

Sexuality, fertility and pregnancy

Most new cases of IBD are diagnosed during the teens and early twenties. As a result, issues such as intimacy, sex, fertility and pregnancy are frequently of concern, especially given the chronic nature of Crohn's disease and ulcerative colitis.

1. Puberty

Does IBD affect puberty?

Both growth and sexual maturity can be delayed by having IBD. Children with Crohn's disease are usually affected more than those with ulcerative colitis. The causes include inadequate nutrition, active disease and corticosteroids. Although puberty may start later in some children, eventually they will catch up.

2. Sexuality

Does IBD affect the sex drive?

People with any chronic illness, including IBD, may find that they have less interest in sex when their disease is active. IBD does not extend directly into the sexual organs or genitals; however, Crohn's disease may have an indirect effect in women due to the possible formation of a fistula (opening) between the bowel and another organ, including the vagina.

Active disease may inhibit sexual activity directly because of symptoms such as abdominal cramps and diarrhoea. However, less obvious inhibitors are malnutrition and lack of energy. Sexual desire and performance are not affected by the medications most commonly used to treat IBD.

Surgery is relatively common in IBD. As with any other surgery, strenuous activity (including sex) should be avoided immediately after surgery to allow healing. The amount of 'downtime' depends on the type and extent of surgery performed. Some women may find intercourse painful after a removal of the large bowel (total colectomy), or surgery in the pelvis, but this is usually temporary. Some women may develop a heavier vaginal discharge.

Sometimes surgery involves the formation of a stoma (opening from the bowel to the skin) where a bag collects waste. This has no physical effect on sexual function but may initially be embarrassing. Often the person with the stoma is more bothered about the stoma than the partner! In a caring relationship, normal sexual intimacy can be expected when a stoma is present. However, some care will need to be taken as the stoma bag may leak or dislodge.

For men who have had their rectum removed and a pelvic pouch formed, there is a slight risk of impotency and problems with ejaculation.

Women with Crohn's disease may have an increase in intestinal symptoms during menstruation.

3. Fertility

Am I less fertile if I have IBD?

There is no evidence that people with ulcerative colitis are any less fertile than anyone else. Fertility is also normal in people with inactive Crohn's disease. However, women are slightly less likely to become pregnant if their disease is active.

Men with active Crohn's disease may have a reduced sperm count.

Malnutrition can have an effect on both male and female fertility – in men due to a reduced sperm count and in women due to stopping of menstrual periods and ovulation. However, these are both reversible upon regaining a healthy nutritional status.

Remember, however, that active IBD is NOT an effective contraceptive – precautions will still need to be taken.

What about medications and fertility?

Most medications to treat IBD do not have an effect on fertility. However, sulfasalazine can reduce the sperm count and lead to the formation of abnormal sperm. Sperm counts and function return to normal upon stopping the medication, but this takes about three months to occur.

Methotrexate may affect sperm quality. It must not be taken in women who are attempting to get pregnant because of its adverse effects on the growing baby. Methotrexate must be discontinued for at least three months (probably six months) before attempting to conceive.

What about surgery and fertility?

Surgery for ulcerative colitis may involve removing the rectum. Because of this, in rare instances, men may become impotent and have problems with ejaculation. A woman who has surgery in the pelvic area may develop scarring or adhesions involving



the fallopian tubes, making it more difficult to conceive.

Contraception

Any form of contraception may be used by people with IBD. The oral contraceptive pill (OCP) will not interfere with medications taken for IBD. However, occasionally medications taken for IBD may interfere with the OCP (e.g. some antibiotics). Sudden diarrhoeal illness may be associated with reduced effectiveness of the OCP.

What is the chance of passing the disease on to my baby?

IBD appears to cluster in families i.e. people with IBD have a 10 to 20% likelihood of

having a relative with the same disease. There seems to be a risk of inheriting Crohn's disease, especially in Jewish families. Children who have one parent with Crohn's disease have a less than 5 % lifetime risk of developing the condition.

In other words, this means that the child has a more than 95% lifetime risk of NOT developing the condition. If both parents have the disease, this risk is significantly higher. There is no genetic test available to determine one's predisposition to IBD.

4. Pregnancy

In general, pregnancy in IBD is safe. Most women with IBD who become pregnant have healthy pregnancies and good outcomes. If their disease is in remission, then adverse outcomes are not significantly higher than the general population.

What is the role of the IBD team in pregnancy?

The gastroenterology/IBD team should be informed if a patient is thinking about starting a family. They will assess the patient's IBD activity, review medications and offer advice on supplements. The IBD team should also be informed when a pregnancy is confirmed, as they may want to schedule more regular appointments during the pregnancy.

Will pregnancy harm a woman with Crohn's disease or ulcerative colitis?

In both diseases, the rule of thirds applies i.e. the disease gets worse in a third of people, improves in a third and remains unchanged in a third during the course of the pregnancy.

Any woman contemplating pregnancy should consider the state of her health carefully before conceiving. For women whose disease is in remission prior to becoming pregnant, there is a 4/5 chance that they will remain in remission, so it is very important to achieve this before conception.

Can IBD affect the pregnancy or cause harm to the baby?

The most important factor to consider is the activity of disease. Women who have active disease (especially Crohn's disease) have a greater risk of premature delivery, intrauterine growth retardation, stillbirth or spontaneous abortions. Thus, it is always recommended to try to gain remission before considering pregnancy.

Does previous surgery affect the course of the pregnancy?

Women with ileostomies occasionally suffer prolapses or an obstruction of the stoma. It is best to postpone pregnancy for a year after the formation of an ileostomy to allow the body to adapt to it. A resection (removal of diseased tissue) has no adverse effects.



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Is it safe to continue medications during pregnancy?

Women should always discuss the risks and benefits of taking certain medications during the pregnancy with their doctor. In general, the major threat to a pregnancy comes from active disease and thus most medications should be continued. For more specific information, see the following individual medications.

5-ASA – mesalazine (Pentasa[®], Asacol[®]), olsalazine (Dipentum[®]), sulfasalazine (Salazopyrin[®])

Studies have found no evidence that the foetus is harmed by these medications.

Any woman trying to become pregnant should be taking supplemental folic acid to reduce the risk of neural tube defects (e.g. spina bifida). This is especially true for women who are taking sulfasalazine.

Sulfasalazine, which is rarely used today, can also reduce sperm count in men. This is reversible on stopping the medication. The other 5-ASA medications do not affect sperm count or fertility.

Steroids

These are generally safe although there is a slightly increased risk of cleft palate if these medications are taken in the first trimester (three months).

Immunosuppressive medications e.g. azathioprine, mercaptopurine and cyclosporin?

There is now considerable evidence from human studies in people with organ transplants, certain types of arthritis and IBD, that azathioprine

and mercaptopurine are safe during pregnancy.

Cyclosporin continues to be less well understood. However, this medication is thought to be safer than emergency bowel surgery.

Biologicals e.g. infliximab, adalimumab, certilzumab

Infliximab and adalimumab (Humira) have been used in pregnancy and, to date, no adverse effects have been seen. In the third trimester, a small amount of the drug can be transferred to the foetus, so live vaccines (rotavirus BCG) are not recommended for these infants in the first year of their lives. Studies have not shown an increased risk of infection for these children.

Other biologicals are not as well understood and at the moment should probably be avoided.

Antibiotics

Certain antibiotics such as metronidazole and ciprofloxacin are occasionally used for perianal disease in Crohn's disease, but long courses should be avoided in pregnancy.

Anti-diarrhoeals

These should generally be used with caution by anyone with IBD. However, occasional or low dose use may be necessary but should be avoided just before or during delivery.

Enemas, foams and suppositories

These contain either a steroid or a 5-ASA, both of which are safe to use in pregnancy. Generally, only a small amount of these rectal medications is absorbed.

Are there any medications that are unsafe to take before, during or after pregnancy?

Methotrexate must be stopped at least three to six months before conceiving. This applies to men and women.

Can surgery be performed during pregnancy?

Surgery should if at all possible be avoided or postponed until after delivery. It is, however, a matter of weighing up the risk and benefits in each individual case. Where required, it is best performed in the middle trimester of the pregnancy.

What about procedures?

There is no reason why a rigid sigmoidoscopy, rectal biopsy or gastroscopy cannot be performed on a pregnant woman, if these tests are necessary in the management of the disease. A flexisigmoidoscopy may also be performed if clearly needed but should otherwise be avoided.

Diagnostic X-rays should be avoided, although, occasionally, CT or MRI scans can be performed if absolutely necessary. If you might be pregnant or are pregnant, X-ray examination in general should be avoided. This is especially true in the first trimester of pregnancy.

However, there will be circumstances in which X-rays must be taken to plan management even though you are pregnant. This decision is something you and your specialist will need to discuss. Ultrasound and MRI scans are considered to be safe.

5. Childbirth and afterwards

A woman with Crohn's disease who has an abscess or fistula around the rectum or previous severe Crohn's disease around the anus would be advised to have a caesarean section. In most other cases, normal vaginal deliveries are recommended, and caesarean sections are performed for obstetric reasons only.

Can I breastfeed?

If the condition is active at the time of delivery, not enough breast milk may be produced.

If a woman takes certain medications, breastfeeding should be avoided. These are methotrexate, anti-diarrhoeals and antibiotics.

However, 5-ASAs, steroids, biologicals and immunosuppressive medications (azathioprine and mercaptopurine) are compatible with breastfeeding.

If active Crohn's disease or ulcerative colitis complicates one pregnancy, are future pregnancies likely to be affected in the same way?

The course or behaviour of IBD cannot be predicted. Previous pregnancies do not set a pattern, good or bad, for subsequent pregnancies.

Conclusion

The ability to become pregnant when desired and to raise happy and healthy children are issues many people face. Having IBD adds to the many challenges. However, it can be done, and it can be done well with the support of the IBD team.