

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. 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 those 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 the 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 may have no change in symptoms, an improvement of symptoms, or a worsening of symptoms. For those whose symptoms are active at the time of conception, many will continue to have active disease throughout pregnancy. Those 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 first or second trimester. However, some women will see their symptoms improve early in pregnancy. For women whose UC is active at conception, approximately half (1 out of 2) will have worsening of 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?

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. 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 for 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.

People 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.

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, a woman will need to take more than one medication during pregnancy. For information on 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.

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

Based on the studies reviewed, IBD is not expected to increase the chance for developmental delays.

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 harder to get a woman pregnant 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. Those affected with IBD should discuss their condition and treatment options with their healthcare provider. In general, exposures that fathers and sperm donors 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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