

Pregnancy and IBD

Dr.Ö.Ş

IBD / Fertility and Pregnancy

What is the chance of IBD patient to become pregnant?

- The chance of conception of an UC patient is the same as the general population if they have not undergone surgery before
- Ileal pouch and anal anastomosis reduces the chance of conception by 50-80%

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IBD / Fertility and Pregnancy

What is the chance of IBD patient to become pregnant?

- Fertility decreased in women with Crohn's disease;
 - The doctor does not recommend pregnancy,
 - Dysparacia due to perianal disease
 - Decreased libido,
 - Irregular ovulation due to chronic disease,
 - Tubal occlusion due to adnexial involvement
 - Previous surgical interventions

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Is there any impairment of sexual function in patients with IBD?

- Sexual dysfunction can be expected especially in patients undergoing surgery and also in patients diagnosed with depression
- Use of sulfasalazine and corticosteroids may cause infertility for male patients

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Will the disease become active when pregnant or if pregnancy continues?

- IBD is not expected to have a significant effect on normal pregnancy course if it is in remission and well controlled during conception
- Remission can be achieved despite treatment in only 1/3 of patients with active disease in conception

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Will the disease become active when pregnant or if pregnancy continues?

- Similar to nonpregnant patients during pregnancy, the risk of annual IBD activation is around 30%
- Pregnancy has no clear effect on Crohn's disease, 75% of women in remission remain in remission during pregnancy, and relapse usually occurs in the first trimester

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What are the complications related to the mother and the baby during pregnancy?

Especially in case of poorly controlled, severe IBD:

- Low and stillbirth risk increased
- Premature birth and low birth weight infant risk is high
- Some congenital anomalies can be expected, although not certain
- Some difficulties during labor can be seen

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Should pregnant patient with IBD stop their medication? What drugs can she use?

IBD treatment during pregnancy should be continued, but there are some important points to consider:

- Folic acid intake should be increased to 2 mg daily in patients receiving sulfasalazine
- Mesalazine use is safe in pregnancy
- Methotrexate should not be used due to teratogenicity
- Other drugs may be used with caution in view of the risk/benefit ratio

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How should birth be in IBD patients?

- Active perianal disease,
- Active rectal involvement is a caesarean indication
- Ileoanal pouch or ileorectal anastomosis is a relative caesarean section

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Drugs and Pregnancy

Category	Definition
A	No risk in controlled studies
B	No evidence of risk in humans
C	<ul style="list-style-type: none">▪ There is not enough study in humans▪ Side effects seen in animal studies▪ It can be used in pregnant women despite the potential risk
D	There's positive data on the risk
X	Contraindication during pregnancy

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