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Pregnancy in IBD

Objectives

- Recognize and manage common preconception issues for patients with IBD
- Outline general management of IBD during pregnancy
- Identify factors that increase risk of complications in pregnancy
- Collaborate with other services and the patient during their pregnancy

Disclosures

- I have received payments for work from:
 - AbbVie
 - Pfizer
 - Takeda
 - Janssen
 - Merck
- No planned off-label discussions

Why?

- Majority IBD reproductive age
- Misconceptions abound
- Management is multidisciplinary
- Outcomes can be improved
- Proactive management is lacking

Fertility

- IBD → ↓fertility
 - Active disease
 - Surgery
 - Medications (♂♀)
 - Voluntary
- Inheritance
 - 1-3%
 - Up to 30%?

Contraception

- LARCs recommended
- Non-estrogen preferred (VTE)
- Careful of ↓ absorption

Preconception Assessment

- WE need to ask
- ★• Strongest predictor of poor outcomes: active IBD
- GI: seek to have patient in remission PRIOR
- All MDs: vaccines, pap smears, vitamins, smoking

Medications

- STOP*:
 - methotrexate (3-6months)
 - Tofacitinib (1-2 weeks?)
 - Asacol (other mesalamine preparations ok)
 - *please let GI know
- In general, it is recommended to continue other medications, including biologics and azathioprine, throughout pregnancy to minimize the risk of flare
- Steroids used cautiously for flares

Pregnancy

- GI CONCERNS
- ~1/3 flare (↑ if not in remission)
- Risk of preterm birth, poor weight gain
- My practice: f/u qTrimester, blood work, fecal calprotectin
- Endoscopy avoided
- May consider delaying biologics approaching time of delivery

Pregnancy

- OTHER CONCERNS
- OB/MFM should be following
- All usual perinatal care

Delivery

- Active perianal, history rectovaginal fistula: strongly consider CS
- DVT prophylaxis if flaring or C section

Post-partum

- Resume medications 24-48h after delivery
- Watch for flare
- Breastfeeding: same Rx recommendations as pregnancy
- Baby:
 - No evidence of adverse outcomes in babies exposed to IBD biologics in utero
 - Live vaccines held within 1st year of life (e.g. rotavirus)

Professional Resources

- Toronto Consensus Guideline (Pregnancy IBD). Nguyen et al. *Gastroenterology* 2016
- AGA IBD Pregnancy Clinical Care Pathway. Mahadevan et al. *Gastroenterology* 2019
- UpToDate

Patient Resources

- Crohn's Colitis Canada
- Canadian Digestive Health Foundation
- Crohn's and Colitis Foundation of America
- Badgut.org
- pregnancy.ibdclinic.ca

I have IBD, can I get pregnant?

Background

In a recent study conducted by The University of Alberta IBD clinic, women with IBD were surveyed on what they understood about IBD and pregnancy, and what their concerns were. More than 50% of the surveyed women had a lack of knowledge about IBD and pregnancy¹. More than 50% of surveyed women were childless, and more than 10% said they chose not to become pregnant ("voluntary childlessness")¹.

Our survey study and previous studies showed that the concerns women with IBD have are often based on a lack of knowledge and/or incorrect information^{1,2}.

Yes, women with IBD can become pregnant

Women with **inactive** IBD have **similar fertility rates** as the general population, which varies from 1 in 10 couples to 1 in 6 couples³.

Women with active IBD or history of pouch surgery may find it harder to become pregnant

Active IBD is associated with decreased fertility^{3,4} so it is important that women who are trying to become pregnant speak to their physician to ensure their IBD is controlled and inactive.

Watch the Video



View the Slideshow



I have IBD, can I get pregnant?
Fertility and IBD

Key Points

- Making sure IBD is in remission is the best way to have a healthy pregnancy
- Their GI would love to discuss family planning with them
- Most IBD medications are safe during conception, pregnancy, and breastfeeding
- Management of pregnancy in IBD is collaborative, including with the patient

Thank You

- Questions?

- Fertility
- Contraception
- Preconception assessment
- Medications
- Intrapartum management (interprof + flares + med delays)
- Delivery
- Postpartum management
- Resources for patients and professionals