Pregnancy and IBD

As of 2023, more than 320,000 Canadians are living with IBD. IBD affects people of all ages but the incidence (number of new cases per year) is increasing among children and teens, and thus a majority of people who live with IBD carry the diagnosis through their reproductive years. If you or your loved one has IBD, and want to start a family, there are several considerations to keep in mind to ensure a healthy, happy pregnancy.

IBD is not "Passed on" to Children

There is less than a 10% risk of the child having IBD if one parent has has it & up to 30% if both parents have IBD.

Achieve Remission Before Conception

3 Months

It is recommended to achieve remission & be in remission for at least 3 months before trying to conceive.

Individuals who have had J-Pouch Surgery

IBD surgery to create the J pouch can reduce fertility however women can still conceive, and if need assistance, can undergo IVF.

Stay on IBD Medications During Pregnancy

Stay on maintenance medications. However, certain medications such as MTX and JAK inhibitors and S1P modulators should be avoided preconception and during pregnancy and breastfeeding.

Address other Comorbidities

Other non IBD health status can affect fertility & pregnancy outcomes. People who have comorbidities should also ensure they have those looked after as well.

Risks of Pregnancy with Active IBD

Active IBD increases infertility, miscarriage, still birth, preterm birth, and infants that are small for their gestational age. Therefore, it's important to control your IBD.

Diet & Nutrition

Eat a well-balanced diet with sufficient calories, vitamins and minerals. This includes folic acid which can help reduce the risks of birth defects such as spina bifida. Inflammation in the small intestine and some IBD drugs can affect how well you absorb folic acid. Iron deficiency is common, so extra iron may be needed to meet the increasing demands of pregnancy. Speak to your physician to see if this applies to you.

Be Informed, Involved & Proactive in your Care

Discuss preconception planning and optimization of your disease management in pregnancy with your multidisciplinary care team including your gastroenterologist, obstetrician and maternal-fetal medicine specialist, and if needed your surgeon.

Delivery Method

Vaginal deliveries are a common delivery method in women with IBD. However, it is recommend that you have a C section if you have active or complex perianal Crohn's disease or have J pouch surgery.

Breastfeeding

Breastfeeding is recommended, however you should speak to your physician regarding medications.

You can do this!

With the careful supervision of your health care team, most women with with IBD can have a healthy pregnancy and healthy infants! Always speak openly and honestly with your health care professional regarding questions and concerns on pregnancy and your IBD.

Infant Vaccination

Avoid live vaccines for biologic exposed infants in the first year, except those exposed to anti-TNF can have Rotavirus live vaccine per schedule. Biologic exposed infants can receive inactivated vaccines per schedule. Non biologic exposed infants can receive all vaccines (live and inactivated) per schedule.

Canadian Digestive Health Foundation

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