

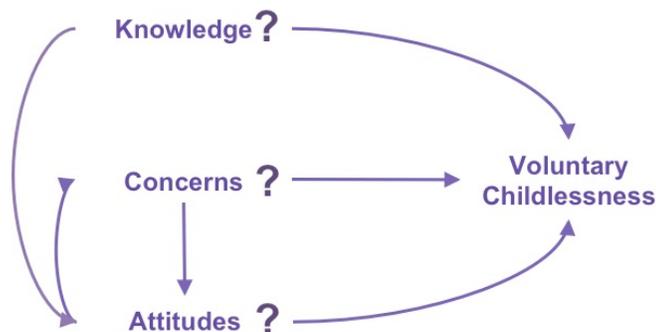
Preconception and Pregnancy in IBD Clinic Information Sheet

I have IBD, can I get pregnant? Fertility and IBD

Background

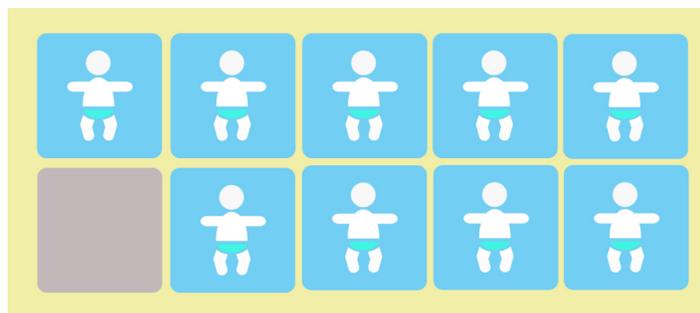
In a recent study conducted by The University of Alberta IBD clinic, women with IBD were surveyed on what they understood about IBD and pregnancy, and what their concerns were. More than 50% of the surveyed women had a lack of knowledge about IBD and pregnancy¹. More than 50% of surveyed women were childless, and more than 10% said they chose not to become pregnant (“voluntary childlessness”)¹.

Our survey study and previous studies showed that the concerns women with IBD have are often based on a lack of knowledge and/or incorrect information^{1,2}.



Yes, women with IBD can become pregnant . . .

Women with **inactive** IBD have **similar fertility rates** as the general population, which varies from 1 in 10 couples to 1 in 6 couples³.



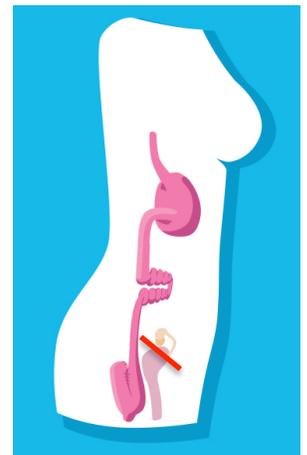
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Women with active IBD or history of pouch surgery may find it harder to become pregnant . . .

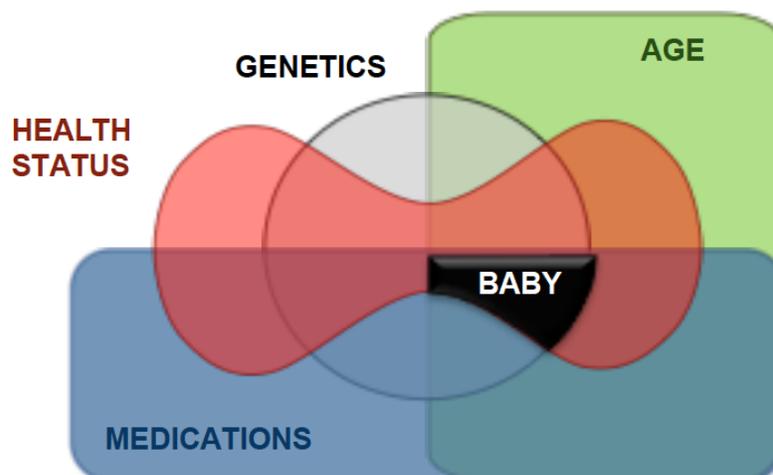
Active IBD is associated with decreased fertility^{3,4} so it is important that women who are trying to become pregnant speak to their physician to ensure their IBD is controlled and inactive.

Women with colitis who have had the ileal pouch-anal anastomosis (IPAA) surgery can have decreased fertility^{5,6}. The second stage of the surgery is the creation of the pouch - this stage occurs deep in the pelvis and is associated with risk of damage and scarring of the fallopian tubes (the tubes that connect the ovaries to the uterus allowing the eggs to reach the uterus to be fertilized).

Women who need to have this surgery and who plan to become pregnant afterwards should speak to their surgeon. It is often recommended to have a staged procedure where the surgeon will create a temporary ileostomy after removing the colon and create the pouch after the woman has completed her pregnancies.



However, there are factors other than IBD that can affect fertility . . .



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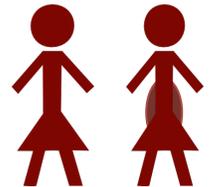
Fertility decreases with age . . .

Women's fertility peaks in their late teens and early 20s⁷. After the age of 35 years, fertility declines sharply and by 45 years, pregnancy is uncommon^{7,8}. Older women also have increased odds of abnormal embryos⁷.

Male fertility significantly decreases after the age of 35 years⁸. The viability of sperm in the female reproductive tract decreases with age.

Preconception health can affect fertility . . .

Body weight: Extremes of body weight can decrease fertility. Obesity has been associated with an increased risk of infertility because of decreased sperm concentration in men and higher incidences of miscarriages in women⁹⁻¹¹.



Nutritional Status: It is essential that people who are trying to conceive are getting enough vitamins and nutrients⁹⁻¹¹. This is especially true for IBD patients as their diets may be limited. The Health Canada Food Guide suggests that women take daily multivitamins with iron and folic acid¹⁰.

Habits (smoking, drinking): Smoking and alcohol consumption should be stopped prior to attempting to become pregnant as they can affect the eggs and sperm, and decrease fertility¹¹.



Family and personal history before pregnancy can affect fertility . . .

Family history of fertility issues: A family history of fertility issues may suggest a genetic disorder^{12,13}.

Personal history of fertility issues and other medical conditions: An individual's medical history can suggest reasons for decreased fertility. For example, polycystic ovarian syndrome¹⁴ and uncontrolled diabetes⁹ are associated with infertility.

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If you are trying to become pregnant, make an appointment to see your physician . . .

- **ensure your medical conditions are stable**
- **ensure your IBD is inactive (in remission)**
- **ensure you can stay on your medications**
 - it is important to stay on the medications needed to manage medical conditions.
 - however, some medications can have adverse effects on fertility and pregnancy.
 - Methotrexate use should be discontinued 3 to 6 months before attempting to become pregnant.
 - men on sulphasalazine should switch to another oral mesalamine agent while trying to conceive as sulphasalazine can affect sperm.
- **ensure you are taking prenatal vitamins that contain folate and iron**

Acknowledgements

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