



@EmoryGastroHep

Irritable Bowel Syndrome in Pregnancy

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Effects of Pregnancy In IBS

Luteal Hormones

-May interrupt MMC, increase constipation and decrease SB transit time



Sex Hormones
-May Produce anti-nociception effect and increase visceral hypersensitivity



Mast Cell activation

-Due to heightened stress during pregnancy
-May increase IBS sxs

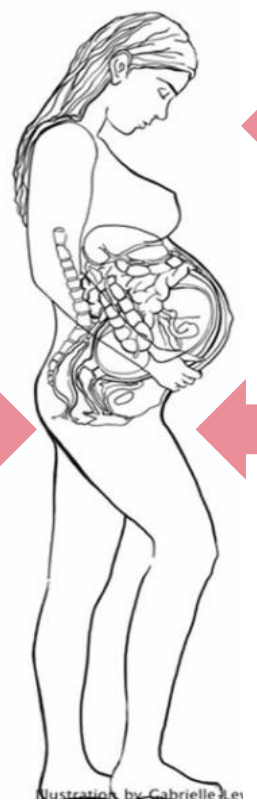


Illustration by Gabrielle Lee



Sex Steroids
-Impact chloride ion secretion, affecting gut permeability



Relaxin

-Increases nitric oxide synthase reduces ileal smooth muscle contractions → increase SB time

Hyper-progesteronemia

-Prolongs oro-cecal transit time, decreases smooth muscle function → constipation

Hyper-estrogenemia

-Affects peripheral and central regulatory mechanisms of gut-brain axis



Pharmacotherapy

IBS-C

Agent	Safety in Pregnancy	Safety in breast-feeding
PEG Mag-based laxatives lactulose	✓	? Monitor Infant
Senna	Limited use	Loose stools in infant
Bisacodyl	?	Likely Safe
Mineral oil/Castor oil	⊘	Castor oil ? Mineral oil ok
Docusate Sodium	⊘	⊘
Linaclotide	?	?
Plecanatide	?	?
Lubiprostone	⊘	⊘
Tenapanor	?	?
Prucalopride	⊘	⊘
Tegaserod	⊘	⊘

IBS-D

Agent	Safety in Pregnancy	Safety in breast-feeding
Loperamide	⊘	⊘
Diphenoxylate/atropine	⊘	Use w/ caution
Bismuth-subsalicylate	⊘	⊘
Cholestyramine, Coleviselam, Colestipol	⊘	Use w/ caution
SSRIs	⊘	Use w/ caution
TCA's	⊘	Low risk
Alosetron, ondasteron	⊘	Monitor Infant
Eluxadolone	⊘	?
Rifaximin	⊘	?
Buscopan (scopolamine); dicetel (pinaverium); dicyclomine	⊘	⊘
Peppermint	Low risk	May ↓ milk supp.

Nonpharmacological Treatment

• Dietary Modifications

Low FODMAP diet

• Not recommended → **Low fiber, calcium, zinc, folate, B and D vitamins** → **Important for fetal development**

• Restrictive diets may be associated with a lower caloric intake → **risk of fetal low birth weight** and potentially developmental delays later in life.

Fiber

• Given their favorable safety profile and the higher impact of constipation during the third trimester, **soluble fiber should be considered in pregnant women with constipation.**

Probiotics and Prebiotics

• **Not enough evidence** based on limited RCTs

