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## Pregnancy and Breastfeeding

This information is for people living with Crohn's Disease or Ulcerative Colitis who are planning to get pregnant or are pregnant. It's also for people with Crohn's or Colitis who are breastfeeding, or who are thinking about breastfeeding.

It will help you to:

- Understand how Crohn's or Colitis may affect pregnancy.
- Understand the safety and risks of tests and treatments during pregnancy and breastfeeding.
- Make informed choices about your tests and treatments during pregnancy and breastfeeding.
- Make an informed choice about giving birth.
- Know where to get further support.

There is no research or specific information about pregnancy and breastfeeding for people living with Microscopic Colitis. You may still find some of this information helpful. But it's best to speak to your IBD team or other healthcare professional. They can advise you on your individual situation.

If you're looking for more on fertility, contraception, pregnancy loss or abortion see our information on [Reproductive health and fertility](#).

[Watch our Facebook Live event on fertility, pregnancy and breastfeeding \(video\)](#)

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## Key facts about pregnancy and breastfeeding

- Most people with Crohn's Disease or Ulcerative Colitis can expect to have normal pregnancies and healthy babies.
- Try to speak to your IBD team before you start trying for a baby. They can help you get your condition well controlled (in remission) before becoming pregnant. People with Crohn's Disease or Ulcerative Colitis are more at risk of pregnancy complications if their condition is active during pregnancy.
- Many people will be advised to keep taking their medicines during pregnancy. This is to help keep their Crohn's or Colitis under control.
- Many Crohn's and Colitis medicines are considered safe to take during pregnancy and breastfeeding.
- Always talk to your IBD team before stopping, starting or changing any medicines.
- Most people with Crohn's or Colitis can give birth vaginally. But there are some situations when you may be advised to have a caesarean section.

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## Fertility and getting pregnant

If your Crohn's Disease or Ulcerative Colitis is well controlled (you're in remission), you are likely to have similar fertility levels to the general population. Our information on [Reproductive health and fertility](#) has more on how Crohn's or Colitis can impact fertility. You can also find out how to get help with fertility.

## Planning for a pregnancy (preconception)

Speak to your IBD team before you start trying for a baby. They will be keen to support you through the process. Your IBD team can:

- Help you to be the healthiest you can be before becoming pregnant.
- Give you advice on which medicines to stop or continue taking. Many medicines are safe to take during pregnancy, but some medicines are not. So it's important to speak to your IBD team before trying for a baby. Find out more in the section on **Safety of medicines in pregnancy or breastfeeding**. You can also search for your medicine on the [bumps website](#).
- Advise you on vitamins or supplements you may need to take before and during pregnancy.
- Refer you to a specialist maternity doctor before you get pregnant if you need expert advice.

[Find out how your IBD team can help you if you're thinking of having a baby \(video\)](#).

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## How might Crohn's Disease or Ulcerative Colitis affect my pregnancy?

Most people with Crohn's Disease or Ulcerative Colitis will have normal pregnancies and births, and healthy babies.

However, people with Crohn's Disease or Ulcerative Colitis may be more at risk of certain pregnancy complications. The risk of these is higher if you're in a flare-up (have active disease). These complications include:

- Diabetes during pregnancy (gestational diabetes).
- A smaller baby (small for gestational age or low birth weight).
- Your waters breaking early or having an early birth (preterm).
- A stillbirth (baby loss).

It can be worrying to hear about these complications. Your IBD team and pregnancy (antenatal) care team should work together to ensure the best possible health for you and your baby. These complications are more likely if your condition is not well controlled. Your pregnancy care team will carry out scans and checks to make sure you are well. They'll also check that your baby is developing as expected. You could ask your consultant or IBD nurse to tell your pregnancy care team about your condition and treatment. Your healthcare professionals are there to answer any questions or concerns you might have.

It can be difficult to manage the many feelings and worries that pregnancy can bring. See the section on **Mental wellbeing and support**.

## Support for early birth or stillbirth

- The charity Bliss offers information and support for the families of premature and sick babies. This includes support through emails or video calls. They can listen to your concerns and help you find the information you need. You can email them at: [hello@bliss.org.uk](mailto:hello@bliss.org.uk)
- The charity Sands is there to support everyone affected by stillbirth and baby loss, including family members. They can help you cope with your feelings and offer you emotional support in your grief. They also offer practical help with what happens after the death of a baby. You can call their Helpline for free on: 0808 164 3332. Or email them at: [helpline@sands.org.uk](mailto:helpline@sands.org.uk)

Through my pregnancy my midwife and antenatal consultant closely monitored me, which helped put my mind at rest.

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**Joy**

**Mother to one child, living with Colitis**

## **Risk of blood clots**

You're more at risk of developing blood clots if you have Crohn's Disease or Ulcerative Colitis. Pregnancy also increases the risk of developing blood clots. This includes DVT (Deep Vein Thrombosis) in the legs. You're more at risk if you're in a flare-up or if you need to stay in bed, such as in hospital.

**To reduce your risk of blood clots:**

- Don't smoke.
- Stay active – walking can help.
- Drink plenty of fluids to avoid dehydration.

Some people will be offered a medicine or injections to prevent blood clots, such as if you've had a caesarean section. Your doctor will prescribe medicines to prevent blood clots that are safe to take during pregnancy or breastfeeding.

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## **Will pregnancy make my Crohn's or Colitis worse?**

Many changes happen to your body during pregnancy, including hormone, immune system and changes in your gut bacteria. These can all potentially have an impact on Crohn's and Colitis.

You are more likely to have active disease (a flare-up) during pregnancy if you have active disease when you become pregnant. The risk of having a flare-up during pregnancy is higher in people with Ulcerative Colitis than in people with Crohn's.

People with Ulcerative Colitis are also at a higher risk of having a flare-up after birth. People with Crohn's are more at risk of complications during pregnancy, such as abscesses, fistulas or strictures.

- If you're planning to get pregnant, speak to your IBD team as early as possible. They can help you get your Crohn's or Colitis well controlled (in remission) before you get pregnant.
- Not every pregnancy is planned. You should let your IBD team know as soon as possible if you find out you're pregnant.
- Talk to your IBD team before stopping or changing your medicines.
- If your Crohn's or Colitis symptoms get worse during your pregnancy or after the birth, contact your IBD team as soon as you can.

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## Looking after yourself and your baby during pregnancy

Your IBD team and pregnancy care team are there to advise and support you in all aspects of keeping well during your pregnancy.

### Your pregnancy (antenatal) care team

- Most people will have most of their pregnancy care appointments with a midwife. A midwife is a specialist in the care of pregnant people and babies.
- You may also be under the care of an obstetrician. An obstetrician is a specialist doctor who is an expert in pregnancy, labour and after birth.
- After your baby is born you'll be supported by a health visitor. A health visitor is a trained nurse. A health visitor will support your family in the early months after birth until your child is 5 years old.

The NHS provides lots of information on [keeping well in pregnancy](#), including topics such as:

- [Foods to avoid during pregnancy.](#)
- [Mental health.](#)
- [Avoiding alcohol.](#)
- [Stopping smoking.](#)
- [Working and employment.](#)
- [Tracking your baby's movements.](#)

However, there are some specific things to consider if you're pregnant and living with Crohn's or Colitis.

### **Eating a balanced and varied diet**

It's not always easy to eat a balanced diet when managing the symptoms of Crohn's or Colitis. You may also be feeling sick (nausea) or being sick (vomiting) due to your pregnancy. This is often called morning sickness, although it can happen at any time of the day. The NHS has information on coping with [morning sickness](#), including medicines if needed.

Contact your midwife or doctor if you're being sick many times a day and can't keep food or drink down. You may have a severe type of pregnancy sickness called [hyperemesis gravidarum \(HG\)](#). HG often needs treatment in hospital.

Our information on [Food](#) covers healthy eating for people with Crohn's or Colitis. The NHS has information on [healthy eating during pregnancy](#), including healthy snack ideas and how to prepare food safely.

A healthy diet is important and will help your baby develop and grow. You might struggle to eat enough calories. Or you might have a restricted diet because of Crohn's or Colitis, or for religious reasons. Speak to your IBD team or pregnancy care team for advice. They may be able to provide nutritional drinks or shakes, or refer you to a dietitian for specialist support.



## **Taking supplements**

There are supplements that everyone should take during pregnancy. Some people with Crohn's or Colitis may need to take extra supplements during pregnancy. Your IBD team or dietitian can advise you on this. Supplements could include:

### **Folic acid**

Folic acid is important for your baby's development in early pregnancy. Take 400 micrograms of folic acid every day. You should start taking this at least 12 weeks before you conceive and during the first 12 weeks of your pregnancy. You may need a higher dose of folic acid (5 milligrams per day) if you take sulphasalazine, have Crohn's in your small intestine, or have had surgery to remove part of your small intestine.

### **Vitamin D**

It's recommended that everyone who is pregnant or breastfeeding takes 10 micrograms of vitamin D every day. Your IBD team should check your vitamin D levels if you have a flare-up or you are taking steroids long-term.

### **Iron**

Low iron is common in pregnancy. Your pregnancy care team will do blood tests to check for low iron. Low iron is also common in people with Crohn's or Colitis. Low iron can cause anaemia. Anaemia is when you do not have as many red blood cells as you should to carry oxygen around your body. This can make you feel tired and breathless. Your IBD team or pregnancy care team can advise you on taking iron supplements if you have low iron. Our information on [Food](#) has ways to increase iron in your diet.

## **Being active and fatigue**

Fatigue is a common symptom of Crohn's and Colitis and is also common in pregnancy. Living with fatigue can make it very difficult to be active. Our information on [Fatigue](#) has some things you can try to help you cope with fatigue and increase your energy levels. You may be surprised to hear that exercise and physical activity could help with fatigue.

## [10 tips for managing fatigue \(video\)](#)

There are many ways to be active during pregnancy, whether that's swimming, yoga or simply going for a brisk walk. Try to keep up your normal daily exercise for as long you feel comfortable. Exercise is not dangerous for your baby. If you're new to activity, start gradually. Build up your activity levels over time. Being active during pregnancy has many benefits, including:

- Strengthening your muscles.
- Helping you adapt to your changing body shape.
- Helping your body prepare for labour and giving birth.
- Increasing your energy levels.
- Improving your mental wellbeing.
- Reducing pregnancy symptoms such as backache, constipation, bloating, and swelling.

The NHS has more information on [being active during pregnancy](#).

**I found gentle walking helped during my pregnancy. I also did a pregnancy yoga class, which I really enjoyed as I found it relaxing.**

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**Cari**

**Mother to one child, living with Crohn's**

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## **Taking medicines during pregnancy**

Many people will be advised to keep taking their medicines during pregnancy to help keep their Crohn's or Colitis under control.

Your IBD team will consider how severe your disease is and the stage of your pregnancy when advising you on your treatment options. Ask your IBD team about

the risks and benefits of each medicine. The risks of taking a medicine may be lower than the risks of having a flare-up during pregnancy.

**It was decided for my own health, and to help me be strong enough to carry my baby, that I should continue with the medication I was on, which were steroids. This meant I was more closely monitored, with extra scans and tests throughout to monitor the baby.**

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**Joy**

**Mother to one child, living with Colitis**

There are some Crohn's or Colitis medicines that are not safe to take during pregnancy. For details on individual medicines, see the section on **Safety of medicines in pregnancy or breastfeeding**.

You should not change or stop taking your medicines during pregnancy unless your IBD team have advised you to.

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## Tests and investigations during pregnancy

This section is about tests and investigations to check your Crohn's or Colitis during pregnancy. See the NHS for information about [tests and checks for your pregnancy](#).

Make sure your IBD team know if you are, or may be, pregnant when having tests.

Endoscopy is a test that uses a long, thin, flexible tube called an endoscope. It has a small camera on the end to look closely at the lining of your gut. Endoscopy is considered to be safe during pregnancy. Endoscopy will only be used if your IBD

team think it is needed to make decisions on your care. It's safe to be sedated during an endoscopy while pregnant.

A colonoscopy is a type of endoscopy that looks closely at the lining of the colon and rectum. For a colonoscopy, your colon has to be completely clean (empty of poo). You'll take a strong laxative around 24 hours before the test. This is called 'bowel prep'. After taking the bowel prep, keep drinking clear fluids to prevent dehydration. Make sure your healthcare professionals know you are pregnant so they can give you the most suitable bowel prep. Most types of bowel prep are safe to take during pregnancy. But for some types there's not much research on their use in pregnancy.

Tests that use X-rays or other radiation should be avoided during pregnancy, unless your IBD team advise that they are essential for your care. This includes barium studies and CT scans. Ultrasound and MRI tests are safe to have while pregnant.

For more on tests used in Crohn's and Colitis, see our information on [Tests and investigations](#).

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## **Surgery during pregnancy**

Having surgery during pregnancy may feel like a difficult decision to make. But your IBD team will only advise surgery during pregnancy if it's a bigger risk to you or your baby to delay having surgery. Urgent surgery should not be delayed because of pregnancy. It's safe to have anaesthetic and sedative medicines during surgery while pregnant.

Having surgery will always carry some risks. If you're pregnant, having surgery may increase your risk of having a miscarriage, an early birth (preterm birth) or a smaller baby. These risks will be different for everyone. It's important to talk to your IBD team about your individual situation, such as your stage of pregnancy and the type of surgery you'll be having. Ask them any questions or concerns you may have. They can explain the risks and benefits of having surgery.

For information on why you might be offered surgery and the different types of surgery, see [Surgery for Crohn's](#) or [Surgery for Ulcerative Colitis](#).

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## Giving birth

Births can happen at home, in a unit run by midwives (a midwifery unit or birth centre) or in hospital.<sup>24</sup> Your pregnancy care team can discuss all options for giving birth with you. Ask them about the risks and benefits of each option, and talk about any worries you have. Work with your pregnancy care team and IBD team to decide which option is best for you and your baby.

**I was consultant-led and saw the consultant obstetrician at 20 weeks. She had seen my notes from my IBD team and was confident that I would be able to have a healthy pregnancy and standard delivery – she even said I could have a home birth if I wanted.**

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**Cari**

**Mother to one child, living with Crohn's**

There are different options to help relieve the pain during labour. These include things you can try to help you cope with the pain, as well as medicines. Talk to your pregnancy care team about your pain relief options. The NHS has more information on [pain relief during labour](#).

Your midwife can help you make a birth plan if you'd find this helpful. This is a record of what you would like to happen during your labour and birth, including your pain relief. You can change your mind about your birth plan at any time, even during your birth. It can help to be flexible about your birth plan, as you don't know what will happen on the day. Be open to things changing if there's a safer option for you and your baby. You'll have a midwife with you during your labour and birth who can answer any questions you might have.

## **Giving birth vaginally or by caesarean section (C-section)**

You can give birth through your vagina (vaginally). Or you can give birth by caesarean section, known as a C-section. A C-section is an operation to deliver your baby through a cut made in your tummy and womb.

People with Crohn's or Colitis are more likely to have a C-section than people who do not have Crohn's or Colitis. However, most people with Crohn's or Colitis can give birth vaginally.

You may be advised to have a C-section if:

- You have active perianal Crohn's (Crohn's around your bottom).
- You've had a fistula between your rectum and vagina (rectovaginal fistula).
- You've had pouch surgery (restorative proctocolectomy with ileo-anal pouch, IPAA).

This is because there is a risk of damage to the muscles of your bottom (anus) and perineum (the area between your anus and vaginal opening) with a vaginal birth. And this might cause bowel incontinence (leakage of poo).

The NHS has more information on [C-sections](#).

Talk to your IBD team and pregnancy care team about your options for giving birth. You should come to an agreement together based on your own preferences, and the health of you and your baby.

**I had vaginal births with both my children and I had no complications.**

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**Debbie**

**Mother to two children, living with Crohn's**

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## Pregnancy and birth with a stoma

If you get pregnant, tell your stoma nurse early. They can talk to you about how being pregnant might affect your stoma and how having a stoma might affect your pregnancy.

When you are pregnant, your stoma might change size or shape. Talk to your stoma nurse if you notice any changes. Some people develop a hernia or prolapse when they are pregnant.

- A hernia is a bulge under the skin around your stoma. It happens if some of your bowel pushes through the gap in your tummy muscles around your stoma.
- A prolapse is when part of your bowel sticks out of your stoma.

Rarely, your stoma might get blocked during your pregnancy. Your stoma nurse will tell you what to look out for and when to get advice.

Some people who have a stoma give birth vaginally. But around 3 in 4 have a C-section. This is usually planned in advance. Emergency C-sections are no more common in people with a stoma than in people who do not have a stoma. Your pregnancy care team will talk to you about the best option for you.

Babies born to people with a stoma are usually healthy. But they are more likely to be born early and to be smaller than babies born to people who do not have a stoma.

You are not likely to get a stoma when you are pregnant unless it's a bigger risk to you and your baby to delay having surgery.

Find out more in our information on [Living with a stoma](#).

## Breastfeeding

**Breastfeeding your baby should not affect your Crohn's or Colitis.**

Breastfeeding has many long-term [benefits for you and your baby](#). It's recommended to:

- Feed your baby breast milk only (exclusive breastfeeding) for the first six months of their life.
- Continue breastfeeding along with feeding your baby solid foods from 6 months up to 2 years of age, or beyond.

Any amount of breastfeeding will have health benefits for your baby. You can continue to breastfeed for as long as you and your baby like.

There is some evidence that being breastfed as a baby could protect against later developing Crohn's or Colitis. But experts agree that higher quality research is needed to confirm this link.

You might feel more hungry and thirsty when breastfeeding. It's really important to keep hydrated. You could make sure you always have a drink and snacks in the places you usually breastfeed your baby.

**There are many things to consider when deciding how to feed your baby. It can be a difficult decision to make. You might try breastfeeding but later decide to bottle feed. Or you might do both, known as combination feeding. You may choose not to breastfeed at all. Or there may be reasons you're unable to breastfeed. The charity Tommy's has information on the different options for [feeding your baby](#).**

### **Breastfeeding support**

It may take some time to feel confident when breastfeeding. And if you're finding it difficult, you are not alone. Your midwife and health visitor are there to support you. But there's also other support available, such as helplines or local in-person



groups. It's important to get help if you feel that something isn't quite right. See the NHS website for a list of helplines and other [breastfeeding help and support](#).

## **Mastitis**

Mastitis is when your breast is inflamed and sore. The NHS website has information on the [symptoms of mastitis and how to treat mastitis](#). It's best to continue breastfeeding your baby as normal even if you have mastitis. Breastfeeding will help you recover and will continue to provide health benefits to your baby. Speak to your midwife or health visitor for extra support with breastfeeding. Or find other [breastfeeding help and support](#).

If you take painkillers for mastitis, try to avoid ibuprofen. Ibuprofen could make your Crohn's or Colitis symptoms worse, or possibly trigger a flare-up. If your mastitis gets worse, your GP may need to prescribe antibiotics. Always tell your GP about any medicines you are taking. Tell your IBD team if you need antibiotics and you're taking medicines that affect your immune system.

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## **Taking medicines and breastfeeding**

Most Crohn's and Colitis medicines that are safe to take during pregnancy are usually safe to continue taking during breastfeeding. See the later section on [Safety of medicines in pregnancy and breastfeeding](#) for more information.

**Always talk to your IBD team before stopping or changing your medicines. And check with your pharmacist or other healthcare professional before starting any new medicines while breastfeeding. This includes over-the-counter medicines and any herbal remedies or supplements.**

**Speak to your midwife or health visitor if you notice that your baby isn't feeding as well, or if you have any other concerns.**

## Tests and investigations while breastfeeding

Before having any tests, make sure your healthcare professionals know that you are breastfeeding.

Before a colonoscopy, you will be asked to take a strong laxative called 'bowel prep'. You can breastfeed as normal after taking most bowel prep laxatives. Make sure your healthcare professional knows you are breastfeeding so you can take the most suitable bowel prep.

It might be useful to ask someone to help look after your baby after taking the bowel prep. This is because you'll need to use the toilet a lot.

**It's important to keep drinking clear fluids to prevent dehydration. Breastfeeding can make you feel more thirsty. Although you won't be able to eat anything, you will still produce breastmilk.**

You can breastfeed as normal after having a sedative during an endoscopy. You may be drowsy and less responsive on the day that you've taken a sedative. Avoid sharing a bed with your baby (co-sleeping) after having a sedative. You'll be advised to have someone stay with you after taking a sedative. Ask them to keep watch over you and your baby if you are worried about falling asleep while feeding your baby.

If you're having a CT or MRI scan you may need to take a contrast agent, such as barium or gadolinium. Contrast agents make the images of the structures in your body clearer. You can breastfeed as normal after taking a contrast agent.

For more on tests used in Crohn's and Colitis, see our information on [Tests and investigations](#).

## Will my child develop Crohn's or Colitis?

Most children who have a parent with Crohn's or Colitis will not develop one of the conditions. It's difficult to know what the exact risk might be, but research estimates that up to:

- 5 in every 100 children might develop Crohn's or Colitis if one parent has Crohn's.
- 3 in every 100 children might develop Crohn's or Colitis if one parent has Colitis.
- 30 in every 100 children might develop Crohn's or Colitis if both parents have Crohn's or Colitis.

A child could develop either condition, but they're more likely to develop the same condition as their family member.

**1 in every 123 people in the UK are living with Crohn's or Colitis.**

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## Mental wellbeing and support

Being pregnant and then having a newborn can be both mentally and physically exhausting. You may feel a big mix of emotions, such as happiness and love, to worry and sadness. At times it may be difficult to do everything you would like for your baby because you are also living with Crohn's or Colitis. You are doing your best. Try to be kind to yourself.

It can be hard to prioritise your own health while caring for a newborn. But it's important to look after yourself as well. Tell your IBD team about any new symptoms or if your symptoms worsen.

**I was worried about my own health as well as my babies' but I luckily had a really good support network around me throughout both my pregnancies and they reassured me when I needed it.**

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**Debbie**

**Mother to two children, living with Crohn's**

Mums living with Crohn's or Colitis talked to researchers about their experiences.

Watch the interviews on the ['IBD and Mums To Be' research project webpage](#).

Some mums felt that the ways they'd developed to cope with their condition were good preparation for pregnancy and being a mum. For example, they already had experience in eating a healthy diet, being flexible with plans and dealing with fatigue or sleep disturbances.

They also relied on their support network for help with motherhood. Just as they relied on support from others to help them cope with different aspects of living with their condition. Think about your support network. Who can you talk to for emotional support or to ask for practical help if needed?

If you have family or friends around who can help, ask for their support. You could ask them to do tasks around the house like cooking, cleaning or food shopping. With some extra help you may be more able to get some rest when the baby sleeps.

You may find support in talking to or meeting other parents. Ask your midwife about local antenatal classes. Some hospitals offer these for free. After your baby is born you can go to local baby groups or classes to meet other parents. These can sometimes be expensive. See if you have a local Family Centre or Children's Centre as they offer free groups. You may be able to find an online support

network of other parents with Crohn's and Colitis. There are many parents in our [Facebook group for people affected by Crohn's and Colitis](#), so this could be a good place to start.

**Having IBD adds an extra dimension of worry during pregnancy, but in many cases these anxieties are unfounded. I'd encourage other expectant parents to talk to their healthcare provider about any worries or concerns as soon as possible.**

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**Caroline**

**Mother to one child, living with Colitis**

It can be difficult to talk about negative feelings around pregnancy or as a new mum. Some mums feel guilty about having these feelings. How you feel does not make you a bad mum. If you feel like you aren't coping or you feel like something isn't quite right, you are not alone. Women are more likely to have mental health issues during pregnancy than other times in their life. 1 in 5 women develop mental health problems during pregnancy or in the first year after having a baby.

Getting diagnosed with Crohn's or Colitis, being in a flare-up or living with difficult symptoms can also put you at risk of developing mental health problems. See our information on [Mental health and wellbeing](#) for more on recognising mental health problems and getting help.

- Talk to your midwife, doctor or other healthcare professional as soon as you can about any anxiety, sadness or worries you have.
- If you need urgent help with your mental health, such as having thoughts of suicide or harming yourself, tell someone you trust, call NHS 111 or go to your nearest A&E.

- If you're feeling emotionally vulnerable the Samaritans are available to call 24 hours a day, 7 days a week on 116 123.

For more information and support, see:

- The NHS information on [Mental health in pregnancy](#).
- The charity Tommy's information on [Wellbeing in pregnancy](#).
- The NHS information on [Postnatal depression](#) – a type of depression that parents can get after having a baby.
- The Royal College of Psychiatrists information on [Postnatal depression](#).

If you have a partner they may also need support. Many of these services are also open to them and it's important they get the help they need too.

And for ways your family and friends can better support you in living with Crohn's or Colitis, ask them to read our information on [Supporting someone – a guide for friends and family](#).

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## Safety of medicines in pregnancy and breastfeeding

- **Speak to your IBD team as soon as possible about your treatment during pregnancy and breastfeeding.**
- **It is important to get advice about your individual situation from your IBD team.**
- **Always talk to your IBD team before stopping, starting or changing any medicines.**

There is some general information about the safety of Crohn's and Colitis medicines during pregnancy and breastfeeding below and in our [individual medicines information](#).

You can check whether a medicine is safe to take during pregnancy by searching for your medicine on the [bumps website](#).

The [Drugs in Breastmilk Information Service](#) has information on safely taking medicines while breastfeeding. You can contact them for information about medicines and breastfeeding. Send a private message on [Facebook](#), or email them at [druginformation@breastfeedingnetwork.org.uk](mailto:druginformation@breastfeedingnetwork.org.uk)

## Medicines you should not take

You should not take the following medicines during pregnancy or breastfeeding. Read our specific information on these medicines to find out more:

- [Methotrexate](#)
- [Tofacitinib](#) (Xeljanz)
- [Filgotinib](#) (Jyseleca)
- [Ozanimod](#) (Zeposia)
- [Upadacitinib](#) (Rinvoq)

## Medicines you can take

Medical experts agree that you can take the following medicines during pregnancy or breastfeeding. Read our full information on these medicines to find out more:

- [Aminosalicylates \(5-ASAs\)](#), such as sulphasalazine, mesalazine and olsalazine. However, balsalazide is not recommended during pregnancy.
- [Corticosteroids \(steroids\)](#), such as prednisolone or budesonide.
- [Azathioprine](#) (Imuran)
- [Mercaptopurine](#) (Purinethol)
- [Infliximab](#) (Remicade, Flixabi, Inflectra, Remsima and Zessly)
- [Adalimumab](#) (Amgevita, Hulio, Humira, Hyrimoz, Idacio, Imraldi and Yuflyma)
- [Golimumab](#) (Simponi)

- [Ustekinumab](#) (Stelara)
- [Vedolizumab](#) (Entyvio)

## **Other medicines used in Crohn's or Colitis**

### **Mycophenolate mofetil (CellCept)**

**Pregnancy:** You should not take mycophenolate mofetil during pregnancy. Avoid getting pregnant (use contraception) while taking mycophenolate mofetil, and for 6 weeks after stopping treatment. Mycophenolate mofetil can cause birth defects and miscarriages.

People with male reproductive organs should use reliable contraception when taking mycophenolate mofetil, and for at least 90 days (3 months) after stopping treatment.

**Breastfeeding:** Do not take mycophenolate mofetil while breastfeeding.

### **Ciclosporin and Tacrolimus**

You should discuss the benefits and risks of taking these medicines with your IBD team.

**Pregnancy:** You can take ciclosporin and tacrolimus during pregnancy if the benefits outweigh the potential risks. However, there is little data about their safety in pregnancy.

**Breastfeeding:** You can probably take ciclosporin and tacrolimus while breastfeeding if the benefits outweigh the risks. Your baby may have extra checks to make sure the medicine is not affecting them.

### **Metronidazole and Ciprofloxacin**

These antibiotics are sometimes used to treat infections linked to Crohn's or pouchitis after pouch (IPAA) surgery.



**Pregnancy:** You can take metronidazole during pregnancy.

You should not take ciprofloxacin during the first trimester.

**Breastfeeding:** You should not take metronidazole while breastfeeding.

You can take ciprofloxacin while breastfeeding. Only a small amount of ciprofloxacin passes into breastmilk. It's usually only prescribed for a short time. You should monitor your baby for diarrhoea, nappy rash or thrush.

## **Antidiarrhoeals**

- Colestyramine (Questran)
- Loperamide (Imodium, Arret)

**Pregnancy:** You can take colestyramine during pregnancy. You may develop deficiencies in some vitamins if you're taking it long-term, so you may need extra checks or supplements.

You may be able to take loperamide during pregnancy. Talk to your IBD team first about whether the benefits outweigh the potential risks. Some studies link loperamide to birth defects. But not all studies show this. The data is not yet good enough to say whether loperamide is safe in pregnancy.

**Breastfeeding:** You can take colestyramine while breastfeeding.

You can take loperamide while breastfeeding. Only very tiny amounts pass into breastmilk.

## **Antispasmodics**

- Hyoscine butylbromide (Buscopan)
- Mebeverine (Colofac, Colofac IBS, Aurobeverine)
- Alverine citrate
- Peppermint oil

**Pregnancy:** You may be able to take hyoscine butylbromide during pregnancy, but you should discuss the benefits and risks with your IBD team. It's not thought to be harmful, but there is not enough data to confirm this.

You may be able to take mebeverine hydrochloride, alverine citrate or peppermint oil during pregnancy. But there is not enough data to know if they're safe. Talk to your IBD team about whether the benefits outweigh the unknown risks to the baby.

**Breastfeeding:** You should not take hyoscine butylbromide or alverine citrate while breastfeeding. There is no data to say whether they are safe or not.

You can take mebeverine or peppermint oil while breastfeeding. There is not much data, but it's thought that very little of these medicines pass into breastmilk.

## **Allopurinol**

Allopurinol is usually taken in combination with azathioprine.

**Pregnancy:** There is not much data on taking allopurinol during pregnancy. Discuss this with your IBD team. Taking allopurinol during pregnancy to prevent a flare-up may be more beneficial than the potential risks to your baby.

**Breastfeeding:** You may be able to take allopurinol while breastfeeding if the benefits outweigh the potential risks. Discuss this with your IBD team. Allopurinol passes into breastmilk but isn't known to cause any serious side effects in babies. Your baby may have extra monitoring if they're only fed with breast milk (exclusive breastfeeding).

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## **Vaccinations during pregnancy or breastfeeding**

- Let your healthcare professional know that you are pregnant or breastfeeding before having any vaccinations. Tell them about any medicines you are taking, including those for Crohn's or Colitis and any over the counter medicines.

- You should not have live vaccines during pregnancy. You can usually have live vaccines while breastfeeding, but this will depend on the medicines you take for your Crohn's or Colitis.

Pregnant people are eligible and recommended to have the annual flu jab and the seasonal COVID-19 vaccine. Both of these are not live vaccines. They are both safe for people taking Crohn's or Colitis medicines that affect their immune system.

You will also be offered the whooping cough vaccine in pregnancy. This is to protect your baby until they have their own whooping cough vaccine at 8 weeks old. This vaccine is not a live vaccine and is safe for people taking Crohn's or Colitis medicines that affect their immune system.

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## Your baby's live vaccines

You must tell your baby's healthcare team if you were taking a medicine that affects your immune system during pregnancy or while breastfeeding. This is because your baby may have been exposed to the medicine.

If you were taking a medicine that affects your immune system during pregnancy, healthcare professionals may recommend delaying your baby's live vaccines until they are 6 or 12 months old.

The manufacturers of infliximab recommend that your baby should not be given live vaccines while you are breastfeeding and taking infliximab.

**Decisions on whether your baby should have live vaccines and when needs to be made on an individual basis. There might be times when it's OK for your baby to have a live vaccine. Sometimes the benefit of giving a live vaccine to your baby is greater than the potential risk. Speak to your IBD team. Yours and your baby's healthcare professionals should help you come to a decision.**

Live vaccines that your baby may be offered as part of [the childhood vaccination programme](#) include:

## **Rotavirus vaccine**

The first dose of rotavirus vaccine is at 8 weeks of age and the second dose is 4 weeks after. Your baby must have both doses by 24 weeks old. It is not given to older babies. You'll have to decide whether your baby should have this or not at all.

Take extra care if your baby does have the rotavirus vaccine, as live virus can be shed in their poo for up to 14 days. Make sure you wash your hands and/or wear gloves when changing their nappy.

## **BCG vaccine for tuberculosis (TB)**

The BCG vaccine is offered to babies born in some parts of the UK where there is a higher risk of catching TB. The BCG vaccine can be given at any age.

## **MMR (measles, mumps and rubella) vaccine**

The first dose of the MMR is offered to children around the time they turn one year old (12 months old). The second dose is offered to children when they are 3 years and 4 months. If your child misses any doses of the MMR, it's important they catch up. Speak to their GP about this.

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## **Nutritional treatments**

Some people with Crohn's have nutritional treatments. They are used to treat a flare-up or as a nutritional supplement.

Nutritional treatments give you the energy and nutrients your body needs. There are two main ways to have them:

- Enteral nutrition: liquid nutrition you drink or have through a feeding tube.
- Parenteral nutrition: liquid nutrition that you have through a drip into a vein.

It's safe to have nutritional treatments during pregnancy. Some people having nutritional treatments will be quite unwell and in hospital. You may still be able to successfully breastfeed, but talk to your IBD team about your individual situation and health. See our information on [Food](#) for more on nutritional treatments.

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## Other organisations

NHS information on trying for a baby, pregnancy, labour and birth  
[www.nhs.uk/pregnancy](http://www.nhs.uk/pregnancy)

National Breastfeeding Helpline (including live chat support)  
[www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk)  
Helpline: 0300 100 0212

Tommy's (provide midwife-led information and advice on pregnancy and baby loss)  
[www.tommys.org](http://www.tommys.org)  
Helpline: 0800 0147 800  
Email: [midwife@tommys.org](mailto:midwife@tommys.org)

Sands (Pregnancy and baby loss support and information)  
[www.sands.org.uk](http://www.sands.org.uk)  
Helpline: 0808 164 3332  
Email: [helpline@sands.org.uk](mailto:helpline@sands.org.uk)

Bliss (Premature or sick babies support and information)  
[www.bliss.org.uk](http://www.bliss.org.uk)  
Email: [hello@bliss.org.uk](mailto:hello@bliss.org.uk)

Royal College of Psychiatrists (for mental health information)  
[www.rcpsych.ac.uk/mental-health](http://www.rcpsych.ac.uk/mental-health)

Royal College of Obstetricians and Gynaecologists (for information on women's health, including pregnancy and birth)  
[www.rcog.org.uk/for-the-public](http://www.rcog.org.uk/for-the-public)

bumps (for information on taking medicines in pregnancy)  
[www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org)

Drugs in Breastmilk Information Service (for information on safely taking medicines while breastfeeding)

[www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk](http://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk)

Email: [druginformation@breastfeedingnetwork.org.uk](mailto:druginformation@breastfeedingnetwork.org.uk)

Facebook: [www.facebook.com/BfNDrugsinBreastmilkinformation](https://www.facebook.com/BfNDrugsinBreastmilkinformation)

National Childbirth Trust

[www.nct.org.uk](http://www.nct.org.uk)

Helpline: 0300 330 0700

Pregnancy Sickness Support

[www.pregnancysicknesssupport.org.uk](http://www.pregnancysicknesssupport.org.uk)

Helpline: 024 7638 2020

IA (Ileostomy and Internal Pouch Support Group)

[www.iasupport.org](http://www.iasupport.org)

Tel: 0800 018 4274

Email: [info@iasupport.org](mailto:info@iasupport.org)

Colostomy UK

[www.colostomyuk.org](http://www.colostomyuk.org)

Helpline: 0800 328 42357

Email: [info@colostomyuk.org](mailto:info@colostomyuk.org)

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## Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our award-winning information on Crohn's Disease, Ulcerative Colitis, and other forms of Inflammatory Bowel Disease have the information you need to help you manage your condition.

We have information on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships and employment. We'll help you find answers, access support and take control.

All information is available on our website: [crohnsandcolitis.org.uk/information](http://crohnsandcolitis.org.uk/information)

Our Helpline is a confidential service providing information and support to anyone affected by Crohn's or Colitis.

Our team can:

- Help you understand more about Crohn's and Colitis, diagnosis and treatment options

- Provide information to help you live well with your condition
- Help you understand and access disability benefits
- Be there to listen if you need someone to talk to
- Help you to find support from others living with the condition

Call us on 0300 222 5700 or email [helpline@crohnsandcolitis.org.uk](mailto:helpline@crohnsandcolitis.org.uk).

See our website for LiveChat: [crohnsandcolitis.org.uk/livechat](https://crohnsandcolitis.org.uk/livechat).

## Crohn's & Colitis UK Forum

This closed-group community on Facebook is for everyone affected by Crohn's or Colitis. You can share your experiences and receive support from others at:

[facebook.com/groups/CCUKforum](https://facebook.com/groups/CCUKforum).

## Help with toilet access when out

Members of Crohn's & Colitis UK get benefits including a Can't Wait Card and a RADAR key to unlock accessible toilets. This card shows that you have a medical condition, and will help when you need urgent access to the toilet when you are out. See [crohnsandcolitis.org.uk/membership](https://crohnsandcolitis.org.uk/membership) for more information, or call the Membership Team on 01727 734465.

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

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## About Crohn's & Colitis UK

We are Crohn's & Colitis UK, a national charity fighting for improved lives today – and a world free from Crohn's and Colitis tomorrow. To improve diagnosis and treatment, and to fund research into a cure; to raise awareness and to give people hope, comfort and confidence to live freer, fuller lives. We're here for everyone affected by Crohn's and Colitis.

This information is available for free thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis: call **01727 734465** or visit [crohnsandcolitis.org.uk](https://crohnsandcolitis.org.uk).

## About our information

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

We hope that you've found this information helpful. You can email the Knowledge and Information Team at [evidence@crohnsandcolitis.org.uk](mailto:evidence@crohnsandcolitis.org.uk) if:

- You have any comments or suggestions for improvements
- You would like more information about the research on which the information is based
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE** or contact us through the **Helpline: 0300 222 5700**.

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