

Dr. Sushila Dalal discusses what you should know if you are pregnant, or are thinking about becoming pregnant, and have inflammatory bowel disease

Video Transcript

Hello. I'm Dr. Sushila Dalal, and I'm a gastroenterologist specializing in Crohn's disease and ulcerative colitis treatment at the University of Chicago. Many patients with Crohn's disease and ulcerative colitis wonder if they can have children and whether it's safe for them to become pregnant and have children. These are some of the questions we'll address today.

In terms of whether they can have children, fertility seems to be decreased in only a few circumstances. One of the circumstances seems to be active disease. It's not clear exactly why this is, but it may be that pain, fever, diarrhea, fatigue, malnutrition may be factors that contribute to the decrease in fertility in these patients. Patients that have their disease under good control appear to have no decrease in their fertility and appear to be able to get pregnant as anyone age matched in the general population would be able to do so.

The other special population is patients who have undergone surgery. In particular, ulcerative colitis patients that have had their colons removed and have a j-pouch formed may have difficulty in becoming pregnant. But often, interventions and such as in vitro fertilization are successful in helping patients overcome these barriers.

The second question that patients often face is whether it's safe for them to have a baby. One of the questions is whether there's an increase in complications during a pregnancy. Do children have a higher risk of birth defects, or can babies be born too early? There have been many studies that have been done on this. And we still need a little bit more information on this.

What appears to be certain, though, is that having the Crohn's disease and ulcerative colitis under control is the most important thing that a patient can do to lead to a healthy pregnancy. It appears that having active disease and active symptoms during the pregnancy may lead to lower birth weight babies or babies being born early. Therefore, staying on medications and staying well is the best thing that a patient can do.

In terms of staying on medications, many patients wonder are the medications they're on safe for a pregnancy, and most of my medications are, with two exceptions. Medicines such as methotrexate and thalidomide cannot be used in pregnancy. However, we think that all of the other medications that we use to treat Crohn's disease and ulcerative colitis are safe for use in pregnancy and breastfeeding.

So what does this mean when you're thinking about becoming pregnant or having a child? The most important thing that you can do as you start to think about it is talk with your gastroenterologist about it and talk about the particulars of your situation. It's important to make sure that you're in remission before you have a child and to ensure that the remission is stable, and if any testing needs to be done, that it's done beforehand. Furthermore, you can then discuss the particulars of the medication regimen you're on and understand the safety of those medicines.