Effect of IBD of Fertility

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Talk Outline

• Will I be able to have a family?
• Can I pass IBD on to my child?
• Will pregnancy be riskier for me and my baby?
• What if I am have difficulties conceiving?
• Pregnancy issues: When to conceive
  Medications safety
  Normal delivery Vs C-Section
  Breastfeeding
Will I be able to have a family?

- Fertility (M&F) unchanged in treated IBD
- If active/flaring fertility may be decreased esp in Crohn’s disease
- Older studies showed decreased fertility post pouch surgery
- Colectomy does not make you infertile

- Higher age biggest risk factor for infertility – not IBD
Please Note:
We can only show averages. It is impossible to predict whether your results will be positive or negative.

- Yellow: Infertility - General population
- Blue: Infertility - Medically treated IBD
- Red: Infertility - Colectomy and Ileal Pouch
Can I pass IBD on to my child?

Complex disease
Only 25% of people with IBD have a family history of IBD
Lots of theories re causes
Can I pass IBD on to my child?

Cystic Fibrosis

Chromosome 7

q31.2

7q36.3

7q11.2

7q11.22

p22.3

7p11.2

7p11.2

Can I pass IBD on to my child?
If one parent has UC, the risk of their child having IBD is 1.6% ie less than 2 out of 100 children born to a parent with UC.

If one parent has CD, the risk of their child having IBD is 5.2% ie 5 out of 100 children born to a parent with CD, will get IBD.

If both parents have IBD, the risk of their child developing IBD in 36 out of 100, or 36%.
Problems conceiving?

Aim to get disease under control
Patient often want to stop drugs to get pregnant
In general staying on the drugs is the better option
IBD patients can have successful IVF treatment
Talk to your doctor
Active IBD increases risk of adverse outcomes...

Active IBD preconception

increased risk of IBD flare and associated adverse pregnancy outcomes

Active IBD during pregnancy

increased risk of adverse pregnancy outcomes
POSTPARTUM: some women can flare postpartum even if they have been well during pregnancy . . .

- ulcerative colitis patients have a slight increased risk of flaring in the postpartum period
- women whose IBD has been well controlled during pregnancy are less likely to flare in the postpartum period
No increased risk of congenital malformation in babies born to parents with IBD even with the drugs we use. Active inflammation is a risk factor for low birth weight and pre-term birth.
Will pregnancy be riskier for me and my baby?

Risk of flare in pregnancy is the same as non pregnant state
BUT if you flaring at conception, more likely to flare and have poorer pregnancy outcome
Risk of flaring post pregnancy not significantly increased if you continue medications
Voluntary childlessness

• In UK and Us studies of Voluntary Childlessness in IBD patients is 13-17%
• In the UK study only 50% of patients had discussed fertility with their healthcare professional
• Patients who had chosen to be childless because of their IBD had poorer understanding of their disease than others
• IBD team need to open this conversation with patients
## Medication safety

<table>
<thead>
<tr>
<th>Medication</th>
<th>Pregnancy</th>
<th>Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesalazine- Topical and oral</td>
<td>Safe</td>
<td>Safe</td>
</tr>
<tr>
<td>Steroids</td>
<td>Safe. If possible avoid high doses in first trimester</td>
<td>Safe</td>
</tr>
<tr>
<td>Azathioprine/Mercaptopurine</td>
<td>Low risk</td>
<td>Low risk</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>Avoid first trimester</td>
<td>Avoid</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Avoid first trimester</td>
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<tr>
<td>Methotrexate</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
</tr>
<tr>
<td>Anti TNF (adalimumab/infliximab)</td>
<td>Low risk. May stop in third trimester</td>
<td>Low risk</td>
</tr>
<tr>
<td>Vedolizumab</td>
<td>Minimal data</td>
<td>Minimal data</td>
</tr>
<tr>
<td>Ustekinumab</td>
<td>Minimal data</td>
<td>Minimal data</td>
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<tr>
<td>Tofacitinib</td>
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C-Section Vs Vaginal delivery

- If active perianal Crohn’s disease - c-section recommended
- Patients with a pouch- c-section recommended
- Otherwise discussion with Obstetrician.
- Joint clinic at the BWH
Breastfeeding

- Medications in general safe
- Some data suggesting that breast feeding may decrease risk of IBD in child
- Doesn’t increase risk of flare and might even be protective
Take home messages

- Knowledge is key to reducing voluntary childlessness
- Talk about fertility with your team
- Uncontrolled disease is the risk for the baby not the drugs