IBD in Pregnancy & Breast-Feeding - Summary Clinical Guideline

Reference no.: CG-GASTRO/2017/011

Medical Therapy in Pregnancy

- Treatment of IBD in pregnancy is similar to treating non-pregnant patients
- 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) unless patient is well and stable with low risk of relapse. In this situation consider discontinue anti-TNFs in 3rd trimester. If discontinued in 3rd trimester first post-partum dose of anti-TNF **MUST** be given prior to discharge from hospital.
- Ciclosporin – continue throughout pregnancy
- Tacrolimus – continue throughout 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)
- Vedolizumab - No evidence of harm in animal studies, but little clinical data. Consider change to anti-TNF as possible alternative. For individual patient discussion with Gastroenterologist.
- Metronidazole – avoid high dose regimes
- Ciprofloxacin – contraindicated in pregnancy.
- Co-trimoxazole – folate antagonist. Should not be used 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 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

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 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.
- 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
- 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