Inflammatory Bowel Disease

This sheet is about having inflammatory bowel disease in pregnancy or while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is Inflammatory Bowel Disease?

Inflammatory bowel disease (IBD) is a chronic intestine illness with symptoms such as abdominal pain, vomiting, diarrhea, and weight loss. IBD includes Crohn's disease (CD) and ulcerative colitis (UC). CD and UC involve serious inflammation of the intestines.

I have IBD. What should I talk about with my healthcare team before I get pregnant?

It is important to talk to your healthcare team about plans for treating your condition before and during pregnancy, during delivery, and after delivery. If possible, talk with your healthcare team before getting pregnant. If your pregnancy is unplanned, contact your healthcare providers as soon as you find out you are pregnant.

Things to talk about with your healthcare team include:

- Ways to monitor your pregnancy and your IBD symptoms.
- Ways to avoid triggering flare ups.
- Any medications or vitamins you should take during pregnancy. Women with IBD might not have enough of certain vitamins and nutrients, such as vitamins D and K.
- Getting any necessary vaccines before and during pregnancy. Many vaccines can be given in pregnancy. For more information, please see the MotherToBaby fact sheet on vaccines at https://mothertobaby.org/fact-sheets/vaccines-pregnancy/.
- Any other questions or concerns you have.

I have IBD. Can it make it harder for me to become pregnant?

In general, women with UC and inactive CD are as likely to get pregnant as women without IBD.

Active CD might lower the ability to get pregnant by increasing inflammation in the pelvic organs. Achieving remission might improve the chances of becoming pregnant.

It might also be harder to get pregnant if a woman has had surgery for IBD, as the surgery might have caused scar tissue to form in the pelvic region and/or around the fallopian tubes.

How will pregnancy affect my symptoms?

Women who are in remission from their CD at the start of pregnancy might have no change in symptoms, or they might have an improvement of symptoms, or a worsening of symptoms. Women with active symptoms at the time of conception, are likely to continue to have active disease throughout pregnancy. Women who had symptoms in a previous pregnancy might be at an increased risk for experiencing symptoms again in their next pregnancy.

UC might become more active in the 1st or 2nd trimester. However, some women will see their symptoms improve

early in pregnancy. Among women with active UC at conception, approximately half (1 out of 2, or 50%) have worsening symptoms during pregnancy.

Does having IBD increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. In women whose IBD is inactive, the chance for miscarriage is not expected to be greatly increased. The risk might be higher with active IBD depending on the severity of the symptoms.

Does having IBD increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like IBD, might increase the chance of birth defects in a pregnancy. Most studies suggest that the chance for birth defects is not increased in women with inactive IBD. It is not clear if there is an increased chance of birth defects with active IBD. If there is an increased chance, it is expected to be low.

Does having IBD increase the chance of other pregnancy-related problems?

There are some studies that suggest that women with active disease have an increased chance for pregnancy complications, such as preterm delivery (birth before week 37), stillbirth, or having a baby with low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). There have also been higher rates of delivery by C-section reported in women with IBD. The chance of experiencing these pregnancy-related problems might be related to the severity of the woman's illness during pregnancy.

Women with CD might be at an increased chance for having vitamin deficiencies, including vitamins K and D. Vitamin K is important in the blood clotting process. Vitamin D is important in lowering the chance of pregnancy complications such as preeclampsia (high blood pressure and problems with organs, such as the kidneys) that can lead to seizures (called eclampsia), preterm delivery, and babies that are small for gestational age. For these reasons, it is important that women with IBD talk with their healthcare provider about their condition and their nutrition.

Does having IBD in pregnancy affect future behavior or learning for the child?

Based on most studies, IBD is not expected to increase the chance for developmental delays. However, having an active IBD disease can increase the chance for preterm delivery. Preterm delivery has been associated with an increased chance for children to have intellectual disabilities.

What medications can be used to treat my IBD during pregnancy?

It is important to talk with your healthcare providers as soon as possible about the best way to treat your condition during pregnancy. There are different types of medications used to treat IBD. In some cases, women will need to take more than one medication during pregnancy. For information on a specific medication, see our fact sheets at https://mothertobaby.org/fact-sheets-parent/ or contact MotherToBaby to discuss your specific exposures.

IBD itself can be associated with risks during pregnancy, and it is important that IBD remain as inactive as possible. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

Breastfeeding while I have IBD:

Studies have not shown breastfeeding to affect disease activity or symptoms in women with IBD. There is some data to suggest that breastfeeding might protect against flare ups in the first year after having a baby.

There are medications that have been used to treat IBD that are considered acceptable for use while breastfeeding. For information on specific medications, see our medication fact sheets or contact a MotherToBaby specialist. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man has IBD, can it make it affect his fertility or increase the chance of birth defects?

Available information suggests that active disease or experiencing a recent flare-up can impact a man's ability to conceive a pregnancy. Factors such as swelling, anxiety, depression, and effects of medication used might impact fertility. Men who have had surgery for IBD might have problems related to ejaculation. Men affected with IBD should discuss their condition and treatment options with their healthcare

provider. In general, exposures that males have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

MotherToBaby is currently conducting a study looking at Inflammatory Bowel Disease and the medications used to treat this condition in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972 or sign up at https://mothertobaby.org/join-a-study-form/.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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