

Inflammatory bowel disease in pregnancy

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1 In most women with inflammatory bowel disease (IBD), the condition is diagnosed during prime child-bearing years

With 1 in 150 Canadians affected and more than half of them female, Canada has among the highest incidence and prevalence rates of IBD in the world.¹

2 Active IBD (Crohn disease or ulcerative colitis) during conception and pregnancy increases the risk of adverse pregnancy outcomes

Adverse outcomes include prematurity, intrauterine growth restriction, spontaneous abortion, stillbirth and neonatal death.² Therefore, preconception care and regular review of disease activity by a gastroenterologist during pregnancy are important.³

3 Except for methotrexate, IBD therapies should be continued throughout pregnancy and lactation to optimize and maintain disease control⁴

Women taking methotrexate should stop using it at least three months before attempting to conceive.⁴ Corticosteroids should be used with caution given the risk of gestational diabetes and hypertension.⁴ 5-Aminosalicylic acid (5-ASA) compounds and azathioprine can be safely continued.⁴ To minimize transplacental transfer, the last dose of biologic therapies in pregnancy, including anti-tumour necrosis factor- α (anti-TNF- α) therapy, should be provided in the middle of the third trimester and resumed immediately post partum.⁴ Because there is minimal transmammary transfer of IBD therapies, breastfeeding is encouraged.⁴

4 Vaginal delivery should be considered in women with IBD unless they have active perianal disease or have undergone an ileoanal anastomosis⁴

Historically, population-based studies have shown that women with IBD are at higher risk of cesarean delivery than women in the general population in the absence of defined gastroenterologic or obstetric indications.⁴

5 Transplacental transfer of biologic therapies, specifically anti-TNF- α therapy, means that the live rotavirus vaccines scheduled at two and four months of age should be omitted⁵

All other live vaccines should be provided according to the Canadian Immunization Guide, including live measles-mumps-rubella and varicella vaccines at 12 months of age, because the anti-TNF- α drug will have cleared by then.⁵ Expert advice should be sought if other live vaccines (e.g., yellow fever and bacille Calmette-Guérin vaccines) are required before 12 months of age for travel indications.

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