HEALTH SHEET

Inflammatory bowel disease and pregnancy

What you need to know

CHUM

Do you or your partner have inflammatory bowel disease and want to have a child? This sheet gives you information so you can talk about it with your care team.

How do I know if this sheet applies to me?

It's for you if you have one of the following inflammatory bowel diseases (IBD):

- ulcerative colitis
- Crohn's disease

Can I have a child if I have IBD?

Yes. If your IBD is well controlled, you can have a child. In women, however, a very active disease can cause ovulation problems and miscarriages. **So it's better to have the disease under control before having a child.**

If you've ever had surgery because of your IBD, you could have trouble conceiving a child in some cases. This applies to both men and women. Fertility treatments may then be necessary.

What should I plan to do before having a child?

- You should see your IBD and pregnancy specialist before you get pregnant. You may need to modify your treatment.
- 3 months before conception, you should start taking a pregnancy multivitamin that contains at least 1 mg of folic acid. Check with your doctor or pharmacist to see what amount of folic acid is right in your case.
- As before any pregnancy, it's recommended that you quit smoking, not drink alcohol, and not take drugs.

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What are the chances that my child will also have IBD?

The risk of transmitting the disease to your child is very low if only one parent has IBD. The risk is:

- 2 – 5% for Crohn's disease
- 0.5 – 2% for ulcerative colitis

If both parents have it, there is a 1 in 3 chance that their child will have either disease.

If you become pregnant unexpectedly, don't stop your medications or change the doses. Contact your specialist doctor as soon as possible. You can discuss your medication with your doctor and decide whether or not to continue your pregnancy.

Does pregnancy increase the risk of my IBD flaring up again?

If your disease has been inactive for at least 6 months before conception, pregnancy doesn't increase the risk of an IBD flare-up.

When the disease flares up again, it's often because it was poorly controlled before the pregnancy or because you stopped your medication for fear of its impact on the baby.

Keep taking your medication. This is the key to a successful pregnancy. At the first sign of a flare-up, contact your doctor so your treatment can be adapted.

How can IBD affect my pregnancy?

- If your disease is active:
  - Your risk of giving birth by caesarean section could be up to 2 times higher than average.
  - Your baby could have a lower birth weight or be premature (born before 37 weeks).
  - You have a slight risk of developing clots in your veins (thrombophlebitis and pulmonary embolism) if you're hospitalized or have had a caesarean section. You may then be given injections to prevent clots from forming.

What should I do with my medications?

REMEMBER

An active disease is often more harmful to your health and that of your baby than are the medications to control it.

Most medications that treat IBD are safe to take during pregnancy, except for methotrexate (see below). However, for some of them, the dosage will need to be adapted.

Talk with your IBD and pregnancy specialist or a pharmacist who is qualified in this area. See the details regarding medications in the appendix on page 4.

CAUTION

Methotrexate: This is the only medication contraindicated during pregnancy. It causes malformations in the fetus. It must be stopped at least 3 months before conception. This allows time to switch to another medication to keep the IBD under control.

Will I be able to give birth vaginally?

Yes, you can give birth vaginally. However, you'll need to discuss it with your care team, as each case is unique and depends on:

- the extent and severity of your illness
- whether the disease is active or not
- your desire to have more pregnancies later
- whether you've ever had an operation related to your IBD

Vaginal delivery is not recommended in the case of active Crohn's disease in the anal area.

What should I do after giving birth?

Talk with your IBD specialist towards the end of your pregnancy. Together you'll take stock of your illness and discuss breastfeeding. Schedule a follow-up appointment after the delivery. It's important to continue taking your medication to prevent your disease from becoming active again.

Will I be able to breastfeed?

You can breastfeed normally even with IBD, and breastfeeding has no impact on the activity of the disease. Most medications used for IBD are safe to take.

Check with your IBD and pregnancy specialist or your pharmacist to make sure that you can take yours without problems. They'll tell you if any special precautions are needed.

Who can I contact for help or to ask questions?

Your IBD and pregnancy specialist is the best person to answer them.

USEFUL RESOURCES

Other CHUM health fact sheets are available. Ask your care team which fact sheets can help you.

You can also read them online.
chumontreal.qc.ca/fiches-sante

Questions

This fact sheet was produced in collaboration with the Centre hospitalier universitaire Sainte-Justine.

The content of this document in no way replaces the advice of your healthcare professional.

To find out more about the Centre hospitalier de l'Université de Montréal
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If you're pregnant, here's what you need to know about the medications you're taking for your IBD. Don't hesitate to ask your IBD and pregnancy specialist or a qualified pharmacist for more details.

For women

- **5-aminosalicylates (5-ASA), including sulfasalazine (Salazopyrine) and mesalamine in different formulations (Asacol, Salofalk, Mezavant, Pentasa, Octasa, and Mezera).**
  - Asacol: The product that coats this medication may have a very low risk of abnormalities (abnormalities were found in animals at doses 80 times higher). It's recommended to take it in another equivalent formula.
  - Salazopyrine, Salofalk, Mezavant, Pentasa, Octasa, and Mezera: all these formulations of 5-ASA are safe.
- **Thiopurines: azathioprine (Imuran) and 6-mercaptopurine (Purinethol).** There doesn't appear to be a risk of abnormalities in the fetus with the doses used for IBD. There's a lot of data on this medication when it's used during pregnancy, and it's reassuring.
- **Glucocorticoids: hydrocortisone, budesonide (Entocort, Cortiment), prednisone, and methylprednisolone (Solumedrol).** These medications are sometimes needed to treat a relapse during pregnancy. The baby has very little exposure because the placenta makes them inactive.

  In the mother, however, they can cause hypertension or diabetes, so the lowest effective dose is used and for as short a time as possible. The mother's blood pressure and blood sugar levels are also closely monitored.

- **Biologics: infliximab, adalimumab, certolizumab (Cimzia), and golimumab (Simponi), ustekinumab, vedolizumab (Entyvio).** Some of these substances cross the placenta from the 2nd trimester, but this has no significant impact on the baby's growth or health. Because of this passage through the placenta, the medication is in the baby's bloodstream in the first few months of life.

  This is why **live attenuated vaccines** should be avoided for a baby during the first 6 months of life. In Quebec, this only relates to the gastroenteritis (rotavirus) vaccine. After that, you can follow the Quebec vaccination schedule.
- **Other biologics: risankizumab (Skyrizi), guselkumab (Tremfya).** The effects of these products during pregnancy are still little known. You should talk with your doctor about your pregnancy plans if you're taking one of them.
- **Oral molecules: tofacitinib, upadacitinib (Rinvoq), ozanimod, etrasimod (Velsipity).** At the moment, there is little data on whether these medications cause malformations in the baby or harmful effects on pregnancy. However, it's thought that these molecules can cross the placenta. In some studies in animals, malformations have been observed. So you need to talk with your doctor to decide whether or not you'll continue taking a small oral molecule during pregnancy.
- **Antibiotics: metronidazole (Flagyl) and ciprofloxacin (Cipro).** These medications can be used, but talk with your doctor.

For men

- Taking **sulfasalazine** or **methotrexate** may cause sperm abnormalities. These disappear when these medications are stopped.

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