

# WOMEN WITH IBD CAN (AND DO) HAVE HEALTHY PREGNANCIES

**With proper planning and care, women with inflammatory bowel disease (IBD) can have healthy pregnancies.** Women should talk to their health care providers (HCPs) early in the process about their family planning goals to best manage their disease and increase their chances of pregnancy.

## MEET KIM

She's been managing her IBD for over a decade. When she wanted to become pregnant, Kim took the right steps to manage her IBD and have a healthy pregnancy. She's come out smiling, with two beautiful children to show for it.

**You can follow the steps Kim took to have a happy and healthy pregnancy.**

### 1 GATHER YOUR FULL IBD CARE TEAM.

Before getting pregnant, take the time to find providers you trust. To make the most of your care, work with a gastroenterologist (GI) with a clear expertise in IBD. You should also find an obstetric provider and/or maternal-fetal medicine (MFM) subspecialist, as this provider will coordinate your pregnancy-related care if you become pregnant.<sup>1</sup>

Other providers to think about adding to your care team include a nutritionist, a pediatrician once the baby is born, a psychologist, a lactation specialist, and a nurse practitioner or physician's assistant. Everyone has unique needs and you need to find the right fit for you.<sup>1</sup>

### 2 TALK TO YOUR DOCTOR EARLY ABOUT YOUR QUESTIONS AND PLANS!

If you have IBD, start talking to your doctor about the best way to manage your disease. Take the lead in letting your doctor know if getting pregnant is a priority for you in the future, no matter how far in the future it might be. This way, you can work together to get your disease under control when the time comes. If mom is healthy, baby is more likely to be healthy, too.

Studies have shown that being in remission for 3 to 6 months before getting pregnant can reduce the risk of flare ups during and after pregnancy.<sup>1</sup>

### 3 WORK WITH YOUR DOCTOR TO UNDERSTAND WHICH MEDICINES MAKE THE MOST SENSE BEFORE, DURING, AND AFTER PREGNANCY.

For women with IBD, it's likely you should stay on your current medication.<sup>1</sup> It's important to talk to your doctors, early on, to decide what you should be taking to treat your IBD and manage flares (before, during, and after pregnancy). Do not stop or change medications until you talk to your doctor.

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

### 4 WORK WITH YOUR CARE TEAM BEFORE BABY IS BORN.

After delivery, your GI will determine the right medications for you and when you should take them. You should also talk to a pediatrician about breastfeeding and vaccination recommendations.

#### 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.