

Fertility and Pregnancy:
What you need to know and maybe were afraid to ask?

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Women with IBD had a 3 x higher rate of voluntary childlessness and have fewer children than the general population.

Headlines

- Pregnancy in IBD is SAFE
- Planning and disease control is key
- There are no questions that can't/shouldn't be asked of your IBD team
- ▶ Lots of support and info available

Before we start....

- ▶ Attend your smear tests!
 - ▶ HPV vaccine
- Sex
 - Body image
 - Libido
 - Surgery/ostomies
 - Pain
- ► Contraception- Combined hormonal contraception/oral contraceptives
- HRT

Fertility

- ▶ IBD can affect the onset and regularity of the menstrual cycle
- Hormones can affect symptoms
- Endometriosis
- Increased rates of voluntary childlessness
- Sulphasalazine in men
- Methotrexate
- surgery
- BUT Overall men and women with IBD have a similar reproductive capacity to the general polpulation

Pre-conception

- ► Folic acid/B12/vit D/iron/lodine
- ► (lodine)
- Review your medication and make a plan with your IBD team
- Stop methotrexate 6m before
- Dietary restrictions
- Achieve remission?

Pregnancy

- ► Effect of pregnancy on IBD
 - ▶ If in remission 4/5 stay so
 - ▶ If active only 1/3 achieve remission
- Most medications are safe except Methotrexate
- Flare during pregnancy
 - Drugs, scans, blood clots, endoscopies
- Birth

Pregnancy outcomes

- Preterm birth 3x higher in active disease, foetal loss, low birth weight
- Early pregnancy loss 10.8% v 10%
- Ectopic pregnancy 1.1%
- Gestational diabetes, BP
- C sections
- Birth defects
- PIANO

Post birth

- ► Live vaccines
- ► Risk of inheritance
- Breastfeeding

Resources

- https://crohnsandcolitis.org.nz
- https://www.crohnscolitisfoundation.org/
- https://www.health.govt.nz/your-health/pregnancy-and-kids/pregnancy
- ▶ BUMPS: https://www.medicinesinpregnancy.org/Medicine--pregnancy
- ► PIANO- https://gastroenterology.ucsf.edu/piano

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