

IBD in Pregnancy & Breast-Feeding - Full Clinical Guideline

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1. Introduction

This is a guideline for making decisions about whether to commence or start medical therapy, order investigations or consider surgery for pregnant patients with Inflammatory Bowel disease (IBD). Ulcerative Colitis and Crohn's Disease are forms of idiopathic inflammatory bowel disease. Patients with severe disease should be admitted to hospital and this document provides guidance on medical management and monitoring

2. Aim and Purpose

To offer guidance for all clinical staff treating pregnant women with IBD or women considering pregnancy with IBD under the care of the Gastroenterology Department, UHDB.

3. Definitions, Keywords

IBD Inflammatory Bowel Disease

UC –Ulcerative Colitis

CD – Crohn's Disease

6 MP – 6 Mercaptopurine

MMF Mycophenolate Mofetil

Anti TNF therapy – monoclonal antibody acting on Tumour Necrosis Factor α e.g. Infliximab, Adalimumab and Golimumab

Vedolizumab – monoclonal antibody acting on $\alpha_4\beta_7$ integrin on intestinal white cells

Ustekinumab – human monoclonal antibody acting on IL-12 and IL-23

Tofacitinib – oral JAK inhibitor for treatment of ulcerative colitis

Figotinib - oral JAK inhibitor for treatment of ulcerative colitis

Upadacitinib - oral JAK1 inhibitor for treatment of ulcerative colitis and Crohn's disease

4. Guideline

Preconception and as soon as pregnancy confirmed

If women are planning pregnancy, give information about the possible effects of IBD on pregnancy, including the potential risks and benefits of medical treatment and the possible effects of IBD on fertility.

Issue all women with Crohn's and Colitis UK information leaflet

<https://www.crohnsandcolitis.org.uk/about-inflammatory-bowel-disease/publications/fertility-ibd>

- Ensure effective communication and information-sharing across specialties (for example, primary care, obstetrics and gastroenterology)
- Sulphasalazine causes reversible low sperm count in men, therefore consider switch to alternative 5ASA if planning a pregnancy
- Higher doses of folic acid required for women taking sulphasalazine (i.e. 5mg instead of 400micg) as sulfasalazine interferes with folate absorption
- Bisphosphonates - theoretical risk of abnormal bone growth in foetus of women exposed to bisphosphonates (data from animal studies), advise to stop at least 6 months prior to conception
- Vedolizumab – recent data suggests safe to continue 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)
- Ustekinumab – recent data suggests safe to continue in pregnancy
- Tofacitinib – not recommended in pregnancy or breastfeeding as effects are unknown. Use adequate contraception for 4 weeks after last dose of tofacitinib
- Filgotinib - contraindicated in pregnancy and breastfeeding
- Upadacitinib - contraindicated in pregnancy and breastfeeding

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 through pregnancy
- Vedolizumab – recent data suggests safe to continue through 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
- Upadacitinib - no data available, avoid breastfeeding
- Filgotinib - 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

5. Documentation Controls

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