

## FOLLOWING THE BIRTH OF YOUR NEWBORN: CONTINUING CARE

After giving birth, mothers with IBD should remain cautious. Here are some tips to help you during the early stages of motherhood.

- Continue your IBD medications, including biologics and immunomodulators, but avoid methotrexate and consult your health care provider for other medication options.
- Most IBD medications are safe during breastfeeding, however it is better to discuss with your IBD specialist and clinical pharmacist for further information.
- Regular follow-ups with your health care providers are essential.
- Discuss with your IBD specialist if you have any IBD flares or any concerns with regards to your mental health to help you manage them.
- Ensure your infant is still following the standard vaccination schedules, however remember that you should avoid certain live vaccines such as Bacille Calmette-Guérin (BCG), Rotavirus, Varicella, and Measles, Mumps and Rubella (MMR) in the first 12 months, if you were exposed to biologics during the third trimester. Inform your neonatologist or pediatrician of the above.



**SCAN TO BOOK AN APPOINTMENT  
WITH OUR IBD TEAM FOR SUPPORT  
DURING MATERNITY**

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## Managing Your IBD During Pregnancy



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## OVERVIEW

This guide aims to support expectant mothers with inflammatory bowel disease (IBD) throughout their maternity journey, offering tips before, during and after delivery to ensure a smooth pregnancy experience.

## PRECONCEPTION: PLANNING FOR A HEALTHY PREGNANCY

Planning pregnancy can be a source of concern for any woman. Here are essential tips to assist you in your plans while managing your IBD along with some recommended lifestyle modifications.

- Discuss your pregnancy plans with your health care provider to ensure your IBD is in remission.
- Most of the IBD medications are safe during pregnancy. However, make sure to discuss with your health care provider as certain medications are not safe during pregnancy, such as Methotrexate, Tofacitinib, Upadacitinib, Ozanimod and Etrasimod.
- Adopt a healthy diet, quit smoking and take prenatal vitamins, including folic acid.
- Ensure to get screened and manage any nutritional deficiencies.
- If concerned about your fertility please consult a specialist.



## FIRST AND SECOND TRIMESTER: MONITORING AND CARE

The initial months of pregnancy can be overwhelming with all the changes happening. Here are some important tips about your checkups, nutrition and medication modifications to support you through this time with your IBD.

- Book a prenatal visit to discuss lifestyle and nutrition adjustments, weight gain and disease activity with your health care provider.
- Conduct routine health checkups with both your IBD and obstetrics physicians to monitor your case and undergo frequent assessments and lab tests, especially if your disease is active.
- Follow guidelines for the intake of prenatal vitamins, folic acid, iron and vitamin B12 supplements.
- Your IBD team may adjust medication dosages based on your disease activity and the stage of your pregnancy.
- You may sometimes need to be seen by a high-risk obstetrician for joint IBD and obstetric care.
- Plan your delivery method; vaginal delivery is preferred unless contraindicated. Patients with perianal Crohn's disease or ileal pouch anal anastomosis should plan for a cesarean section.

## THIRD TRIMESTER: PREPARING FOR DELIVERY

As delivery day approaches, here are some recommendations and essential preparations for women with IBD before their delivery.

- Finalize your delivery plans with your obstetric team and prepare for a potential cesarean delivery if necessary.
- Continue your IBD medications and adjust biologic dosing to minimize transfer near delivery.
- Plan postpartum dosing and schedule necessary infusions.
- Arrange before the delivery day your follow-up appointments with your IBD specialist and obstetrician.
- Your infant should follow standard vaccination schedules, however you should avoid certain live vaccines such as Bacille Calmette-Guérin (BCG), Rotavirus, Varicella, and Measles, Mumps and Rubella (MMR) in the first 12 months, if you were exposed to biologics during the third trimester. Inform your obstetrics and pharmacy team of the above.

