

PREGNANCY & IBD: AFTER YOU DELIVER

Read on to learn some key things to keep in mind for you and baby during your first few weeks together.

FOR MOM

FOLLOW-UP CARE

After delivery, **stay in touch with your care team** to monitor your health and manage your pain.

Talk to your doctor about supportive medicines (i.e., opioid therapy, constipation [infrequent or hard-to-pass bowel movements] relief), especially if you choose to breastfeed.¹

If you've had an ostomy (a procedure to collect urine or waste outside the body), problems may have happened during pregnancy. If that's the case, you may need to talk to a colorectal surgeon and an ostomy/wound nurse.¹

MEDICINE

If there are no signs of infection and you're taking the right dose, you may be able to start taking biologics again¹, a medication made from or including a living organism², 24 hours after vaginal delivery and 48 hours after cesarean delivery.

Other IBD-specific medicines can be continued after you deliver, with a few exceptions, so **work with your gastroenterologist (GI)** to see which is best for you.

EMOTIONAL WELLBEING

Mental health is of upmost importance throughout pregnancy, especially for those with IBD who may be more likely to experience anxiety or depression.

If you're feeling symptoms or are overwhelmed, it's important to raise the issue with your doctor and **talk about your options**.

Remember, you're not alone!

BREASTFEEDING¹

If you're thinking about breastfeeding, you should follow standard nutritional recommendations, which may include raising your calorie intake by 450 to 500 calories per day and adding omega-3 fatty acids to your diet.

Nutritional counseling can also help you with issues such as staying hydrated or well-nourished, especially in mothers with an ostomy or who have active disease and are losing weight.

Look to the U.S. National Library of Medicine LactMed database, for the most up-to-date information on medicines used during breastfeeding. Most medicines that are prescribed for IBD either don't show up at all in breastmilk or show up in such low levels that they would not be expected to harm your baby. Health outcomes are no different between breastfed and non-breastfed infants of mothers on single or combinations of IBD medications. Talk with your lactation consultant or your baby's pediatrician about your specific medications.

FOR BABY¹

GENETIC TESTING

The new care pathway suggests that up to 3% of children with one parent who has IBD will develop the disease (**this means about 97% will not get IBD**). If you're worried about passing IBD on to your baby, be sure to talk to your doctor in the early stages of family planning to work out the best way to manage your disease.

It's important to note there's no genetic test to show whether your baby will have IBD in the future.

VACCINES

All vaccines should be given on a schedule according to the U.S. Centers for Disease Control (CDC) guidelines, **unless you took a biologic during the third trimester of your pregnancy**.

If this happened to you, you'll need to work with your GI, maternal-fetal medicine (MFM) subspecialist and/or obstetric provider and pediatrician to understand when the safest time is to vaccinate your baby.

DEVELOPMENTAL MILESTONES

There's no current evidence linking mother's with IBD who took IBD medicines during pregnancy to developmental delays in their children (in either growth or learning).

Talk to your GI and pediatrician about any concerns you might have.

Look to the [American Academy of Pediatrics](#) and [CDC websites for recommendations](#) on childhood developmental milestones.

Additional information surrounding IBD and family planning can be found on www.IBDparenthoodproject.org.

REFERENCES

- 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.
- Morrow, T. Defining the Difference: What Makes Biologics Unique. *Biotechnology Healthcare*. 2014;1-4.