

## 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, Royal Derby Hospital.

### 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  $\alpha$  e.g. Infliximab, Adalimumab and Golimumab

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

#### 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)
- Sulfasalazine 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 Sulfasalazine (i.e. 5mg instead of 400micg) as Sulfasalazine interferes with folate absorption.
- Bisphosphonates - theoretical risk of abnormal bone growth in fetus of women exposed to bisphosphonates (data from animal studies), advise to stop at least 6 months prior to conception.
- Vedolisumab - no current safety data, Counsel women of child bearing age prior to commencement of Vedolisumab as to uncertainty and consider anti TNF as possible alternative if planning conception
- 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)

## 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 3<sup>rd</sup> trimester. If discontinued in 3<sup>rd</sup> 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 2<sup>nd</sup> & 3<sup>rd</sup> 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 2<sup>nd</sup> 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

**5. Documentation Controls**

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