

IBD in Pregnancy & Breast-Feeding - Summary Clinical Guideline

Reference no.: CG-GASTRO/2023/011

Medical Therapy in Pregnancy

- Treatment of IBD in pregnancy is similar to treating non-pregnant patients

SAFE IN PREGNANCY

- 5-ASA drugs (mesalazine) – can be continued throughout pregnancy
- Corticosteroids (steroids) prednisolone, budesonide (Entocort) – safe to use in pregnancy.
- Azathioprine and 6MP – continue throughout pregnancy
- Do not start azathioprine or 6MP in pregnancy (risks of marrow suppression)
- Anti-TNFs safe to start in pregnancy
- Continue anti-TNFs in pregnancy (including through third trimester). If a patient is well and stable in pregnancy with no risk of relapse, can consider discontinuation in 3rd trimester. If discontinued in 3rd trimester first post-partum dose of anti-TNF **MUST** be given prior to discharge from hospital
- Ustekinumab – recent data suggests safe to continue in pregnancy
- Vedolizumab – recent data suggests safe to continue in pregnancy
- Ciclosporin – continue throughout pregnancy
- Tacrolimus – continue throughout pregnancy

NOT FOR USE IN PREGNANCY

- Tofacitinib – currently **contraindicated** in pregnancy and within 4 weeks of last dose
- Upadacitinib - currently **contraindicated** in pregnancy
- Filgotinib - currently **contraindicated** in pregnancy
- Methotrexate **absolutely contraindicated** 6 months prior to and during pregnancy (men and women).
- Mycophenolate Mofetil (MMF) **absolutely contraindicated** 3 months prior to and during pregnancy (men and women)
- Metronidazole – **avoid** high dose regimes
- Ciprofloxacin – **contraindicated** in pregnancy
- Co-trimoxazole – folate antagonist. **Contraindicated** in pregnancy, particularly in the first trimester, unless clearly necessary. Folate supplementation should be used if co-trimoxazole is used in pregnancy

Investigations in Pregnancy

- Gastroscopy, flexible sigmoidoscopy and colonoscopy are generally safe but should be avoided where possible. Unsedated flexible sigmoidoscopy is best as an initial investigation
- Avoid cross-sectional imaging if possible – MRI in 2nd & 3rd trimesters if necessary – with Klean Prep
- Consider small bowel ultrasound

Surgery in Pregnancy

- Severely active IBD should be treated in the same way as in non-pregnant patients
- Surgery generally well-tolerated especially in 2nd trimester
- Consider synchronous Caesarian section and colectomy if after 30 weeks gestation

Delivery

All women with IBD are suitable for vaginal delivery unless there are obstetric reasons for requiring caesarian section

IBD Indications for caesarian section are:

- Active peri-anal disease
- Ileal pouch

Post Delivery

SAFE IN BREASTFEEDING

- 5-ASA drugs such as mesalazine and sulphasalazine are low risk for use while breastfeeding
- Steroids such as prednisolone also appear in low concentrations in breast milk, but are generally considered safe. However if taking large doses of steroids (over 40mg a day) breastfeeding may not be recommended. Avoid breastfeeding for 3-4 hours after taking the dose if possible
- Azathioprine or 6-mercaptopurine pass into breast milk in small amounts, but are low risk for use while breastfeeding
- Infliximab and adalimumab pass into breast milk in small amounts, but are low risk for use while breastfeeding

NOT SAFE IN BREASTFEEDING

- Tacrolimus, ciclosporin, methotrexate, or Mycophenolate Mofetil. - Breastfeeding contraindicated
- Vedolizumab - passes into breast milk in small amounts, but no current safety data. Consider change to anti-TNF as possible alternative. For individual patient discussion with Gastroenterologist
- Ustekinumab – no data available, avoid breastfeeding
- Tofacitinib – no data available, avoid breastfeeding
- Filgotinib - no data available, avoid breastfeeding
- Upadacitinib - no data available, avoid breastfeeding
- Bisphosphonates - no information available, avoid breastfeeding
- Metronidazole - passes into breast milk avoid large single dose
- Ciprofloxacin - passes into breast milk, avoid during breastfeeding
- Co-trimoxazole passes into breast milk, avoid in breastfeeding where the mother or infant has, or is at risk of developing, hyperbilirubinaemia

New Baby

- No live vaccines in first 12 months if mother received anti-TNFs in pregnancy, including rotavirus and BCG vaccination