Pregnancy and Inflammatory Bowel Disease

Mr. Johann Craus MD, DFSHRH (UK), MRCOG (UK)
Resident Specialist – Mater Dei Hospital
Obstetrician & Gynaecologist
October 2010

Pregnancy and Inflammatory Bowel Disease

- Fertility
- Planning a pregnancy
- Treatment and safety issues
- Pregnancy course
- Delivery
- Post-partum

Pregnancy and Inflammatory Bowel Disease

➢ Fertility

- 1 in 7 couples with no past medical history of IBD experience sub-fertility issues
- Most people with IBD have normal fertility
- Chron's disease and some forms of treatment/surgery do reduce fertility

Pregnancy and Inflammatory Bowel Disease

➢Planning a pregnancy

Do IBD treatments affect fertility?

- Most of the drugs are safe and do not affect fertility
- Only a few can adversely affect the baby

It is important that you consult your doctor before stopping or changing any of your medication to prevent a flare up of your IBD, particularly as fertility is reduced by active disease.

Pregnancy and Inflammatory Bowel Disease

➢Planning a pregnancy

Diet

- Balanced and varied diet
- Calcium and vitamin D supplements
- Vitamin B12 to prevent anaemia if terminal ilem has been removed.
- Iron deficiency
- Folic acid supplementation
- Folic acid may need to be increase if on sulphasalazine

Pregnancy and Inflammatory Bowel Disease

➢Planning a pregnancy

Excercise

Smoking

- Low birthweight with a higher risk of miscarriage.
- The risk is even greater for women with IBD as smoking increases the activity of Crohn's and increases the need for surgery and medication.
- May also reduce the severity of UC disease activity, but still not recommended

Alcohol

- Best to avoid alcohol, particularly during the first three months because of the risk of miscarriage.

Pregnancy and Inflammatory Bowel Disease

➢ Pregnancy course

Maintaining remission: key answer

- If conception occurs at a time of quiescent disease the risk of relapse is the same as in non-pregnant women .
- If conception occurs at a time of active disease, two thirds have persistent activity and of these two thirds deteriorate .
- Both clinical activity and surgical interventions decline with pregnancy and parity .
- Risk for preterm delivery and low birth weight increases if disease is not well controlled

Pregnancy and Inflammatory Bowel Disease

➢Pregnancy course

Will pregnancy make my Ulcerative Colitis or Crohn's Disease worse?

- Pregnancy has little effect on either UC or Crohn's.
- About one third of women will have a relapse while they are pregnant.
- This is similar to non-pregnant women with IBD over that period of time.
- A relapse it is more likely to be in the first three months.
- Relapses decreased in the years following pregnancy

Pregnancy and Inflammatory Bowel Disease

➢Pregnancy course

Investigations for UC or Crohn's during pregnancy.

- Needed in case of flare-ups
- Generally flexible sigmoidoscopy, rectal biopsy, ultrasound, MRI, endoscopy and colonoscopy can be carried out during pregnancy.
- Investigations which involve x-rays and radiation should normally be avoided by pregnant women unless absolutely essential. This includes CT scans.

Pregnancy and Inflammatory Bowel Disease

➢ Pregnancy course

Surgery in pregnancy.

- Indications for surgery in pregnant women with Crohn's disease are the same as for nonpregnant patients: obstruction, perforation, haemorrhage and abscess.

- In the severely ill patient, continued illness is a greater risk to the fetus than surgical intervention

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

- Aminosalicylates: Sulphasalazine (Salazopyrin), Mesalazine (Asacol)
- Corticosteroids
- Methotrexate (MTX)
- Infliximab (Remicade) and Adalimumab (Hurmira)
- Azathioprine (Imuran) & 6-mercaptopurine (Purinethol)
- Cyclosporin
- Antibiotics
- Biologics - Anti-TNFα antibodies
- Anti-diarrhoeals
- Anti-spasmodics

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Aminosalicylates: Sulphasalazine (Salazopyrin), Mesalazine (Asacol)

- Thought to be safe as have been used for long term.
- Very little transfer of these drugs across the placenta to the baby.
- Can be used as maintenance therapy and during a flare-up.
- ➢ If you are taking sulphasalazine you are advised to take folic acid supplements. Mesalazine is safe in doses less than 3g a day.
- Sulphasalazine reduces fertility in men, but this is usually temporary and is reversible within 2 -3 months of stopping the medication

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Corticosteroids

- Safe to use
- All routes are safe
- 90% metabolised through the placenta
- Theoretical risk of cleft palate was a study done on rabbits using high doses

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Methotrexate (MTX)

- Contraindicated in women trying to conceive, due to risk of birth defects being a folate antagonist.
- Couples should avoid conception if either of them had MTX in the past 3-12 months.

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Infliximab (Remicade) and Adalimumab (Hurmira)

- Relatively new drugs. Experience and literature is limited.
- Work by attenuating the immune process and are used in severe cases of Crohn's Disease, especially when other therapies have failed.
- Contraindicated in couples trying to conceive.
- A reliable form of contraception should be used for at least 6 months after receiving infliximab or adalimumab.

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Azathioprine (Imuran) & 6-mercaptopurine (Purinethol)

- Immunosuppresant type of drugs
- Main stay of treatment in IBD
- Still relatively little known about the effects of these drugs on women with IBD during pregnancy
- Growing evidence regarding their safety and recommended that if disease is controlled to continue treatment

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Cyclosporin

- Very strong immunosuppressant drug which has a significant rate of serious side effects
- It has not been associated with any harm to an unborn baby
- Risks of this treatment are to the mother and include liver, kidney and neurological problems
- Only suggested in very severe (acute) colitis which did not respond to steroids

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Antibiotics

Metronidazole

- Safe to be used in pregnancy

Ciprofloxacin

- Contraindicated in pregnancy
- Two studies in which the majority of patients had treatment in the first trimester, failed to show any increased risk of malformation, spontaneous abortion, prematurity, or low birth weight

Tetracyclines and Sulphonamides

- Should be avoided during pregnancy
- Tetracyclines can interfere with fetal skeletal development and cause discoloured teeth
- Sulphonamides interfere with folic acid metabolism and are teratogenic in animals, which develop cleft palate and have high mortality

Pregnancy and Inflammatory Bowel Disease

➢Treatment and safety issues

Biologics - Anti-TNFα antibodies

Infliximab (Remicade)

- Relatively new drugs that affect the immune system
- 2nd line agents that are used when other drugs have failed
- Treatment should be avoided in pregnancy or planning a pregnancy
- Contraception should be used for 6 months after treatment
- Over 100 women reported to be on the drug before getting pregnant or whilst pregnancy had a healthy pregnancy
- Evidence is limited: so best avoided if possible

Pregnancy and Inflammatory Bowel Disease

- **Treatment and safety issues**

Antidiarrhoeals

Diphenoxylate (Lomotil) and Loperamide (Imodium)

Use is not recommended due to lack of data on their safety profile

Cholestyramine (Questran)

Bile salt drug which can be used to treat diarrhoea associated with surgery for Chron's Disease.

Safe to be used in pregnancy

Pregnancy and Inflammatory Bowel Disease

➢ **Treatment and safety issues**

Antispasmodics

Hyoscine butylbromide (Buscopan)

- Can be used after 1st trimester for shortest possible period
- Considered as safe to use

Pregnancy and Inflammatory Bowel Disease

➢Delivery

What type of delivery should I have?

- Patients with uncomplicated Crohn's disease without perianal disease or rectal involvement can deliver vaginally
- An ileoanal pouch is regarded as an indication for caesarean section
- Colostomy or ileostomy patients can deliver vaginally

Pregnancy and Inflammatory Bowel Disease

➢ Post-partum

Breastfeeding

- Important to develop a healthy immune system
- May reduce the risk of a baby developing IBD later on in life
- Few drugs are licensed and marketed as safe to be used in breast feeding.
- No trials in breastfeeding mothers
- Methotrexate, cyclosporin, some antibiotics and the anti-diarrhoeals, loperamide and diphenoxylate are contraindicated.

Pregnancy and Inflammatory Bowel Disease

➢Post-partum

What are the chances of my child having IBD?

- Parents with IBD are slightly more likely to have a child who develops IBD.
- If one parent has the disease, the chances of a child developing IBD at some point in their life is around 5%.
- This risk seems to be slightly higher with Crohn's than UC.
- If both parents have IBD the risk can increase to 35%.