

Inflammatory Bowel Disease

This sheet is about inflammatory bowel disease during pregnancy or while breastfeeding. This information 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.

Can IBD make it harder for me to get pregnant?

In general, people with UC and inactive CD are as likely to get pregnant as those without IBD. Active CD may lower the ability to get pregnant by increasing inflammation in the pelvic organs. It may be harder to get pregnant if the person has had surgery for IBD, as the surgery may have caused scar tissue to form in the pelvic region and/or around the fallopian tubes.

How will pregnancy affect my symptoms?

People 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.

UC may become more active in the first or second trimester. However, some people will see their symptoms improve early in pregnancy. For people 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 people whose IBD is inactive, the chance for miscarriage is not expected to be greatly increased. The risk may 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 people 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?

Available information suggests that people with active disease have an increased chance for pregnancy complications, such as preterm delivery (delivery before 37 weeks of pregnancy), stillbirth, or having a baby with low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams]). The chance of experiencing these complications may be related to the severity of the person's illness during pregnancy and the stage of pregnancy.

People with CD may 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 (severe high blood pressure), preterm delivery, and babies that are small for gestational age. For these reasons, it is important that people 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 person will need to take more than one medication during pregnancy. 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.

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.

Can I breastfeed while taking my IBD medications?

There are medications that have been used to treat IBD that are considered acceptable for breastfeeding. 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 healthcare provider about all your breastfeeding questions.

If a male has IBD, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Available information suggests that active disease or experiencing a recent flare-up can impact a male's ability to conceive a pregnancy. Factors such as swelling, anxiety, depression, and effects of medications may impact fertility. Males who have had surgery for IBD may 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/>.

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/>.

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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