

IBD AND PREGNANCY

- Multi system involvement: Growth and development, medications, infertility.
- The course during pregnancy is usually “normal”
- Immunosuppressive drugs can be used safely.
- Relapses occur usually during first trimester.
 - if the disease is inactive during time of conception the prognosis is better
 - meticulous family planning is advised.
- The higher the parity the lower the chances for surgical intervention.
- Premature delivery, spontaneous abortion, stillbirths are believed to be the same as in healthy pregnant women.
- IBD is an independent risk factor for C-section but no adverse perinatal outcome is noted.
- In case of active disease during pregnancy the outcome depends on severity of disease and whether surgical treatment is needed.
 - The effect is thought to be due to the disease itself and NOT medications.
- In the case that evaluation is needed during pregnancy sigmoidoscopy can be done.
- Radiology studies are performable.
- Surgical intervention usually is needed in uncontrollable cases but is taken as a last resort due to the increased risk for both patient and fetus.

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