

# **INFLAMMATORY BOWEL DISEASE & PREGNANCY**

## **COMMON PATIENT QUESTIONS AND ANSWERS:**

1. **Will my child get IBD?**
  - a) 1.6% if mother has UC
  - b) 5.2% if mother has CD
  - c) 36.0% if both spouses are affected
  
2. **What are my chances of getting pregnant?**
  - a) Fertility is similar to the general population for presurgical UC and CD
  - b) Ileal pouch anal anastomosis (IPAA) reduces fertility by 50% - 80%
  - c) Surgery for Crohn's may also slightly reduce fertility
  
3. **Do women with IBD have higher rates of sexual dysfunction?**
  - a) Yes, depression and surgery are predictors
  
4. **What are my expected pregnancy outcomes?**
  - a) Increased spontaneous abortion and stillbirth
  - b) Increased preterm birth, low birth weight, small for gestational age infants
  - c) Increased complications of labour and delivery
  - d) Congenital anomalies - data mixed, but no clear increased risk
  - e) Even if disease is under good control, increased risk of adverse outcome compared with the general population
  
5. **What will pregnancy do to my IBD?**
  - a) The risk of flaring during pregnancy is the same as if not pregnant - 34% at 1 year
  
6. **What medications can I use? (Food and Drug Administration Category - FDA)**
  - a) **Mesalazine (B):** conception, pregnancy, lactation  
**Sulfasalazine (A)** - increase folic acid to 2 mg daily
  
  - b) **Corticosteroids (C) and Budesonide (C):**
    - i: Use if needed, but avoid use in the first trimester
      1. Increased risk of cleft palate
    - ii. Increased risk of gestational diabetes
  
  - c) **Azathioprine / Mercaptopurine (D)**
    - i. Low risk. Benefits of maintaining remission outweigh risk
    - ii. Compatible with use in conception, pregnancy and lactation
    - iii. Wait 4 hours after taking dose to breastfeed
  
  - d) **Infliximab and Adalimumab (B)**
    - i. Low risk. Compatible with use in conception, pregnancy and lactation
    - ii. Transfers across placenta. Avoid use in late third trimester
    - iii. Consider withholding rotavirus vaccination in infant (live virus)
  
  - e) **Methotrexate (X)**
    - i. **Contraindicated.** Discontinue 6 months before attempting conception.
  
  - F) **Vedolizumab, Tofacitinib, Ustekinumab (?)**
    - i. Data pending. Avoid if possible.