



2ND WORLD CONGRESS OF GASTROENTEROLOGY & DIGESTIVE DISEASES



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Management of IBD in Pregnancy

Background: Inflammatory bowel diseases (IBD), including Crohn's disease and ulcerative colitis, disproportionately affect women during their reproductive years. Active disease during conception and gestation increases risks for miscarriage, preterm birth, low birth weight, and perinatal complications.

Objectives: To synthesize current evidence-based approaches for managing IBD in pregnant patients, focusing on medication safety, timing, and multidisciplinary care frameworks.

Methods: Comprehensive review of guidelines and population-based registries—including PIANO, CONCEIVE, EPI-MERES—addressing therapeutic classes: Aminosalicylates, corticosteroids, thiopurines, anti-TNF agents, Vedolizumab, Ustekinumab, newer IL-23 agents, and small molecules.

Results:

- Preconception & Remission Goals: Remission prior to conception is essential; fecal calprotectin monitoring is recommended each trimester and during the postpartum period.
- Aminosalicylates & Steroids: Generally safe; budesonide/prednisone may carry slight cleft palate risk in the first trimester
- Thiopurines: Azathioprine/6-MP maintenance is safe; monitor hepatic function and fetal hematology; initiation during pregnancy not recommended
- Biologics – Anti-TNF: Adalimumab, infliximab, golimumab are low-risk; continued throughout pregnancy, with possible scheduling near delivery
- Vedolizumab & Ustekinumab: Emerging safety data show no significant increase in adverse outcomes compared to anti-TNFs, though vigilance for small-for-gestational-age and preterm birth is advised
- Newer Agents & Small Molecules: Limited pregnancy data for IL-23 agents; JAK inhibitors (Tofacitinib, Upadacitinib) and Ozanimod are contraindicated—discontinue ≥3 months before conception

Conclusions: Maintaining remission through pregnancy is paramount. Most traditional therapies, including biologics and thiopurines, are safe for use during pregnancy and lactation. Newer biologics (vedolizumab, ustekinumab) demonstrate reassuring safety profiles, though ongoing surveillance remains important. Emerging therapies and small molecules currently lack sufficient data, necessitating avoidance during gestation. Multidisciplinary preconception counseling, routine inflammatory monitoring, and personalized, risk-benefit discussions are essential to optimizing maternal and fetal outcomes.

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Biography: Cuckoo Choudhary, MD, FACP, AGAF, FAMWA, FCPP, is the Dorrance H. Hamilton Professor of Medicine in the Division of Gastroenterology and Hepatology at Thomas Jefferson University, where she also leads the division's efforts in Women, Diversity, Equity, and Inclusion. A general gastroenterologist with deep interest in inflammatory bowel disease (IBD), Dr. Choudhary has earned fellowships from the American College of Physicians, the American Gastroenterological Association, the American Medical Women's Association, and the College of Physicians of Philadelphia.

Dr. Choudhary received her MBBS from Guwahati Medical College in India, completed her internal medicine residency at Lankenau Hospital in Pennsylvania, and pursued her fellowship in gastroenterology and hepatology at Thomas Jefferson University. Her clinical and academic work spans a wide range of topics, including IBD, gender differences in GI disorders, and gastrointestinal conditions disproportionately affecting women. She has delivered invited lectures at major international conferences such as the Euro Heart Failure Conference in Paris, the World Congress of Digestive Diseases in Rome, and the Biennial Advances in GI and Hepatology in San Juan.

A passionate educator, Dr. Choudhary is the founder and director of the Jefferson GI and Women's Health Symposium and co-director of the Annual Advances in Gastroenterology conference, now in its 43rd year. She is also spearheading a new Jefferson GI Enterprise course launching in June 2025. Her leadership in education and mentorship extends to organizing major national meetings, guiding trainees, and serving as a Visiting Professor at Gemelli Hospital in Rome in 2023.

Dr. Choudhary has authored numerous peer-reviewed publications and book chapters on IBD and GI diseases in women and the elderly. In 2025, she attended ACG's "Train the Trainers" program in Manila, Philippines—further solidifying her role as a leader in medical education and innovation.

Currently, she co-leads the newly launched Women's Task Force Committee at Thomas Jefferson University, reaffirming her longstanding commitment to advancing gender equity, inclusion, and excellence in healthcare. She is also a member of AGA's Women's Committee, and is looking forward to participating in the Northeast regional workshop in Boston in November this year.