Improvement of Maternal and Neonatal Outcomes in a Clinic Dedicated to Pregnant Patients with Inflammatory Bowel Disease

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Background: IBD patients are at a high risk for cesarean section (CS), prematurity, low birth weight (LBW). A unique multidisciplinary clinic, “IBD MOM”, composed of a gastroenterologist and gynecologist was established to reduce these risks. Objective: To identify risk factors for poor maternal and neonatal outcomes and to reduce these outcomes for high risk IBD pregnant patients treated in the IBD MOM clinic. Methods: A cohort study of all deliveries in a single tertiary center between 2005-2016 were included. A retrospective analysis between IBD patients and all others was performed for maternal and neonatal outcomes. Based on this analysis, an IBD pregnant severity score was composed. These included active disease at conception, perianal disease, two or more drugs given, use of biologics and exacerbations during pregnancy [1 for each, range 0-5]. A prospective analysis was then conducted on a high risk group followed up by IBD MOM clinic compared to a low risk IBD group. Results: 61,705 healthy women were compared to 296 women with IBD. Out of them, 90 (30.4%) were treated in the IBD MOM clinic. Women who attended the IBD MOM clinic vs. community care had a higher IBD pregnancy severity score (median score 2[1-3] vs. 0[0-1], p=0.001), more disease exacerbations (38% vs 19%, p=0.001) and hospitalizations (13% vs 3%, p=0.001) during pregnancy. However, when comparing IBD MOM clinic to community care patients, the primary outcomes including risk for surgery, prematurity and LBW were similar between the groups (20% vs 19%, 24% vs 19% and 17% vs. 13%, respectively, p N.S. for all comparisons). Conclusion: Women with IBD are at increased risk for CS, prematurity and LBW. A novel IBD pregnant severity score can predict risk factors. High risk patients treated in a specialized IBD MOM clinic had similar maternal and neonatal outcomes to low risk patients.