IBD, Pregnancy, and The Burning Question: 'Will My Baby Be O.K.?'

By Beth Kiernan, MPH, Interviewer & Teratogen Information Specialist, MotherToBaby

"I just found out I'm pregnant, and while I am glad, I'm also pretty overwhelmed," lamented Marian, a never-pregnant, newly-married woman who had struggled with Crohn's disease since her teenage years but was finally in semi-remission. "I'm not sure I'm comfortable taking my medications now, even though my doctors say they are fine. I can't even sleep! I am worried I'm harming my baby. I wonder if there will be long-term effects. I don't even know if it's OK to breastfeed and still take my medications, but I've had a terrible time in the past when my insurance changed and I didn't have access to these drugs."

"Your concerns are the concerns of every pregnant woman who takes medication for a chronic health condition," I told her gently. "This is the hallmark of motherhood, when a mother puts her baby's concerns above her own. However, in your case, you'll need to carefully consider the risks vs. the benefits of taking or not taking your medication. The goal is to keep your Crohn's disease from flaring so as to ensure as healthy a pregnancy as possible. Let me share some information with you. Once you have that knowledge, you will feel empowered, and you'll be able to sleep soundly knowing that you are making the best choices for both yourself and your baby."

How did Marian find me? I am a counselor at MotherToBaby Pregnancy Studies, conducted by the Organization of Teratology Information Specialists. Here at MotherToBaby, we help pregnant women, their partners, and their doctors by providing up-to-date information about exposures in pregnancy. What do we mean by "exposures"? Exposures could include prescription medications, over the counter medications, herbal supplements, caffeine, alcohol, fever, hair dye…you name it, and the question has probably been asked and answered to the best of our ability by someone in our global network of counseling services.

Half of all pregnant women in the U.S. take at least one prescription medication in pregnancy.[1] For many of these women, taking their medication isn't a choice; it's vital to their health and well-being. I'm talking about women who take medications to control seizures, to treat psychiatric illness, to treat pain, to treat asthma, or to delay the progression of diseases such as Multiple Sclerosis or Rheumatoid Arthritis. Depending on the severity of your Inflammatory Bowel Disease (IBD), you may fall into this category too. It may be that NOT treating your Crohn's or Colitis will worsen your symptoms, and could lead to a situation where both you and your baby would be threatened. Lengthy hospitalization, severe pain, blood loss, surgery – all may outweigh the risk of taking the very medication that could prevent these grim developments.

And while many women plan ahead to get pregnant, consult with their doctors, consider their medication use in advance, and start or stop medications in anticipation of conception, over 50% of pregnancies in the U.S. are unplanned.[2] However pregnancy happens for you, it's important to learn about your medications and what others who take them have experienced with regard to pregnancy. Some medications were approved long ago by the Food and Drug Administration and we have years of good data on their use in pregnancy. Others, particularly newer biologics used to treat autoimmune diseases like IBD, may only have been on the market for a few years at the time you inquire, so there may not be a lot of information available about the use of the drug in pregnancy – which means you will need to weigh the risks of taking or not taking the medication to both you and your baby. Your doctor can help you assess those risks, and so can information specialists like me at MotherToBaby.

It will also be important to ask whether or not there could be any impact of your IBD medications to a breastfeeding baby. Undoubtedly, breastfeeding is far more beneficial to a baby than using commercial formula, but inquiring about actual infant experience with a mother's medication use will be valuable information for you and your baby. The American Academy of Pediatrics, and your pediatrician, can tell you if there are concerns for your newborn.

If you've given yourself the luxury of time by planning your pregnancy, speak with your gastroenterologist and your obstetrician or family doctor about your medications and your plans for a future pregnancy. Gather a team of experienced physicians who will support you in your choices, and avail yourself of their advice to ensure you will be healthy when the time comes to begin trying to get pregnant. Studies show that conceiving when your disease is in remission decreases your risk of having pregnancy complications and ongoing IBD flares.[3] Also, now is a good time to

begin taking a multivitamin or prenatal vitamin with folic acid to ensure the best start for your baby.

What if you aren't planning pregnancy this year? Then use this article as a starting point for considering the future. If you are of reproductive age, every sexual encounter presents the chance of becoming pregnant. It's important to know what you might face in terms of medication risks were you to unexpectedly become pregnant. Ask your prescribing doctor or the pharmacist about the research on your medication in pregnancy, or call MotherToBaby at our toll-free number 877-311-8972 and ask to speak with a counselor.



Beth Kiernan is a Teratogen Information Specialist with MotherToBaby Pregnancy Studies, a non-profit that conducts observational research about exposures in pregnancy and provides information to healthcare providers and the general public on medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is the married mother of four children ages 12 to 23 years.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or call the Pregnancy Studies team directly at 877-311-8972. You can also visit MotherToBaby.org to browse a library of fact sheets, including one on IBD in Pregnancy, and find your nearest affiliate.

References:

1. Mitchell, AA et. al. (2011). Medication use during pregnancy, with particular focus on prescription drugs: 1976-2008. Am J Ob GYN; 205(1): 51.e1–51.e8.

2. Finer LB and Zolna MR. (2011). Unintended pregnancy in the United States: incidence and disparities, 2006. Contraception; 84(5):478–485.

3. Abhyankar et. al. (2013). Meta-analysis: the impact of disease activity at conception on disease activity during pregnancy in patients with inflammatory bowel disease.
Aliment Pharmacol Ther. 38(5):460-6.

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