
Postnatal care and breastfeeding

The early days of looking after your baby are a special time, but they can be overwhelming too. Every parent has questions about sleep, feeding and changing nappies. However, if you live with Crohn's or Colitis, you may have other questions or concerns as well.

And it's not all about the care your baby needs. You need the right care, too. Whether you're planning to have a baby, are pregnant, or have recently given birth, we're here for you.

Our information can help you to:

- Understand the challenges some parents with Crohn's or Colitis may face after birth
- Care for yourself
- Make informed decisions about whether breastfeeding is right for you and your baby
- Know where to get further support

This information has been written using scientific research about Crohn's Disease and Ulcerative Colitis. If you live with Microscopic Colitis, you may still find some of this information helpful. Your IBD team or other healthcare professional will be able to give you advice on your situation.

You can find out about fertility, contraception, abortion or pregnancy loss in our [reproductive health and fertility](#) information.

Our [pregnancy and birth information](#) helps you understand more about taking medicines during pregnancy, how Crohn's or Colitis can affect you or your baby, and your birthing options.

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Key facts

- There is a lot of support available to you after you've given birth. Whether it's your IBD team, midwife, health visitor or GP, there are many people who can offer you help.
- By drawing on their own experiences of living with Crohn's or Colitis, and thinking about ways they've adapted before, some parents feel that their condition helped prepare them for raising a child.
- Decisions about if your baby should have live vaccines will be individual to your child. Your IBD team and your baby's healthcare professionals should help you come to a decision.

- 1 in 5 parents develop mental health problems during pregnancy or in the first year after having a baby. You're not alone. Our section on mental health includes ways to find the support you need.
- If you breastfeed your baby, there are many different positions to try. Some of these positions may help you if you're in pain, unable to sit up or are worried about your baby kicking your C-section scar or stoma bag.
- Many Crohn's and Colitis medicines are considered safe to take while breastfeeding. Many women will be advised to keep taking their medicines while breastfeeding. This is to help keep their Crohn's or Colitis under control.
- Always talk to your IBD team before stopping, starting or changing any medicines.

Support for you and your baby

Whether you have questions about your baby, your body or your mental health, there is a lot of support available to you.

Your midwife

If you have a straightforward birth, your midwife should visit you or ask you to visit a postnatal clinic in the first 36 hours after you're home from the hospital. This is to check on you and your baby, and make sure you're both emotionally and physically well. They will be able to answer any questions you have about how to look after your baby and yourself after birth. They will not be able to give you any advice on IBD care.

Your health visitor

Around 10 days after your baby is born, you'll be assigned a health visitor. A health visitor is a trained nurse or midwife. They can help support you and your family in the early months and up until your child is 5 years old.

Your GP

You can contact your GP at any time, whether it's for you or your child. Your GP can support you if your baby is ill or if you have any concerns about your physical or mental health.

Your GP should offer you a postnatal check six to eight weeks after birth. This is to check that you and your baby are well. You can find out more about your six-week checkup on the [NHS website](#).

Your IBD team

Your IBD team will be keen to support you after you've had a baby. They can:

- Help you be the healthiest you can be after birth
- Give you advice on taking your medicine when feeding your baby
- Advise you on any vitamins or supplements you may need to take

Support with feeding your baby

No matter how you choose to feed your baby, you can find advice on breastfeeding and bottle feeding on the [NHS website](#). We have more information in the breastfeeding section below.

Other support services

The NHS website provides a useful list of [services and support for parents](#), including details about:

- Children's Centres
- Local authority services
- Advice services
- Support groups
- Parent and baby groups

Other's experiences

Sometimes, reading others' experiences can help you feel less alone. Our news and stories webpages include blogs from others living with Crohn's and Colitis.

Why not read about:

- [Joy's experiences with Colitis, pregnancy and beyond](#)
- [Five parents tackling breastfeeding myths](#)
- [Rebecca's experience - How I navigate parenthood](#)

Understanding the care you should receive

A group of inflammatory Bowel Disease and maternity care experts have created recommendations for midwives. These set out the care and advice women with IBD should be given before, during and after pregnancy.

To help understand what these recommendations mean to you, we have created [a patient-friendly PDF](#). This covers the care you should receive when pregnant, giving birth or thinking about how to feed your baby.

Looking after a newborn

Newborn babies need a lot of care and attention, and it can sometimes feel overwhelming. Some people with Crohn's or Colitis may have added challenges. But our information below may help you manage some of those.

“As I've had abdominal surgery previously for my Crohn's and know recovery takes some time, I was able to put things in place after my c-section, such as having snacks, drinks and medication nearby so I wouldn't have to get up for it.”

Jenny

Living with Crohn's

Using your life experience and support network

Some parents living with Crohn's or Colitis feel that their condition helped prepare them for raising a child. For example, they already had experience of eating a healthy diet, being flexible with plans, and dealing with fatigue or sleep disturbances.

Looking after a baby can be difficult, and it's normal to find it hard. If you have a support network that helps you manage your condition, try asking if they can help with your baby. If you have family or friends who can help, ask for their support. You may find some of them jump at the chance. 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.

“Ask for help. As someone who doesn't like being a 'burden', I realised I was doing myself and my baby a disservice by not asking for help with the physical and mental side of becoming a mum. It's a huge change and can feel overwhelming initially, so saying 'yes' if anyone asks if you need anything makes a massive difference.”

Priya

Living with Ulcerative Colitis

Fatigue

Fatigue is a common symptom of Crohn's and Colitis. It affects around 7 in 10 people during a flare-up, and around 4 in 10 even when other symptoms are under control. For many people, it's the symptom that has the biggest impact on their lives.

Looking after a newborn can be exhausting, but doing it while living with fatigue may be especially tough. You can find helpful tips on how to manage feeling tired when caring for a baby on the [NHS website](#).

Not being able to parent in the way you want may come with feelings of guilt. It can be difficult to deal with these feelings. Our [fatigue](#) information contains hints and tips from other people living with fatigue and can help you find ways to live a better life with this exhausting symptom.

“With my Colitis, I never thought I’d have the energy required to look after a baby. But you just find it. I’m not the mum who does millions of activities and baby groups, but my daughter is loved and well looked-after, which is the main thing.”

Jaya

Living with Ulcerative Colitis

Using the toilet frequently

If you’re alone and need to visit the bathroom frequently, you may wonder where you can put your baby while you’re on the toilet. Talk to your Health Visitor about where the best place may be.

If you experience a flare-up after birth, talk to your IBD team for advice.

“It was really hard suddenly having urgency and needing to run to the toilet. It’s important to have somewhere safe you can put baby down when that happens.”

Jaya

Living with Ulcerative Colitis

Local support

You may find support in talking to or meeting other parents. After your baby is born, you could go to local baby groups or classes to meet other parents. Some of these may be expensive, but Local Family Centres, Children's Centres or libraries offer groups that are free.

If you are unable to get out and visit these 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](#). This could be a good place to start.

Looking after yourself

After your baby is born, you may feel tired, bruised and sore. It can take a while for your body to heal. Having a baby may also change your body. Your midwife or health visitor can answer any questions you may have.

You can find general information about changes to your body after birth on the [NHS website](#).

“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.”

Debbie

Mother to two children, living with Crohn's

Taking medicines

You may be entitled to free NHS prescriptions for 12 months after your baby is born, but this may depend on your circumstances and where you live. You can find out more on the [NHS website](#). Otherwise, to help save money on prescriptions, you may be able to buy a [prescription prepayment certificate](#) (PPC).

You may normally be good at remembering to take your medicines, but with a newborn, schedules often go out the window. This can make it harder to remember when to take your medicine. Consider setting yourself reminders in a diary or phone calendar, even if you've never needed them before.

“I ran out of iron tablets, and being so busy with the baby just didn't have the time to go get more. That was a terrible mistake, and it didn't take long to start feeling absolutely awful. I felt I couldn't carry on, just sitting playing with my baby was too exhausting to bear. It's so important to stay on top of your health, you'll be a much better parent for it.”

Jaya

Living with Ulcerative Colitis

Low iron and anaemia

It's common to have low iron after you've given birth. This can cause anaemia. Anaemia is not having as many red blood cells as you need to carry oxygen around your body. This can make you feel tired and breathless.

Low iron is also common in people with Crohn's or Colitis, even if they haven't had a baby. You may need tests to check your iron levels. If you have low iron, your healthcare professional can advise you on taking iron supplements. If you're breastfeeding, you can usually take iron tablets.

Taking iron tablets may cause tummy pain, diarrhoea or constipation. Talk to your healthcare professional if you experience any side effects. To reduce the chances of these side effects, you may be told to take a tablet every other day.

You can find out ways to increase iron in your diet in our information on [Food](#).

Incontinence

After having a baby, it's common to experience urinary incontinence. This is weeing or leaking wee when you don't mean to. This may happen when you cough, laugh or exercise.

Some women who give birth may experience bowel incontinence. This is pooing when you don't mean to. This can be caused by damage to the muscle around your bottom during birth. Bowel incontinence is common in people with Crohn's or Colitis, even if they haven't had a baby. It's estimated to affect up to 7 in every 10 people with Crohn's or Colitis at some point.

If you experience incontinence, talk to your midwife, health worker or GP. Bowel incontinence could also be a sign of a flare-up, so talk to your IBD team if you experience these symptoms.

Risk of flare-up

There is not much research on the risk of a flare-up after giving birth. More research is needed, but you may be more at risk of a flare-up if:

- You have Crohn's with strictures or fistulas
- If you have Ulcerative Colitis
- If your condition was active at your child's conception or during pregnancy
- If you stopped taking your medicine during pregnancy

If your Crohn's or Colitis symptoms get worse, contact your IBD team as soon as you can. They can help you get your symptoms under control.

“After my first baby, I found it really difficult to stay on top of my medication as it was another thing to think about. I was also in pain for the first few days and didn’t want to ask anyone to help me get to my tablets – big mistake as I flared. The second time round, I was so much more open to accepting help for me and my husband kept bringing me my medication. Don’t forget your own needs after having a baby.”

Priya

Living with Ulcerative Colitis

Care after a C-section

Women with Crohn’s or Colitis are more likely to have a C-section than women without these conditions. A C-section is an operation to deliver your baby through a cut made in your tummy and womb.

While you recover, you will be encouraged to move around and do gentle exercise, such as walking. This is to reduce your risk of blood clots. Be careful not to push yourself too hard, especially if you live with fatigue. Our [fatigue](#) information can help you find ways to manage your life with this symptom. But if you aren't sure about anything, ask your midwife, health visitor or GP.

Visit the NHS website to find general information on [recovering from a C-section](#).

Pain relief after birth

No matter what kind of birth you’ve had, you might need some pain relief.

You may be offered painkillers. Let your healthcare professional know that you have Crohn's or Colitis. They can give you advice on which painkillers you can take, as some painkillers may not be good for you. For example, ibuprofen could make your Crohn's or Colitis symptoms worse or possibly trigger a flare-up.

Keeping active

After having a baby, you may feel tired and sore. Being active may be the last thing on your mind, but moving regularly can:

- Help your body recover after childbirth
- Make you feel more energetic
- Prevent postnatal depression

How and when you can start being active may depend on the type of birth you had. If your birth was complicated or you had a C-section, you may need to wait longer until you do anything more than gentle exercise.

Fatigue is a common symptom of Crohn's and Colitis. 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.

The NHS website has general information on [keeping fit and healthy with a baby](#).

Mental wellbeing and support

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. Remember that your baby doesn't need a tidy house or baby groups. They just need you.

You're not alone

Having a young baby can be a very difficult time for many people. If you feel that you are not coping or that something isn't quite right, you are not alone. 1 in 5 parents develop mental health problems during pregnancy or in the first year after having a baby.

Living with the symptoms of Crohn's or Colitis can also affect your mental health, even if you haven't had a baby. People living with Crohn's or Colitis may be twice as likely to experience mental health problems, such as anxiety or depression, as everyone else.

Our information on [Mental health and wellbeing](#) can help you recognise mental health problems and find where to get support.

“I struggled with my mental health after having my second baby, but I found the best thing to do was to talk and not pretend it was all okay. It took me some time to adapt and feel more myself and I think it's so important to give yourself that time and grace”

Priya

Living with Ulcerative Colitis

Getting the support you need

It can be difficult to share your feelings when everyone is focused on your baby. Some people may experience guilt when having these feelings. How you feel does not make you a bad parent. It can be hard to put your own health first while caring for a newborn. But it's important to look after yourself as well.

- Talk to your midwife, health visitor, doctor or other healthcare professional as soon as you can about any anxiety, sadness or worries you may have.
- If you are on medicine for your mental health, talk to your healthcare professional about whether you should continue with this if you are breastfeeding. Do not stop taking your medicine without talking to your healthcare professional first.

- The NHS has information on [postnatal depression](#). This is a type of depression that parents can experience after having a baby. The Royal College of Psychiatrists also has information on [postnatal depression](#).
- 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.
- If you need emotional support, the Samaritans are available to call 24 hours a day, 7 days a week on 116 123.
- If you're having suicidal thoughts or thinking of harming yourself or your baby, you need urgent help with your mental health. Tell someone you trust, and call NHS 111 or go to your nearest A&E.

Many of these services are also open to partners who need support.

Your baby's live vaccines

Talk to your baby's healthcare team if you took, or are 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.

Vaccination decisions

Decisions about if your baby should have live vaccines, and when they should have vaccines, need to be made on an individual basis. Your IBD team and your baby's healthcare professionals should help you come to a decision. They will let you know if there are any extra precautions you or your baby need to take, or if your baby's vaccinations need to be delayed.

If you take, or have taken, medicines that affect your immune system, there may be times when it is still OK for your baby to have live vaccines. This will depend on:

- Which medicine you take or have taken
- If tests show that the medicine is in your baby's blood

- If the benefit of giving a live vaccine is greater than the risk of leaving them unvaccinated

If you took biologics and other immunosuppressants during pregnancy

If you took a medicine that affected your immune system during pregnancy, healthcare professionals may recommend delaying your baby's live vaccines until they are 6 or 12 months old. This is because more research is needed to understand if and how these medicines affect your baby's immune system.

If you started biologics after pregnancy

Live vaccines are thought to be safe for children of breastfeeding mothers who started taking biologics after birth. This is because only very small amounts of these medicines are usually found in breastmilk. The benefits of breastfeeding and the importance of your baby having their vaccines is thought to outweigh any possible risk.

However, although most biologics are thought to be safe for breastfeeding, manufacturers of infliximab recommend that breastfed babies should not be given live vaccines.

Always check with your IBD team and baby's healthcare professionals before breastfeeding or starting a new medicine.

Non-live vaccines

Non-live vaccines, known as inactive vaccines, are thought to be safe. Taking these medicines should not affect the rest of your [baby's vaccination schedule](#).

Possible live vaccines

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 four weeks later. Your baby must have both doses by 24 weeks old. It is not given to older babies. The rotavirus vaccine appears to be safe for children exposed to [biologic medicines](#) in the womb. But more research may be needed to confirm this. Talk to your healthcare professional about what is best for your baby, and if this vaccine is safe if you are breastfeeding.

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

BCG vaccine for tuberculosis (TB)

The BCG vaccine is not routinely given as part of the NHS vaccination schedule, but it's sometimes recommended. It may be 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, so can be delayed until it's safe to have.

Measles, mumps and rubella (MMR) vaccine

The first dose of the MMR is offered to children around the time they turn 1 year old. The second dose is offered to children when they are older. At the time of publication, this second dose is offered at 3 years and 4 months old. As of January 2026, the second dose will be given at 18 months.

If your child misses any doses of the MMR, it's important they catch up. You can speak to their GP about this.

Breastfeeding

There are many ways to feed your baby. Some parents choose to breastfeed, others prefer to bottle feed, and some might do both. Others may try breastfeeding but later decide to bottle feed. Or some may be unable to breastfeed for medical reasons.

Deciding how to feed your baby can be a difficult decision to make. The charity Tommy's provides information on the different options for [feeding your baby](#).

Crohn's or Colitis and breastfeeding

Having Crohn's or Colitis should not affect your ability to breastfeed your baby if you want to, and breastfeeding your baby should not affect your Crohn's or Colitis.

To find out more, [watch our Facebook Live event on fertility, pregnancy and breastfeeding \(video\)](#)

The benefits of breastfeeding

There is some evidence that being breastfed as a baby may protect against developing Crohn's or Colitis later in life. But experts agree that more research is needed to confirm this.

In general, breastfeeding has many long-term [benefits for you and your baby](#). The NHS recommends to:

- Feed your baby only breast milk for the first six months of their life. This is known as exclusive breastfeeding.
- 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 be good for your baby. You can continue to breastfeed for as long as you and your baby like.

“Breastfeeding was hard work, but I’m so glad I did it. I wanted to give my baby’s immune system an extra helping hand. I personally found sitting all day breastfeeding easier on my fatigue than washing and preparing lots of bottles every day!”

Jaya

Living with Ulcerative Colitis

The benefits of bottle feeding

Bottle feeding allows:

- Others to feed your baby. This can be essential if your Crohn's or Colitis is causing you pain, or if you need to rest and manage your fatigue.
- You to continue to take any medicines that may not be suitable for women breastfeeding.

Diet and breastfeeding

It's not always easy to eat a balanced diet when managing the symptoms of Crohn's or Colitis.

You do not need to have a special diet while you breastfeed. But it's a good idea to eat a healthy diet with a variety of foods every day. Some people with Crohn's or Colitis struggle to eat enough calories or may have a restricted diet. Speak to your IBD team or GP for advice. They may be able to provide nutritional drinks or shakes, or refer you to a dietitian for specialist support.

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

Find out more about breastfeeding and diet on the [NHS website](#).

“I have always struggled to eat big meals and have opted for smaller portions, but breastfeeding has really increased my appetite - especially in the first few weeks. I wasn't sure how my body would cope but it has adapted.”

Jenny
Living with Crohn's

Vitamin D supplements

If you exclusively breastfeed, you should take a 10 microgram vitamin D supplement every day for your own health. Your baby should also have a daily vitamin D supplement

of 8.5 to 10 micrograms until they are one year old. Vitamin D is needed to keep you and your babies' bones, teeth and muscles healthy.

Your body makes vitamin D from direct sunlight on your skin when you're outdoors. But between October and early March, we do not make enough vitamin D from sunlight. It can be difficult to get enough vitamin D from food alone.

Vitamin D is found only in certain foods, such as:

- Oily fish, like salmon, sardines and mackerel
- Red meat
- Some fortified cereals

Your IBD team should check your vitamin D levels if you have a flare-up or if you are taking steroids long-term.

Breastfeeding support

It can take a while to feel confident breastfeeding. You may wonder if you're doing it right or if your baby is getting enough milk. If you find it difficult, you are not alone. Your midwife and health visitor are there to support you. There is other support available too, such as helplines or local in-person groups.

If you're struggling, ask for help. The NHS lists [breastfeeding help and support](#) that's available to you, including:

- Helplines
- One-to-one support
- Online support
- Digital tools

“I have attended drop-in sessions with my local Infant Feeding Team for support with breastfeeding. They helped me try different hold positions to make it easier and more comfortable to feed my baby.”

Jenny
Living with Crohn's

Mastitis

If your breasts are inflamed and sore, you may have mastitis.

The NHS website has information on the [symptoms of mastitis and how to treat it](#).

It's best to continue breastfeeding your baby as normal, even if you have mastitis.

Breastfeeding will help you recover and will continue to benefit 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 taking ibuprofen. Ibuprofen could make your Crohn's or Colitis symptoms worse or possibly trigger a flare-up. The NHS recommends paracetamol to help reduce mastitis pain. Always check with a GP or midwife before taking paracetamol if it's combined with other medicines.

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, especially if you're taking medicines that affect your immune system.

Breastfeeding after a C-section or with a stoma

There is a lot of support available to you on your breastfeeding journey. Your midwife will provide you with details of local support groups in your area.

C-section

Some women may find it difficult to breastfeed after having a C-section. This is because lower levels of some hormones may have been released than if you'd had a vaginal birth. But this does not mean you cannot breastfeed. Your midwife or health visitor will be able to give you hints, tips and advice if you need support.

For feeding positions that may be helpful after having a C-section, see below.

While you are still pregnant, at around 36 to 37 weeks, you can start to express your colostrum. This is your first milk and can be collected and frozen to feed to your baby when they are born.

You can find out more about colostrum harvesting on the [breastfeeding network website](#).

Breastfeeding with a stoma

Having a stoma won't stop you from breastfeeding your baby and won't affect your milk production.

If you're concerned about your baby kicking your stoma bag while feeding, try to remember to empty or drain it before feeding. This may not always be possible, especially if your baby is hungry. A stoma support belt or pillow may offer you an added layer of protection against kicking feet.

Breastfeeding positions to try

There are many different feeding positions that you could try, such as 'rugby hold' or 'laid-back nursing'. These may help if you're in pain, are unable to sit up, or are worried about your baby kicking your C-section scar or your stoma. You can find out how to feed your baby in these ways, and others, on the [NHS website](#).

Vaccinations for you when breastfeeding

Let your healthcare professional know that you are 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 can usually have live vaccines while breastfeeding. But this will depend on the medicines you take for your Crohn's or Colitis.

Taking medicines when breastfeeding

Most Crohn's and Colitis medicines that are safe to take during pregnancy are usually safe to continue taking during breastfeeding. Many women will be advised to keep taking their medicines while breastfeeding to help keep their Crohn's or Colitis under control.

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

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

Talk to your IBD team

Always speak to your IBD team as early as possible if you are thinking of breastfeeding. They will help you decide which treatment is best for you and your baby. They will consider how severe your condition is and can answer any questions you have about the risks and benefits of your medicine.

“I thought I'd not be able to breastfeed because of the medication I take for my Crohn's, but my IBD team advised I could, which was so reassuring. I didn't have to choose between keeping the disease under control and feeding my baby how I wanted.”

Jenny

Living with Crohn's

Continuing to take your medicine

Talk to your IBD team before stopping, starting or changing any medicines. Stopping your medicine may increase your risk of a flare-up.

Checking new medicines

Always check with your pharmacist or another healthcare professional before starting any new medicines while breastfeeding. This includes over-the-counter medicines and any herbal remedies or supplements.

Medicines you can take

Medical experts agree that the following medicines are generally safe to take while breastfeeding and are probably of low risk to your baby. You should always ask your IBD team or another healthcare professional if your medicine is safe to take while breastfeeding. Please read our full information on these medicines:

- [Adalimumab](#), also known as the brand names Amgevita, Humira, Hyrimoz, Idacio, Imraldi and Yuflyma.
- [Aminosalicylates](#) (5-ASAs), such as sulphasalazine, mesalazine and olsalazine. If you are breastfeeding while taking 5-ASAs, your baby may experience some diarrhoea. This usually settles once you stop taking 5-ASAs. You might want to discuss what's best for you and your baby with your baby's healthcare team.
- [Azathioprine](#), also known as the brand names Imuran and Jayempi.
- [Corticosteroids](#), also known as steroids, such as prednisolone or budesonide.
- [Golimumab](#), also known as the brand name Simponi.
- [Infliximab](#), also known as the brand names Remicade, Flixabi, Inflectra, Remsima and Zessly.
- [Mercaptopurine](#).
- [Ustekinumab](#), also known as the brand names Pyzchiva, Stelara, Steqeyma, Uzprovo and Wezenla.
- [Vedolizumab](#), also known as the brand name Entyvio.

Medicines with little information on safety during breastfeeding

There is very little information on safety during breastfeeding for the medicines below. Read our full information on these medicines to find out more:

- [Estrasimod](#), also known as the brand name Velsiptity.
- [Filgotinib](#), also known as the brand name Jyseleca.
- [Methotrexate](#)
- [Ozanimod](#), also known as the brand name Zeposia.
- [Mirikizumab](#), also known as the brand name Omvoh

- [Risankizumab](#), also known as the brand name Skyrizi
- [Tofacitinib](#), also known as the brand name Xeljanz.
- [Upadacitinib](#), also known as the brand name Rinvoq.

Deciding if you should continue taking these medicines while breastfeeding is a balance. You need to keep your condition under control, but also keep any risk to your baby as low as possible. Your IBD team can help you make an informed decision about your care and your baby's safety.

If you are pregnant and plan on taking a different medicine once your baby is born, ask if it is OK to breastfeed while taking it. If breastfeeding is not recommended, you can start to collect your milk during week 36 or 37 of pregnancy. This is called colostrum harvesting. Talk to your pregnancy health team about this or find out more on the [breastfeeding network website](#).

Other medicines used in Crohn's or Colitis

Painkillers

You can take normal doses of paracetamol if breastfeeding. It has been used during breastfeeding for many years without any negative effects on children. Always check with a GP or midwife before taking paracetamol if it's combined with other medicines.

Try to avoid ibuprofen. Ibuprofen could make your Crohn's or Colitis symptoms worse or possibly trigger a flare-up.

Mycophenolate mofetil

This medicine is also known by the brand name CellCept.

The manufacturers of this medicine do not recommend that you take this while breastfeeding. This is because small amounts of this medicine can pass into milk.

Ciclosporin and Tacrolimus

The manufacturers of these medicines do not recommend that you take this while breastfeeding. This is because small amounts of these medicines can pass into milk.

You should discuss the benefits and risks of taking these medicines with your IBD team. You may be able to 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 surgery, also known as IPAA surgery.

The manufacturers of metronidazole recommend you stop breastfeeding until 12 – 24 hours after you have finished taking metronidazole.

You can take ciprofloxacin while breastfeeding if your doctor or health visitor says your baby is healthy. Ciprofloxacin passes into breast milk in small amounts and is unlikely to cause any side effects in your baby. It's usually only prescribed for a short time. You should monitor your baby for diarrhoea, nappy rash or thrush.

Antidiarrhoeals

- Colestyramine, also known as the brand name Questran
- Loperamide, also known as the brand names Imodium and Arret

You can take colestyramine while breastfeeding. You may develop deficiencies in some vitamins if you're taking it long-term, so you may need extra checks or supplements.

The amount of loperamide that enters milk is small. Taking recommended amounts of loperamide is unlikely to affect your baby. Talk to your IBD team if you need to take loperamide regularly.

Antispasmodics

- Hyoscine butylbromide, also known by the brand name Buscopan
- Mebeverine, also known by the brand names Colofac, Colofac IBS and Aurobeverine
- Alverine citrate
- Peppermint oil

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

You may be able to take allopurinol while breastfeeding if the benefits outweigh the potential risks. If you want to take allopurinol, discuss this with your IBD team. Allopurinol passes into breastmilk but is not known to cause any serious side effects in babies. Your baby may have extra monitoring if they're only fed with breast milk.

Nutritional treatments

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

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.

You may still be able to successfully breastfeed, but talk to your IBD team about your situation and health. See our information on [Food](#) for more on nutritional treatments.

Tests and investigations while breastfeeding

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

Endoscopy

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.

Preparing for a colonoscopy

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 empty of poo. You'll take a strong laxative around 24 hours before the test. This is 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.

To keep you hydrated while you're taking a laxative, it's important to keep drinking clear fluids. Although you won't be able to eat anything, you will still produce breastmilk.

You may be given a sedative before your colonoscopy. You can breastfeed as normal after having a sedative. Sedatives may make you feel drowsy and less responsive. Avoid sharing a bed with your baby or co-sleeping after having a sedative. You'll be advised to have someone stay with you after taking a sedative. If you're concerned about falling asleep while feeding or holding your baby, ask them to help keep an eye on both you and your baby.

CT and MRI scans

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](#).

Surgery and general anaesthetic

For some types of surgery, you may need to be given a general anaesthetic. This is a medicine that makes you unconscious and unable to feel pain. You can still breastfeed if

you've had a general anaesthetic. This is because these medicines are only found in small amounts in milk and are unlikely to affect your baby.

Women used to be advised to express their milk and throw it away for 24 hours after waking up from a general anaesthetic. This is known as a 'pump and dump'. This is no longer recommended. Instead, you should be supported to feed as soon as you feel alert and able to.

Other organisations

National Breastfeeding Helpline, including live chat support
www.nationalbreastfeedinghelpline.org.uk
Helpline: 0300 100 0212

Tommy's

Provide midwife-led information and advice on pregnancy and baby loss
www.tommys.org
Helpline: 0800 0147 800
Email: midwife@tommys.org

Sands

Pregnancy and baby loss support and information
www.sands.org.uk
Helpline: 0808 164 3332
Email: helpline@sands.org.uk

Bliss

Premature or sick babies support and information
www.bliss.org.uk
Email: hello@bliss.org.uk

Royal College of Psychiatrists

Information on mental health information
www.rcpsych.ac.uk/mental-health

Royal College of Obstetricians and Gynaecologists

Provides information on women's health, recovering after birth
www.rcog.org.uk/for-the-public

Drugs in Breastmilk Information Service

Provides information on safely taking medicines while breastfeeding

www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk

Email: druginformation@breastfeedingnetwork.org.uk

Facebook: www.facebook.com/BreastfeedingNetworkDrugsInBreastmilk

National Childbirth Trust

The Uks leading charity for parents

www.nct.org.uk

Helpline: 0300 330 0700

IA (Ileostomy and Internal Pouch Support Group)

A charity supporting people living with an ileostomy or internal pouch, their families, friends and carers.

www.iasupport.org

Tel: 0800 018 4274

Email: info@iasupport.org

Colostomy UK

Provides support to those living with a stoma

www.colostomyuk.org

Helpline: 0800 328 42357

Email: info@colostomyuk.org

Mind

Provides information, support and campaigning for people with mental health problems.

www.mind.org.uk

Helpline: 0300 102 1234

Email: info@mind.org.uk

Samaritans

There for people who need someone to listen

www.samaritans.org

Helpline: 116 123

Email: jo@samaritans.org.uk

Help and support from Crohn's & Colitis UK

We're here for you. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.

All information is available on our [website](#).

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our [helpline web page](#). Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can help by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community
- Providing details of other specialist organisations

You can call the Helpline on **0300 222 5700**. Or visit our [LiveChat service](#). Lines are open 9am to 5pm, Monday to Friday, except English bank holidays.

You can email helpline@crohnsandcolitis.org.uk at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.

Social events and Local Networks

You can find support from others in the Crohn's and Colitis community through our virtual social events. There may also be a Local Network in your area offering in-person social events. Visit our [Crohn's and Colitis UK in your area webpage](#) to find out what is available.

Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the [Crohn's & Colitis UK Forum](#).

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See [our membership webpage](#) for more information. Or you can call the Membership Team on **01727 734465**.

About Crohn's & Colitis UK

Crohn's & Colitis UK is a national charity, leading the fight against Crohn's and Colitis. We're here for everyone affected by these conditions.

Our vision is to see improved lives today and a world free from Crohn's and Colitis tomorrow. We seek to improve diagnosis and treatment, fund research into a cure, raise awareness and give people hope and confidence to live freer, fuller lives.

Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465**. Or you can visit [our website](#).

About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on [our website](#).

We hope that you've found this information helpful. Please email us at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use
- 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 you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

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