**Letter to OB/GYN Providers-Primary Providers During Pregnancy in Inflammatory Bowel Disease**

**Purpose:**

Gastroenterology (GI) providers can download and customize this letter for Obstetrician-Gynecologist (OB/GYN) providers of their pregnant IBD patients. The letter explains the diagnosis, disease stage, medications, and plans for holding medications as the pregnancy progresses. It also provides a direct line of communication between GI and OB providers to ensure optimal outcomes for both mother and baby.

**Resource:**

<Insert Date>

TO: MD/OB-GYN

RE: Patient Name

DOB: xx/xx/xxxx

Dear Dr. Name,

<Patient name> is a patient I treat at <name of clinic or office.> I am reaching out to you as she has informed me that she is currently <# of weeks> pregnant. She has <Crohn’s disease/ulcerative colitis> and is currently being treated with <name of medications (unless MTX, Xeljanz).> I have recommended that she continue these medications to prevent flares of her inflammatory bowel disease (IBD), which may increase the risk to both <patient name> and her fetus. As you know, pregnant women with a history of IBD should be under the care of a maternal fetal specialist and treated as high risk.

The Pregnancy in Inflammatory Bowel Disease and Neonatal Outcomes (PIANO) study has provided long-term data showing that increased IBD activity during pregnancy can have adverse effects on neonatal outcomes. Therefore, medications that are used to control disease activity should be maintained. Furthermore, according to the study author, Dr. Uma Mahadevan, “the risk of uncontrolled disease must be weighed against the risk of medical therapy.” This ongoing study has shown that biologics and immunomodulators have not been associated with increased risk of birth defects or adverse outcomes. It has also demonstrated that these medications have not increased the risk of infection in infants who have been breastfed by mothers while on these medications to control their IBD.

<If on biologic> I recommend that <Ms. Patient name> continue with prenatal examinations as recommended and schedule a third trimester appointment to discuss her medication regimen during pregnancy and while breastfeeding. <Ms. Patient name> is currently on <name of biologic>, therefore, her infant should not receive any live virus vaccines in the first 6-9 months of life due to known placental transfer of biologics. I have advised <patient name> to also share this information with her pediatrician.

I have assessed <patient name>’s disease activity to be <in remission, mildly active, moderately active, severely active> at this time. I have counseled her on the importance of medication adherence and maintaining her prenatal exam schedule as directed. I would like the opportunity to work with you throughout her pregnancy to assure a good outcome for both mom and baby.

If you need additional information or have any other concerns, please do not hesitate to contact me.

Sincerely,

Signature/Name/Contact information

**Acknowledgement:**

Developed by Jenna Kopp, RN and reviewed by the Crohn’s & Colitis Foundation’s Nurse & Advanced Practice Committee. Updated June 2023.