PREGNANCY AND INFANT OUTCOMES FOLLOWING IN UTERO EXPOSURE TO JAK INHIBITORS IN WOMEN WITH INFLAMMATORY BOWEL DISEASE: A GLOBAL MULTICENTER COHORT STUDY

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In a global multicenter retrospective study of 43 JAK inhibitor-exposed pregnancies in women with IBD, maternal complication rates were low and no congenital abnormalities were observed among 35 live births, with reassuring infant outcomes including normal development and no adverse vaccine responses.

KEY POINTS

- Among 35 live births, no congenital abnormalities were reported, with 1 preterm infant (2.9%), 3 small for gestational age (8.6%), and 1 with Apgar score less than 7 at 5 minutes (2.9%).
- Maternal complications were low with no cases of DVT or preeclampsia, though 3 cases of premature rupture of membranes (GA 34-37) and 4 hospitalizations for infection or other complications occurred.
- Disease activity was present in 51.2% of pregnancies, and among women who discontinued JAK inhibitors in the first or second trimester, 63.6% experienced disease flare.
- Follow-up of 31 infants (median 17 months, range 1-88) showed 100% normal development, with no adverse effects reported following live BCG, rotavirus, or MMR vaccines.
- Two infants (6.5%) required hospitalization for infection at age 0-4 months, both born to mothers with moderate-to-severe disease activity treated with systemic corticosteroids and upadacitinib initiated during pregnancy, with no infection-related sequelae.
- Among 24 breastfeeding women, 29.2% continued JAK inhibitor treatment during lactation.

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