



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

For more information about us or to find a service in your area,  
call **(866) 626-6847**. Visit us online at **www.MotherToBaby.org**.

Find us! Facebook.com/MotherToBaby or @MotherToBaby on Twitter

## Inflammatory Bowel Disease

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to inflammatory bowel disease may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

### ***What is Inflammatory Bowel Disease?***

Inflammatory bowel disease (IBD) includes Crohn's disease (CD) and ulcerative colitis (UC). Symptoms can include abdominal pain, vomiting, diarrhea, and weight loss. CD and UC involve serious intestinal inflammation. Some individuals may need surgery during the course of their disease. IBD often affects women during their child bearing years.

### ***I have IBD and I am thinking of becoming pregnant. Will my disease make it harder for me to become pregnant?***

Women with UC and inactive CD are as likely to become pregnant as women without IBD. Active CD may decrease the ability to become pregnant by increasing inflammation in the pelvic organs. It may be more difficult to become pregnant if you have had surgery for IBD, as the surgery may have caused scar tissue to form in the pelvic region and around the fallopian tubes.

### ***How will pregnancy affect my symptoms?***

The effects can vary. 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 women whose symptoms are active at the time of conception, many will continue to have active disease throughout pregnancy. Cigarette smoking and stopping IBD medicines may also increase disease symptoms.

UC may 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, half will have worsening of symptoms during pregnancy.

### ***I have IBD and I am newly pregnant. Do I have a higher chance of miscarriage because of my medical condition?***

In women whose IBD is inactive, the chance for miscarriage should not be significantly increased. However, the risk may be greater with increase in severity of the condition.

### ***Does having IBD make it more likely for me to have a baby with a birth defect or to have pregnancy complications?***

Most studies find that the chance for birth defects does not seem to be increased in women with IBD. Women with active disease may be at an increased chance for pregnancy complications including premature birth, stillbirth, or having a baby with low birth weight. The chance of complications may be related to the severity of the mother's illness during pregnancy.

Women with CD may be at an increased risk for having Vitamin K deficiency. Vitamin K is important in the blood clotting process. Women with IBD should have their nutritional status evaluated by their health care provider prior to and during pregnancy. If a woman is unable to absorb nutrients from her diet and prenatal vitamins alone, additional supplements may be necessary.

### ***What medications are safe to treat my IBD during pregnancy?***

There are many types of medications used to treat IBD. In some cases, a woman will need to take several medications during pregnancy. Types of medications used to treat IBD include immunomodulators, antibiotics, anti-

inflammatory drugs and anti-diarrheal agents. For information on specific agents see our medication fact sheets at <https://mothertobaby.org/fact-sheets-parent/> or contact MotherToBaby toll-free at 1-866-626-6847.

Because IBD can be associated with risks during pregnancy, it is important that IBD remain as inactive as possible. The risk with any medication treatment must be weighed against the benefits of keeping IBD inactive. It is important that you discuss treatment options with your gastroenterologist when planning pregnancy, or as soon as you learn that you are pregnant.

***I would like to breastfeed my baby. Are my medications safe to use while breastfeeding?***

Some medications are low risk, while others may be more concerning. For information on specific medications, see our medication fact sheets or contact MotherToBaby toll-free at 1-866-626-6847. Be sure to talk to your health care provider about your treatment options and all your breastfeeding questions.

***My partner has IBD and uses medication to treat his symptoms. Will this affect his ability to have children or increase our chances to have a child with a birth defect?***

IBD alone does not usually affect fertility in men. However, if a man has had surgery for IBD, he may have problems related to ejaculation.

Some of the medications men use for IBD may have an impact on fertility. These effects may include a reduction or change in sperm production, or cause changes in sperm movement or development. Fertility is usually restored once treatment is stopped.

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

***MotherToBaby is currently conducting a study looking at inflammatory bowel disease and the medications used to treat these conditions 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-study/>.***

**References Available By Request.**

August, 2017