

Study shows prophylactic low-dose aspirin in pregnancy does not increase IBD activity

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Use of low-dose aspirin (LDA) among pregnant women with inflammatory bowel disease (IBD) is not associated with an increased risk for disease activity, according to a study presented at the annual meeting of the American College of Gastroenterology, held from Oct. 20 to 25 in Vancouver, British Columbia, Canada.

Amy Yu, M.D., from the University of California in San Francisco, and colleagues evaluated the prevalence of LDA use in pregnant IBD patients and the effect of LDA on IBD disease activity. The analysis included 325 individuals with IBD and at least one pregnancy followed by a maternal fetal medicine clinic at a tertiary academic medical center from 2013 through 2022.

Of the participants, 29% used LDA. The researchers observed similar cumulative rates of IBD flare during pregnancy or six months postpartum between those who took LDA and those who did not (24 versus 26%). Preterm birth (21 versus 14%), higher parity (two versus one), and cesarean delivery (51 versus 27%) were more likely for individuals on LDA versus those not on LDA.

Cumulative rates of hypertensive disorders of pregnancy were similar between the groups (22 versus 19%), although individuals on LDA had higher rates of preeclampsia (11.6 versus 4.3%). Associations were noted for higher LDA dose (162 mg; odds ratio, 2.77) and diagnosis of ulcerative colitis (UC; odds ratio, 2.34) with flare. When adjusting for LDA dose and prior IBD medication use, diagnosis of UC remained a significant risk factor for flare (odds ratio, 4.49).

"Approximately one-third of patients with IBD cared for in a maternal fetal medicine practice used low-dose aspirin for prevention of hypertensive disorders of pregnancy," Yu said in a statement. "The observed rate of IBD flare during pregnancy or postpartum was not higher in patients who used [low-dose aspirin](#)."

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