

# Pregnancy and IBD

As of 2018, 270,000 Canadians are living with IBD, with one of the highest incidence (number of new cases per year) & prevalence (total number of people diagnosed) rates in the world. IBD affects people of all ages, with the peak onset of 15-35 years for Crohn's disease, and usual onset of 15-45 years for ulcerative colitis, both carrying the diagnosis through 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 it, & up to 30% if both parents have IBD.



**Achieve Remission Before Conception**

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 of 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. The only exceptions are to stop MTX, and Tofacitinib at least 3 months preconception.



**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 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. However, infants should receive inactivated vaccines per schedule. Non biologic exposed infants can received all vaccines (live and inactivated) per schedule.