



Reproductive health and fertility

This information is for people living with Crohn's or Colitis. Reproductive health includes the health and function of reproductive organs. For example, the womb, vagina, prostate and penis. Fertility is being able to get pregnant or make someone else pregnant.

For many people, their Crohn's or Colitis will not affect their reproductive health. This includes their chances of having a baby. But, for some people, their condition may impact their reproductive health.

This information will help you to:

- Understand how Crohn's or Colitis may impact your reproductive health or fertility.
- Make informed choices about your care if you want to start a family.
- Understand how Crohn's or Colitis might impact abortion.

Where we use 'Colitis' in this information, we are referring to Ulcerative Colitis only. There is little evidence on Microscopic Colitis and reproductive health and fertility.

This resource covers topics that some people might find upsetting or triggering. This includes infertility and abortion.

Contents

Key facts about reproductive health and fertility.....	3
Periods and menstrual health.....	4
Menopause and perimenopause.....	5
Women's health.....	7
Human papillomavirus.....	8
Crohn's and the vagina and vulva	9
Endometriosis	11
	1



Polycystic Ovary Syndrome (PCOS) and fibroids	11
Men's health.....	11
Prostate cancer	12
Low testosterone.....	12
Erectile and ejaculation problems	13
Penile thrush (candida)	13
Genital Crohn's.....	13
Human papilloma virus (HPV)	14
Fertility overview	14
Female fertility.....	16
Trying for a baby.....	17
Disease activity	18
Surgery.....	18
Ovarian reserve	19
Mental health.....	19
Ectopic pregnancy.....	19
Male fertility.....	20
Disease activity	20
Medicines	21
Surgery.....	22
Mental health.....	22
Getting help with fertility.....	22
Difficulties in getting pregnant.....	23
Fertility treatments.....	23
Fertility help for LGBTQIA+ couples	24



Fertility help for single people	24
Abortion	24
Contacting your IBD team.....	26
Other organisations	26
Help and support from Crohn's & Colitis UK.....	27
Helpline service	27
Social events and Local Networks	28
Crohn's & Colitis UK Forum	28
Help with toilet access when out	28
About Crohn's & Colitis UK	28
About our information.....	29

Key facts about reproductive health and fertility

- Many people living with Crohn's or Colitis are as fertile as people who are not living with Crohn's or Colitis. But uncontrolled Crohn's or Colitis has been linked to reduced fertility in some studies.
- Being in a flare-up or having some types of surgery can lower fertility levels.
- Some medicines can affect fertility in men.
- Some men with Crohn's or Colitis have low levels of testosterone. This can lower sex drive and cause erectile and ejaculation problems.
- Being in a flare-up increases the risk of pregnancy complications. If possible, try and get your condition under control before trying for a baby. It is also important to use effective contraception if you do not want to get pregnant.
- Your IBD team can help you get your condition well-controlled if you're thinking of starting fertility treatment. This will give you the best chance of having a healthy pregnancy.



- For some people, Crohn's can affect their genitals. Some people might have genital Crohn's without any gut symptoms.
- Symptoms of Crohn's and Colitis can change during the menstrual cycle.
- For most women, Crohn's or Colitis symptoms are not affected by menopause.
- Symptoms of menopause can be treated with Hormone Replacement Therapy (HRT). Having Crohn's and Colitis might affect your HRT options.
- Our [IBD service map](#) can help you find contact details for your hospital.

Periods and menstrual health

- Your periods may become irregular or stop when you are unwell.
- Symptoms of Crohn's and Colitis can change during your menstrual cycle.
- Try and avoid taking ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) for period pain. These medicines may make your Crohn's or Colitis symptoms worse.

Inflammation, weight loss and stress can affect the hormones that control your periods. Taking steroids can also affect your periods. If you develop Crohn's or Colitis at a young age, your periods may start later than expected.

Symptoms of Crohn's and Colitis can change during the menstrual cycle. This may be due to female reproductive hormones acting on the gut. You could use a symptom tracker or a diary to see if your symptoms change with your menstrual cycle. Your IBD team may be able to suggest ways you can manage your symptoms.

Managing period pain can be difficult. Ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) are often suggested for period pain. Some evidence suggests NSAIDs can make Crohn's or Colitis symptoms worse. This could be more likely if your condition is active, or you take NSAIDs for a long time. But it's difficult to know for sure.



Speak to your IBD team or GP about which medicines are safe to use. If your pain continues, your doctor may want to rule out other conditions.

See the NHS for more information on [period pain](#).

Anaemia

[Anaemia](#) is low levels of healthy red blood cells. Anaemia is common in people living with Crohn's or Colitis. Periods, especially heavy periods, can also cause anaemia in some women. You can still have anaemia even when your condition is well controlled. You can read more about anaemia in our information on [fatigue](#).

The NHS has more information on [heavy periods](#) and what to do if they are affecting your life.

Menopause and perimenopause

- Menopause is when your periods stop forever, due to hormone changes. It is noted after a year of having no periods. Perimenopause is the time leading up to menopause.
- During perimenopause, the pattern of your periods changes. You may also have other symptoms like hot flushes or mood changes. Perimenopause can last several years.
- For most women, Crohn's or Colitis symptoms are not affected by menopause.
- Looking after your bones during perimenopause and menopause is important.
- Symptoms of perimenopause and menopause can be treated with Hormone Replacement Therapy (HRT). Having Crohn's or Colitis might affect your HRT options.

You lose your fertility after menopause. During perimenopause and menopause, your hormone levels change. This can cause symptoms such as:

- Hot flushes
- Mood changes



- Problems concentrating or remembering things, known as brain fog
- Muscle aches and joint pain
- Changes in body shape and weight gain
- Night sweats
- Hair loss

Some of these symptoms are like symptoms of Crohn's and Colitis. For example, brain fog and joint pain. Treatment with [steroids](#) can cause weight gain. And treatment with anti-TNFs like [infliximab](#) can cause hair loss. It might be difficult to know if your symptoms are due to menopause or your Crohn's or Colitis. If you're unsure or worried about any of your symptoms, speak to your IBD team.

The average age of menopause in the UK is 51 years. It is not clear if living with Crohn's or Colitis affects the age at which menopause starts. You may find your Crohn's or Colitis symptoms change after menopause. But for most women, their Crohn's or Colitis symptoms are not affected.

Osteoporosis risk

Osteoporosis is a condition that causes your bones to become weak and more likely to break. As your levels of oestrogen hormone drop during menopause, your risk of osteoporosis increases. Having Crohn's or Colitis can also increase your risk of developing osteoporosis. Inflammation in the gut, steroid treatment, low levels of calcium and vitamin D, or removal of parts of the small bowel can all contribute to bone loss. For more information on vitamin and mineral deficiencies, see our information on [Food](#).

You can speak to your GP about keeping your bones healthy during perimenopause and menopause. Read more about the risk factors for osteoporosis in our information on [bones](#).

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) is medicine used to treat the symptoms of perimenopause and menopause. HRT can also help to reduce your risk of osteoporosis.



There are different types of HRT. HRT comes in different forms, such as tablets, skin patches and gels. HRT tablets may be less effective in women who have Crohn's in their small bowel. If you've had a colectomy, HRT should still be effective. A colectomy is surgery to remove the large bowel. The NHS has more information on the [different types of HRT](#).

Some types of HRT can increase your risk of certain cancers, strokes, or blood clots.

HRT may not be suitable for you if you have:

- Current or previous breast cancer
- Current or previous blood clots
- Liver disease

Crohn's and Colitis can increase your risk of blood clots, especially if you're in a flare-up. Your doctor may not want to prescribe HRT if you are at risk of blood clots. But there are other treatments available to help with perimenopause and menopause symptoms. Read more on the [NHS website](#).

Lifestyle changes can help some women with perimenopause or menopause symptoms.

For example, reducing how much coffee and alcohol you drink, and stopping smoking.

Everyone with Crohn's or Colitis is advised to stop [smoking](#).

Women's health

- **Women with Crohn's or Colitis may have a higher chance of developing cervical cancer.**
- **Women with Crohn's or Colitis are encouraged to have cervical screening tests. This is as part of the UK national screening programme.**
- **The human papilloma virus (HPV) vaccine helps protect against cervical cancer. It is safe to have the HPV vaccine if you have Crohn's or Colitis.**
- **Crohn's can affect the vagina and the vulva. If you notice change around these areas, talk to your IBD team.**



- Crohn's or Colitis may be more common in women with endometriosis.

Human papillomavirus

Human papilloma virus (HPV) is a common virus found on the skin. HPV is spread by sexual contact and is more common in sexually active people. Some types of HPV can cause certain cancers. This includes cervical cancer.

The human papillomavirus (HPV) vaccine

The HPV vaccine is offered to all teenagers aged 12 and 13. This helps to protect against HPV infection and HPV-related cancers. There's also a catch-up programme for women aged under 25. And there's a separate HPV programme for men who have sex with men.

People with Crohn's or Colitis can have the HPV vaccine. But if you're taking medicines that affect your immune system, the vaccine may not work as well for you.

The NHS has more on the [HPV vaccine programme](#).

Anal cancer risk

Anal cancer is rare, but risk factors include having the HPV virus, or abnormal cells in the cervix. People with Crohn's affecting their bottom, known as perianal Crohn's, are also at a higher risk of anal cancer. Perianal Crohn's is not related to the HPV virus.

See the [NHS website](#) for more about the symptoms of anal cancer.

Cervical cancer risk

The cervix is the opening to the womb. It sits at the top of the vagina.

Some evidence suggests women with Crohn's or Colitis have a higher chance of developing cervical cancer or abnormal cells in the cervix. But other evidence finds no difference. More research is needed.

It's not clear if taking medicines that affect your immune system increases your risk of developing abnormal cells in your cervix.

See the NHS website for more about the [symptoms of cervical cancer](#).



Cervical cancer screening

Cervical screening, also called a smear test, checks the health of your cervix. It tests for HPV and early changes in cells, which could lead to cancer. It's important to have your cervical screening tests when you're invited. The Eve Appeal have tips on [adjustments you can ask for during your smear test](#). These can help you feel more comfortable and in control.

Find out how and when you're invited for cervical screening based on where you live:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

Women taking medicines for Crohn's or Colitis do not need cervical screening more often.

The NHS has more information on [cervical screening](#).

Crohn's and the vagina and vulva

The vulva is the outward part of the female genitals. The vagina is the internal tube that goes from the vulva to the cervix.

Vulval Crohn's

For some women, Crohn's can affect their vulva. Some women might have Crohn's symptoms around their vulva without any gut symptoms. Crohn's affecting the vulva can cause:

- Swelling.
- Ulcers.
- Painful collections of pus, known as abscesses. These can release discharge.
- Small tunnels that connect one organ to another part of your body, known as fistulas.
- Nodules or skin tags.



If you notice any changes around your genitals, talk to your IBD team.

“The most important thing is for people not to ignore any symptoms – just because they are not in the place where they usually are doesn’t mean it isn’t connected to your Crohn’s.”

Anthea

Living with Crohn's

Protecting your skin

If you’re going to the toilet and wiping your bottom a lot, the skin around your bottom and vulva may become dry. Leakage or incontinence can also irritate your skin. Use a barrier cream to help keep the skin moisturised. But be careful. Some creams contain chemicals that can cause more irritation. And some lotions or oil-based creams can make condoms weaker and more likely to break. Ask your IBD team for advice on the best barrier cream to use.

Other conditions like thrush and bacterial vaginosis (BV) can also cause vulval irritation. For more information on thrush and BV, see our information on sex and sexual health.

Vaginal fistulas

“I had a hole above my clitoris – it was a fistula. It was terribly sore and the antibiotics were very strong. Then I realised I had another fistula further back towards my bottom. I was told I might have genital Crohn’s.”

Anthea

Living with Crohn's



A fistula is a tunnel that connects one organ to another part of your body. Sometimes, fistulas can develop between the bowel and vagina. These types of fistula are uncommon, but they can be difficult to treat. See our information on [fistulas](#) for more support.

Ovarian cancer

Ovarian cancer is often diagnosed at a late stage. This is because symptoms are vague and difficult to spot. Symptoms of ovarian cancer can be like symptoms of Crohn's and Colitis. For example, tummy pain, bloating, or loose poo known as diarrhoea. It may be difficult to know the cause of your symptoms. Talk to your IBD team if you're worried. It is important that your healthcare professional looks into all causes of your symptoms.

Endometriosis

Endometriosis happens when cells similar to the lining of the womb grow in other places. It's a long-term condition and can have a big impact on women's lives. In some cases, endometriosis can make it difficult to get pregnant.

Crohn's or Colitis may be more common in women with endometriosis. Some endometriosis symptoms are like Crohn's and Colitis symptoms. For example, pain when you poo or extreme tiredness. It may be difficult to know which condition is causing your symptoms. Talk to your IBD team if you're worried about your symptoms.

The NHS also has more on [endometriosis](#).

Polycystic Ovary Syndrome (PCOS) and fibroids

There is no known link between Crohn's and Colitis and [Polycystic Ovary Syndrome](#) (PCOS). There is also no reported link with [fibroids](#).

Men's health

- Some research suggests men with Crohn's and Colitis might have an increased risk of prostate cancer. But more research is needed to know for sure.



- Some men with Crohn's or Colitis have low levels of testosterone. This can lower their sex drive and cause erectile and ejaculation problems.
- Having a weakened immune system can increase your risk of genital yeast infections.
- The HPV vaccine helps protect against HPV infection. It is safe to have the HPV vaccine if you have Crohn's or Colitis.

Prostate cancer

The prostate is a small gland. It wraps around the tube that takes urine from your bladder to your penis. It sits very close to your rectum, part of your large bowel. Prostate cancer usually develops slowly. [Prostate Cancer UK](#) can provide information and support.

Some research suggests men with Crohn's or Colitis might have an increased risk of prostate cancer. This can be seen in studies that looked at men with Crohn's or Colitis grouped together. But not all research finds this. If each condition is looked at separately, some studies find the risk is greater for men with Colitis. We need more research to understand the link between Crohn's or Colitis and prostate cancer.

The NHS has more information on [prostate cancer and the symptoms to look out for](#). If you are worried you may have prostate cancer, speak to your GP.

Some treatments for prostate cancer are linked with an increased chance of flare-ups. Your IBD team should monitor you closely.

Low testosterone

Some men with Crohn's or Colitis have low levels of testosterone. This may be because of the effects of steroid medicines, opiates or inflammation. Opiates are a type of painkiller and include codeine and morphine. Stress has also been linked with lower levels of testosterone. Low testosterone can cause:

- Low sex drive
- Erectile and ejaculation problems
- Osteoporosis



- Muscle loss
- Mood changes

In boys, low testosterone levels may delay puberty. This can affect growth, including height, body shape and muscles, and body hair.

Erectile and ejaculation problems

If you live with Crohn's or Colitis you may experience problems with:

- Getting an erection
- Keeping an erection
- Ejaculating

This is called erectile dysfunction.

See our information on [sex and sexual health](#) for the causes of erectile dysfunction in men with Crohn's or Colitis.

Penile thrush (candida)

Thrush is a yeast infection you can get on and around your genitals. It can make your genitals feel very itchy and sore. Thrush is not a sexually transmitted infection (STI).

Having a weakened immune system or taking antibiotics can increase your risk of developing thrush.

See our information on [sex and sexual health](#) for more on thrush.

Genital Crohn's

For some people, Crohn's can affect their genitals. Some people might have genital Crohn's without any gut symptoms. Crohn's affecting the genitals can cause:

- Swelling around the penis and scrotum
- Redness around the genital area
- Ulcers on the penis



Genital Crohn's can be difficult to treat. You might need antibiotics or anti-TNF medicines. If you notice any changes around your genitals, talk to your IBD team.

Human papilloma virus (HPV)

Human papilloma virus (HPV) is a common virus found on the skin. HPV is spread by sexual contact and is more common in sexually active people. Some strains of HPV can cause certain cancers.

The human papillomavirus (HPV) vaccine

The HPV vaccine is offered to all teenagers aged 12 and 13. This helps to protect against HPV infection. There's also a catch-up programme for boys born after 1 September 2006. And a separate programme for men aged up to 45 who have sex with men.

People with Crohn's or Colitis are safe to have the HPV vaccine. If you're taking medicines that affect your immune system, the vaccine may not work as well for you.

The NHS has more on the [vaccine programme](#).

Anal cancer risk

Anal cancer is rare, but risk factors include having the HPV virus. People with Crohn's affecting their bottom, known as perianal Crohn's, are also at a higher risk of anal cancer. Perianal Crohn's is not related to the HPV virus.

See the [NHS website](#) for more about the symptoms of anal cancer.

Fertility overview

- Fertility is being able to get pregnant or to make someone pregnant.
- Many people living with Crohn's or Colitis are as fertile as people who are not living with Crohn's or Colitis. But uncontrolled Crohn's or Colitis has been linked to reduced fertility in some studies.
- Most children who have a parent with Crohn's or Colitis will not develop Crohn's or Colitis themselves.



- Not all pregnancies are planned. But if you are planning on having a child, try and talk to your IBD team around six months in advance. This can help increase the chance of a healthy pregnancy.
- Our [Facebook Forum](#) can help you share experiences and receive support from others.

People living with Crohn's and Colitis are more likely to decide not to have children than the general population. There are many things that could influence your decision to have children or not. For some people it might be a difficult decision to make.

You may worry if your condition or the medicines you take will affect your fertility, pregnancy or being able to care for your child. Your partner may share some of these worries. This information might help start a conversation together.

Will my child develop Crohn's or Colitis?

There is a small increased risk of a child developing Crohn's or Colitis if their parent has one of the conditions. But most children who have a parent with Crohn's or Colitis will not develop Crohn's or Colitis themselves. A child could develop either condition. But they're more likely to develop the same condition as their family member. It's difficult to know what the exact risk might be, but research estimates that up to:

- 5 in every 100 children might develop Crohn's or Colitis if one parent has Crohn's.
- 3 in every 100 children might develop Crohn's or Colitis if one parent has Colitis.
- 30 in every 100 children might develop Crohn's or Colitis if both parents have Crohn's or Colitis.

Having sex

Lots of things can affect whether you feel like having sex. Our information on [sex and sexual health](#) has more on:

- Not feeling like having sex
- Sex after surgery



- Sex and stomas
- Emotional support

Our information on [relationships and dating](#) covers body image and self-esteem.

Emotional support

If you're struggling to get pregnant you might experience lots of different emotions. The Human Fertilisation and Embryology Authority (HFEA) has more on [getting emotional support](#).

Female fertility

This information looks at your ability to have children. For details on pregnancy see our information on [pregnancy and breastfeeding](#).

- If your Crohn's or Colitis is well controlled, you are likely to have similar fertility levels as someone without Crohn's or Colitis.
- There are some factors that can affect fertility. This includes being in a flare-up, or having had pouch, or IPAA, surgery. Other surgeries in the pelvis, like proctectomy, might also affect fertility.
- There are some medicines that are unsafe to take when trying for a baby. You may need to stop certain medicines before you start trying for a baby.
- Try to speak to your IBD team before you start trying for a baby. They can help support you through the process. If you are unable to reach your IBD team, speak to your GP. Your GP may be able to help contact your IBD team.
- The risk of ectopic pregnancy is slightly higher in women living with Crohn's. It is also higher in women who have had surgery in their tummy area.
- Our [Facebook Forum](#) can help you share experiences and receive support from others.



Trying for a baby

Try to speak to your IBD team before you start trying for a baby. They will be keen to support you through the process. Your IBD team can:

- Help you manage your Crohn's or Colitis and be as healthy as you can be before getting pregnant. Women have a higher risk of pregnancy complications if their condition is active during pregnancy. See our information on [pregnancy and breastfeeding](#) for more on how Crohn's or Colitis can affect pregnancy.
- Give you advice on which medicines to stop or continue taking. Most medicines are safe to take during pregnancy, but others are not. It's important to speak to your IBD team about this before trying for a baby.
- Refer you to a specialist maternity doctor before you start trying for a baby, if you need specialist advice.

If you are unable to reach your IBD team, speak to your GP. Your GP may be able to help contact your IBD team.

Medicines

Many medicines for Crohn's or Colitis do not reduce fertility in women. But there are some medicines that are not safe to take when trying to get pregnant. You should talk to your IBD team about stopping these medicines before getting pregnant.

There is different advice on when exactly you should stop taking these medicines. Talk to your IBD team about what is right for you.

Medicines that are not safe to take when trying to get pregnant include:

- [Methotrexate](#). Your IBD team might tell you to stop taking it at least three months before trying to get pregnant. The manufacturer advises at least six months.
- [Tofacitinib](#). Your IBD team might tell you to stop taking it at least three months before trying to get pregnant. The manufacturer advises at least four weeks.
- [Filgotinib](#). Your IBD team might tell you to stop taking it at least three months before trying to get pregnant. The manufacturer advises at least one week.



- **Upadacitinib**. Your IBD team might tell you to stop taking it at least three months before trying to get pregnant. The manufacturer advises at least four weeks.
- **Ozanimod**. Your IBD team might tell you to stop taking it at least three months before trying to get pregnant. The manufacturer also advises at least three months.
- **Etrusimod**. Your IBD team might tell you to stop taking it at least three months before trying to get pregnant. The manufacturer advises at least two weeks.
- **Balsalazide**. You should not take this during pregnancy. If you are planning to have a baby, talk to your IBD team for advice. You can take other **aminosalicylates (5-ASAs)**, such as sulfasalazine, mesalazine and olsalazine, during pregnancy.

You'll be advised to use effective contraception while taking any of these medicines. See our information on [sex and sexual health](#) for more information on contraception.

Disease activity

If you're in a flare-up, your fertility levels may be lower. This is especially true if you are living with Crohn's. If you have symptoms such as fatigue or pain, you may find it hard to have regular sex.

See [sex and sexual health](#) for information on:

- Managing symptoms and sex, including pain during sex
- Being intimate with a partner

You may also find it helpful to read our information on [relationships and dating](#). It covers:

- Talking to your partner about your condition
- Casual and long-term relationships

Surgery

If you've had pouch surgery, also known as restorative proctocolectomy with ileo-anal pouch (IPAA), you may have more difficulty getting pregnant. Other surgeries in the pelvis, like proctectomy, might also affect fertility. It's thought that surgery in your pelvis could



cause scarring around the fallopian tubes and ovaries. This may cause fertility problems. Women may also find sex painful after surgery, which could make it more difficult to get pregnant. The risk of fertility problems is lower in women who have had keyhole surgery.

One way to help protect your fertility may be to have surgery in two steps. In the first step, the large intestine would be removed and a stoma formed. After this you could try to get pregnant. Once your plans to have children are complete, the second part of the pouch surgery can be done. It is this second part of the surgery that carries a risk of lower fertility rates.

In vitro fertilisation (IVF) may be an option to help you get pregnant after surgery. See the later section on **Fertility treatments** for more on IVF.

See our information on [surgery for Ulcerative Colitis](#) and [surgery for Crohn's Disease](#) for more on fertility and pouch surgery.

Ovarian reserve

Ovarian reserve is the number and quality of eggs in your ovaries. Some studies suggest that women living with Crohn's have a lower ovarian reserve compared to women who do not have Crohn's. This was linked to having active disease and being over the age of 30. But more research is needed to confirm a link.

Mental health

Looking after your mental health is a major part of living with Crohn's or Colitis. Depression and anxiety can cause a lower sex drive. If you're worried about your mental health, speak to your GP or IBD team for help.

You can read our information on [mental health and wellbeing](#).

Ectopic pregnancy

An ectopic pregnancy is when a fertilised egg attaches somewhere outside of the womb, such as in a fallopian tube. The risk of ectopic pregnancy is slightly higher in women living with Crohn's, and women who have had surgery in their tummy area.



If you experience sudden, severe tummy pain, and think you could be pregnant, it is important to rule out an ectopic pregnancy. Check for the other common symptoms of an ectopic pregnancy on the [NHS website](#).

Male fertility

- Current evidence suggests that male fertility is generally not affected by Crohn's or Colitis.
- But there are some things which can affect fertility. This includes being in a flare-up and taking certain medicines.
- Crohn's and Colitis medicines like sulfasalazine and Zintasa can affect sperm motility.
- Regularly taking opiates or steroid medicines may lower testosterone levels. Opiates are a type of painkiller, and include codeine and morphine.
- Current evidence suggests it is okay for men to take methotrexate when trying for a baby.
- Some men have difficulties with erections and ejaculation after pouch, or IPAA, surgery. For most men, this improves with time or with taking medicines like Viagra. Other surgeries in the pelvis, like proctectomy, might also cause difficulties.
- Our [Facebook Forum](#) can help you share experiences and receive support from others.

Disease activity

Research shows that men in a Crohn's or Colitis flare-up have slower sperm than men with well-controlled Crohn's or Colitis. This may reduce your chances of conceiving a child. Crohn's and Colitis have also been linked to lower testosterone levels, which can lower fertility. If you have symptoms such as fatigue or pain, you may find it hard to have regular sex.

See [sex and sexual health](#) for information on:



- Managing symptoms and sex, including pain during sex
- Being intimate with a partner

You may also find it helpful to read our information on [relationships and dating](#). It covers:

- Talking to your partner about your condition
- Casual and long-term relationships

Medicines

Most medicines used to treat Crohn's and Colitis do not affect fertility. However, there are some medicines that may affect your chances of conceiving:

- [Sulfasalazine](#) can lower sperm count and sperm motility. This is reversible and normally returns to normal two to three months after you stop taking sulfasalazine.
- Zintasa is made with a coating that could impact sperm motility. If you're taking Zintasa, you may want to try a different brand of [mesalazine](#).
- Taking opiates or steroid medicines regularly may lower testosterone levels. Opiates are a type of painkiller, and include codeine and morphine.
- Antidepressants and anti-anxiety medicines have been linked to erection and ejaculation problems.

If you are taking any of these medicines and you are having trouble conceiving, ask your IBD team for advice.

[Biologic medicines](#) do not seem to affect fertility and are safe to take while trying to conceive.

Methotrexate

In the past, men were told not to try for a baby while taking [methotrexate](#). However, studies have found no increased risk to babies whose father took methotrexate at conception.



Surgery

Some men have difficulties with erections and ejaculation after pouch surgery. Pouch surgery is also known as restorative proctocolectomy, or IPAA. Other surgeries in the pelvis, like proctectomy, might also cause difficulties. The exact cause of the difficulties is unknown. But it may be due to nerve damage, scarring, the change in their body or the emotional impact of having surgery. For most men, this improves with time, or with sildenafil medicine (also known as the brand name 'Viagra'). If you're having erection or ejaculation problems, you can ask your GP or IBD team for advice.

Mental health

Looking after your mental health is a major part of living with Crohn's or Colitis. Depression and anxiety can cause a lower sex drive and erection problems. If you're worried about your mental health, speak to your GP or IBD team for help. You can also read our information on [mental health and wellbeing](#).

Getting help with fertility

- If you're having difficulty getting pregnant, you are not alone. Around 1 in 7 couples in the UK have difficulty conceiving.
- Speak to your IBD team if you're thinking of having fertility treatment. They can help you get your condition well-controlled before starting fertility treatment. This will give you the best chance of success and having a healthy pregnancy.
- There is mixed evidence on whether fertility treatments are less successful for women with Crohn's or Colitis. But for women with Colitis who have had pouch surgery, IVF is just as successful as for everyone else.
- The NHS has information on [ways to become a parent for LGBTQIA+ communities](#).
- The [HFEA website](#) has more information on fertility help for single people.



Difficulties in getting pregnant

If you or your partner are having difficulty getting pregnant, speak to your GP. If you've been trying for a year or more without getting pregnant, your GP should refer you both for tests. Women may be offered tests earlier if they are aged over 36 or have a known medical reason for low fertility. If you are a woman and have had surgery, your IBD team might refer you for tests after six months of trying to get pregnant.

See the NHS information on [infertility](#) for the common causes of fertility problems and ways to help. You may also find our information on [sex and sexual health](#) helpful for tips on having sex while living with Crohn's or Colitis.

Fertility treatments

You may be able to have treatment to help you with get pregnant, such as in vitro fertilisation (IVF). The NHS has information on [fertility treatments](#) if you'd like to know more.

Some research has found that fertility treatments are slightly less successful in people with Crohn's or Colitis. It suggests women with Crohn's may be most affected, and it may be linked to previous surgery for Crohn's. But not all studies find this. Other research has found that fertility treatments are not affected by Crohn's or Colitis at all. More research is needed to be sure.

IVF following pouch surgery

Women living with Colitis are more likely to have IVF if they've had pouch, or IPAA, surgery. This may be because this type of surgery can cause difficulties in getting pregnant.

IVF is just as successful in women with Colitis who have had pouch surgery as in everyone else. Other surgeries for Colitis also do not seem to affect the success of fertility treatments.



Fertility help for LGBTQIA+ couples

If you're in an LGBTQIA+ relationship and would like to start a family, you have options, such as [intrauterine insemination \(IUI\)](#) or IVF. Access to NHS funded treatments depends on where you live. You may need to pay for some treatment. See the [NHS website](#) for more information on this.

The [Human Fertilisation and Embryology Association](#) (HFEA) also has information that may help you.

Fertility help for single people

If you're single and would like to start a family, you have options such as [intrauterine insemination \(IUI\)](#) or IVF. You may need to pay for some treatments. See the [HFEA website](#) for more information.

Abortion

- Women with Crohn's or Colitis are no more likely to have an abortion than women without Crohn's or Colitis.
- Anyone who asks for an abortion can speak to a trained pregnancy counsellor about their options.
- If you have an abortion, try to avoid taking ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) for pain. These medicines may make your Crohn's or Colitis symptoms worse. Ask your healthcare professional for a different kind of pain relief.

If you decide to end a pregnancy, it's known as an abortion, or termination of pregnancy. Deciding to have an abortion may be difficult. You may feel lots of different emotions. It might help to talk to someone you feel close to, but you do not have to. Having an abortion is your decision.



Getting extra information and support may also be helpful. Anyone who asks for an abortion can speak to a trained pregnancy counsellor about their options. If this is something you want, ask about it at your first appointment.

Rarely, an abortion may be offered for medical reasons. Find out more about this and how to get support on the [Tommy's website](#). For more on how to get support in Northern Ireland see the [NI direct](#) website.

Having an abortion

You can [take medicines or have surgery](#) to have an abortion. Your healthcare professional will talk to you about any risks beforehand.

There are some things to consider if you're living with Crohn's or Colitis:

- If you are taking [steroids](#), you must tell the healthcare professional caring for you during your abortion. You may need extra checks or monitoring.
- If you have anaemia, you may need extra checks after the abortion.
- Non-steroidal anti-inflammatory drugs (NSAIDs) are commonly used for managing pain after an abortion. Try and avoid taking ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) for pain. These medicines may make your Crohn's or Colitis symptoms worse.
- Misoprostol is a medicine used in abortions. It can cause side effects similar to Crohn's or Colitis symptoms. These include loose poo known as diarrhoea, stomach cramps and feeling or being sick. If these symptoms last more than a few days, contact your healthcare professional.
- People with Crohn's or Colitis have an increased risk of blood clots. Having surgery, including a surgical abortion, can increase your risk of blood clots. Your healthcare team will tell you how to reduce your risk of blood clots. You may also be given a medicine to help prevent blood clots.

See the [NHS website](#) for more information about the different types of abortion and how to get an abortion in England, Scotland and Wales. For more on how to get an abortion in Northern Ireland see the [NI direct](#) website.



Contacting your IBD team

Our [IBD service map](#) can help you find contact details for your hospital. You may also be able to contact your consultant via their secretary, should you need to. You could try contacting your consultant's secretary by calling the hospital switchboard. Switchboard is the main hospital telephone number. Other contact details might be on clinic letters or in clinic information booklets.

Other organisations

NHS Pregnancy guide

www.nhs.uk/pregnancy/

NHS Menopause guide

www.nhs.uk/conditions/menopause/

Brook (Sexual health and wellbeing for young people)

www.brook.org.uk

Human Fertilisation and Embryology Authority (HFEA) (Fertility treatment and clinics information)

www.hfea.gov.uk

Royal College of Obstetrics and Gynaecology (Women's health)

www.rcog.org.uk

Tommy's (Pregnancy and baby loss support and information)

www.tommys.org

Midwife Helpline: 0800 014 7800

The Menopause Charity

<https://themenopausecharity.org/>



IA – Ileostomy and Internal pouch Association
www.iasupport.org

Colostomy UK
www.colostomyuk.org

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.

All information is available on our [website](#).

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our [helpline web page](#). Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can help by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community
- Providing details of other specialist organisations

You can call the Helpline on 0300 222 5700. You can also visit our [livechat service](#). Lines are open 9am to 5pm, Monday to Friday, except English bank holidays.

You can email helpline@crohnsandcolitis.org.uk at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.



Social events and Local Networks

You can find support from others in the Crohn's and Colitis community through our virtual social events. There may also be a Local Network in your area offering in-person social events. Visit our [Crohn's and Colitis UK in your area webpage](#) to find out what is available.

Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the [Crohn's & Colitis UK Forum](#).

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See [our membership webpage](#) for more information. Or you can call the Membership Team on 01727 734465.

About Crohn's & Colitis UK

Crohn's & Colitis UK is a national charity, leading the fight against Crohn's and Colitis. We're here for everyone affected by these conditions.

Our vision is to see improved lives today and a world free from Crohn's and Colitis tomorrow. We seek to improve diagnosis and treatment, fund research into a cure, raise awareness and give people hope and confidence to live freer, fuller lives.

Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465**. Or you can visit [our website](#).



About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on [our website](#).

We hope that you've found this information helpful. Please email us at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE**. Or you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

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