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## Pregnancy and birth

If you'd like to start a family, or you're already pregnant, you may have questions about the impact Crohn's or Colitis may have on you or your baby.

We've written this information to guide you through pregnancy and birth. 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
- Make informed choices about your tests and treatments during pregnancy
- Make an informed choice about how to give birth
- Know where to get further support

This information used to include a section on breastfeeding. If you're looking for this, you can find it on our [postnatal care and breastfeeding page](#).

## **You're not alone**

Feeling worried about your or your baby's health is normal, even for people who do not have Crohn's or Colitis. We want you to know that there's lots of support available for you, and that you're not alone. We hope our information makes things seem less overwhelming. Our [helpline](#) can help you find the support you need.

## **Who is this information for?**

This information is mainly for women with Crohn's Disease and Ulcerative Colitis. That's because it is based on research about these conditions.

If you live with Microscopic Colitis, you may still find some of this information helpful. But there is not much scientific research about pregnancy in women with Microscopic Colitis yet. Speak to your IBD team or other healthcare professional. They can advise you on your situation.

When we use the term 'Colitis' in this resource, we mean Ulcerative Colitis.

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

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## Key facts about pregnancy

- Most women with Crohn's Disease or Ulcerative Colitis can expect to have straightforward pregnancies and healthy babies.
- If possible, speak to your IBD team before you start trying for a baby or once you find you're pregnant. They can help you manage your condition throughout your journey to and during pregnancy.
- Women with Crohn's or Colitis are more at risk of pregnancy complications if their condition is active during pregnancy.
- Many women 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.
- Always talk to your IBD team before you stop, start or change medicines.
- Most women 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

### Fertility

If your Crohn's or Colitis is well-controlled, you may have a better chance of getting pregnant than during a flare-up. When your condition is well-controlled, it is known as being in remission.

Our [reproductive health and fertility information](#) has information about:

- Fertility
- Fertility treatments
- Contraception

- **Abortion**

Find out if your medicine may impact your fertility in our [treatments](#) information. Your IBD team may also be able to advise you on this.

## **Planning for a pregnancy**

If possible, speak to your IBD team as early as possible before you start trying for a baby. They can support you through the process. Your IBD team can:

- Help you to manage your condition before you become pregnant.
- Give you advice about if it's OK to continue taking your medicine. Many medicines are safe to take during pregnancy, but some are not. If this is the case, your IBD team can work with you to find a medicine that is safe. Our section on **safety of medicines in pregnancy** may help. You can also search for your medicine on the [Bumps website](#).
- Refer you to a specialist maternity doctor, known as an obstetrician, if you need it.

[Watch our video on how your IBD team can help if you're thinking of having a baby.](#)

## **If you have an unplanned pregnancy**

If 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. Do not stop taking your medicine until you have spoken to your IBD team.

If you are not able to reach your IBD team, speak to your GP. Your GP may be able to help contact your IBD team.

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

We do not know what causes Crohn's or Colitis. We believe that a mix of genes, bacteria in the gut and the environment probably causes these conditions, but more research is needed to know for certain.

We're not sure how much a person's genes influence whether they will develop Crohn's or Colitis. But 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.

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

**Most women with Crohn's or Colitis have straightforward pregnancies, births and healthy babies.**

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.



## **Reducing the risk of complications**

It can be worrying to hear about pregnancy complications. Your IBD team and your pregnancy care team should work together to help keep you and your baby as healthy as possible. 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 and that your baby is developing as expected. You may have extra scans and checks, depending on the medicine you take and how well you are.

Talk to your pregnancy care team about your condition and treatment. Give them the contact details of your IBD team so that they can work together for you and your baby.

Sometimes, it can be difficult to manage the many feelings and worries that pregnancy can bring. You're not alone. We have information on the support that's available to you in our section on **mental wellbeing and support**.

## **Risks not affected by Crohn's or Colitis**

Crohn's and Colitis **do not** seem to increase your risk of the complications below. For these, your risk is the same as the general public. These include:

- Having an abortion for medical reasons.
- Early pregnancy loss, or miscarriage.
- Problems with the placenta. This may include your placenta lying low in the womb, known as placenta praevia, or your placenta starting to come away from the wall of the womb, known as placental abruption.
- Preeclampsia. This is a condition that causes high blood pressure and proteins in the urine during pregnancy. If needed, your obstetric team may prescribe aspirin to reduce your risk, usually 150mg per day. Aspirin is a type of medicine called an 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.

- Chorioamnionitis. This is a type of infection of the fluids and membranes that protect a baby in the womb.

## **Pregnancy complications**

It is normal in any pregnancy to be worried about complications. The risks of pregnancy complications can depend on many different things. This can include whether you have Crohn's or Colitis, how severe it is or the medicine you take. The biggest factor that increases the risks above is if you have a flare-up during pregnancy or at conception. Your IBD team will work with you to try to keep your condition under control.

In general, women with Crohn's or Colitis may be more at risk of certain pregnancy complications. These include:

- Diabetes during pregnancy, known as gestational diabetes.
- A smaller baby. This is also known as small for gestational age, or low birth weight.
- Blood clots. See the section below.
- Your water breaking early or having an early birth, known as a preterm baby.
- An ectopic pregnancy. This is when a fertilised egg attaches somewhere outside of the womb, such as in the fallopian tubes. This slightly higher risk is for women living with Crohn's.
- A stillbirth, known as baby loss. The [NHS website](#) has information on ways to reduce your risk of stillbirth.

**“I was referred to a consultant obstetrician maternity medicine appointment when I was considering getting pregnant. This appointment was such a positive experience and made me feel so supported in the decision-making process around my own health and potential pregnancy. It gave me the opportunity to ask as many questions as I needed to and allowed me to make informed next steps.”**

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**Sarah**

**Living with Colitis and a stoma**

## **Risk of blood clots**

Pregnancy increases the risk of developing blood clots, and people with Crohn's or Colitis already have a higher risk. Having a blood clot in the legs is known as deep vein thrombosis (DVT) and can be dangerous.

### **Signs of blood clots can include:**

- **Breathlessness.**
- **Chest pain.**
- **Throbbing pain, usually in the calf or thigh, when you walk or stand.**
- **Swelling in one leg, or more rarely, both legs.**
- **Warm skin around the painful area.**
- **Skin becomes red or darkened around the painful area. This may be harder to see on brown or black skin.**
- **Swollen veins that are hard or sore when you touch them.**

These symptoms can also happen in your arm or tummy if that's where the blood clot is.

You're more at risk of having a blood clot 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 may be offered a medicine to prevent blood clots. This is known as an anticoagulant. This 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.

You can find out more about DVT and blood clots on [the NHS website](#).

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

We cannot predict if or how your pregnancy may affect your Crohn's or Colitis. During pregnancy, your body can go through a lot of changes. This can include changes to your hormones, immune system and your gut bacteria. These can all have an impact on Crohn's and Colitis.

### Flare-ups

If your Crohn's or Colitis becomes active, it is known as having a flare-up. During a flare-up, you may have symptoms such as:

- Diarrhoea
- An urgent need to use the toilet
- Fatigue or extreme tiredness
- Tummy cramps

You may be more likely to have a flare-up during pregnancy if you also had active disease when you became pregnant.

Women with Colitis may be more likely to have a flare-up during pregnancy or after birth than women with Crohn's.

## Complications of Crohn's

Complications of Crohn's can sometimes occur. Women with Crohn's may be more at risk of developing complications of their condition during pregnancy, such as abscesses, fistulas or strictures.

### When to contact your IBD team:

- **If you plan to get pregnant.** Talk to your IBD team as early as possible. Your IBD team can help you try to get your Crohn's or Colitis under control before you get pregnant.
- **If you find out you are pregnant and it was not planned.** Talk to your IBD team as early as possible so that you can ask about any changes to your medicine.
- **Before stopping or changing your medicines.**
- **If your Crohn's or Colitis symptoms get worse during your pregnancy or after birth.**

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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. 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.

You should be given contact numbers for both your IBD team and pregnancy care team, and maybe a named contact. Your pregnancy care team should let you know about the labour signs to watch out for and when to contact the maternity unit.

## **Support from your pregnancy care team**

- You may have appointments with a midwife. A midwife is a specialist in the care of pregnant women and babies.
- You should be referred to and placed under the care of a specialist maternity doctor, called an obstetrician. 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.
- 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 up until your child is five years old.

## **General NHS advice**

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 live with Crohn's or Colitis.

## Eat a balanced and varied diet

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

A healthy diet is important and will help your baby develop and grow. You might struggle to eat enough calories, or you may have a restricted diet because of your 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.

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.

Contact your midwife or doctor if you are 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](#). This often needs treatment in hospital.

If you have hyperemesis gravidarum, and usually swallow your Crohn's or Colitis medicine, tell your IBD team. Being sick after taking your medicine might affect how effective it is.

## Supplements

There are supplements that everyone should take during pregnancy. Some women 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. The NHS recommends that you take 400 micrograms of folic acid every day. You should

start taking this at least 12 weeks before you conceive or when you find out you're pregnant. You should also take this during the first 12 weeks of your pregnancy.

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

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

## **Vitamin D**

The NHS recommends 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 if you take steroids long-term.

## **Iron**

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 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

Find out ways to increase iron in your diet in our information on [food](#).



## Fatigue

Fatigue is a common symptom of Crohn's and Colitis, and is also common in pregnancy. Living with fatigue can make everything more difficult, including being active.

Our information on [fatigue](#) suggests some ways to help you cope with fatigue and increase your energy levels.

[Watch our video on ten top tips for managing fatigue.](#)

## Staying active, pregnancy and fatigue

If you're pregnant and live with fatigue, you may be surprised to hear that exercise could help. Most forms of exercise are considered safe for you and your baby.

Being active during pregnancy may have other 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

If you're new to activity, start gradually. Build up your activity levels over time.

There are many ways to be active during pregnancy, whether that's swimming, yoga or simply going for a brisk walk. If you can, try to keep up your normal daily exercise for as long as you feel comfortable.

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,  
Living with Crohn's**

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## 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.

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## Mental wellbeing and support

Being pregnant can be both mentally and physically exhausting. There can be lots of emotions to manage when you're pregnant. You may have a mixture of feelings, such as happiness and love, or worry and sadness. For some people, being pregnant with Crohn's or Colitis can bring an extra layer of worry or anxiety. At times it may be difficult to do everything you would like because you are also living with Crohn's or Colitis. You are doing your best.

**“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

Living with Crohn's

## You're not alone

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.

Our information on [mental health and wellbeing](#) can help you recognise signs of poor mental health and find support.

## Getting the support you need

It can be difficult to talk about negative feelings around pregnancy. Some people feel guilty about having these feelings. How you feel does not make you a bad parent.

- Talk to your midwife, doctor or other healthcare professional as soon as you can about any anxiety, sadness or worries you have.
- If you are on medicine for your mental health, talk to your healthcare professional about whether you should continue with this medicine while pregnant. Do not stop taking your medicine without talking to your healthcare professional first.
- The NHS has information on [mental health in pregnancy](#).
- The charity Tommy's also has information on [wellbeing in pregnancy](#) and a [wellbeing plan](#).
- If you need emotional support, the Samaritans are available to call 24 hours a day, 7 days a week on 116 123.

- If you need urgent help with your mental health, such as having thoughts of suicide or harming yourself, 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.

**“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**

**Living with Colitis**

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## Others' experiences

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 strategies they had developed to cope with their condition were good preparation for pregnancy and being a parent. 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 being a parent. Just as they relied on support from others to help them cope with different aspects of living with their condition.

## Supporting someone during pregnancy

Being pregnant and living with Crohn's or Colitis can be physically and mentally challenging. Having help from others can make a huge difference. Friends and family can give much-needed support, whether it's tasks around the house or being there to listen.

Friends and family of people with Crohn's or Colitis can find out more about providing support in our resources below:

- [Supporting someone with Crohn's or Colitis](#). This includes practical tips on how to provide support and make a difference to someone living with Crohn's or Colitis.
- [Fatigue](#). This information has sections that include hints and tips on how to manage fatigue, and a section on how others can provide support.

If you live with Crohn's or Colitis and your partner is pregnant, it might be hard to offer them the support you feel they need. It's important to have an open and honest discussion about how you can help, but it's also important not to be too hard on yourself. You're doing the best you can.

The hints and tips in our [fatigue information](#) can apply to many different situations and could help both you and your partner.

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## Medicines during pregnancy

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

### Talk to your IBD team

If you can, it is never too early to speak to your IBD team once you are planning to get pregnant. When you have found out you are pregnant, let your IBD team know.

Your IBD team will help you decide which treatment is best for you and your baby. They will consider how severe your disease is and the stage of your pregnancy. Your IBD team can answer any questions you have about the risks and benefits of your medicine.

## **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. Having a Crohn's or Colitis flare-up during pregnancy could increase the risk of pregnancy complications, such as:

- Premature birth
- Low birth weight
- Stillbirth, for women with Crohn's
- Miscarriage

## **Medicines you can take**

Medical experts agree that the following medicines are generally safe to take during pregnancy and are probably of low risk. You should always ask your IBD team if your medicine is safe to take during pregnancy. For some medicines, you may be told to watch out for certain side effects, or you may be advised to stop taking some of these medicines during the later part of your pregnancy. 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. However, balsalazide is not recommended during pregnancy.
- [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 in pregnancy

There is very little information on safety during pregnancy for:

- [Mirikizumab](#), also known as the brand name Omvoh
- [Risankizumab](#), also known as the brand name Skyrizi

Deciding whether to continue taking these medicines during pregnancy is a balance between keeping your condition under control and keeping any risk to your baby as low as possible. Your IBD team can help you make an informed decision.

## Medicines you should not take

You should not take the following medicines during pregnancy. If you take these medicines and find that you are pregnant, talk to your IBD team immediately. Do not stop taking any medicines without talking to your IBD team first. If you cannot contact your IBD team, speak to your GP. Your GP may be able to help you contact your IBD team.

Read our full information on these medicines to find out more:

- [Balsalazide](#), also known as the brand name Colazide.
- Ciprofloxacin, during the first trimester. See below.
- [Estrasimod](#), also known as the brand name Velsiptity.
- [Filgotinib](#), also known as the brand name Jyseleca.
- [Methotrexate](#).

- Mycophenolate mofetil, also known as the brand name CellCept. See below.
- [Ozanimod](#), also known as the brand name Zeposia.
- [Tofacitinib](#), also known as the brand name Xeljanz.
- [Upadacitinib](#), also known as the brand name Rinvoq.

## Other medicines used in Crohn's or Colitis

### Painkillers

Speak to your IBD team or GP about which medicines are safe to use for you.

**Paracetamol.** You can take normal doses of paracetamol if pregnant. It has been used during pregnancy 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.

**Ibuprofen.** The NHS does not usually recommend ibuprofen during pregnancy. Also, some evidence suggests that ibuprofen and some other non-steroidal anti-inflammatory drugs (NSAIDs), can make Crohn's or Colitis symptoms worse. This could be more likely if your condition is active, or you take NSAIDs for a long time. But it's difficult to know for sure.

**Codeine.** Codeine can be taken in pregnancy, although long-term use is not recommended. Your doctor may not prescribe codeine if you are having a flare-up of Colitis. This is because this type of medicine can increase the risk of a rare and serious complication called toxic megacolon. This is when your colon swells to a much larger size due to trapped gas caused by inflammation. This creates a risk of possible rupture and blood poisoning, or septicemia.

### Mycophenolate mofetil

This medicine is also known as the brand name CellCept.



You should not take mycophenolate mofetil during pregnancy. Use contraception while you take mycophenolate mofetil, and for six weeks after you stop treatment. Mycophenolate mofetil can cause birth defects and miscarriages.

Men should use reliable contraception when taking mycophenolate mofetil. Men should also use contraception for at least 90 days, or three months, after stopping treatment.

## **Ciclosporin and Tacrolimus**

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

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.

## **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. In these situations, you can take metronidazole during pregnancy.

You should **not** take ciprofloxacin during the first trimester.

## **Antidiarrhoeals**

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

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.

## **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 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 research 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.

## **Allopurinol**

Allopurinol is usually taken in combination with azathioprine.

There is not much data on taking allopurinol during pregnancy. Taking allopurinol during pregnancy to prevent a flare-up may be more beneficial than the potential risks to your baby. This may be different for each person. If you want to take allopurinol, this should be discussed with your IBD team.

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

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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 who have nutritional treatments may be quite unwell and in hospital. See our information on [food](#) for more on nutritional treatments.

If you have nutritional drinks, check with your dietician, a pharmacist or the manufacturer that they are safe to drink while pregnant.

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## Vaccinations during pregnancy

Let your healthcare professional know that you are pregnant before having any vaccinations. Tell them about any medicines you take. This should include medicines for Crohn's or Colitis and any over-the-counter medicines.

You will be offered some vaccinations during pregnancy, such as the flu vaccine or the whooping cough vaccine. These are safe as they are not live vaccines. You will usually be advised to avoid live vaccines.

### Live vaccines

Live vaccines use a live version of the virus. You should not have live vaccines during pregnancy. This is because there's a possible risk that they could infect your unborn baby. There is no evidence that any live vaccine causes birth defects.

You may be offered a live vaccine during pregnancy if the risk of infection is higher than the risk of the vaccination. Your midwife, GP or pharmacist can give you more advice about this.

Live vaccines include:

- BCG. This is the vaccination against tuberculosis

- Measles, mumps and rubella (MMR) vaccine
- Oral typhoid
- Yellow fever

## Flu and COVID-19 vaccines

If you are pregnant, you are eligible and recommended to have the annual flu jab and the seasonal COVID-19 vaccine. Neither of these are live vaccines. They are both safe for people taking Crohn's or Colitis medicines that affect their immune system.

## Whooping cough vaccine

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 eight 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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## Tests and investigations during pregnancy

This section is about tests and investigations to check your Crohn's or Colitis during pregnancy.

For general information on tests and checks for your pregnancy, see the [NHS website](#).

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

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

## 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.

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.

## 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'. 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.

After taking the bowel prep, keep drinking clear fluids to prevent dehydration.

## Imaging scans

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.

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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 delaying surgery would be a bigger risk to you or your baby.

Urgent surgery should not be delayed because of pregnancy.

It's safe to have anaesthetic and sedative medicines during surgery while pregnant.

## **What are the risks of surgery to my baby?**

Having surgery will always carry some risks. If you're pregnant, having surgery may increase your risk of having:

- A miscarriage
- An early birth, also known as a preterm birth
- 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 will have. If you do need surgery, your baby may be closely monitored, depending on how old they are. Ask your pregnancy team or surgeon about any questions or concerns you may have. They can explain the risks and benefits of surgery.

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

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## **Pregnancy with a stoma**

If you are planning a pregnancy or become pregnant, talk to your stoma nurse as soon as possible. They can talk to you about how being pregnant might affect your stoma and how your stoma might affect your pregnancy.

## **Changes to look out for**

When you are pregnant, your stoma might change size or shape. Talk to your stoma nurse if you notice any changes. Some women 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.

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 information about stomas in our information on [living with a stoma](#).

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## Giving 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.

**“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**

**Living with Crohn's**

## Pain relief during labour

There are different options to help relieve the pain during labour. These include medicines or things you can try to help you cope with the pain.

Talk to your pregnancy care team about your pain relief options. The NHS has more information on [pain relief during labour](#).

## **Your birth plan**

Your midwife can help you make a birth plan. 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.

The NHS website has more information on [how to create a birthing plan](#).

## **Giving birth vaginally or by C-section**

You can give birth through your vagina, known as a vaginal birth. 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.

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.

**“I had vaginal births with all my children and I had no complications.”**

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**Debbie**

**Living with Crohn's**

## **Water birth and home birth**



Talk to your pregnancy care team if you would like to have a water birth or a home birth. They should support you in having the birth you would like.

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.

## **Pooing during birth**

During labour, the urge to push may feel the same as when you need to have a poo. Pushing during labour uses similar muscles.

During the first stages of labour, you might find that you need to poo frequently. This is a natural part of labour and may help during birth.

During later contractions, you may poo. This can happen to anyone, whether they have Crohn's or Colitis or not. Lots of women worry about this, but pooing during birth is common and nothing to be embarrassed about. Your midwife will be used to this and will help clean up. You may not even notice this happening.

## **Perineal tears**

Sometimes, during vaginal birth, as the baby comes out, your perineum may tear. The perineum is the area between your anus and the vaginal opening. In general, most women living with Crohn's or Colitis who have a vaginal birth do not increase their risk of tearing their perineum. However, some women with Crohn's or Colitis may be advised to have a C-section to avoid this. See the **C-section section** below for more information.

## **Giving birth with a stoma**

Some women 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 seem to be no more common in women with a stoma than in women who do not have a stoma. Your pregnancy care team will talk to you about the best option for you.

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

## **C-section**

Women with Crohn's or Colitis are more likely to have a C-section than women who do not have Crohn's or Colitis. However, most women 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. This is Crohn's around your bottom.
- You've had a fistula between your rectum and vagina. This is known as a rectovaginal fistula.
- You've had pouch surgery. This is known as a restorative proctocolectomy with ileo-anal pouch, or IPAA.

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

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

## **Support if your baby is born early**

Having a premature baby that needs neonatal care can be an overwhelming experience. 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).

## **First milk and colostrum harvesting**

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.

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

## **Postnatal care and breastfeeding**

Find out about the support that's available after having a baby, postnatal vaccinations and feeding your child in our [postnatal care and breastfeeding](#) information.

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## Pregnancy loss

Losing a baby affects people in different ways. There's no right or wrong way to feel, and support can take many forms. Some people may find it helpful to talk. Others may prefer to read others' experiences, or want to meet others who are going through something similar. Below are some ways to find the support you need.

- The [NHS website has information](#) on support after a stillbirth.
- The [NHS website has information](#) on support after a miscarriage.
- The charity [Sands](#) is there to support anyone 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).

## Miscarriage

A miscarriage is the loss of a pregnancy in the first 23 weeks.

If you live with Crohn's or Colitis, your risk of miscarriage may be the same as the general population, even if:

- You were in a flare-up when you got pregnant
- You are taking [biologic medicines](#) with [azathioprine or mercaptopurine](#)
- You are taking biologic medicines without azathioprine or mercaptopurine

However, you may have a higher risk of miscarriage if:

- You have a flare-up during pregnancy
- You have surgery

Miscarriage in the first 12 weeks of pregnancy is common in the general population. Around 1 in 5 pregnancies in the first 12 weeks of pregnancy end in

miscarriage. If you have three or more miscarriages in a row you will be referred to a healthcare professional to help find out why.

Some medicines are not safe to take when trying for a baby or during pregnancy. See our information on **medicines during pregnancy** for details.

## **Treatment for miscarriage**

Some women might need treatment with medicines or surgery for a miscarriage.

There are some things to consider if you have Crohn's or Colitis and need treatment for a miscarriage:

- If you are taking steroids, you must tell the healthcare professional caring for you. You may need extra checks or monitoring.
- If you have anaemia, you may need extra checks after treatment for a miscarriage.
- Try and avoid taking ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) for pain. Some evidence suggests NSAIDs can make Crohn's or Colitis symptoms worse. This could be more likely if your condition is active, or you take NSAIDs for a long time. But it's difficult to know for sure. Speak to your IBD team or GP about which medicines are safe to use. If your pain continues, your doctor may want to rule out other conditions.
- Misoprostol is a medicine used to treat miscarriage. It can cause side effects similar to Crohn's or Colitis symptoms. These include diarrhoea, stomach cramps and feeling or being sick. If these symptoms last more than a few days, contact your healthcare professional.

- People with Crohn's or Colitis have an increased risk of blood clots. Having surgery, including surgery for miscarriage, can increase your risk of blood clots. Your healthcare team will tell you how to reduce your risk of blood clots. You may also be given medicine to help prevent blood clots.

See the NHS website for more on [treatments for miscarriage](#).

## Stillbirth

This is when an unborn baby dies after 24 weeks of pregnancy.

Most women with Crohn's Disease or Ulcerative Colitis will have normal pregnancies, births, and healthy babies. However, women with Crohn's Disease or Ulcerative Colitis may be more at risk of having a stillbirth. The risk is higher if you're in a flare-up.

Hearing this can be a worry, but your pregnancy care team will carry out scans and checks to make sure your baby is developing as expected. Your IBD team will work with your pregnancy care team to help you be in the best possible health during your pregnancy.

The NHS has more information on [what happens if you have a stillbirth](#).

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## Other organisations

### Bumps

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

### 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)

### Colostomy UK

Support for people with a stoma  
[www.colostomyuk.org](http://www.colostomyuk.org)  
Helpline: 0800 328 42357  
Email: [info@colostomyuk.org](mailto:info@colostomyuk.org)

## **IA (Ileostomy and Internal Pouch Association)**

Information about ileostomy and internal pouches

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

Tel: 0800 018 4724

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

## **Mind**

Mental health support

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

Helpline: [0300 102 1234](tel:03001021234)

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

## **National Childbirth Trust (NCT)**

Support for people becoming parents

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

Helpline: 0300 330 0700

## **Pregnancy Sickness Support**

support for people with hyperemesis Gravidarum

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

Helpline: 0800 055 4361

Email: [support@pregnancysicknesssupport.org.uk](mailto:support@pregnancysicknesssupport.org.uk)

## **Royal College of Obstetricians and Gynaecologists**

Information on health during pregnancy and birth

[www.rcog.org.uk/for-the-public](http://www.rcog.org.uk/for-the-public)

## **Royal College of Psychiatrists**

Mental health information

[www.rcpsych.ac.uk/mental-health](http://www.rcpsych.ac.uk/mental-health)

## **Samaritans**

Mental health support

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

Helpline: 116 123

Email: [jo@samaritans.org](mailto:jo@samaritans.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)

## **Tommy's**

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)

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## 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](mailto: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**.

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## **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](mailto: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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