

DIAGNOSED WITH IBD?

In the U.S., approximately 1.6 million people have inflammatory bowel disease (IBD) — a group of disorders including Crohn's disease and ulcerative colitis. Of those, roughly half are women who will consider getting pregnant one day.^{1,2}

Thinking of getting pregnant one day?

Planning for a family can be challenging, but the conversation doesn't have to be. This diagram will help you navigate your care team if you have IBD and are either planning or trying to become pregnant. Having a plan in place with your care team can help ensure a healthy pregnancy. And, healthy moms are more likely to deliver healthy babies!

WHAT IS A MATERNAL-FETAL MEDICINE (MFM) SUBSPECIALIST?

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." An MFM subspecialist can determine the type of monitoring needed and frequency of prenatal visits with your obstetric provider.³

DON'T HAVE ACCESS TO AN MFM SUBSPECIALIST? DON'T WORRY.

You can schedule an appointment with a gastroenterologist (GI), obstetrician/gynecologist (OB/GYN), or specialized physician's assistant, nurse practitioner, or midwife who can work with you and your obstetric provider to follow the care pathway to help care for you.

REFERENCES

1. Kaplan GG, NG SC. Understanding and preventing the global increase of inflammatory bowel disease. *Gastroenterology* 2017; 152(2):313-321 e2.
2. Ng SC, Shi HY, Hamidi N, et al. Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies. *Lancet* 2018; 390(10114):2769-2778.
3. What is a Maternal-Fetal Medicine Specialist? Society for Maternal Fetal Medicine. Retrieved October 5, 2018, from <https://www.sfm.org/members/what-is-a-mfm>.

HERE'S WHERE TO TURN

1 You've been diagnosed with IBD.

2 You get referred to a GI specializing in IBD who talks with you about your plans to get pregnant and which treatment plan might be right for you.

TIP: One of the greatest known risks to pregnancy outcomes is an IBD flare, so patients are encouraged to work with their doctor before they get pregnant.⁴ Treating your IBD with the appropriate medication may help reduce your risk of a flare and can help lead to a healthier pregnancy.⁴ One type of therapy may include a biologic, a medication made from or including a living organism,⁵ which has shown to reduce flares (during and after pregnancy) and decrease disease activity.⁴

1 You have an unplanned pregnancy. Work with your GI to help find a local MFM subspecialist.

3 Once you know you're pregnant, work with your GI to find a local MFM subspecialist.

TIP: You should now ideally have your care coordinated through an MFM subspecialist, who can determine the type of monitoring needed and frequency of prenatal visits with an obstetric provider, and be followed by a GI with a clear expertise in IBD.⁴

4 Next, after scheduling an appointment with an MFM subspecialist, you'll work with him/her to determine the type of monitoring needed and the frequency of prenatal visits. It will be important that you continue to work with both your GI and MFM subspecialist in lockstep throughout your pregnancy to manage your IBD.⁴

TIP: While your GI should still see you regularly throughout your pregnancy and communicate your care plan to all of your providers, you can look to your obstetric provider, ideally an MFM subspecialist, to lead your pregnancy-related care.⁴

5 Your MFM subspecialist will work with your OB or OB/GYN to plan for your delivery.

TIP: In most cases, it will only be the general OB who attends the delivery.

6 After delivery, you'll work with your GI, MFM subspecialist, pediatrician and lactation consultant to continue to care for you and your baby. Remember, healthy moms often mean healthy babies!

TIP: Care for mothers and babies, once baby is born, should be talked about and planned for in collaboration with your GI, MFM subspecialist, pediatrician, and lactation specialist prior to giving birth.⁴

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

TOP QUESTIONS TO ASK YOUR DOCTOR

1

Will I be able to become pregnant?

2

Will IBD affect my fertility?

3

Will pregnancy make my IBD worse?

4

Will I pass IBD on to my baby?

5

Will the disease or the medications I take for it be safe for my baby?

6

Is it possible to have a vaginal delivery?

7

What if I have a flare-up? How do I manage it and what are my options?

8

Can IBD get worse during pregnancy?

9

Will I be able to breastfeed?

10

How does the medicine I am taking impact how I vaccinate my baby?

LOOKING FOR ADDITIONAL RESOURCES?

Answers to these questions, additional resources, helpful tips and tools, and more can be found on www.ibdparenthoodproject.org.