Inflammatory Bowel Disease

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.

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

Those with UC and inactive CD are as likely to become pregnant as those without IBD. Active CD may decrease the ability to become pregnant by increasing inflammation in the pelvic organs. It may be harder 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. 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. Cigarette smoking and stopping IBD medicines may also increase disease symptoms.

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, 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?

Miscarriage can occur in any pregnancy. In people whose IBD is inactive, the chance for miscarriage should not be significantly increased. However, the risk may be greater with active IBD depending on the severity of the symptoms.

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

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Most studies find that the chance for birth defects does not seem to be increased in people with inactive IBD. It is not clear if there is an increased chance with active IBD but if there is it is considered low. However, the data does suggest that people with active disease have an increased chance for pregnancy complications. Some of these complications include preterm birth (birth before 37 weeks of pregnancy), stillbirth, or having a baby with low birth weight (less than 5lbs 8oz). 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 for vitamin deficiencies, including vitamins K and D. Vitamin K is important in the blood clotting process. Vitamin D is important in reducing 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 nutritional status. If a person is unable to absorb nutrients from their diet and prenatal vitamins alone, additional supplements may be necessary.

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

There are many types of medications used to treat IBD. In some cases, a person 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...
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 healthcare providers, including your gastroenterologist, when planning pregnancy or as soon as you learn that you are pregnant.

**Does having IBD in pregnancy cause long-term problems in behavior or learning for the baby?**

It does not appear that having IBD increases the chance for developmental delays.

**Can I breastfeed while taking my medications?**

Some medications are considered acceptable for breastfeeding, 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 healthcare provider about your treatment options and all your breastfeeding questions.

**I have IBD. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

IBD alone does not usually affect fertility in men. There is data to support that active disease or experiencing a recent flare-up can impact a man’s ability to conceive for several reasons like swelling, anxiety, depression and the effects of medications. These effects may include a reduction or change in sperm production, or cause changes in sperm movement or development. Fertility usually returns once treatment is stopped. If a man has had surgery for IBD, he 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/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/**.

**Please click here for references.**