

# A 10 Year Retrospective Audit of Pregnancy with Inflammatory Bowel Disease

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## Objective

Audit maternal and fetal outcomes in pregnant women with Inflammatory Bowel Disease (IBD) in the joint obstetric gastroenterology clinic over a 10-year period at Homerton University Hospital, East London.

## Design

Retrospective audit analysing data collected from electronic patient records (EPR).

## Methods

- Retrospective audit of pregnancies coded with IBD at a district general hospital (Homerton Hospital) between January 2013–March 2024 – 315 pregnancies in 240 women
- Electronic patient records (EPR) used
- Data on demographics, obstetric history, IBD history, and neonatal outcomes were collected and compared with the standards of care from the British Society of Gastroenterology and British Maternal and Fetal Medicine Society guidelines.

## Results

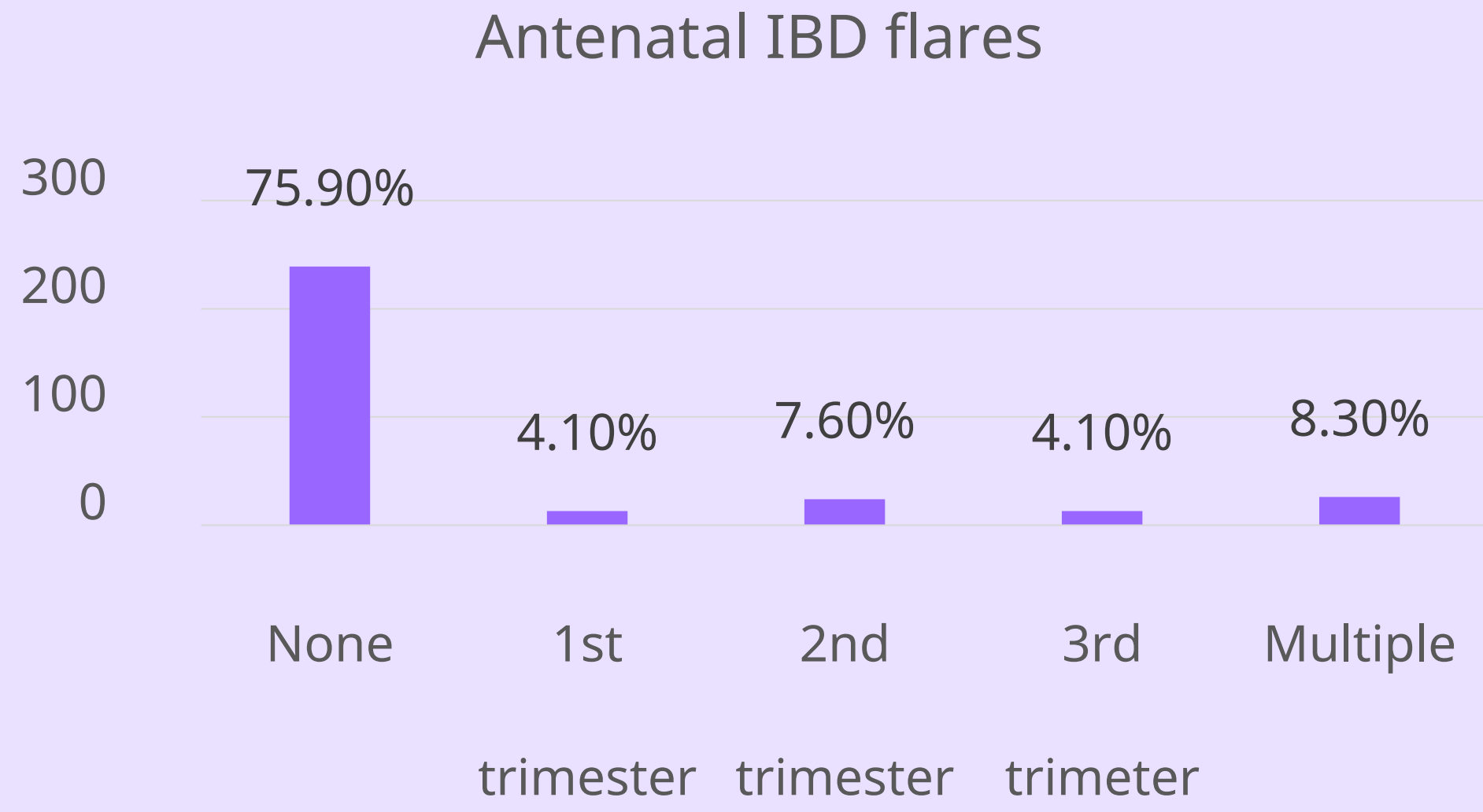
### Demographics

- 33% of pregnancies were to women aged over 35 years.
- 53% of pregnancies were to women who identified as Caucasian, and 24% of pregnancies identified as Other, which was predominantly Orthodox Jewish.
- 60% of pregnancies had at least one other comorbidity.

|                | No. of Pregnancies | Percentage (%) |
|----------------|--------------------|----------------|
| Age (years)    |                    |                |
| < 20           | 1                  | 0.3            |
| 20 - 25        | 42                 | 13.3           |
| 26 - 30        | 60                 | 19             |
| 31 - 35        | 107                | 34             |
| 36 - 40        | 88                 | 28             |
| >40            | 17                 | 5.4            |
| BMI            |                    |                |
| <20            | 40                 | 13             |
| 20 – 25        | 181                | 57             |
| 26 – 30        | 66                 | 21             |
| 31 – 35        | 21                 | 6.7            |
| 36 – 40        | 6                  | 2              |
| >40            | 1                  | 0.3            |
| Ethnicity      |                    |                |
| White          | 167                | 53             |
| Black          | 27                 | 8.6            |
| Asian          | 31                 | 9.8            |
| Mixed          | 14                 | 4.4            |
| Other          | 75                 | 24             |
| Not Known      | 1                  | 0.3            |
| Co-morbidities |                    |                |
| 0              | 125                | 40             |
| 1              | 129                | 41             |
| 2              | 47                 | 15             |
| 3              | 12                 | 4              |
| ≥4             | 2                  | 0.6            |

### IBD outcomes

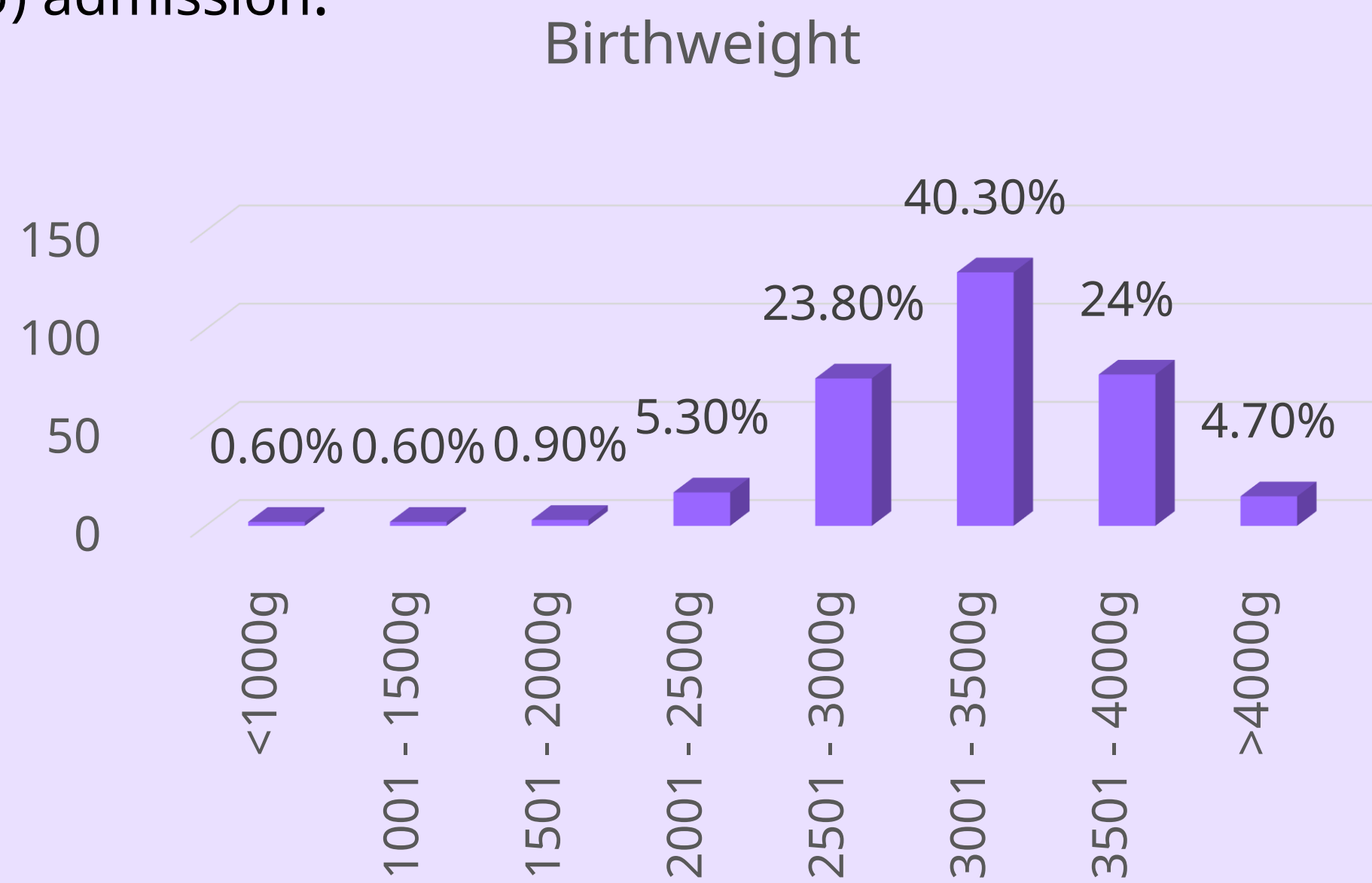
- 33% of pregnancies were to women who were not on any medication for their IBD .
- For those on single agents, this includes 28.9% on aminosalicylates, 12.2% on immunosuppressants, 7.3% on biologics, and 0.3% on oral steroids. 17.8% of pregnancies were to women who were taking any combination of medication for their IBD.
- There were 54 pregnancies to women on biologic medications alone or in combination during this time period (25.8% of pregnancies on medication, 17% of all pregnancies).
- Biologics used include adalimumab (46% of biologic use), infliximab (37%), vedolizumab (7.4%), Ustekinumab (7.4%) and golimumab (1.9%).
- 63% of pregnancies stopped biologic use in the third trimester.
- 24.1% of all pregnancies had a flare of IBD during pregnancy. 6% of pregnancies had a flare postpartum.



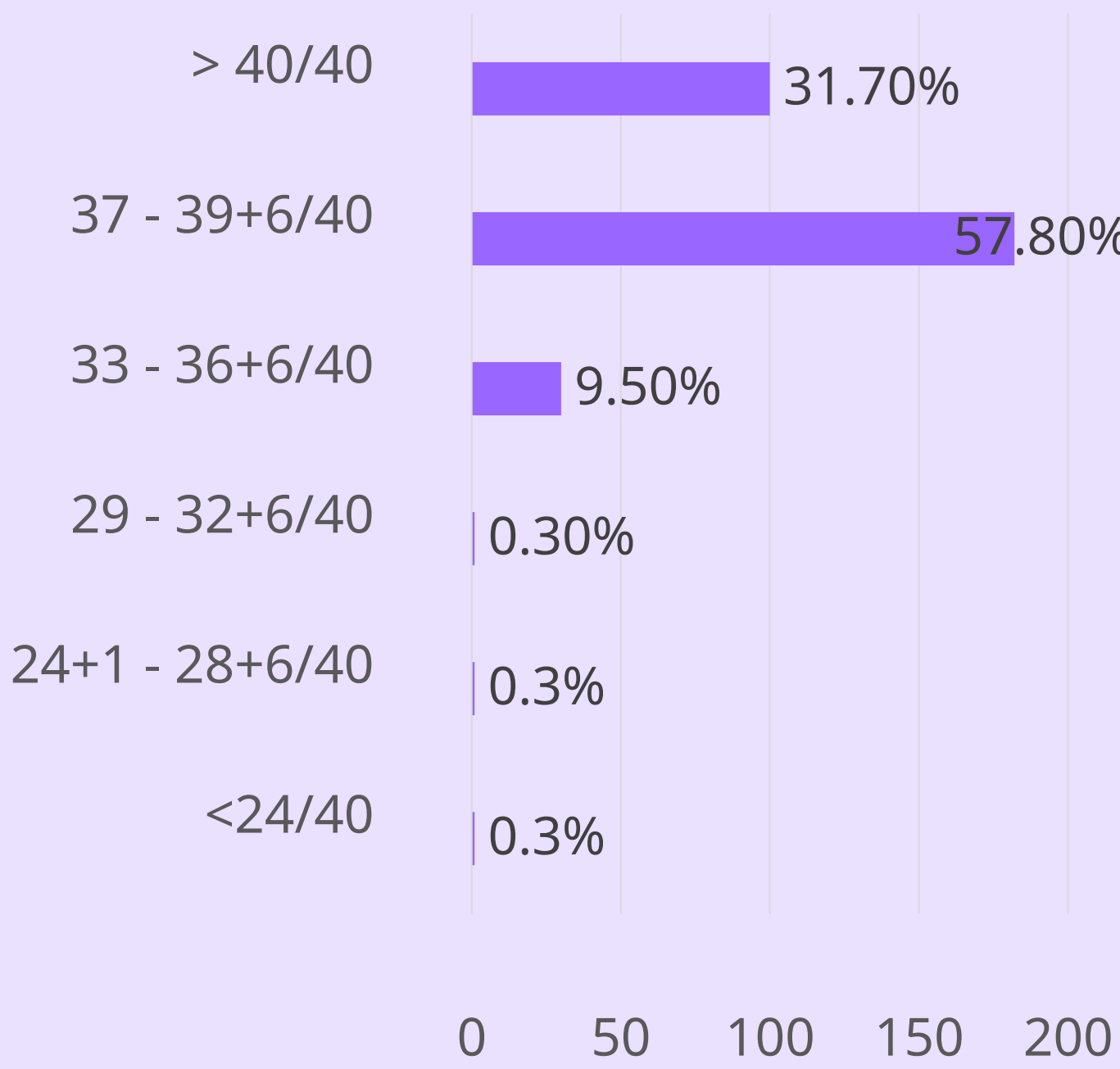
### Neonatal Outcomes

- 320 babies were born in total including 5 sets of twins.

- 8.3% of pregnancies resulted in a neonatal intensive care (NICU) admission.

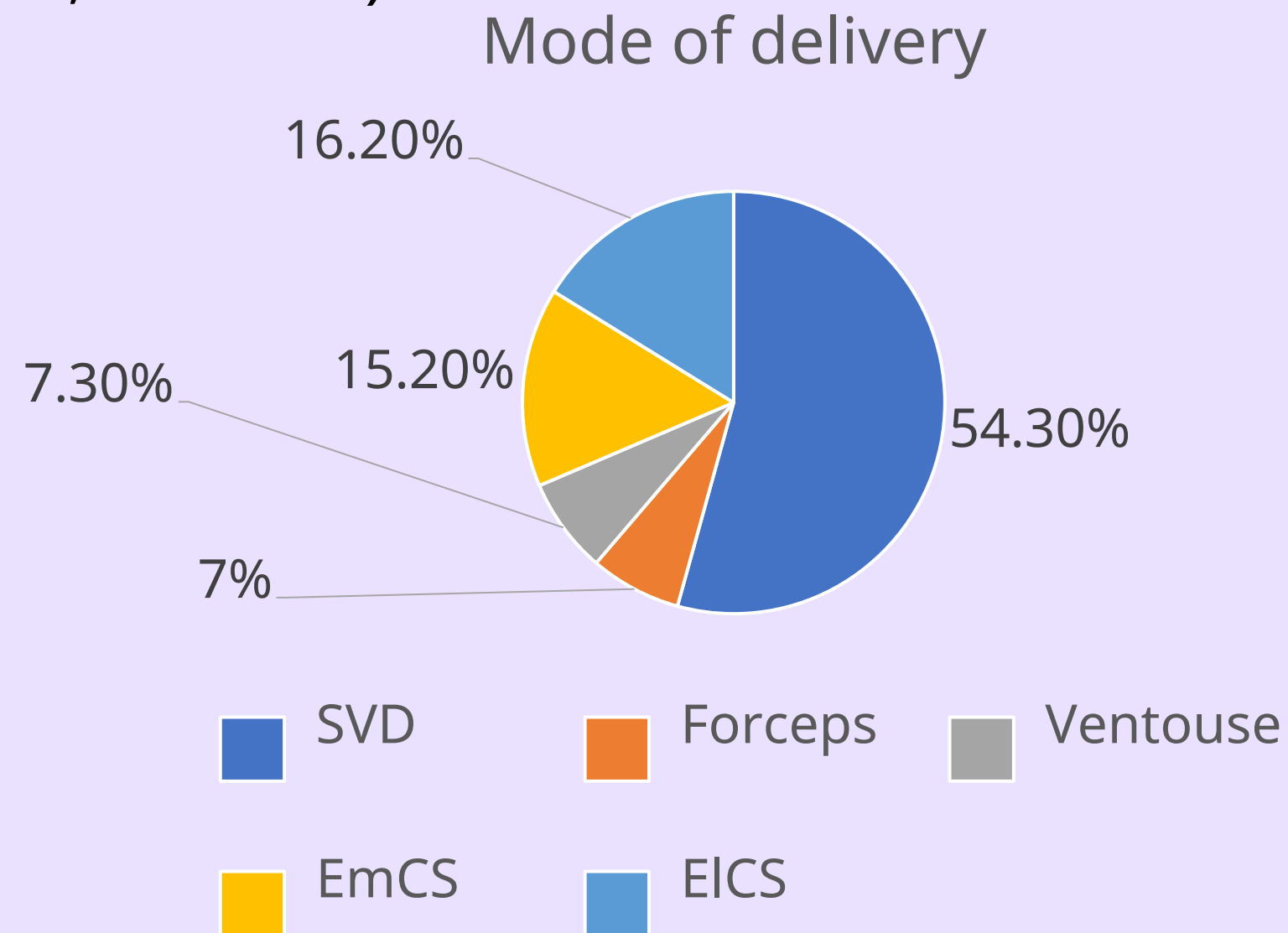


### Gestation at delivery



### Pregnancy and Delivery Outcomes

- 99% had a live birth
- 10% delivered preterm, in keeping with the general population.
- The majority had vaginal birth (54% SVD, 14% instrumental).
- There were equal numbers of elective and emergency caesarean birth.
- Of the total caesarean births, 2% were performed for perianal Crohn's, and 4% for prior IBD-related surgery.
- 36% of pregnancies were induced, with the indication being IBD in 20.4%.
- Fetal growth restriction (FGR) occurred in 4%.
- 32.4% had a mild PPH (500 – 999ml), 4.1% moderate PPH (1001 – 1499ml), and 3.2% massive obstetric haemorrhage (MOH, ≥1500ml).



## Conclusion

IBD can be associated with increased risks in pregnancy such as disease flare, stillbirth, FGR, and preterm birth. However, in our population, we have not noticed a significant increase in these, with rates similar to background. This highlights that true multidisciplinary care and close monitoring in a specialist clinic can appropriately manage complex pregnancies, and help to reduce adverse outcomes. Our joint obstetric gastroenterology clinic also rates favourably with standards set out by the British Society of Gastroenterology and British Maternal and Fetal Medicine Society guideline.

### References

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