Tan Tock Seng HOSPITAL

Department of
Gastroenterology and Hepatology

Inflammatory Bowel Disease (IBD): Fertility, Pregnancy and Lactation

Introduction

1. Introduction
2. Fertility, pregnancy & IBD
   - Fertility
   - Becoming pregnant
   - Effect of IBD on pregnancy
3. Before conceiving
   - Pre-conception counselling
4. During pregnancy
   - Investigations
   - Medication & lactation safety
   - Flares during pregnancy
5. Modes of delivery
6. After birth
7. Frequently Asked Questions (FAQ)

Introduction

Inflammatory Bowel Disease (IBD) is a condition where parts of the digestive system get swollen and irritated. This condition can affect men and women of childbearing age.

The 2 main types of IBD are:

- Ulcerative Colitis
- Crohn's Disease

If you are planning for a child, you may have concerns about how the changes of pregnancy will affect your IBD or if the medicines you take for IBD might affect your baby. This booklet aims to provide you helpful information and address common concerns patients may have.

IBD can affect everyone differently, it is important to always discuss any specific concerns with your IBD doctor and Obstetrician so that an individualised care plan can be catered to you.

Fertility, pregnancy and IBD

FERTILITY

In general, well-controlled IBD usually does not affect your ability to conceive.

For males, if you have had extensive abdominal or pelvic surgery (e.g. removal of the colon), it can increase the risk of impotence.

For females, extensive surgery can increase risk of infertility (usually because of development of scar tissue). In such cases, in vitro fertilisation (IVF) is a considerable option although its success rate is lower compared to those in the general population.

BECOMING PREGNANT

The severity and extent of your disease control when you become pregnant may influence the course of disease during your pregnancy. About two-thirds of patients in remission will stay in remission during pregnancy.

Patients with active disease will likely continue to have active disease during pregnancy. Having active disease may make it more difficult for you to get pregnant, which may increase your risk pregnancy loss (miscarriage) and complications such as pre-term birth.

Therefore, doctors recommend conceiving when:

- You are in remission
- You are not on steroid medication
- Your IBD medication(s) & dosing have been stable for at least the past 3 months

Fertility, pregnancy and IBD

EFFECT OF IBD ON PREGNANCY

IBD can affect how a baby grows and develops during pregnancy. The health of the baby and the chance of being born early depend on several factors:

- The type of IBD you have
- How severe your IBD is
- The treatments you use during pregnancy

People with more severe disease have an increased risk of giving birth prematurely and having a low-birth-weight infant.

Compared to Crohn's Disease (CD) patients, patients with Ulcerative Colitis (UC) are more likely to have flare episodes during their pregnancy.

Surgery (such as removing the colon, if needed) is possible during pregnancy. However, surgery may increase the risk of premature labour or pregnancy loss (miscarriage).

Most patients who had surgery for UC before pregnancy can have a normal pregnancy and birth, including vaginal delivery.

Before you conceive

PRE-CONCEPTION COUNSELLING

Pre-conception counselling is associated with improved pregnancy outcomes.

Talk with your IBD doctor & Obstetrician if you & your partner are considering about having a baby. For most patients, IBD will not affect your ability to conceive if your disease is well controlled & is in remission.

However, an active IBD disease is associated with decreased fertility in men & women. Most medications used are safe in pregnancy. Some medications like Sulfasalazine may need to be changed. Sulfasalazine can lower fertility in men, but this effect goes away within two months after stopping the medicine.

These recommendations apply to **anyone** who is considering pregnancy

- Folic acid: Folic acid can reduce the risk of a medical condition called Neural Tube Defect (birth defects of the brain, spine or spinal cord which develops very early during pregnancy in the fetus)
- Stop smoking, alcohol, recreational drugs before conceiving
- Inform/discuss all prescription medications including over-the-counter (OTC) medications, Traditional Chinese Medication (TCM), Jamu etc
- Limit caffeine to less than 250mg a day while trying to become pregnant & during pregnancy (includes cola, tea, cocoa)

During pregnancy

During pregnancy, you will continue to be cared for by your primary IBD doctor. Your Obstetrician will review you regularly throughout the pregnancy, with closer monitoring (every 1-2 weeks) in the 3rd trimester.

INVESTIGATIONS

As with your routine follow-up care, your IBD team will continue to monitor your blood and stool tests

If your doctor recommends a procedure during pregnancy, here is a list of safe options:

Procedure	Safe in pregnancy
Flexible Sigmoidoscopy with minimal sedation	√
Ultrasonography	√
Non-contrast MRI	√

*CT scan and Video Capsule Endoscope (VCE) may not be safe options during pregnancy and are not recommended. Do speak with your IBD doctor

During pregnancy

MEDICATIONS

IBD patients often require lifelong medications. It is important to talk to your IBD doctor. Your doctor will guide you on the medicines you're taking.

Below is a list of medications commonly used in IBD treatment.

Medication		Safe in pregnancy	Safe in breastfeeding
5-aminosalicylate (5-ASA)	Sulfasalazine * May cause reversible male infertility	√ * May need a higher dose of Folic Acid	√
	Salofalk	√	√
	Pentasa	√	√
Steroids	Prednisolone * Patients who take steroids during pregnancy are more likely to develop gestational diabetes & high blood pressure * May be used short-term for disease flare	√	√

During pregnancy

Medication		Safe in pregnancy	Safe in breastfeeding
Immunomodulators	Azathioprine	√	√
	6-Mercaptopurine)	√	√
	Methotrexate	X * Known to cause birth defects; Methotrexate needs to be stopped 3-6 months prior to family planning	
Biologic * All mothers should continue biologic therapy regardless of their disease activity throughout their pregnancy * Your baby should not receive any live vaccines (rotavirus) in the first 12 months or until biologic no longer detected in your baby's blood	**Infliximab, Adalimumab** * In patients with active disease, last dose in the 3rd trimester need to be timed according to presumed due date & restarted immediately after delivery	√	√
	Ustekinumab (Stelera)	√ (limited data)	√ (limited data)
	Vedolizumab (Entyvio)	√ (limited data)	√ (limited data)
JAK inhibitor	Tofacitinib	X (increase in congenital anomalies in animal data; needs to be stopped before pregnancy & throughout breastfeeding)	
	Upadacitinib		

Medication		Safe in pregnancy	Safe in breastfeeding
Antibiotics	Metronidazole	√	X
	Ciprofloxacin	Avoid in term 1	√

During pregnancy

VACCINATIONS

Vaccinations are important in pregnancy as it offers protection for you & your baby to reduce the risk of getting a vaccination-preventable disease.

Vaccination	Recommended
Influenza	√
Pertussis	√
Covid	√
Live vaccine (e.g. Measles, Mump, Rubella)	Avoid

Flares during pregnancy

Pregnancy may increase the risk of relapse or worsening of your IBD with Ulcerative Colitis & complications in patients with Crohn's Disease especially if your condition is poorly controlled.

If you have a flare or suspect you might have one, do not hesitate to contact your IBD nurse.

You may be advised to be brought in earlier for investigations and/or take a medication. Most times, acute flares can be treated with steroids (e.g. Prednisolone) which is safe in pregnancy. In special circumstances, early delivery may be considered (e.g., if you are beyond 37 weeks).

Signs of an IBD flare:

- Severe abdominal pain
- Persistent diarrhoea and/or
- Rectal bleeding

Mode of delivery

For most women with IBD, it is possible to have a normal delivery. The mode of delivery should be guided by your Obstetrician and considerations, nonetheless.

In situations where there is an active perianal disease, history of rectovaginal fistula involvement or post-restorative proctocolectomy surgery, a multi-disciplinary discussion (consisting of your IBD doctor, Surgeon and Obstetrician) is typically involved.

In such circumstance, C-section is encouraged.

OTHER CONSIDERATIONS

Type of condition	Normal vaginal delivery	Remarks
Ostomy (stoma)	√	
IPPA (Ileal Pouch Anal Anastomosis),	√	▪ A Cesarean delivery may be preferred ▪ Family size is important when choosing the mode of delivery; if patient wish to have multiple births, vaginal delivery may be safer ▪ Always discuss with your obstetrician

After birth

Breastfeeding

Breastfeeding is strongly encouraged as there are many benefits to both mother and baby. There is no strong evidence that breastfeeding will worsen IBD. It is always important to discuss with your IBD doctor the safety of your IBD medications and breastfeeding

Biologic medication during pregnancy

If you have been given biologic (e.g. Infliximab, Adalimumab, Vedolizumab, Ustekinumab) during your pregnancy, it is recommended that your baby avoid all live vaccines until after their 1st birthday.

IBD medications after pregnancy

All IBD medications including biologics will need to be given as soon as possible unless there is evidence of an infection

Diet

Eat a well-balanced healthy diet. Avoid foods such as soft cheeses, raw & undercooked foods or meat and fish containing high levels of mercury. These foods may cause you and your baby should you fall ill.

Frequently asked questions

1. What if I have an unplanned pregnancy?

If you find out that you are pregnant, notify your IBD Nurse / Doctor immediately. You will be advised accordingly after your medications & IBD activity have been assessed by your healthcare team.

2. Can I still get pregnant if I have a stoma?

Vaginal delivery is safe in women with ostomies (stomas).

If you have a stoma, stretching of the abdominal wall during pregnancy may cause stoma complications such as displacement, enlargement, retraction, stenosis (abnormal narrowing) & prolapse. A referral to the Colorectal Surgeon may be required if this occurs.

3. Will I pass IBD to my child?

Patients with IBD have a risk of passing IBD to their baby through their genes. First-degree relatives (children, siblings) of patients with IBD are between 3 and 20 times more likely to develop IBD compared to relatives of people with no history of IBD.

Your risk of passing IBD to your child is between 4 to 8%. If your partner also has IBD, this risk can be up to 30%.

Frequently asked questions

4. I had an uneventful pregnancy when I gave birth to my first child. Will my next pregnancy be uneventful too?

The course of a person's first pregnancy does not necessarily predict the course of future pregnancies.

5. Do women with IBD have a higher risk compared to the general population?

Women with IBD may have a higher risk for

- Gestational Diabetes
- Still birth
- Preterm pre-labour rupture of membrane
- Preterm delivery
- Small for gestational age
- Low birthweight newborns

In pregnancies where disease activity is active

- Preterm pre-labour rupture of membrane
- Preterm birth
- Low birthweight
- Increased risk of stillbirth
- Low Apgar score (in Crohn's Disease)

Clinic 4B
TTSH Medical Centre, Level 4
Contact:
6357 7000 (Central Hotline)

Scan the QR Code with your smart phone to access the information online or visit http://bit.ly/TTSHHealth-Library

Was this information helpful? Please feel free to email us if you have any feedback regarding what you have just read at patienteducation@ttsh.com.sg

Tan Tock Seng HOSPITAL
National Healthcare Group

PECC-GST-ED-2024-1984-v1