



## What new moms should know

If you have inflammatory bowel disease (IBD) and you're a new mom, you may have questions about whether breastfeeding makes sense for you and your baby.

### What happens if I have a flare? Is it safe to breastfeed while on medication? Could it harm my baby?

Here are some common questions and concerns that new moms with IBD may have to help you decide whether breastfeeding is right for you and your baby. Use this information to start a conversation with your health care team about breastfeeding so you can make the right choice for you.

**Remember:** There are many benefits to breastfeeding, but the overall well-being of you and your baby — both mental and physical — is what matters most.

## Breastfeeding overview



The American Academy of Pediatrics (AAP) recommends that all women, with or without IBD, feed their babies with only breast milk for the first 6 months, then continue to breastfeed while slowly adding solid foods to a baby's diet for at least the first year.<sup>3</sup> However, many women experience challenges with breastfeeding, so if you have trouble, talk with your health care team to share your questions or concerns.



According to the U.S. Centers for Disease Control and Prevention (CDC), breastmilk is the healthiest food for your baby, since it changes to meet your baby's nutritional needs as they grow.<sup>2</sup> But for moms who can't breastfeed, or who decide not to, formula is a healthy option that gives babies the nutrients they need to be healthy and grow.<sup>3</sup>

# For mom

## Nutrition

- Although some women take the herbal supplement fenugreek to help increase milk production, it's not recommended for women with IBD, since it can cause diarrhea and bleeding.<sup>1</sup> Talk to your health care provider before taking any dietary supplement.
- If you're breastfeeding, follow standard nutrition recommendations, such as consuming an extra 450 to 500 calories every day. Your diet should include 200 to 300 mg of omega-3 fatty acids from food every day. Some good sources include salmon, sardines, mackerel, and other fatty fish, as well as oysters and flaxseeds.<sup>1</sup>
- Working with a dietitian can help you deal with some of the challenges that can affect your ability to breastfeed, such as eating a balanced, healthy diet and drinking enough water. Getting diet advice is especially important if you've had an ostomy or have IBD-related weight loss.<sup>1</sup>



**“If you are in remission, you shouldn't have to restrict your diet and can follow your typical healthy diet. It is always good to talk to your OBGYN if you have any specific caloric or diet concerns for breastfeeding with IBD.”**

Dr. Rajeev Jain, MD, Gastroenterologist

## Immune health

- Pregnancy can cause some of the bacteria and other organisms in your gut to change, which may increase inflammation and cause swelling in your gastrointestinal (GI) tract during the third (final) trimester.<sup>2</sup> It's important to continue working with your health care team after you give birth to manage your risk of flares, which will help reduce the physical and emotional stresses that can accompany breastfeeding.

## Vaccines

- According to the CDC Advisory Committee on Immunization Practices, most vaccines (including those containing inactive and live viruses) do not affect the safety of breastfeeding for women or their infants. (Exceptions include smallpox and yellow fever vaccines.)<sup>3</sup> Talk to your health care provider about which vaccines you can receive and be sure that you get the vaccines you both need, on schedule.

## IBD medications

- Most IBD medicines do not get into breastmilk; in the few cases where they do, the amounts are so small that they are not likely to harm your baby.<sup>1</sup>
- More good news: IBD treatments won't prevent your body from making breastmilk.<sup>2</sup>
- Talk to your health care provider about all medicines and supplements you are taking before you begin breastfeeding (such as treatments for postpartum pain management or constipation relief).<sup>1</sup>
- Talk with a lactation consultant or your baby's pediatrician about each medication you use.<sup>1</sup> If they aren't sure if a drug you take is safe for your baby, the U.S. National Library of Medicine (NLM) LactMed database is the most up-to-date resource for information on medicines used during breastfeeding.

# For baby

## Vaccines

- Regardless of what you decide about breastfeeding, your baby should receive vaccines recommended by the CDC. Speak with your health care team and pediatrician about the safest vaccination schedule.
- If you took a biologic (other than certolizumab) during the third trimester of your pregnancy, live vaccines are not recommended during your baby's first 6 months.

**An exception:**

The rotavirus vaccine, which protects against severe diarrhea and vomiting, is the only live vaccine that is given before 6 months in the U.S.<sup>1</sup>

## Immune health

- Breastfeeding can help protect you and your baby against some short- and long-term illnesses and diseases, but parents and pediatricians should take all necessary steps to prevent infections in babies born to women with IBD, just as they would with any child.
- Parents and pediatricians should limit infants' exposure to antibiotics unless they're absolutely necessary, because these medicines can increase a baby's risk of getting Crohn's disease later in childhood.<sup>1</sup>

## IBD medication

- Breastfed babies who are exposed to IBD medications achieve developmental milestones (such as rolling over, sitting up or standing on their own) at the same pace as babies who aren't breastfed during the first year of life, and they are no more likely than other babies to develop infections.<sup>2</sup>



**Additional resources, helpful tips and tools, and more can be found on**  
**[ibdparenthoodproject.org](http://ibdparenthoodproject.org)**

### REFERENCES

1. Mahadevan et al., Inflammatory Bowel Disease (IBD) in Pregnancy Clinical Care Pathway – A Report from the American Gastroenterological Association IBD Parenthood Project Working Group. Gastroenterology, 2018.
2. Morrow, T. Defining the Difference: What Makes Biologics Unique. Biotechnology Healthcare. 2014;1-4.
3. American Academy of Pediatrics. Should I Breastfeed or Bottlefeed? Updated November 2, 2009. <https://www.healthychildren.org/English/ages-stages/prenatal/decisions-to-make/Pages/Should-I-Breastfeed-or-Bottlefeed.aspx>. Accessed October 29, 2021.