



## SESSION 2

### Pregnancy in IBD: Guidance from the Guidelines

#### NOW WE KNOW WHAT TO TELL THE MOTHER... OR DO WE?

*Professor Ailsa Hart*

Many patients with IBD are of child-bearing age and ask questions about fertility, conception and pregnancy. It is important to have a clear understanding of what is known in this area and also be aware of the “known unknowns”. It is also important to be aware of the lack of knowledge—which can be a problem in primary care—and the misinformation that can be given to patients. A key limitation in counselling patients regarding issues around fertility, conception and pregnancy in IBD is the inadequate data in this field. Data come predominantly from case-control or cohort studies and not from randomized trials. Registries, while important sources of information, are biased.

Outcome measures are inconsistently reported in the literature, and there are no core outcome sets that have been defined by patients and their clinicians to guide ongoing research in the field.

An emphasis needs to be placed on providing education proactively to help patients plan their treatment strategy when they are considering starting a family. An over-arching principle is that optimizing the mother’s health is important to optimize the health of the baby. Sometimes this is overlooked by the patient; and patients can be more preoccupied with risks of therapies. Patients need to be aware of the risks of active disease as well as the risks of medical therapies. As new therapies become available, there is a need to collect information in this field promptly to help patients make their decisions. Medical professionals should encourage individual decision-making in well-informed patients. Careful documentation is also key, as is communication between team members.