Frequently Asked Questions – Fertility and Pregnancy

Does Crohn's And Colitis Affect Female Fertility?

Generally speaking, IBD has no direct effect on fertility in either men or women. There are a few instances however where the medications or surgery used to treat IBD, or where the impact of active IBD on a person's general health, can cause a temporary—and usually reversible—reduction in fertility.

It is important to keep in mind that women who have IBD but feel well, have their condition well in control, and do not require surgery need not worry about fertility or pregnancy issues.

Women who are unwell need to seek support and treatment for their IBD.

Women who need surgery should discuss fertility issues before any procedure or operation and can consult with a specialist colorectal surgeon who will have experience with IBD and can address their specific concerns.

Among women with ulcerative colitis, fertility is the same as it is for women of a similar age in the general population. Among those with Crohn's disease, fertility is also similar to the general population when the disease is in remission but might be lower when the disease is active. Fertility usually returns to normal once active disease is brought under control. Fertility might also be reduced if the ovaries and fallopian tubes have been affected by inflammation in the intestines, or if previous surgery has led to the formation of pelvic adhesions or scar tissue. Adhesions might require further treatment to help restore a woman's ability to conceive.

Active disease, a lack of adequate nutrition, or excessive weight loss can affect the menstrual cycle by interfering with the normal function of the sex hormones. This can result in erratic ovulation and irregular periods. When IBD is brought under control and health and nutrition are restored, ovulation and menstrual cycles usually return to normal. Treatment with corticosteroids can also cause temporary irregularities in the menstrual cycle as well as amenorrhoea (the complete absence of periods) sometimes for months at a time. Again, this returns to normal when corticosteroid dosages are reduced or discontinued.

Does Crohn's And Colitis Affect Male Fertility?

Generally speaking, IBD has no direct effect on fertility in either men or women. There are a few instances however where the medications or surgery used to treat IBD, or where the impact of active IBD on a person's general health, can cause a temporary—and usually reversible—reduction in fertility.

Sulfasalazine, which is one of the aminosalicylate or 5-ASA-containing medications, is known to have a negative effect on sperm. Within two months of starting sulfasalazine treatment, sperm count decreases, the presence of abnormal spermatozoa increases, and sperm motility is decreased. All of these changes are dose-related and are reversible. This issue can be avoided by would-be fathers by switching medications at least three months before attempting to conceive, by which time their sperm will have returned to normal.

Methotrexate can also lower sperm count but this returns to normal after discontinuing the medication. Men are advised to discontinue methotrexate three months before attempting to conceive.

Severe active disease or a lack of adequate nutrition can also reduce sperm count, which usually returns to normal once the IBD is brought under control and health and nutrition are restored.

Surgical procedures that remove the rectum (for example, proctocolectomy with ileostomy or ileal pouch anal anastomosis surgery) can sometimes (but rarely) impair men's ability to achieve an adequate erection or ejaculation. However newer surgical techniques to remove the rectum have significantly reduced the risk of this complication.

Surgery can sometimes be postponed if a couple wishes to start or complete their family, but it is always important to strike a balance between the benefits and risks of postponing or proceeding with an operation. Each IBD case is unique, and treatments are highly specialised, so it is important to have any operation discussed with the IBD team and done by a specialist colorectal surgeon.

Will Crohn's And Colitis Affect My Ability To Conceive?

Most women with IBD can conceive as easily as other women of the same age. If you're contemplating becoming pregnant, however, you should consider your current state of health before conceiving. Generally speaking, the outcome of pregnancy among women with IBD is best when the disease is inactive at the time of conception. If pregnancy occurs during a period of active disease, the IBD is likely to remain active or to worsen, and there is a greater chance of miscarriage, premature

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delivery, or a lower-birthweight baby. It's also important to be aware that if medical or surgical treatment becomes necessary because of disease flare-up, your IBD would need to be treated in the same way as it would if you were not pregnant.

Although relatively uncommon, women with Crohn's disease can develop complications involving the genital tract that can have an impact on their ability to conceive. These complications can have a direct effect on specific genital organs, or an indirect effect by causing discomfort or intense pain during intercourse. The most common types of genital tract complications include:

• Development of scar tissue, either through the natural healing process or after surgery, which adheres to the fallopian tubes or ovaries.

• Formation of abnormal channels or fistulae between the intestine and other organs that seep faecal matter and bacteria into the connecting organ. Fistulae that develop between the intestine and uterus cause inflammation and infection of the endometrium, on-again-off-again pelvic pain, and possible low-grade fever. Fistulae from the intestine to the vagina can result in the passing of gas and/or stool from the vagina.

• Formation of abscesses or boil-like sacs containing intestinal fluid, bacteria, and pus in and around the pelvic region.

• Development of slit-like or knife-cut ulcers on the vulva or labia (the outer lips of the vagina) which can be extremely swollen and painful and might also drain fluid. These ulcers could be tiny fistulae coming from the inflamed intestine or could also occur as numerous sores or pimples on the labia.

These complications usually resolve once the inflammation of Crohn's disease is brought under control by treatment with medications such as corticosteroids, immunomodulators, or antibiotics. Surgery might sometimes be needed to drain an abscess or to remove the part of the intestine causing the problem.

Will I Have A Normal Pregnancy?

Yes, this is the most likely outcome especially if you plan your pregnancy and are in remission at the start. But do remember that any woman can have a 'problem' pregnancy and having IBD doesn't change that.

Most women with IBD have normal pregnancies and normal deliveries, in proportions similar to women in the general population. Problems during pregnancy are most likely to occur among women with active Crohn's disease, who might experience a greater risk of spontaneous abortion (miscarriage), premature delivery, or stillbirth. If the symptoms of Crohn's disease become severe enough to require surgery during pregnancy, the risk to the foetus could be even greater. It is important to remember, however, that these complications of pregnancy are rare—especially if you entered the pregnancy healthy and well—and that the majority of women with Crohn's disease experience normal, healthy pregnancies.

Will The Medications I'm Taking Harm My Baby?

Every pregnant woman wants to give her baby the best possible chance of being born healthy. It is only natural therefore for women with IBD to be concerned about the possible effects the medications they're taking could have on their developing foetus.

If you are planning to have a baby, it is important for you to discuss these issues with your IBD specialist before you try to conceive, and keep yourself well informed.

Every pregnant woman with IBD needs to know if her disease is in remission, whether or not she can stop medication during her pregnancy, and what the risks are to both herself and her baby if she stops medication and experiences a flare-up during pregnancy. It might be necessary for some pregnant women to continue with their medication to control inflammation or maintain remission.

First and foremost, it is important to know that the greatest threat to conception, normal foetal development, and a successful pregnancy is the presence of active disease, not the use of medications. The outcome of pregnancy in women with IBD whose condition is well managed is similar to that of the general population, without any increase in the number of congenital abnormalities or premature births. As always, you and your clinical team should jointly weigh up the risks and benefits of your taking versus your not taking medications while pregnant or breastfeeding, according to your own individual circumstances.