

IBD & PREGNANCY: MYTHS VS. FACTS

“If I Have Inflammatory Bowel Disease (IBD)...”

(X) MYTH:

Because of my IBD, I can't get pregnant.

(✓) FACT:

Women with IBD can have healthy pregnancies and babies.¹ Studies show that women who have their Crohn's disease and ulcerative colitis under control, and who have never had surgery, **can get pregnant at the same rate as other women in the general public.**¹

(X) MYTH:

IBD drugs are harmful to take while I'm trying to get pregnant or during my pregnancy.

(✓) FACT:

Most women who are in remission when they get pregnant stay in remission throughout pregnancy. Stopping medication can cause a flare, which is a risk to a healthy pregnancy.¹

Treating your IBD with the appropriate medication may help reduce your risk of a flare and can help lead to a healthier pregnancy.¹ One type of therapy may include a biologic, a medication made from or including a living organism,² which has shown to reduce flares (during and after pregnancy) and decrease disease activity.¹

(X) MYTH:

I can stop taking my IBD drugs if I feel well before or during pregnancy.

(✓) FACT:

One major risk to a healthy pregnancy is an IBD flare.¹ 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.**

Do not stop or change medication without speaking to your doctor first.

REFERENCES

1. 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.
2. Morrow, T. Defining the Difference: What Makes Biologics Unique. *Biotechnology Healthcare*. 2014;1-4.

(X) MYTH:

My children have a higher chance of having IBD because I have it.

(✓) FACT:

Up to 3% of children with one parent who has IBD will develop the disease (this means about 97% will not get IBD).¹ Discuss any concerns you may have with your doctor **before you start trying to conceive**.

(X) MYTH:

I won't be able to breastfeed my baby while on medication.

(✓) FACT:

Many drugs used to treat IBD can be taken during breastfeeding.¹

It will be important to work **with your doctor before you give birth** to know which IBD medicines are safe to keep taking after giving birth and while breastfeeding.

(X) MYTH:

I only need to talk to my obstetrician/gynecologist (OB/GYN) about my pregnancy care.

(✓) FACT:

Although not everyone will have access to specialty care, pregnant women with IBD should coordinate their care with a maternal-fetal medicine (MFM) subspecialist, and be followed by a gastroenterologist (GI) with a clear expertise in IBD. **Your OB and/or MFM should lead 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.”³

(X) MYTH:

I will have to have a c-section since I have IBD.

(✓) FACT:

Patients with IBD may undergo a standard vaginal delivery in most cases, unless there is active perineal disease present at the time of delivery or unique circumstances.¹

Special consideration may be given to women who have had ileal pouch-anal anastomosis (IPAA, or “J-pouch”) surgery.

Your MFM subspecialist will coordinate with your delivery provider of choice to ensure proper planning.



Visit www.IBDparenthoodproject.org for more information and resources.

REFERENCES

1. 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.
2. Morrow, T. Defining the Difference: What Makes Biologics Unique. *Biotechnology Healthcare*. 2014;1-4.
3. 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>.