

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/gi-insights/ibd-and-pregnancy-key-considerations-for-patient-management/32324/>

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## IBD and Pregnancy: Key Considerations for Patient Management

### Announcer:

You're listening to *GI Insights* on ReachMD. On this episode, Dr. Sara Horst will discuss inflammatory bowel disease, or IBD, during pregnancy. Dr. Horst is a Professor of Medicine at Vanderbilt University Medical Center, and she spoke about this topic at the 2025 Crohn's and Colitis Congress. Let's hear from her now.

### Dr. Horst:

I commonly get asked by my patients, "What is inflammatory bowel disease, and why do I have it?" What I tell my patients is that the cause of inflammatory bowel disease is really a complex interplay of genetics that probably increases the likelihood of the presentation of this disease, but maybe also some environmental factors. While we don't really understand why some patients get inflammatory bowel disease but others don't, we do know what people's symptoms are. For patients with ulcerative colitis, that is a disease that affects the colon only, so those patients will get diarrhea, abdominal pain, blood in their stool, and urgency, where they feel like they have to go to the bathroom right away. Patients with Crohn's disease sometimes have different patterns of presentation. So Crohn's disease can affect the colon just like ulcerative colitis, so patients can have diarrhea, abdominal pain, blood in their stool, weight loss, but Crohn's disease often affects the small bowel. It can also affect the stomach or sometimes even the esophagus.

Talking about pregnancy, how it affects inflammatory bowel disease, and how inflammatory bowel disease might affect pregnancy is something that I think is really important to talk through with patients. The good thing is that most women with inflammatory bowel disease have the same opportunity to get pregnant, just like a woman without inflammatory bowel disease would. Inflammatory bowel disease does not decrease the overall likelihood of getting pregnant unless someone has really, really active inflammation. That does sometimes slightly increase the risk of infertility. We've also learned that women with inflammatory bowel disease and their babies tend to do very well in pregnancy without any increased risks of things like birth defects for the babies or really significant problems in pregnancy.

What we do know is that the most important thing for patients who have inflammatory bowel disease who are interested in pregnancy is that they are in really good clinical response or remission prior to pregnancy. We know that the best thing for mom and baby is for mom's disease to be under the best control possible. The great thing is, too, that most of the medicines that we use for inflammatory bowel disease are safe in pregnancy. That means that patients can continue them throughout pregnancy to keep the mom healthy and help the baby have a good outcome. There's only a few medicines that we use for inflammatory bowel disease that we do need to have special considerations for, and those are some of the newer medications that we might be using like JAK inhibitors or S1P receptor modulators.

How can we monitor and manage patients who are pregnant when they have inflammatory bowel disease? What's really interesting is that we know that women who have pre-pregnancy counseling about their inflammatory bowel disease and the safety of their medications through pregnancy actually tend to do a little bit better than those who don't. So it's really important for patients to talk to their doctor if they're at all interested in getting pregnant, and it's really important for doctors who take care of patients with inflammatory bowel disease to talk to their patients about their interest in pregnancy in the future.

We know that for patients who have inflammatory bowel disease, the most important thing for her is that she's in the best remission or response that she can be right as she's getting pregnant or interested in pregnancy. We know that's how she's going to have her best outcomes, and that's how babies are going to have their best outcomes. It's also really important that we do watch women who have inflammatory bowel disease pretty carefully during their pregnancy, so I try to see patients with inflammatory bowel disease while they're pregnant, if they have moderate to severe disease, at least every three months or so just to make sure that we're all on track.

One of the most important things that I think it's important to remember for our patients is that any risk of new medications that we have, like biologics or small molecules, is extremely small compared to the large risk of complications of their disease if it's not treated adequately. If someone's nervous about starting a medication, it's really important to talk to their doctor and for us, as clinicians, to make sure we understand that these risks are very small, but the complications of longstanding moderate to severe inflammatory bowel disease are not small. We really need to get people on the best therapy that they can early to try to prevent this in the future.

**Announcer:**

That was Dr. Sara Horst talking about cases of IBD taking place during pregnancy, which she spoke about at the 2025 Crohn's & Colitis Congress. To access this and other episodes in our series, visit *GI Insights* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!