impact does IBD have on my ability to get pregnant?**

## ANSWER:

- The good news is healthy moms are more likely to deliver healthy babies, so you will want to work with your doctors to ensure you're in remission when trying to become pregnant.<sup>4</sup>
- Women who have their Crohn's disease and ulcerative colitis under control, and who have never had surgery, get pregnant at the same rate as other women in the general population.<sup>4</sup>

### REFERENCES

4. Mahadevan et al., Inflammatory Bowel Disease (IBD) in Pregnancy Clinical Care Pathway - A Report from the American Gastroenterological Association IBD Parenthood Project Working Group. *Gastroenterology*, 2018.
5. What is a Maternal-Fetal Medicine Specialist? Society for Maternal Fetal Medicine. Retrieved October 5, 2018, from <https://www.smfm.org/members/what-is-a-mfm>.

## QUESTION:

I've had surgery to manage my IBD. Will this affect my ability to get pregnant?

## ANSWER:

- Women who've had ileal pouch-anal anastomosis (IPAA, or "J-pouch") surgery or proctectomy and permanent ostomies may have a harder time getting pregnant. This is due to possible inflammation and scarring of the fallopian tubes.<sup>4</sup>
- If you've had these procedures, you'll need to work with your doctor to find treatment options that can increase your chances of getting pregnant. For some women, laparoscopic surgery, rather than open IPAA surgery, may improve fertility rates.<sup>4</sup>

## QUESTION:

What if I have an IBD flare-up during my pregnancy?

## ANSWER:

- One major risk to having a healthy pregnancy is an IBD flare.<sup>4</sup> That's why it's so important to work with your health care team throughout your pregnancy—from start to finish—to stay on top of your treatment plan.
- Treating your IBD with the appropriate medication may help reduce your risk of a flare and can help lead to a healthier pregnancy.<sup>4</sup> One type of therapy may include a biologic, a medication made from or including a living organism,<sup>6</sup> which has shown to reduce flares (during and after pregnancy) and decrease disease activity.<sup>4</sup>

## QUESTION:

Are my IBD medications safe to take during pregnancy?

## ANSWER:

- Yes, in most cases, you can continue using your IBD medication during pregnancy. Do not stop or change medication without speaking to your doctor first.
- Treating your IBD with the appropriate medication may help reduce your risk of a flare and can help lead to a healthier pregnancy.<sup>4</sup> One type of therapy may include a biologic, a medication made from or including a living organism,<sup>6</sup> which has shown to reduce flares (during and after pregnancy) and decrease disease activity.<sup>4</sup>
- Talk with your HCPs about your specific medications and treatment plans during pregnancy to ensure a safe and healthy pregnancy and the best outcomes for baby.

## QUESTION:

Do I need to eat differently or take special vitamins while pregnant?

## ANSWER:

- You should talk about your diet with your GI as you think about getting pregnant. It's important to bring this up early, so that you can put a plan in place that works for you throughout your pregnancy.
- Diet and weight gain are important topics to talk about and understand. According to the U.S. Institute of Medicine, all pregnant women should take a prenatal vitamin.



## REFERENCES

4. Mahadevan et al., Inflammatory Bowel Disease (IBD) in Pregnancy Clinical Care Pathway – A Report from the American Gastroenterological Association IBD Parenthood Project Working Group. *Gastroenterology*, 2018.
5. What is a Maternal-Fetal Medicine Specialist? Society for Maternal Fetal Medicine. Retrieved October 5, 2018, from <https://www.smfm.org/members/what-is-a-mfm>.
6. Morrow, T. Defining the Difference: What Makes Biologics Unique. *Biotechnology Healthcare*. 2014;1-4.

### QUESTION:

**What are my delivery options if I have IBD?**

### ANSWER:

- In women with IBD, cesarean vs. vaginal delivery will be determined by the obstetric provider (such as your MFM or OB/GYN), based on standard factors.
- In fact, a patient may undergo vaginal delivery in most cases, unless there is active perineal disease present at the time of delivery or unique circumstances.<sup>4</sup>
  - Special consideration may be given to women who have had IPAA surgery and should be discussed in advance with your GI, MFM and OB/GYN.
- Working with your obstetric provider(s) in advance of delivery will ensure proper delivery planning.

### QUESTION:

**When is the best time to start talking to a pediatrician? Are vaccines going to be an issue for my baby?**

### ANSWER:

- Once the baby is born, you will want to start working with a pediatrician to ensure proper care of your infant.
- All vaccines should be given on a schedule according to the accepted U.S. Centers for Disease Control guidelines, unless exposure to a biologic occurred during the third trimester of pregnancy. If this has occurred, it will be important to work with your GI, obstetric provider and/or MFM, and pediatrician to understand when is safest to vaccinate your baby.<sup>4</sup>

### QUESTION:

**Can I breastfeed while on my IBD medication?**

### ANSWER:

- Yes, in many cases, mothers with IBD who breastfeed can simply follow standard nutritional recommendations, which may include increasing the amount of food in your diet or adding omega-3 fatty acids.<sup>4</sup>
  - If issues arise with staying hydrated or well-nourished, you can work with your doctor to determine if nutritional counseling might be necessary.
- Your doctor can refer to the U.S. National Library of Medicine® LactMed database to better understand any impact your current medication may have on lactation.

### QUESTION:

**What is the risk of my child developing IBD in the future?**

### ANSWER:

- The new care pathway suggests that up to 3% of children with one parent who has IBD will develop the disease (this means about 97% will not get IBD). If both parents have IBD, a child's risk may be as high as 30 percent.<sup>4</sup>
- You should discuss any concerns with your doctor in the early stages of family planning.

**Looking for more tools? Click [www.IBDparenthoodproject.org](http://www.IBDparenthoodproject.org) to visit our patient website and learn more about helpful tips and tools about IBD and your pregnancy.**

#### REFERENCES

4. Mahadevan et al., Inflammatory Bowel Disease (IBD) in Pregnancy Clinical Care Pathway – A Report from the American Gastroenterological Association IBD Parenthood Project Working Group. *Gastroenterology*, 2018.