

## Fertility and IBD

### Introduction

Crohn's Disease and Ulcerative Colitis (the two main forms of Inflammatory Bowel Disease – IBD) are often first diagnosed in people in their 20s and 30s. This is also the age at which many couples are thinking of having children. If you or your partner have IBD and are thinking of starting a family, you may be concerned about how IBD might affect your fertility. This information sheet looks at the main ways in which UC or Crohn's, or the treatments for these conditions, may sometimes have an effect on fertility.

We also have an information sheet *Pregnancy and IBD*, which covers concerns you may have about IBD once you have conceived.

### How might having IBD affect my fertility?

#### If you are a woman...

In general, women who have inactive IBD - either Crohn's or UC - should have no more difficulty in becoming pregnant than women without IBD.

However, some women with active IBD, especially Crohn's Disease, may have problems, particularly if they are underweight and eating poorly. Also, severe inflammation in the small intestine can sometimes affect the normal functioning of the ovaries or cause adhesions (bands of scar tissue) that affect the fallopian tubes.

Complications such as abscesses and fistulas in the pelvic and anal area may make you less interested in sex and so less likely to conceive. Some of the other general difficulties associated with living with IBD, such as fatigue, abdominal pain, diarrhoea and a poor body image can have a similar effect.

For all these reasons doctors generally recommend getting your IBD under control before you try to become pregnant.

Studies have also shown that if your disease is very active when you conceive, your symptoms may remain troublesome through your pregnancy. The likelihood of miscarriage is also higher. That said, numerous women have had uneventful and successful pregnancies even when they have conceived during active phases of IBD.

#### If you are a man...

In general, male fertility is not affected by IBD. A few studies have suggested that sperm quality may be affected by Crohn's disease, but it is not clear whether this is more likely to be the effect of poor nourishment. Treatment of the disease should restore fertility to its usual level.

However, for men as well as women, problems such as fatigue and a poor body image can affect sexual relationships and make it more difficult to conceive a child. Abscesses and fistulas in the pelvis and anal regions may also cause some difficulties with erection and ejaculation.

### What about surgery: can this affect my fertility?

#### Surgery for women

Research has shown that ileo pouch – anal anastomosis surgery (also known as IPAA or pouch surgery), often carried out for UC, can reduce fertility in women. This appears to be much less likely with a colectomy and the formation of an ileostomy - the usual alternative to pouch surgery. (For more details on these and other types of surgery for IBD see our information sheets *Surgery for Ulcerative Colitis* and *Surgery for Crohn's Disease*.)

However, any pelvic surgery, including surgery for Crohn's, may carry a small risk of infertility in women as this may also lead to adhesions or scarring on the fallopian tubes. So if you are considering surgery for IBD and want to get pregnant, do discuss this possibility with your IBD team - and if necessary with a fertility specialist.

If you have recently had IBD surgery of any kind, you may find that you are advised to wait a year after surgery before trying to become pregnant, in order to give your body time to recover fully. Again, this should be discussed with your doctor.

### **Surgery for men**

Very rarely, men with IBD who have had an IPAA or pouch operation, or have had both their colon and their rectum removed by surgery, may have difficulty having an erection. However, this problem is usually temporary or can be successfully treated with medication.

### **How do IBD drug treatments affect fertility?**

The majority of drug treatments for IBD do not affect fertility and are also safe in pregnancy. However, there are some exceptions, as shown below.

**If you are trying to start a family, or if you are already pregnant, do discuss this and your drug treatment with your doctor or IBD team.** It is better to avoid flare ups while trying to conceive and while pregnant, so most doctors will recommend continuing with your medication unless there are clear reasons not to. If the drugs you are on are not thought to be completely safe, there is usually a good alternative.

For more information on the drugs mentioned below, see our individual drug treatment leaflets and our booklet *Drugs and IBD*.

### **Specific drug treatments that may affect fertility or conception**

- **Sulphasalazine** (Salazopyrin), a 5-ASA medication commonly used for IBD, is known to reduce fertility in men. This effect is usually temporary however, and fertility should return to normal levels within two to three months of stopping the medication. One study has also suggested that there may be an increased risk of birth defects if the father has been taking sulphasalazine. There are several good alternatives to sulphasalazine, such as mesalazine, olsalazine or balsalazide, which can usually be used instead. These have the same action on the colon but do not affect fertility. Sulphasalazine has not been shown to affect fertility in women or to be linked to any birth defects if taken by women.
- **Methotrexate** and **mycophenolate mofetil**, immunosuppressive drugs sometimes prescribed for IBD, should not be taken by either men or women when trying to conceive as there is a risk of birth defects. You should avoid pregnancy if either partner has taken methotrexate or mycophenolate mofetil within the last three to twelve months – or as advised by your doctor.
- The immunosuppressive drugs **Azathioprine** and **6-mercaptopurine** (6-MP) have not been shown to affect fertility, but one study has suggested that conceiving a child with a man taking these drugs may carry an increased risk of miscarriage or birth defects. Because of this some doctors have advised men planning to father a child to switch to other medication. More recent research has not replicated these findings and many doctors now advise continuing with azathioprine or 6-MP, rather than risking a flare up of the IBD.

Similar advice is usually now given to women taking azathioprine or 6-MP.

Although some doctors may still recommend caution with the use of these drugs during pregnancy, there are growing numbers of women who have had successful births while taking immunosuppressives. (For more information see *Pregnancy and IBD*.)

- **Infliximab** (Remicade) and **Adalimumab** (Humira) are relatively new drugs, known as 'biologics' or 'anti-TNF drugs'. These affect the immune process and are used in severe cases of Crohn's Disease and sometimes UC, when other drugs have not worked.

Research is ongoing into the effect of infliximab and adalimumab on fertility and pregnancy. Several studies have found that women taking infliximab during pregnancy had the same birth outcome as for the general population of pregnant women, or women with IBD who had not been taking infliximab. There have also been reports of successful pregnancies in women with Crohn's who began adalimumab before conception or during pregnancy.

However, evidence is still limited about the long term effects on the baby if the mother takes anti-TNF drugs while pregnant. Recent guidelines suggest that doctors should talk through the possible risks and benefits of taking infliximab or adalimumab when pregnant, on an individual basis. They also recommend stopping anti-TNF medication at the end of the second trimester, when the woman is six months pregnant. (For more information see *Pregnancy and IBD*.)

If you do decide to stop anti-TNF medication before conception, you will need to wait at least 6 months after the last treatment to be certain the drug has left your system.

### Can I improve my fertility?

For women, it helps if you can get your IBD under control for at least 3 months before trying to conceive.

As your fertility may be being affected by factors other than your IBD, you may also find it helpful to follow some of the suggestions and tips usually given to couples wishing to conceive a child. For example:

- Try to eat a healthy and balanced diet. If this is difficult because of your IBD, you could discuss with your doctor taking some supplements to ensure you get all the nutrients needed. Zinc and vitamin B6 are particularly important for fertility in both men and women. (See our booklet *Food and IBD* for more information on healthy eating for people with UC or Crohn's Disease.)
- For any woman, it is important to take folic acid supplements prior to conception and for the first twelve weeks of pregnancy, to reduce the risk of birth defects. The usual recommendation is 400 micrograms a day. This can be particularly important for women with Crohn's of the small intestine as their condition can affect folic acid absorption. Sulphasalazine also reduces absorption. If you are on sulphasalazine or if you have had surgery to remove part of the small intestine, you may need to increase your folic acid supplement up to 2 mg (2000 micrograms) a day. Check with your doctor what level of folic acid would suit you.
- Women can improve fertility by not smoking and by avoiding alcohol. Regular moderate exercise of around 30 minutes a day can help by maximising your fitness and keeping your weight in check.
- Men can increase their likelihood of producing plenty of healthy sperm by not smoking, keeping alcohol drinking within guideline limits (not more than

3-4 units a day), exercising moderately and avoiding stress.

- Men can also help their sperm develop properly by keeping their testicles cooler than the rest of the body, for example, by wearing boxer shorts and looser trousers rather than tight underpants and trousers. Ensure that you do not spend all day sitting down. If you sit on your way to work and all day at work, try to find time when you can walk, or take up some exercise or sport.

### Sex

When nothing is physically wrong with your fertility, one of the biggest preventers of pregnancy may be the feeling of pressure to have sex at the 'right' times every month. It is difficult to be sure exactly when the right time of the month is, despite all modern aids. The stress of feeling you have to make love even if you don't really feel like it – whether because you are not in the mood or your IBD is playing up – can take a toll on both partners' ability to conceive. It is probably best, if you can, to try to stay relaxed and keep sex as a pleasure you share when you both want to, rather than testing and temperature-taking daily to work out when ovulation should occur.

### What if I still can't get pregnant?

If you have been trying to have a baby without success for some time (for more than 18 months if you are under 35 or more than 6 months if you are over 35) you can ask to be referred to a fertility clinic.

It may be nothing to do with your IBD. A great many couples without IBD have problems with fertility. One in seven of all couples trying to have a child cannot conceive without help. So, if you wish to have a child but there is a problem, you should not necessarily assume that your IBD is the cause.

Occasionally, women with Crohn's may find it harder to be accepted for fertility investigations and treatment, and it may be helpful if your gastroenterologist can liaise with the gynaecologist about the likely effects of Crohn's on your fertility.

If you feel worried that the two specialist departments are not fully aware of each other's views, then it may be worth deciding which of your doctors you find most approachable and arranging an appointment to discuss your concerns.

### Further Help

The **Crohn's and Colitis UK Information Line: 0845 130 2233, is open Monday to Friday 10am - 1pm, excluding bank holidays.** There is an answerphone service outside these hours, or email [info@crohnsandcolitis.org.uk](mailto:info@crohnsandcolitis.org.uk). Information staff will help with any IBD related queries.

**Crohn's and Colitis Support: 0845 130 3344, is open Monday to Friday 1pm - 3.30pm and 6.30pm - 9pm, again excluding bank holidays.** This is a supportive listening service staffed by trained volunteers with experience of IBD.

We produce a wide range of information sheets and booklets, including leaflets on *Pregnancy and IBD*, *Sexual Relationships and IBD*, and the booklet *Drugs and IBD*. All are available free from our office and may also be downloaded from our website: [www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk).

### Other Useful Organisations

#### Infertility Network UK

Charter House, 43 St Leonard's Road, Bexhill-on-Sea, East Sussex TN40 1JA  
0800 008 7464 Website: [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)  
Provides information and support on fertility problems.

## IA

The Ileostomy and Internal Pouch Support Group

Peeverill House, 1-5 Mill Road

Ballyclare, Co Antrim BT39 9DR

☎ 0800 018 4724 or 028 9334 4043

Website: [www.iasupport.org](http://www.iasupport.org)

## Colostomy Association

2 London Court, East Street

Reading RG1 4QL

☎ **Helpline** - Freephone 0800 328 4257

[www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

**Crohn's and Colitis UK is the working name for the National Association for Colitis and Crohn's Disease (NACC). NACC is a voluntary Association, established in 1979, which has 30,000 members and 70 Groups throughout the United Kingdom.**

**Membership of the Association costs £12 a year. New members who are on lower incomes due to their health or employment circumstances may join at a lower rate. Additional donations to help our work are always welcome.**

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***We hope that you have found the information helpful and relevant. We welcome any comments from readers, or suggestions for improvements. References or details of the research on which this publication is based and details of any conflicts of interest can be obtained from Crohn's and Colitis UK at the address below. Please send your comments to Helen Terry at Crohn's and Colitis UK, 4 Beaumont House, Sutton Road, St Albans, Herts AL1 5HH or email [h.terry@crohnsandcolitis.org.uk](mailto:h.terry@crohnsandcolitis.org.uk)***