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Inflammatory Bowel Disease and Pregnancy

This sheet talks about inflammatory bowel disease and pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is Inflammatory Bowel Disease?

Inflammatory bowel disease (IBD) includes Crohn's disease (CD) and ulcerative colitis (UC). Symptoms include abdominal pain, vomiting, diarrhea, and weight loss, among others. Both conditions involve serious intestinal inflammation. Some individuals may need surgery during the course of their disease. IBD often affects women during their child bearing years.

I have IBD and I am thinking of becoming pregnant. Will my disease make it harder for me to become pregnant?

Women with ulcerative colitis and inactive Crohn's disease are as likely to become pregnant as women without IBD. Active Crohn's disease may decrease the ability to become pregnant by increasing inflammation in the pelvic organs. It may be more difficult to become pregnant if you have had surgery for IBD, as the surgery may have caused scar tissue to form in the pelvic region and around the fallopian tubes.

How will pregnancy affect my symptoms?

The effects can vary. Women who are in remission from their Crohn's disease at the start of pregnancy may have no change in symptoms, an improvement of symptoms, or a worsening of symptoms. For women whose symptoms are active at the time of conception, 75% will continue to have active disease throughout pregnancy. Cigarette smoking may also increase disease symptoms.

Ulcerative colitis may become more active in the first or second trimester. However, some

women will see their symptoms improve early in pregnancy. For women whose ulcerative colitis is active at conception, half will have worsening of symptoms during pregnancy.

I have IBD and I am newly pregnant. Do I have a higher chance of miscarriage because of my medical condition?

In women whose IBD is inactive, the risk for miscarriage should not be significantly increased over the population risk. However, the risk may be greater with increase in severity of the condition. In severe IBD, the rate of miscarriage may be as high as 60%.

Does having IBD make it more likely for me to have a baby with a birth defect or pregnancy complications?

No, the risk for birth defects does not seem to be increased in women with IBD. Women with active disease may be at an increased risk for pregnancy complications including premature birth, stillbirth, or having a baby with low birth weight. The risk of complications may be related to the severity of the mother's illness during pregnancy.

Women with Crohn's disease may be at an increased risk for having Vitamin K deficiency. Vitamin K is important in the blood clotting process. Women with IBD should have their nutritional status evaluated by their health care professional prior to and during pregnancy. If a woman is unable to absorb nutrients from her diet and prenatal vitamins alone, additional supplements may be necessary.

What medications are safe to treat my IBD during pregnancy?

There are many types of medications used to treat IBD. In some cases, a woman will need to take several medications during pregnancy. Types of medications used to treat IBD include immunomodulators, antibiotics, anti-inflammatory drugs and anti-diarrheal agents. For information on specific agents see our medication fact sheets at www.otispregnancy.org or contact OTIS toll-free at 1-866-626-6847.

Because IBD can be associated with risks during pregnancy, it is important that IBD remain as inactive as possible. The risk with any medication treatment must be weighed against the benefits of keeping IBD inactive. It is important that you discuss treatment options with your gastroenterologist when planning pregnancy, or as soon as you learn that you are pregnant.

I would like to breastfeed my baby. Are my medications safe to use while breastfeeding?

Some medications are low risk, while others may be more concerning. For information on specific agents see our medication fact sheets or contact OTIS toll-free at 1-866-626-6847. Treatment options and the risks and benefits of breastfeeding and use of medications should be discussed with your health care professional.

My partner has IBD and uses medication to treat his symptoms. Will this affect his ability to have children or increase our chances to have a child with a birth defect?

IBD alone does not usually affect fertility in men. However, if a man has had surgery for IBD, he may have problems related to ejaculation.

Some of the medications men use for IBD may have an impact on fertility. These effects may include a reduction or change in sperm production, or cause changes in sperm movement or development. Fertility is usually restored once treatment is stopped.

Exposure of the father to medications is unlikely to increase the risk for a birth defect because, unlike the mother, the father does not

share a blood connection with the developing baby. For more information, please see the OTIS fact sheet about [Paternal Exposures](#) or contact OTIS toll-free at 1-866-626-6847.

OTIS is currently conducting a study looking at autoimmune diseases and the medications used to treat autoimmune diseases in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972.

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If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.