Obs/IBD/ pregnancy&neonatal

Exposure to corticosteroids in pregnancy is associated with Adverse perinatal outcomes among infants of mothers with inflammatory bowel disease: results from the PIANO registry

Multicenter prospective registry of IBD women during pregnancy and neonatal outcomes registry.
Data collected every trimester, at delivery and 12 months post partum.

Primary endpoints: Impact of steroid exposure on perinatal outcomes

Results: N=1490 mothers and 1431 live births
- 29% of mothers were exposed to corticosteroids and were younger and had shorter disease duration compared to non-exposed.
- More likely to receive steroids for UC 33.3% vs CD 26.1%, p=0.005.
- Corticosteroid use was associated with:
  - Preterm birth (OR 1.79, 95%CI 1.18-2.73)
  - Low birth weight (OR 1.76, 95%CI 1.07-2.88)
  - Neonatal intensive care unit admission (OR 1.54, 95% CI 1.03-2.30)
- Late corticosteroid use (2nd/3rd trimester) was associated with serious infections at 9 and 12 months, p=0.001)

Conclusion:
Offspring of women exposed to corticosteroids during pregnancy were more likely to have adverse outcomes.

Table 4 Multivariate adjusted ORs for adverse outcomes during pregnancy in women with IBD without active disease by corticosteroid exposure*

Event	No exposure n=884	Any steroid n=319
Spontaneous abortion (gestation ages ≤140 days)	1.0 (Ref)	1.0 (0.4–2.3)
Preterm birth (<37 weeks)	1.0 (Ref)	2.0 (1.3–3.0)
Small for gestational age	1.0 (Ref)	1.6 (0.9–2.9)
Low birth weight (<2500g)	1.0 (Ref)	1.7 (1.0–3.0)
IUGR	1.0 (Ref)	1.6 (0.7–3.8)
C-section	1.0 (Ref)	1.0 (0.8–1.4)
NICU admission	1.0 (Ref)	1.6 (1.0–2.4)
Congenital malformations	1.0 (Ref)	1.4 (0.9–2.1)
Any of the above	1.0 (Ref)	1.0 (0.7–1.3)
Any of the above without C-section	1.0 (Ref)	1.1 (0.8–1.4)

*Adjustment variables controlled for biologic, combination or immunomodulator use.
C-section, caesarean section; IBD, inflammatory bowel disease; IUGR, intrauterine growth restriction; NICU, neonatal intensive care unit.

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