Fertility and Pregnancy with IBD

Presented by Dr. Emma Flanagan, Gastroenterologist from St. Vincent's' Hospital IBD Pregnancy Clinic 13th August 2022

This presentation has been recorded and is available on the YOU Inc. website;below is just a summary:

When planning pregnancy, it is important to ensure IBD is in remission at that time

Fertility may be reduced in both males and females when:

- Crohn's disease is active
- After pelvic surgery e.g. J Pouch for Ulcerative Colitis
- The rectum is removed

If possible,obtain a referral to a fertility specialist at the planning stage

Helpful Hints

- Make sure your IBD is well controlled for at least 3-6 monthsprior to trying to become pregnant
- No smoking or alcohol, aim for healthy weight range
- Folate supplement at least 1 month prior to trying to conceive
- Speak to your treating team regarding your pregnancy wishes/plans
- Check with your surgeon regarding pregnancy timing post-surgery

Drugs

- Sulphasalazine – ceased in males as can cause reversible infertility
- Methotrexate – cease in females as can cause birth defects
- Steroids – can increase chance of complications in pregnancy such as gestational diabetes, only use in case of flare and at the recommendation of your gastroenterologist
- Thiopurinese.g. Imuran – considered safe and can be continued
- Infliximab/adalimumab–safe but levels can be detected in babies for up to approx. 12 months; therefore babies should avoid live vaccines until 12 months of age (this is only the rotavirus vaccine on the current Australian immunization schedule)
- Tofacitinib – cease in females as insufficient data currently
- There are many newer drugs that arebeing trialed, also much misinformation. Recommend discussion with your treating specialist or obtain referral to IBD Pregnancy clinic (such as at St Vincent's).

IVF

- Generally, if no success after 6months of trying to conceive naturally, recommend seeing your GP for referral to fertility specialist, especially if you have a history of pelvic surgery for IBD
- Following J-Pouch surgery, IVF success rates are equal to those without a history of pouch surgery

Managing Ostomy during pregnancy

- Review with stomal therapy nurse
- Rare complications of hernia, prolapse and small bowel obstruction

Mode of Delivery – requires individual discussion with obstetric team

- Patients with IBD may have vaginal delivery in most cases
- Caesarean section recommended for women with perianal Crohn's disease or a J-Pouch

Breast Feeding is considered safe with most IBD medications – discuss with your specialist

Once pregnancy is confirmed, it is necessary to have regular monitoring with your treating team including your IBD specialist, surgeon, obstetrician and stoma nurse at least once per trimester and post delivery

Emma was the instigator of the IBD and Pregnancy Clinic at St Vincent's Hospital in 2017, now open weekly and available to both Public and Private patients diagnosed with Inflammatory Bowel Disease who are planning a pregnancy orpregnant

A referral is necessary from your treating specialist or GP, a referral form is available by contacting YOU Inc.

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Emma with Lilian Leonard