

## Preconception and Pregnancy in IBD Clinic Information Sheet

# I have IBD, how does IBD affect delivery, postpartum, and breastfeeding?

### DELIVERY: in general, having IBD does not affect delivery method . . .

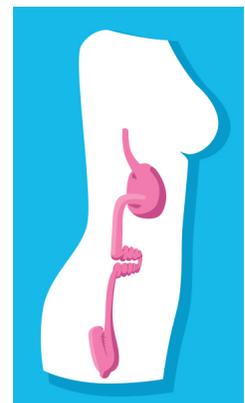
The decision about delivery method for an IBD patient should be made on an individual basis by the patient and her obstetric provider<sup>1,2</sup>. The decision should be based on obstetrical reasons, while also considering the patient's IBD condition<sup>1,2</sup>. While some studies report higher rates of caesarean section among women with IBD compared to healthy women<sup>3</sup>, other studies report no significant difference in the rate of c-section<sup>4</sup>.

There are 2 IBD-related indications for recommending c-section over vaginal delivery:

- 1) **active perianal disease** (disease located around the anus) in Crohn's patients<sup>3</sup>.
  - a. it is recommended to avoid vaginal delivery because of concerns of worsening perianal disease activity due to poor wound healing<sup>2</sup>.



- b. women who have significant scarring from prior perianal disease may also wish to discuss delivery method with their obstetrician
- 2) **ileal pouch-anal anastomosis surgery**
  - a. although vaginal delivery may be safe for females with a pouch, a c-section may be recommended to prevent potential disruption of pouch function<sup>2,3,5</sup>.
  - b. there is concern that vaginal delivery could disrupt the function of the anal sphincter (a ring of muscle that controls the anus opening) and lead to an increased risk of incontinence<sup>2,3,5</sup>.



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### POSTPARTUM: some women can flare postpartum even if they have been well during pregnancy . . .

It is important for women to monitor their IBD during and after pregnancy, as physicians are currently unable to definitively predict which patients will flare postpartum. It has been reported that ulcerative colitis patients may be at increased risk for postpartum flares<sup>6</sup>. In general, the risk for postpartum flare depends on disease control during pregnancy, and on other factors that affect disease activity (eg. smoking in Crohn's disease).

### BREASTFEEDING: women with IBD can breastfeed . . .

Breastfeeding is beneficial to the newborn as breast milk contains nutrients, immune proteins, and other beneficial factors. Some studies suggest that breastfeeding may have a protective effect against developing IBD<sup>7</sup>. It is thought that breastfeeding may help the newborn develop a healthy gut microbiome and immune system by helping newborns develop tolerance to certain bacteria, and thus prevent exaggerated immune responses to bacteria encountered later in life<sup>8,9</sup>.



### BREASTFEEDING: most IBD medications can be continued . . .

Class of medication	Examples	Notes for breastfeeding
<b>Mealamine (5-aminosalicylates)</b>	Asacol ©, Pentasa ©, Salofalk ©, Mesavant ©, Sulfasalazine (Salazopyrin ©)	Medications are excreted into the breast milk in very small amounts. Risk of toxicity to the child is very small <sup>2,10</sup> .
<b>Corticosteroids</b>	Prednisone (Deltasone ©), Budesonide (Entocort ©)	Steroids transfer into the breast milk in small amounts, with highest levels in the first 4 hours after taking the medication. Recommended to pump and dump the first 4 hours of breast milk after taking the medication <sup>2,11</sup> .
<b>Immunosuppressants</b>	Azathioprine (Imuran ©), 6-mercaptopurine (6-MP, Purinethol ©)	These can be continued while breastfeeding. To minimize the drug levels in the breast milk, mothers can pump and dump the first 4 hours of breast milk after taking the medication <sup>2,12</sup> .
	Methotrexate (Rheumatrex ©)	MTX has teratogenic effects, and because it crosses into the breast milk, <b>MTX is contraindicated while breastfeeding</b> <sup>2,12</sup> .
<b>Biologics</b>	Infliximab (Remicade ©), Adalimumab (Humira ©)	These can be continued while breastfeeding. Although they cross into the breast milk, the levels are nil to minimal <sup>2,12</sup> .

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If you wish to learn more about how IBD could affect delivery, postpartum, and breastfeeding, make an appointment to see your physician . . .

- discuss how your IBD or IBD surgeries may affect delivery method
- ensure your IBD is well controlled during pregnancy and postpartum
- discuss your IBD medications to learn if you can breastfeed while taking them

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