

INFLAMMATORY BOWEL DISEASE

Pregnancy and IBD: Frequently Asked Questions

Top Questions from Women

Is it safe for a woman with IBD to get pregnant?

- For any woman, with or without IBD, pregnancy results in a lot of changes that can be linked to risks.
- ***The fact that you have IBD does not make it any more “unsafe” to become pregnant.***
- Of course, getting pregnant while sick with active symptoms can make you more sick, and thus pregnancy should be thought about only when your disease is in remission (no or very few symptoms).



Will having IBD make it harder to get pregnant?

- Having ulcerative colitis does not make it harder to get pregnant.
- Having Crohn’s disease that involves most of your large bowel does appear to make it harder to get pregnant.
- Having surgery for any type of IBD can make it harder to get pregnant, mainly because the scar tissue in the gut and pelvis can block the fallopian tubes.
- Data shows that women with IBD who need in vitro fertilization (IVF) to get pregnant do have lower rates of success than women without IBD going through the same process.



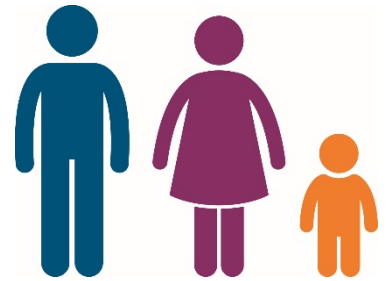
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Will IBD cause the baby to have a birth defect?

- There is no evidence that having IBD or using the medications to treat IBD while pregnant are linked with a higher risk of birth defects.

Will my child get IBD?

- While there are genes that have been found to be linked with IBD (there are now over 107 of them), it is not a genetic disease.
- The risk of a child getting IBD from a parent who has IBD is about 5 to 7 percent.
- If both parents have IBD, then the risk is about 35 percent.



Will my disease flare or get better if I get pregnant?

- Every pregnancy is different. Some pregnancies will result in a disease flare for IBD patients; others with IBD feel better when pregnant.
- If you are in remission (no or very few symptoms) when you get pregnant, there is no increased risk for developing a flare than if you weren't pregnant.
- If you have active symptoms when you get pregnant, then you have a third of a chance of getting better, a third of a chance of getting worse and a third of a chance of staying the same.

How do I get treated if I have a flare during pregnancy?

- If you are on no medications when you flare, you will usually just go back on what you were taking prior to getting pregnant.
- If that does not work, then stronger therapy, like steroids, are used to control active disease.
- It is very important to get active inflammation under control quickly during a pregnancy so that the baby is not affected.
- You can even start a biologic during pregnancy to control disease, if needed.



Do I stop or continue my medications during pregnancy?

- There are only two medications that treat IBD that have to be stopped during pregnancy — **methotrexate** and **thalidomide**.
- All other IBD medications have been shown to actually protect against a bad outcome because they control active inflammation and disease.
- Biologics cross the placenta (except for certolizumab (Cimzia®)), but there is no evidence that this causes any bad outcomes in the baby after birth.

Can I breastfeed on medication?

- Women do not have to stop their IBD medications to nurse.
- The only exception is if they are taking antibiotics.

Do I have to have a caesarean section (C-section)?

- The only time that a C-section would be needed because of IBD is if you have Crohn's disease and a perianal fistula for which you are getting treatment.
- Women with a history of a J-pouch surgery for ulcerative colitis may need to discuss with their surgeon whether a C-section is appropriate, but most surgeons these days are alright with a woman delivering vaginally.

What should I know once the baby is born?

- If a mother is using any biologic that crosses the placenta, the infant should not get vaccinated with any live virus vaccines for six months after birth.



Top Questions from Men Whose Partners are Trying to Get Pregnant

Should I stop my azathioprine to father children?

- Men do not have to stop their medication to father children.
- While there was an early study suggesting that azathioprine in men may be linked with a higher risk of bad birth outcomes, multiple studies since then have not shown this to be true.

Should I stop my infliximab to father children?

- Men do not have to stop their medication to father children.
- Infliximab has not been shown to adversely affect the quality and health of sperm.

