ibd PARENTHOOD PROJECT

PLANNING FOR A FAMILY?

LET THE *IBD PARENTHOOD PROJECT* LEAD THE WAY

Having inflammatory bowel disease (IBD), a group of disorders including Crohn's disease and ulcerative colitis,[1] can make planning for a family challenging. If you feel you need more support in navigating your IBD throughout family planning, this newly released clinical care pathway from the *IBD Parenthood Project* includes guidance to help doctors better manage your IBD care while you are pregnant.

MEET YOUR CARE TEAM

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

GASTROENTEROLOGIST (GI)

Your GI should lead your IBD care, communicating with any other providers that are involved in your care. When you're pregnant, a different provider will coordinate your pregnancy-related care, ideally a maternal-fetal medicine (MFM) subspecialist, though it is always important your GI checks in frequently and works in lockstep with this provider.

And, be sure to ask your GI about consulting other members of your health care team (see below).

MATERNAL-FETAL MEDICINE (MFM) SUBSPECIALIST

When you're pregnant, see an MFM subspecialist and/or obstetric provider (as not everyone will have access to specialty care) to coordinate your pregnancy-related care.

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."[1] Your MFM can determine the type of monitoring needed and frequency of prenatal visits with your obstetric provider.

OTHER MEMBERS OF YOUR HEALTH CARE TEAM

Preconception planning for all women with IBD should include consultation with their GI, an MFM subspecialist or obstetric provider, and if appropriate, a colorectal surgeon.[2]

Due to variations in access or availability, women may receive their obstetrics care from a general OB, midwife or family practitioner. In most cases, it will be the general OB who attends the delivery.[2]

Be sure to see other members of your health care team during your pregnancy, as needed. These may include **a nutritionist, lactation specialist, psychologist, nurse practitioner (NP) or physician's assistant (PA), midwife, and/or pediatrician**.

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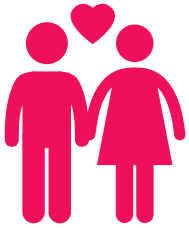
WHAT TO DO FOR MOM & BABY

BEFORE YOU GET PREGNANT



Include family planning as a key topic to talk about with your GI. Even if you're not sure of your future plans, it's good to start the conversation early.

Talking about birth control options should be part of your treatment plan. This can help prevent unplanned pregnancies while you're on certain medications or your disease is active.

WHILE YOU'RE PREGNANT

One of the greatest known risks to pregnancy outcomes is an IBD flare, so talk to your health care team before you get pregnant, during pregnancy and after birth to develop and implement a 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.[2] One type of therapy may include a biologic, a medication made from or including a living organism,[3] which has shown to reduce flares (during and after pregnancy) and decrease disease activity.[2]

AFTER YOU GIVE BIRTH

Before you give birth, it's important for your entire health care team to have a plan in place to care for you and your baby after delivery. This team might include your GI, OB/GYN, MFM subspecialist, pediatrician and lactation specialist.

DID YOU KNOW?

1.6 MILLION people have IBD in the U.S.[4,5]

50% are women and most will have the condition during childbearing years—from before getting pregnant to after birth.[6]

3X more women with IBD choose not to have kids than women in the general population.[7,8]

Among women with Crohn's disease and ulcerative colitis whose disease is in remission and who have never had surgery, fertility rates are equal to those of the general population.[2]

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