

FAMILY PLANNING FOR WOMEN WITH IBD

THINGS TO KNOW AND QUESTIONS TO ASK

Women with inflammatory bowel disease (IBD) are **three times more likely** to choose not to have children than women in the general population.^{1,2} This may be because many women with IBD are worried about how their disease could impact their pregnancy.

WITH PLANNING AND CARE, WOMEN WITH IBD CAN HAVE HEALTHY PREGNANCIES AND HEALTHY BABIES.

Having open conversations with your care team can help clear up any concerns that may be holding you back. **Taking an active role in your care starts before you get pregnant and continues after you give birth.**

It's important to work closely with your care team at every step and raise questions or issues along the way. An IBD flare is one of the greatest known risks to pregnancy outcomes, so working with a health care provider (HCP) before, during, and after pregnancy to develop and implement a treatment plan is critical.³

The latest care pathway for women with IBD who are planning or trying to get pregnant suggests:

Although not everyone will have access to specialty care, a gastroenterologist (GI) with a clear expertise in IBD should take the lead in planning your care and collaborating with other members of your care team.³



A maternal-fetal medicine (MFM) subspecialist and/or obstetric provider should care for you during pregnancy, especially if you've had complications from IBD in the past, such as surgery or perianal disease.³ An MFM is an obstetrician (OB) with an additional three years of formal education and is board-certified in maternal-fetal medicine, making them highly qualified experts and leaders in the care of complicated pregnancies. An MFM is distinct and different from a "high-risk OB."⁴

HELP MAKE THE MOST OF YOUR NEXT VISIT WITH YOUR GI BY PRINTING THE QUESTIONS BELOW AND BRINGING THEM WITH YOU TO START A PRODUCTIVE CONVERSATION.

- How much experience do you have in treating women with IBD who plan to become pregnant?
- My partner and I are starting to think about having a family and I want this to be a priority in my treatment plan. Will the medicine I'm currently taking affect my ability to get pregnant? Can I stay on it once I am pregnant?
- As I think about starting a family, what impact will my IBD have on my pregnancy — from getting pregnant to carrying and having a healthy delivery?
- Do you feel comfortable helping me coordinate my care among my various providers? Other doctors that I currently see are: _____.
- I hear that it's important for me to also see an MFM subspecialist. Can you recommend a local MFM or obstetric provider I could see? If not, where should I go to find one?
- How might past or future IBD-related surgeries impact my ability to deliver a baby?

FOR ADDITIONAL INFORMATION RELATED TO IBD AND PREGNANCY, PLEASE VISIT WWW.IBDPARENTHOODPROJECT.ORG.

REFERENCES
 1. Pinder, M., Lummis, K., and Selinger, C.P., Managing inflammatory bowel disease in pregnancy: current perspectives. *Clinical and experimental gastroenterology*, 2016. 9: p. 325-335.
 2. Livingston, D., Cohn, D., Childlessness Up Among All Women; Down Among Women with Advanced Degrees, 2010, Pew Research Center.
 3. Mahadevan et al., Inflammatory Bowel Disease (IBD) in Pregnancy Clinical Care Pathway – A Report from the American Gastroenterological Association IBD Parenthood Project Working Group. *Gastroenterology*, 2018.
 4. What is a Maternal-Fetal Medicine Specialist? Society for Maternal Fetal Medicine. Retrieved October 5, 2018, from <https://www.smfm.org/members/what-is-a-mfm>.