



# MEETING OF THE MINDS

WESTIN HARBOUR CASTLE, TORONTO

SATURDAY, November 15, 2025

## Canada Future Directions in IBD



Co-Chairs: **Remo Panaccione**, MD FRCPC and **A. Hillary Steinhart**, MD MSc FRCPC



# Workshop 3.4

## Global View on Managing Pregnancy in IBD



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**Mount Sinai  
Hospital**

Sinai Health System  
Joseph & Wolf Lebovic  
Health Complex



Medicine  
**UNIVERSITY OF TORONTO**



**INFLAMMATORY  
BOWEL DISEASE UNIT**  
UNIVERSITY OF CALGARY



**UNIVERSITY OF  
CALGARY**





# Objectives

- Integrate current evidence-based strategies into individualized management plans for pregnant patients with IBD
- Assess the safety profiles of commonly used IBD therapies during pregnancy and lactation
- We would like to take a moment to acknowledge the Indigenous people and traditional territories where we work and live today.





<https://pianostudy.org/conference.php>



## **The Helmsley PIANO Global Consensus and GRADE Statement: The Management of Pregnancy in Inflammatory Bowel Disease**

**Chair:** Uma Mahadevan **Co-Chair:** Millie Long

10 section leads; 6 continent leads; Multi-disciplinary consultants; Patient ambassadors.

Funding: Helmsley Charitable Trust

Mahadevan U, Seow CH, Barnes EL, et al. Gut. 2025 Aug 28;gutjnl-2025-336402.

# Case 1: Layla

24-year-old with Crohn's disease affecting her colon, ileum, and also has perianal disease

- Treatment: Infliximab and methotrexate

Layla is getting married in a few months, and asks her gastroenterologist several questions, including

- Will my child have IBD?
- What factors influence my ability to get pregnant?
- I may not be considering pregnancy right away, why should I see you before I plan pregnancy?



Maternal factors  
impacting pregnancy



Fertility



Pre-conception  
counseling and  
optimization



Management of  
disease activity  
during pregnancy



Management  
of pregnancy



IBD medications  
during pregnancy



IBD medications  
during lactation



Pregnancy  
adverse events



Fetal and neonatal  
adverse events



Vaccines

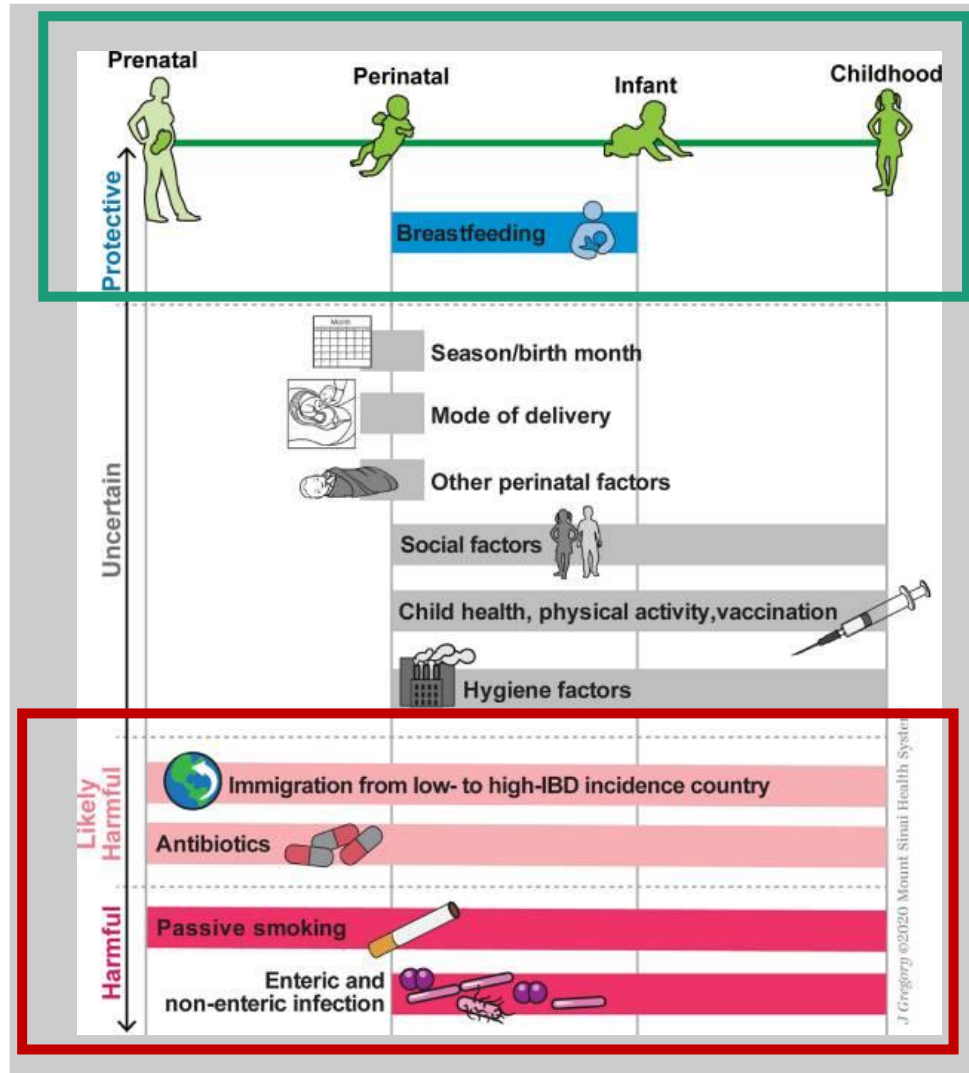
# Layla: Question 1

Will my child have IBD?

Focus on modifiable factors

- prenatal vitamin
- healthy weight gain
- avoid alcohol and smoking

# What is the Role of Genetics, Smoking, Diet, Infections, and Antibiotics on the Future Risk of Developing IBD?



Genetics, Environment, Microbiome

Combining **physiological biomarkers** of gut inflammation, **gut barrier function**, **fecal microbial composition** and **functional pathways** to assess the future risk of CD among healthy FDRs

Focus on what you can modify!





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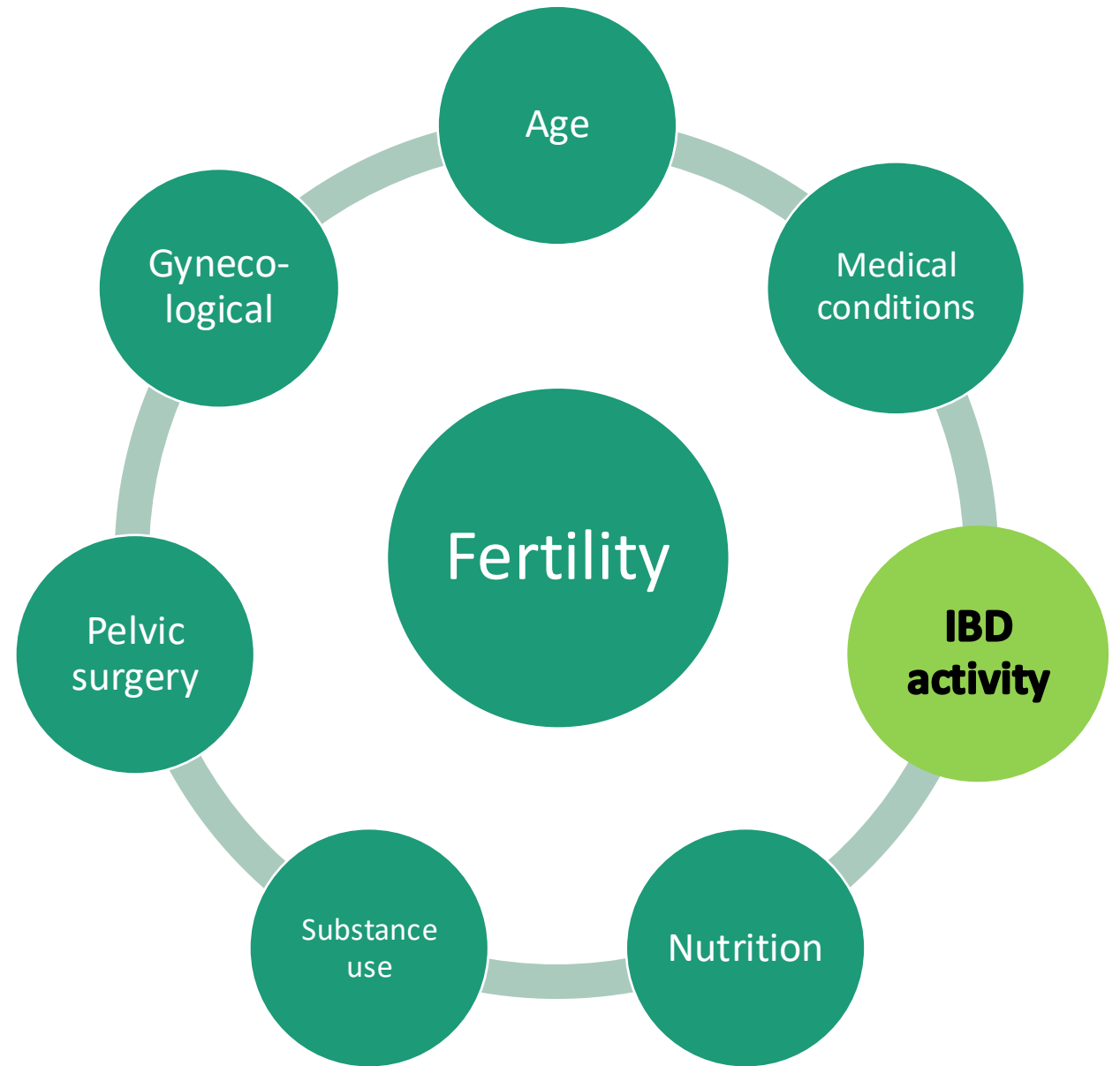
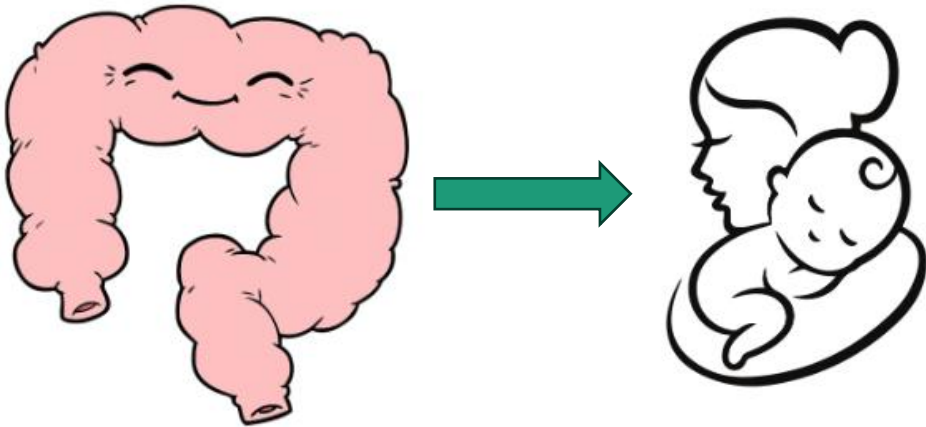
Fetal and neonatal  
adverse events



Vaccines

# Layla: Question 2

- What factors influence my ability to get pregnant?





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Vaccines

# Layla: Question 3. Why should I see my IBD doctor before pregnancy? *Preconception Counselling*



Women are more concerned about IBD therapy than disease activity

Consider maternal/pregnancy and fetal outcomes

Medically optimize prior to elective conception (?surgery)

Allow 3-6 months to effect change

**Healthy mum= healthy baby**







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## Sabine: Question 1

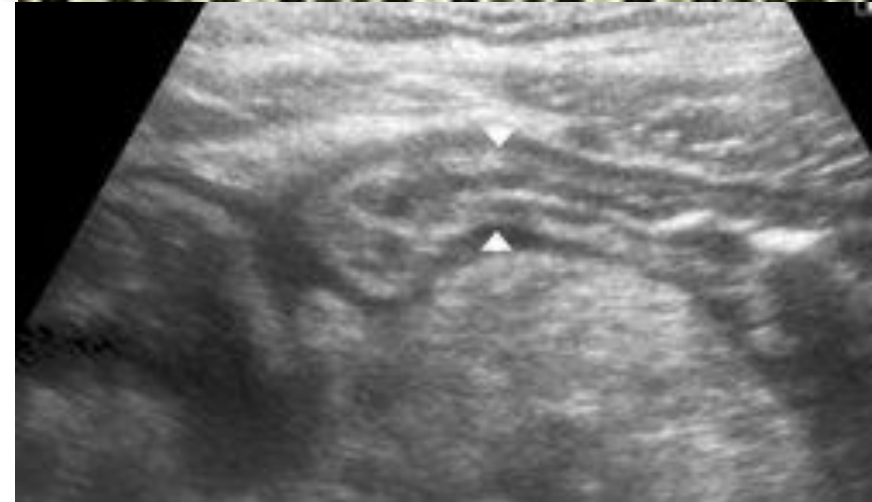
34-year-old with ulcerative colitis on mesalamine prior to and during her pregnancy.

Now 18 weeks pregnant and has noticed an increase in bowel movements (previously 1/day, to currently 4-5/day), looser stool and has noticed blood in her stool for 2 weeks.

Am I having an IBD flare or are my symptoms pregnancy related?

*How do you monitor disease activity in pregnancy?*

Monitor disease activity even more closely during pregnancy!



**Patient messaging:**

**Symptoms do not always indicate active disease.**

**You can have active disease without symptoms.**

**Monitor disease activity even more closely during pregnancy!**

# Sabine: Question 2





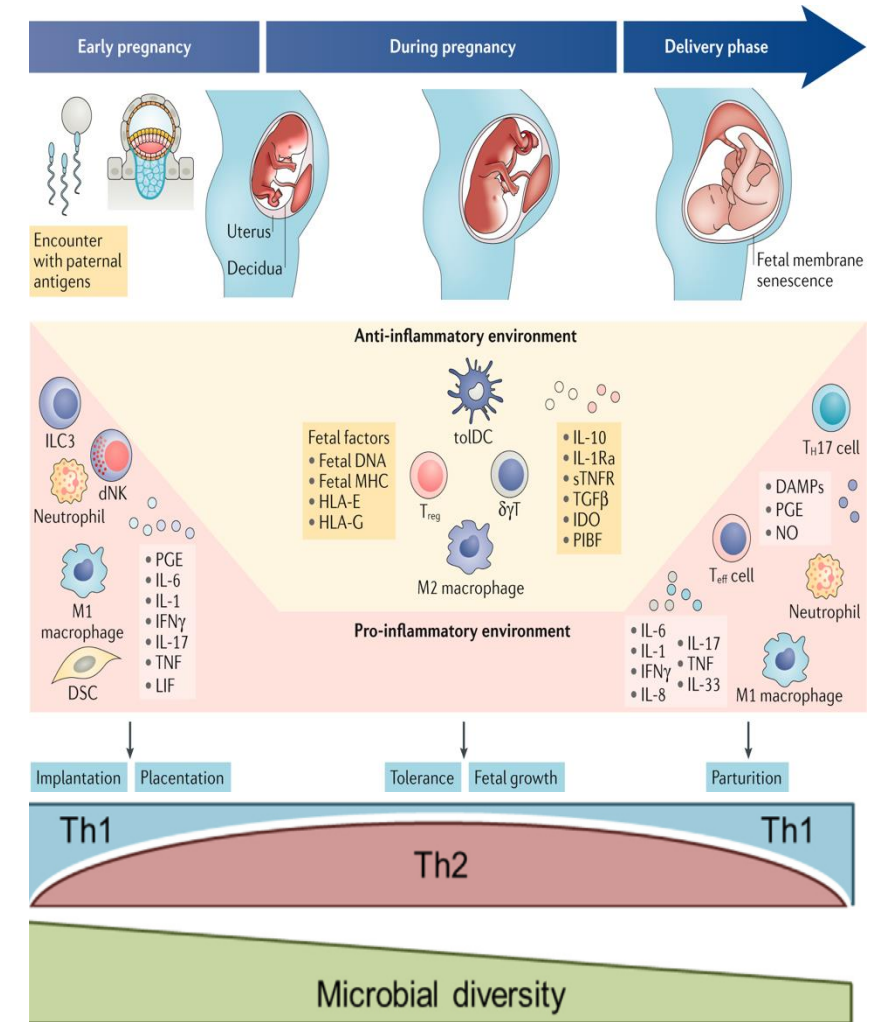
# Impact of IBD on Pregnancy

- Disease activity increases the risk of adverse materno-fetal outcomes
- Ongoing disease activity
- Spontaneous abortion, stillbirth
- Small for gestational age
- Preterm birth
  - risk of neonatal infection
  - neurologic complications



# Impact of Pregnancy on IBD

- Women with UC are 3-4 times more likely to flare in pregnancy than women with CD
- Is it the pregnancy or a disease flare?
  - role of non-invasive objective markers
- Treat to target irrespective of gestational age





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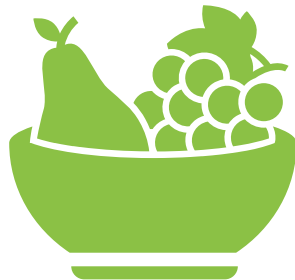
Fetal and neonatal  
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Vaccines

# Sabine: Question 3

- Who do I need to see during this pregnancy?
- Consider nutritional status and healthy weight gain





# Sabine: Question 4

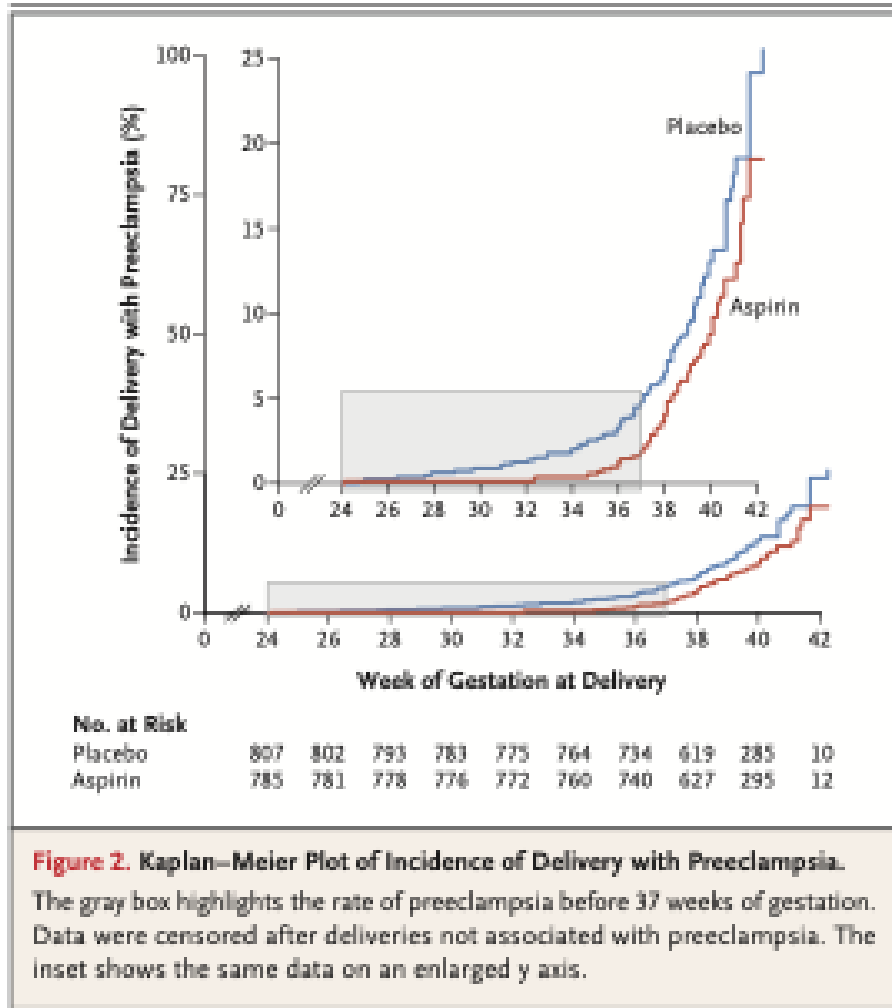
Is it safe for me to take aspirin in pregnancy?

My family doc/obstetrician recommended it, why?

Multiple risk factors for the development of pre-term pre-eclampsia' – IBD is just one of them. Some provinces provide ultrasound screening at week 12 to guide decision re aspirin prophylaxis

# Obstetric Care:

## Aspirin for the prevention of Preterm Preeclampsia **by week 12-16**



**Aspirin 162mg (ie >150mg) in women at high risk of preterm pre-eclampsia**

N=798 aspirin, n=822 placebo

OR=0.38 (95% CI, 0.20 to 0.74; P=0.004)

Aspirin was not associated with an increased risk of IBD activity

(Discuss DVT prophylaxis)

# Sabine: Question 6

Do I need to have a Cesarean Delivery?

Consider:

- Gastroenterology indications  
(active perianal disease, ileo-anal pouch surgery)
- Obstetric indications
- Personal preference!



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# Sabine: Question 5

- Medications in Pregnancy:
- 11/39 GRADE statements
- 9/35 Consensus statements



**Can I continue using my IBD medications through pregnancy?**



**Be more concerned about active disease than active medications!**

Patient counselling: Your body needs to be focusing on baby not on your bowels!

The majority of IBD medications can and should be continued.

## MILD – to – MODERATE

**Aminosalicylates**

**5-ASA**

Asacol  
Mezavant  
Pentasa  
Salofalk  
Mezera  
Octasa

**Sulfasalazine**

**Steroids**

**Prednisone**

**Budesonide CR**

**Budesonide MMX**

**Immunomodulator**

**Thiopurines**

Azathioprine  
(Imuran)  
6-mercaptopurine  
(Purinethol)

**Methotrexate**



## MODERATE – to – SEVERE

**Biologics/Advanced Therapies**

**Anti-TNF**

Adalimumab  
Golimumab  
Infliximab

**Anti-IL-12/23**

Ustekinumab

**JAK inhibitor**

Tofacitinib (Xeljanz)

Upadacitinib (Rinvoq)

**Anti-integrin**

Vedolizumab (Entyvio)

**Anti-IL-23**

Mirikizumab (Omvo)

Rizankizumab (Skyrizi)

Guselkumab (Tremfya)

**S1P modulator**

Ozanimod (Zeposia)

Etrasimod (Velsipity)



Table 9 IBD medications from preconception through pregnancy and lactation					
Medication	Preconception	first trimester	second trimester	third trimester	Lactation
Aminosalicylates ▶ Folic acid supplementation with sulfasalazine	✓	✓	✓	✓	✓
Thiopurine ▶ Monitor metabolites, liver enzymes	✓	✓	✓	✓	✓
Methotrexate ▶ Teratogen ▶ Cessation 1–3 months prior to conception	✗	✗	✗	✗	✗
Corticosteroids ▶ Minimise use ▶ Employ steroid-sparing therapy	✓	✓	✓	✓	✓
Anti-TNF	✓	✓	✓	✓	✓
Anti-integrin	✓	✓	✓	✓	✓
Anti interleukin-12/23 or anti interleukin-23	✓	✓	✓	✓	✓
JAKs ▶ Avoid ▶ Use only if no other viable option for maternal health	!	!	!	!	!
S1P receptor modulator ▶ Avoid ▶ Use only if no other viable option for maternal health	!	!	!	!	!
Check mark = appropriate to use during pregnancy; ✗ = avoid during pregnancy; ! = avoid unless no viable option for maternal health. anti-TNF, anti-tumour necrosis factor; JAK, Janus kinase inhibitor; S1P, sphingosine-1-phosphate.					

Definitely not helped by headlines like this 22 Sept 2025...



#### Health

### Trump links autism and Tylenol during pregnancy, without conclusive evidence

U.S. president made announcement during an official appearance Monday

CBC News  
September 22, 2025



U.S. President Donald Trump at the White House on Monday (Kevin Lamarque/Reuters)

U.S. President Donald Trump on Monday linked



# Corticosteroids

- In women with IBD who are pregnant, we suggest use of **corticosteroid** therapy when clinically necessary with appropriate monitoring as data does not demonstrate an increased risk of **congenital malformations** or **infant infections**.

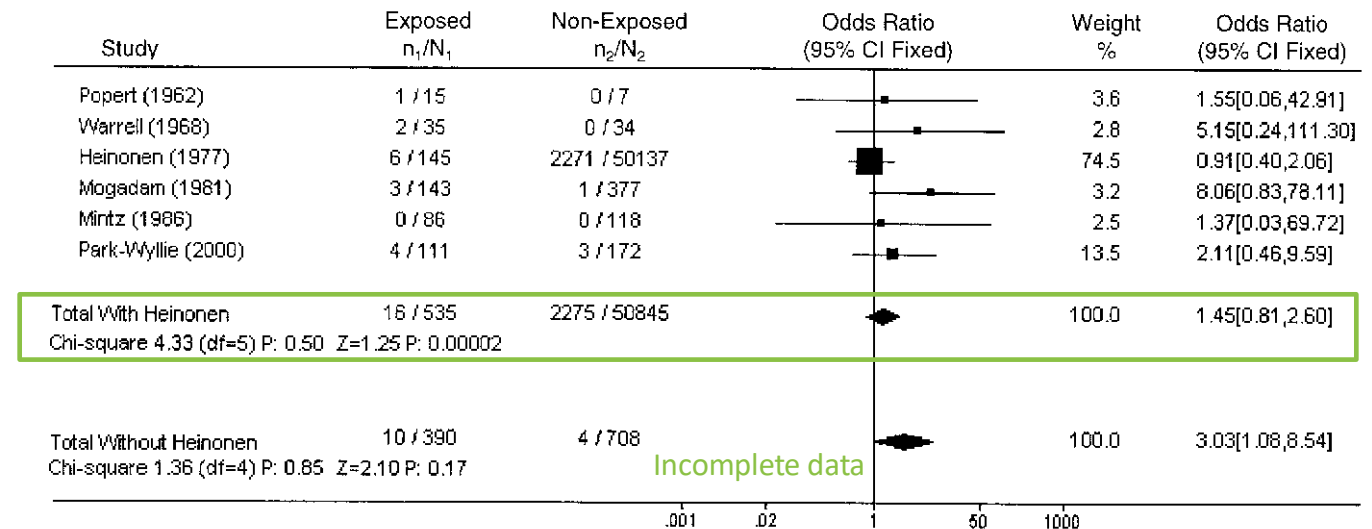


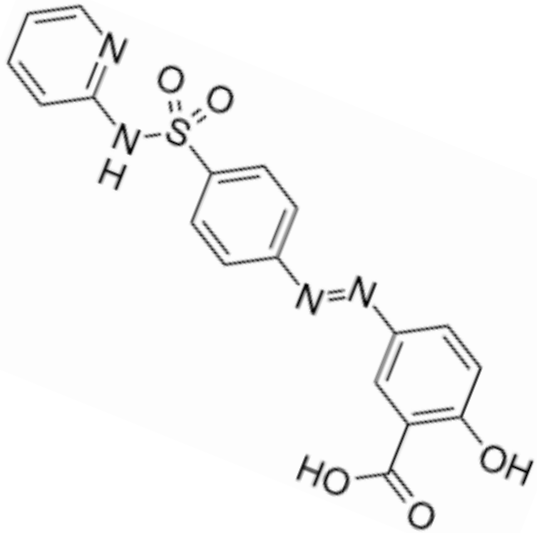
Fig. 1. Individual and cumulative Mantel-Haenszel summary odds ratio for corticosteroid-exposed cohort studies for major malformations with and without the Heinonen et al. ('77) analysis.

**Congenital Malformations**

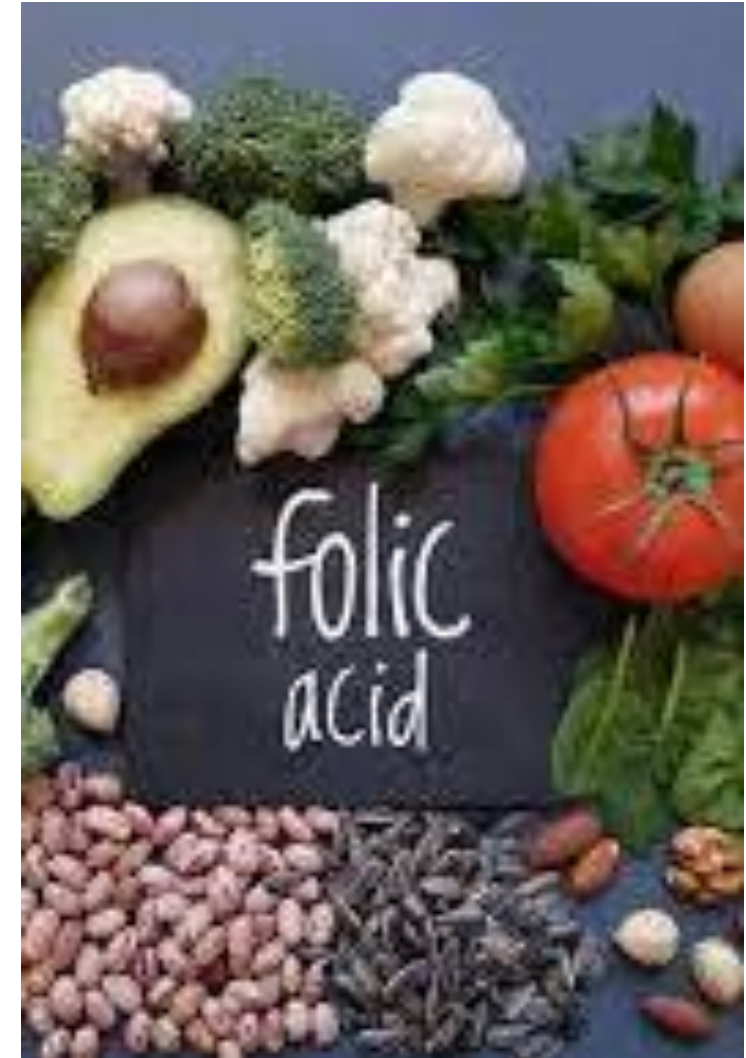
**Park-Wyllie 2000**

# 5-ASA & Sulfasalazine

## *Practical Considerations*



Medication  
Non-adherence





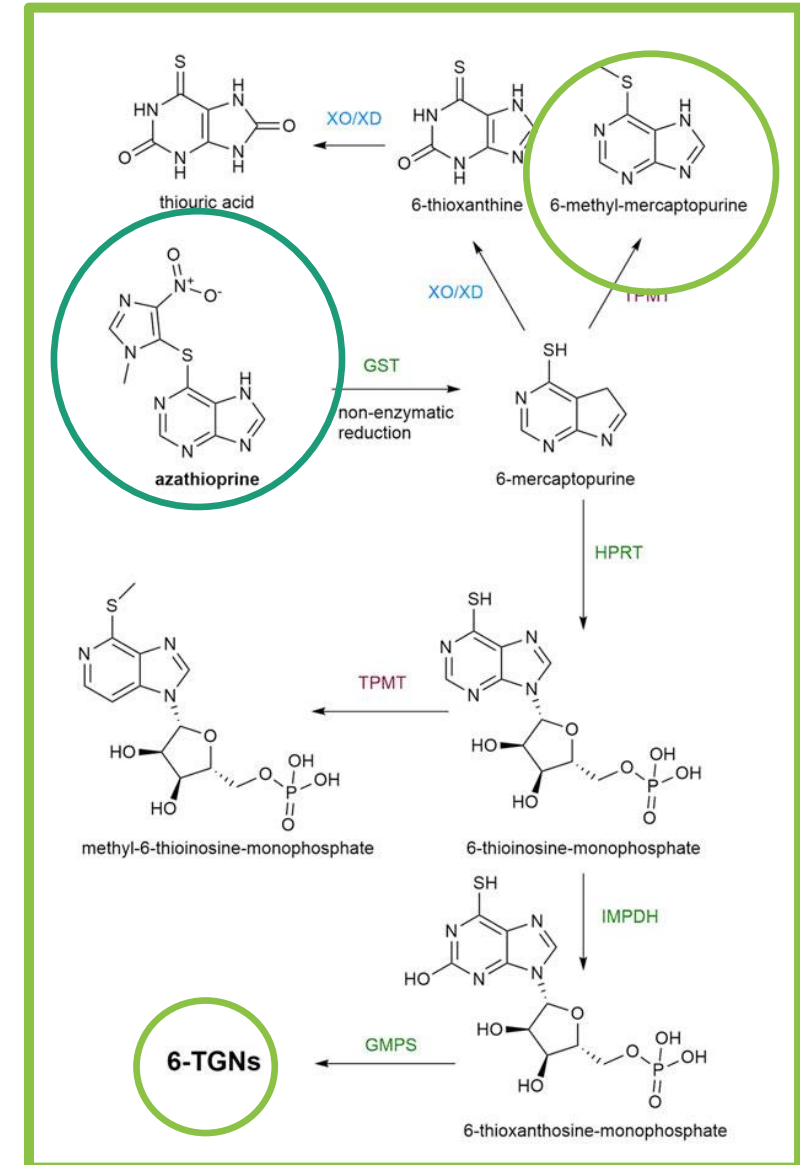
# Thiopurines

No increased risk of congenital malformations or serious infections

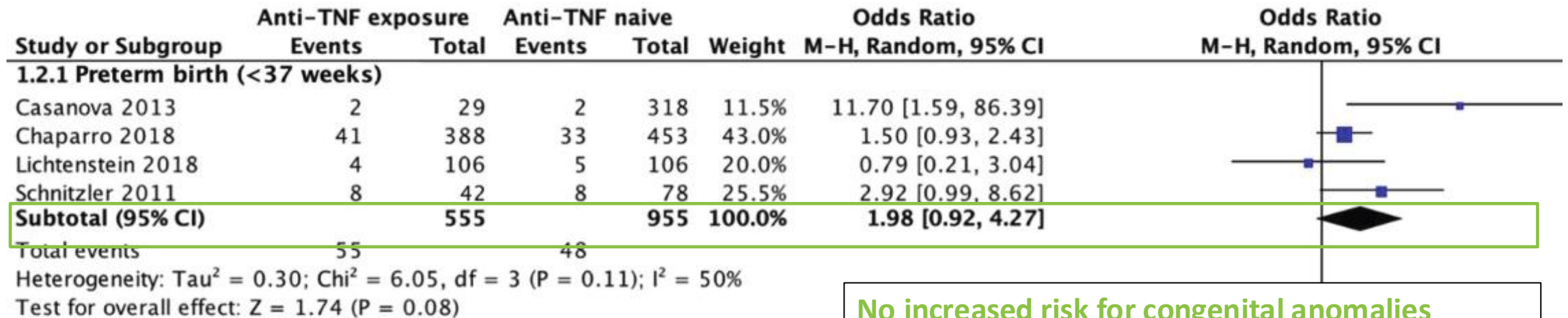
- No increase in neonatal anemia
- Mono- vs. combination therapy  
(Decision to use combination therapy is not random)

FDA, 29 April 2024 :  
“Risk of intrahepatic cholestasis of pregnancy”

Intrahepatic cholestasis of pregnancy:  
Incidence of 1.1% in the general population



# Anti-TNF therapy (and mAbs) do not increase risk for Congenital Anomalies



**No increased risk for congenital anomalies**

Leung KK, et al. Inflamm Bowel Dis. 2021 Mar 15;27(4):550-562.

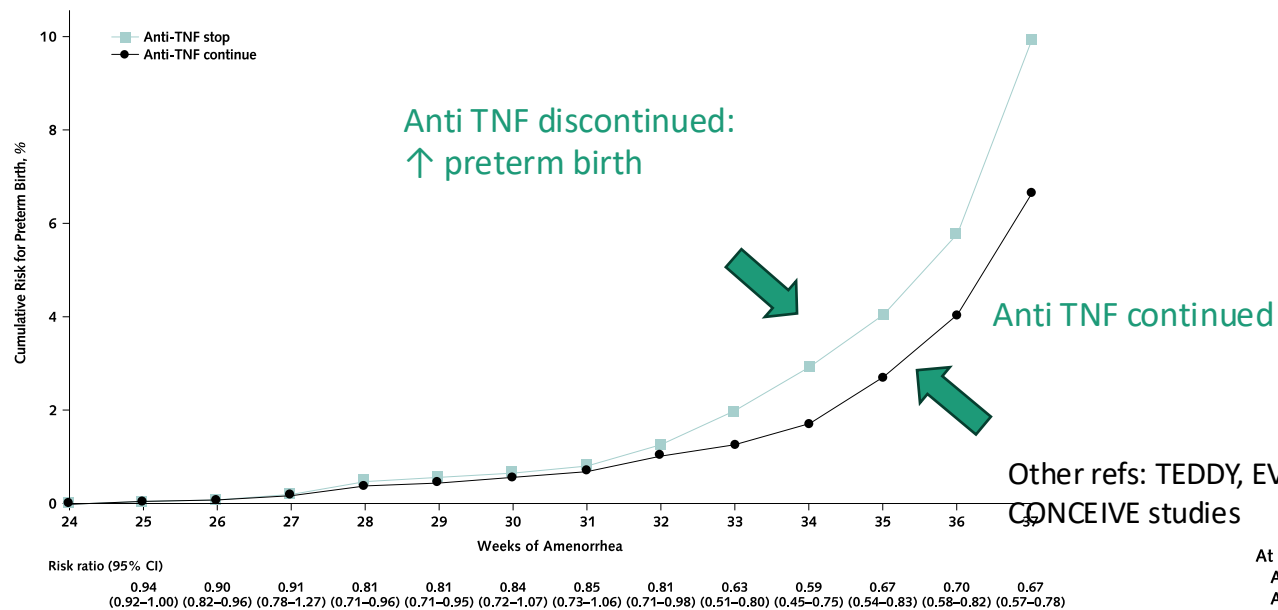
- Consider biologic plausibility
- No transplacental transfer of IgG1 in 1<sup>st</sup> trimester



# Benefits of Ongoing Anti-TNF Rx During Pregnancy (similar message for other mAbs)

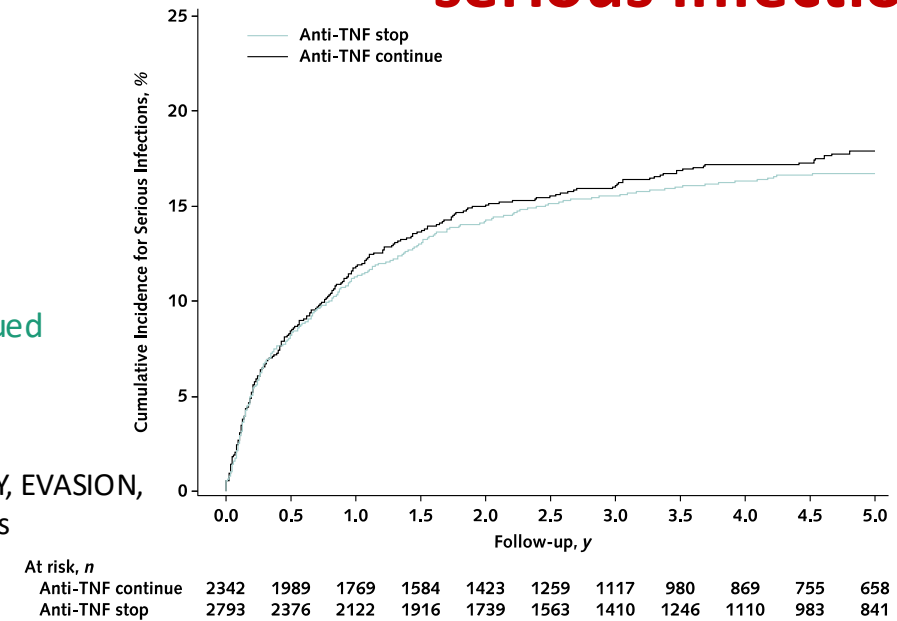
vs. Risks of Rx discontinuation

## Reduces preterm birth



TNF = tumor necrosis factor.

## No difference in serious infections



Meyer A, Neumann A, Drouin J, et al. Ann Intern Med. 2022 Oct;175(10):1374-1382. Mahadevan U et al. Gastroenterology. 2021 Mar;160(4):1131-1139. Barenbrug L, et al. J Autoimmun. 2021 Aug;122:102676. Chaparro M, et al. Am J Gastroenterol. 2018 Mar;113(3):396-403. Luu M, Am J Gastroenterol. 2018 Nov;113(11):1669-1677. Moens A, et al. Aliment Pharmacol Ther. 2020 Jan;51(1):129-138. Meyer A, et al. Clin Gastroenterol Hepatol. 2024 Jan 8:S1542-3565(24)00010-7. PMID: 38199301. Prentice R, et al. Clin Gastroenterol Hepatol. 2024 Mar 15:S1542-3565(24)00252-0. Julsgaard M, et al. Clin Gastroenterol Hepatol. 2024 Jan 24:S1542-3565(24)00083-1. Wils P, et al. Aliment Pharmacol Ther. 2021 Feb;53(4):460-470. Chugh R et al. Am J Gastroenterol. 2024 Mar 1;119(3):468-476. Nielsen OH, et al. Clin Gastroenterol Hepatol. 2022 Jan;20(1):74-87.e3. Julsgaard M, et al. Aliment Pharmacol Ther. 2021 Nov;54(10):1320-1329.

# Oral Small Molecules



- Teratogenicity in animal studies
- Shared decision making is imperative.
- If electively switching therapies, incorporate time to transition.
- If there is no other effective alternative therapy to maintain maternal health, continue therapy, given totality of data supports stringent disease control.
- Ongoing data collection and pharmacovigilance



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# Sabine: Question 7

Can I continue using my IBD medications while breastfeeding?



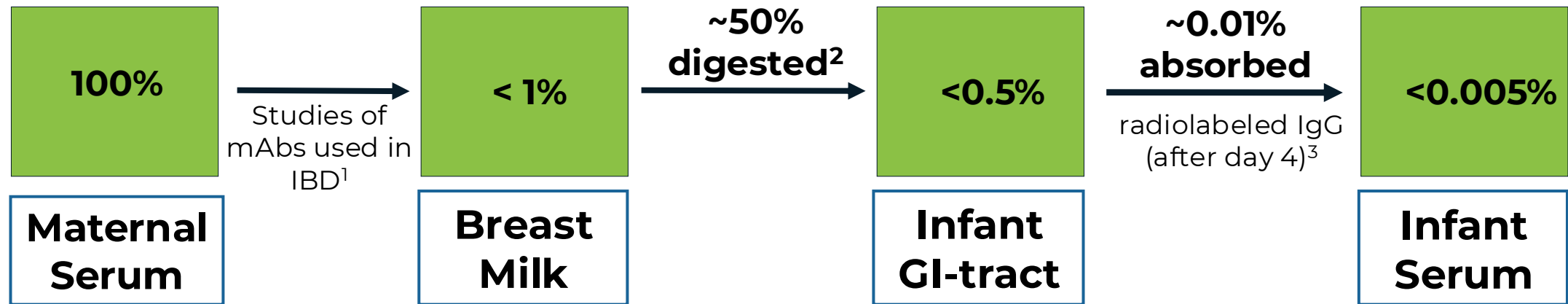
General advice:

Breastfeeding does not increase the risk of a disease flare

There is no increased risk of infection in babies who are breastfed while moms are on biologics for IBD

# Monoclonal antibodies (mAbs) & breastfeeding

The estimated infant mAb exposure via breastmilk (Relative Infant Dose)



- Relative Infant Dose of  $\leq 10\%$  is considered safe
- **Avoid breastfeeding if on oral small molecules**



**LactRx** 12+  
Organization of Teratology Information Specialists  
Designed for iPad  
★★★★★ 5.0 • 2 Ratings  
Free

Slide courtesy of Dr M. Julsgaard



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Vaccines

## Sabine: Question 8

Tell me about vaccines for myself and my infant!



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### Which vaccines can or can't I receive?

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Avoid live vaccines in pregnant women  
(*regardless of medication exposure*)

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Advise the dTAP, RSV vaccine, influenza  
+/- COVID, pneumonia vaccines

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### Which vaccines can or can't my child receive?

---

Avoid the live BCG vaccine (only used in certain areas in  
Canada to prevent tuberculosis)

---

All other standard childhood vaccines can be given

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Can receive the live oral rotavirus vaccine, and the early  
MMR vaccine (speak to your public health clinic)



# Summary: Healthy mum = healthy baby

- Be more concerned about **active disease** than active medications!
- Risk of disease flare generally outweighs any potential risks with treatment.
- Continue IBD medications preconception, during pregnancy and while breastfeeding!
- Goal is for IBD to be in **remission** before, during, and after pregnancy!
- Protect your baby by vaccinating yourself and your baby!
- Check out this website <https://pianostudy.org>





# Summary: Maternal considerations

Medications  
Counseling  
Aspirin  
Mode of delivery



Recommendation

Consensus statement

Recommendation

Suggestion

Recommendation for active perianal disease

# Summary: Infant considerations

Vaccines



Recommendation

Recommendation against BCG vaccine

Suggestion re rotavirus vaccine



Online resources  
& videos

## Global Consensus on Management of Pregnancy in Inflammatory Bowel Disease

<https://pianostudy.org/>

Funded by the Leona M. and  
Harry B. Helmsley Charitable  
Trust



# Key references

- Mahadevan U, Seow CH, Barnes EL, Chaparro M, Flanagan E, Friedman S, Julsgaard M, Kane S, Ng S, Torres J, Watermeyer G, Yamamoto-Furusho J, Robinson C, Fisher S, Anderson P, Gearry R, Duricova D, Dubinsky M, Long M; Global Consensus Group for Pregnancy in IBD. **Global consensus statement on the management of pregnancy in inflammatory bowel disease.** Gut. 2025 Aug 28:gutjnl-2025-336402. doi: 10.1136/gutjnl-2025-336402. Epub ahead of print. PMID: 40876906.
- The PIANO website
- <https://pianostudy.org/> (landing page)
- [https://pianostudy.org/GCC\\_video/MainMenu/story.html](https://pianostudy.org/GCC_video/MainMenu/story.html) (Patient videos)
- [https://pianostudy.org/conference\\_videos.php](https://pianostudy.org/conference_videos.php) (Provider videos)







# Resources

- Global Consensus on Management of Pregnancy in IBD
  - <https://pianostudy.org/>
- CCC online information on fertility in IBD  
<https://crohnsandcolitis.ca/support-for-you/gutsy-learning-series/Past-Gutsy-Learning-Presentations/Gutsy-Learning-Events/fertility-pregnancy-in-ibd>
- IBD Parenthood Project
  - <https://myibdlife.gastro.org/parenthood-project/>
- CCC Support and Services
  - <https://crohnsandcolitis.ca/support-for-you/Gutsy-support>
  - Crohn's and Colitis Connect, Peer Connect Events, local community chapters