



GI DREAM

Gastrointestinal Dietitians
for Research, Education,
Advocacy and Mentoring

Preconception and Pregnancy with Inflammatory Bowel Disease (IBD)

This dietary resource provides general dietary information for people with IBD. To find an [IBD DIETITIAN](#) for personalised nutrition advice ask your IBD team or visit gidream.org.

- A healthy, varied diet helps meet nutrition requirements of mother and baby.
- Vitamin and mineral levels should be checked 3 – 6 months prior to conception and in at least in the first trimester due to increased risk of micronutrient deficiency.
- Pre-pregnancy and pregnancy vitamin and mineral supplement doses may be greater for some women with inflammatory bowel disease (e.g. iron, folic acid).

Pregnancy Planning

Eating a varied and healthy diet is important for the fertility of both partners. Inflammatory bowel disease (IBD) symptoms can sometimes make it hard to eat well. A healthy diet for people with IBD should include fruits, vegetables, whole grains, dairy products and animal and/or plant-based proteins. Foods high in sugar, saturated fats and highly processed food should be limited. [An IBD dietitian](#) can help you to eat a greater range of healthy foods and manage IBD symptoms.

Inflammation may also affect the absorption and utilisation of vitamins and minerals. Prior to planning a pregnancy ask your doctor for blood tests to check for nutrient deficiencies (e.g. vitamin D, iron, folate, vitamin B12). Nutrient deficiencies may affect your fertility but can be easily treated with the right vitamin and mineral supplements.

During Pregnancy

Eating well during pregnancy will help you get enough energy and nutrients to have healthy baby growth and a healthy pregnancy. During pregnancy you need to eat slightly more than normal. In general, women need to 200-300 extra calories a day during the first two trimesters and 500 extra calories during the third. More calories than this may be required if you are underweight or have active inflammation.

Sometimes IBD symptoms can make it hard to eat well and meet your needs during pregnancy. Monitoring of vitamin and mineral levels is very important. Ask your doctor, midwife or IBD

dietitian for blood tests to check your vitamin and mineral levels (e.g. vitamin D, iron, folate, vitamin B12). Some women may have difficulty gaining enough weight during pregnancy. Not gaining enough weight increases the risk of having a premature or small baby. If this is an issue for you, please ask your doctor for a referral to a dietitian for food and nutrition support.

When to see an IBD dietitian before, during or after pregnancy

- If you are having a disease flare
- If experiencing an inadequate weight gain during pregnancy (less than 0.5kg per week for multiple weeks)
- If nutrient deficiencies have been detected on a blood test*
- If experiencing unintentional loss of weight loss (loss of weight accompanied by poor appetite and/or reduced intake of food)
- If you have hyperemesis (persistent vomiting and nausea, unable to keep food and fluids down)
- If you are seeking generalised dietary advice for IBD, pregnancy and breastfeeding

Important Nutrients Before and During Pregnancy

Protein

In the second and third trimesters the body needs more protein to help baby grow. You may also need extra protein if you are physically active, having a flare, have had resections of your small intestine, and/or have a high ostomy or fistula output. Speak with [an IBD dietitian](#) to discuss your individual needs.

Protein-rich foods: Seafood, dairy products, soy milk, eggs, beans and legumes, nuts, seeds, red meat (including beef, lamb, kangaroo), poultry, pork.

Iron

Iron deficiency is common in IBD and during pregnancy. During pregnancy a women's iron requirements are much higher. You should have your iron levels checked when planning a pregnancy and during pregnancy. Take a supplement as needed.

Iron-rich foods: Iron-fortified breakfast cereals, meat, eggs, legumes, wholegrain breads and cereals, leafy green vegetables, nuts and seeds

Supplementation: If iron levels are low or likely to become low, speak to your doctor, dietitian or pharmacist about taking a suitable iron supplement for pregnancy and IBD.



Calcium and Vitamin D

Calcium and vitamin D are needed for strong and healthy bones of mother and baby. Vitamin D deficiency and low calcium intake are common in IBD. Eating and drinking high calcium foods before and during pregnancy is important, as low vitamin D can decrease fertility and increase the risk of miscarriages. Vitamin D levels should be measured 3 – 6 months before becoming pregnant.



You may need calcium or vitamin D supplementation or referral to [an IBD dietitian](#) if you:

- take corticosteroids
- avoid dairy/high lactose products and do not use a calcium fortified plant-based alternative

Calcium-rich foods: Dairy products, calcium-fortified plant milks, tofu, tinned salmon with edible bones, leafy green vegetables

Supplementation: While taking corticosteroids, supplementing with 800-1000mg/day calcium and 800 IU/day vitamin D is recommended. If your blood vitamin D is a low, your doctor may advise higher doses.

Folate

Folate is needed for the growth and development of the nervous system of your growing baby. All women should take a folic acid 4 weeks before pregnancy and 12 weeks after becoming pregnancy. Women with IBD may need to take a higher dose of folic acid or continue taking folic acid during pregnancy.

Speak with your doctor, midwife or dietitian if you have any of the following:

- been folate deficient previously
- on methotrexate or sulfasalazine
- follow a gluten free or low fibre diet
- have had small bowel resection/moderate to severe small bowel Crohn's disease.

Folate rich food sources: Leafy green vegetables, citrus fruit, wholegrain breads and cereals, legumes, liver, marmite/vegemite, folic acid-fortified breads and cereals.

Supplementation: 800µg/day for at least 4 weeks pre-conception and 12 weeks post-conception. If you take a pregnancy multivitamin make sure each tablet provides at least 800µg folic acid.

Iodine

Iodine is needed for your baby's growth and brain development. The body needs more iodine during pregnancy. Australian women may not consume enough iodine to meet their pregnancy needs and may need to take a supplement. ***All women in New Zealand should take an iodine supplement due to low amount of iodine in food grown in New Zealand.***

Iodine-rich foods: freshly cooked and consumed seafood, bread made with iodised salt, eggs, iodised salt and dairy.

Supplementation: 150µg/day during pregnancy and breastfeeding

Fibre

Constipation is common during pregnancy. Eating a variety of fibres from different plant foods helps to manage constipation. A diet that includes whole plant foods has more fibre and more nutrition than processed foods. This is good for the health of mother and baby. If you get symptoms with high fibre foods, ask for a referral to [an IBD dietitian](#).

High fibre foods: Whole plant foods e.g. wholegrain breads and cereals including oats, rye, pearl barley, durum wheat pasta, rice, fruit, vegetables, legumes, nuts and seeds, fibre supplements e.g. psyllium husk, ground linseed, oat bran.



Alcohol

There is no known safe level of alcohol intake during pregnancy. It is recommended to avoid drinking alcohol during pregnancy and limit alcohol intake preconception.

Caffeine

Drinking too much caffeine may not be good for you or your baby. Limit caffeine intake to less than 200mg per day (e.g. two cups of espresso coffee).

Multivitamin supplements

A multivitamin supplement is commonly used during pregnancy but may not be the best option for you. Always check with your doctor or [IBD dietitian](#) before taking any supplements. It may not meet your needs and high doses of some vitamins and minerals can be harmful during pregnancy.

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