

**CROHN'S &
COLITIS UK**

**PATIENT-
FRIENDLY
MATERNITY
STANDARDS**

03/12/2025



PATIENT-FRIENDLY MATERNITY STANDARDS FOR WOMEN LIVING WITH INFLAMMATORY BOWEL DISEASE (IBD)

This information has been written to help women with Crohn's or Colitis understand the care and advice they should receive when pregnant, giving birth or thinking about how to feed their baby. This is based on the 2024 [maternity standards for midwives](#).

Where to find out more:

- Pregnancy and birth information can be found at www.crohnsandcolitis.org.uk/pregnancy
- Postnatal care and breastfeeding information can be found at www.crohnsandcolitis.org.uk/postnatalcare

If you have other medical or pregnancy complications, this advice should be used alongside any other guidelines used to help you manage you and your baby's health. Always consult your healthcare professional for advice on the best way to do this.

1. SUPPORT FOR YOU

1.1 Communication

You should tell your pregnancy care team about your Crohn's or Colitis and any medicine you take. Another name for a pregnancy care team is an antenatal care team. This will include your midwife, and may include an obstetrician or other healthcare professionals. An obstetrician is a specialist maternity doctor.

1.2 Advice about medicine

Folic acid

Folic acid is important for your baby's development in early pregnancy. The NHS recommends that you take 400 micrograms (400 µg) of folic acid every day. You may also see this dose written as 0.4 milligrams (0.4mg). This is the same amount.

If you plan to get pregnant, ideally, you should start taking this at least 12 weeks before you conceive.

If you have an unplanned pregnancy, you should start taking this when you find out you're pregnant.

You should continue to take folic acid during the first 12 weeks of your pregnancy.

You may need a higher dose of folic acid, such as 5 milligrams (5mg) per day, if you:

- Take sulphasalazine
- Have Crohn's in your small intestine
- Have had surgery to remove part of your small intestine

Anticoagulants

Some people may be offered a medicine to prevent blood clots. Pregnancy increases the risk of developing blood clots, and people with Crohn's or Colitis already have a higher risk.

Medicines to prevent blood clots are known as anticoagulants. Taking this medicine is particularly important if you are having a flare-up. Your doctor will prescribe medicines to prevent blood clots that are safe to take during pregnancy or breastfeeding.

Aspirin

Some women may be prescribed aspirin during pregnancy. This is to reduce their risk of preeclampsia. Preeclampsia is a condition that causes high blood pressure and protein in the urine during pregnancy.

Having certain conditions can increase your risk of preeclampsia. This includes having diabetes, kidney disease or high blood pressure.¹ Women with IBD may also have an increased risk of preeclampsia.²

To help you lower your risk of preeclampsia:²

- Your obstetric team may prescribe you aspirin, usually 150mg per day.
- You may be told to take this from 12 to 16 weeks after you become pregnant.
- Some people may be told to stop taking aspirin after 36 to 37 weeks of pregnancy. This is to lower your risk of bleeding during and after birth.

Aspirin is a type of medicine called a non-steroidal anti-inflammatory drug (NSAID). Some NSAIDs, such as ibuprofen, could cause a flare-up. However, low doses of aspirin for preventing preeclampsia do not appear to cause flare-ups. Talk to your IBD team if you have concerns about this medicine.

1.3 Coordination of care

If possible, speak to your IBD team before you start trying for a baby. They can help you find out if your medicines are safe to take when trying for a baby and how to stay in remission.

Patient-friendly maternity standards for women living with IBD, Ed 1 2035

When you find out you are pregnant, contact your IBD team straight away. They can talk to you about how to reduce your risk of a flare-up during pregnancy. They can also discuss the best medicine for you and your baby.

Your IBD team and pregnancy care team are there to advise and support you in all aspects of keeping well during your pregnancy. Ideally, they should work together and include each other in any letters or emails with you, so that they know how you and your baby are doing. By working together, both teams can avoid you having multiple appointments on the same day or week. Where possible, they may suggest virtual appointments.

Your IBD team and pregnancy care team can discuss all options for medicines and 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.

1.4 Who will be involved in your care

You should be cared for by your IBD team and your pregnancy care team.

You should be referred to a specialist maternity doctor, called an obstetrician, and placed under their care. An obstetrician is a specialist doctor who is an expert in pregnancy, labour and care after birth. Obstetricians often help manage women who have had a previous complication in pregnancy or have a long-term illness.

Mental health support

Pregnancy can be a very difficult time for many people. If you feel that you are not coping, you are not alone. 1 in 5 women 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. People living with Crohn's or Colitis may be twice as likely to experience mental health issues, such as anxiety or depression, as the general population.

Your healthcare professionals may ask you about your mental health. Speak to your GP or another healthcare professional if you are concerned about your thoughts or how you feel.

If you need it, you might be offered specialist support for your mental health.

2. PREGNANCY

2.1 Who to call for advice and when

You should be given contact numbers for both your IBD team and pregnancy care team, and maybe a named contact.

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Your pregnancy care team should let you know about the labour signs to watch out for and when to contact the maternity unit.

2.2 Anaemia and iron levels

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 may make you feel tired and breathless.

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.

Your GP, IBD team or pregnancy care team can advise you on taking iron supplements if you have low iron. Taking iron tablets can cause stomach discomfort, 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 may be offered an iron infusion if:

- You have symptoms of low iron
- Iron tablets have not worked for you
- Iron tablets cause side effects

2.3 Deciding how to feed your baby

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.

Your midwife and IBD team will be able to talk to you about:

- Whether breastfeeding is right for you and your baby
- Medicines that are safe to take when breastfeeding

2.4 Colostrum harvesting and the benefits of colostrum

Before your baby is born, from around 36 to 37 weeks, you can express your first milk. This is known as colostrum. Collecting and freezing colostrum is known as colostrum harvesting.

After birth, feeding colostrum to your baby can help their immune and digestive system develop, giving them extra protection from infections and allergies.

Colostrum harvesting may be especially beneficial if:

- You plan to have a C-section.
- You want more breastmilk to give after birth. This could be helpful if you are feeling fatigued.
- You need to start a medicine after birth, and breastfeeding is not recommended on it.

Your midwife can talk to you about colostrum harvesting and support you if you choose to or can do it. They may be able to provide you with the equipment to help you collect your colostrum.

Colostrum harvesting is not suitable for everyone and should not be done if you:

- Take medicine that is not suitable for breastfeeding
- Have a history of early births or possible early births
- Have a cervical stitch
- Have been told that there is a problem with the position of your placenta

3. LABOUR AND BIRTH

3.1 Talking about ways to give birth

Births can happen at home, in a unit run by midwives, known as a midwifery unit or birth centre, or in a hospital. 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.

3.2 Caesarean section and your choices

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

Most women with Crohn's or Colitis can give birth vaginally. Some people may be advised to have a C-section. Talk to your IBD team and pregnancy care team about your options for giving birth. You should come to an agreement together based on the health of you and your baby, as well as your preferences, culture and religion.

If you do not need to have a C-section, but choose to have one, your IBD team or pregnancy team should talk to you about any risks from this type of surgery.

3.3 Water birth or home birth

Talk to your pregnancy care team if you would like to have a water birth or a home birth. They will give you information to help you make decisions around birth.

If you or your baby are at increased risk during labour or birth, you may need additional monitoring. Your pregnancy care team will talk to you about the safest birth option for you and your baby. This may mean a change to your current birth plan.

ABOUT CROHN'S & COLITIS UK

We're Crohn's & Colitis UK and we're changing what it means to live with these lifelong, incurable gut conditions. Around one in 120 people in the UK have Crohn's Disease or Ulcerative Colitis, navigating life with an unpredictable condition that could flare up at any time. And the impact can be devastating; plans turned upside down; work and education on hold; relationships and wellbeing under strain; dreams for the future paused.

No one should face that alone. That's where we come in.

We provide trusted information, support cutting-edge research and lead bold campaigns designed to get people talking about Crohn's and Colitis like never before. We're transforming understanding, building the recognition these conditions deserve and uniting our community to drive real change. 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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Patient-friendly Maternity Standards for
women living with IBD, Ed 1

Last review: Dec, 2025

Last amendment: Mar, 2026

Next review: Dec, 2028



References

This document is based on the 2024 [maternity standards for midwives](#). In some instances in this document, additional medical recommendations may have changed due to new guidelines being developed. Where updates to this document have been made, alternative references may have been used. These include:

1. Pre-eclampsia - Causes - NHS. Accessed February 19, 2026. <https://www.nhs.uk/conditions/pre-eclampsia/causes/>
2. Mahadevan U, Seow CH, Barnes EL, et al. Global consensus statement on the management of pregnancy in inflammatory bowel disease. *Gut*. 2026;75(2):208-251. doi:10.1136/gutjnl-2025-336402