

## Fertility and IBD

### Introduction

If you have Inflammatory Bowel Disease (IBD) – the general term for Crohn's Disease and Ulcerative Colitis (UC) - it does not necessarily reduce your chances of becoming a parent. However, there are some men and women who have Crohn's, and some men taking certain drugs for UC, who may find they are less fertile. In very many of these cases something can be done to help.

It is important to remember that a great many couples **without** IBD have problems with fertility, and 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 – even if a doctor does – that your IBD is the cause. It is human nature to want a reason and, to a doctor who is well-meaning but not an IBD specialist, your Crohn's or UC may seem as good a reason as any to offer you.

### Do IBD treatments affect fertility?

Most of the drugs that are available for IBD are safe to take when trying to conceive and there are only a few that may adversely affect your chances of having a healthy baby. **It is important that you consult your doctor before stopping or changing any of your medication to prevent a flare up of your IBD**, particularly as fertility is reduced by active disease.

The immunosuppressive drugs, methotrexate and mycophenolate mofetil, should not be taken when trying to conceive as there is a risk of birth defects. Couples should avoid pregnancy if methotrexate or mycophenolate mofetil has been taken by either partner within the last three to twelve months or as advised by their doctor.

Infliximab (Remicade) and Adalimumab (Hurmira) are relatively new drugs that affect the immune process and are used in severe cases of Crohn's Disease, when other drugs have not worked. Treatment should be avoided if you are planning to get pregnant. Both men and women should use contraception for at least 6 months after receiving infliximab or adalimumab. While studies show that over a hundred women taking infliximab during pregnancy and others becoming pregnant accidentally while on the drug had the same outcome as for the general population of pregnant women, there is still insufficient evidence about the safety of infliximab during pregnancy. There have been reports of successful pregnancies in women with Crohn's who began adalimumab before conception or during pregnancy, but again the evidence is limited.

It may be safer for men with IBD to avoid the mainstream immunosuppressive drugs, azathioprine and 6-mercaptopurine, when trying to conceive. While fertility does not appear to be affected, one small study showed that conceiving a child with a man who is taking these immunosuppressives may carry an increased risk of miscarriage or birth defects, particularly if the drug has been taken in the three months before conception. However, the reliability of this study has been questioned. Other studies have not confirmed this risk.

Sulphasalazine (Salazopyrin), a medication commonly used for IBD, reduces fertility in men, but this is usually temporary and is reversible within two to three months of stopping the medication. Also a study in Leicestershire has suggested that there may be an increased risk of birth defects if the father has been taking sulphasalazine. There are good

alternatives to sulphasalazine, such as mesalazine, olsalazine or balsalazide, which have the same action on the colon, but do not affect fertility

### **Problems with fertility in men**

Men with Crohn's Disease may produce fewer sperm when the disease is very severe, and the sperm they do produce may be damaged or may function less well than normal. This may also happen if you are very underweight and undernourished. These problems are thought to be temporary and treatment to improve the Crohn's should also restore your fertility to its natural level.

Very rarely, men with IBD who have had their colon, including the rectum, removed may be unable to have an erection. This is usually temporary and, with more sophisticated surgical techniques that are less likely to damage nerves, this is much less likely to occur now.

Abscesses and fistulas in the pelvis and anal region may cause some difficulties with erection and ejaculation.

### **Problems with fertility in women**

Women who have IBD which is not active or is well controlled by drugs, should have no more difficulty in becoming pregnant than those without IBD. However, women with active Crohn's Disease may have problems if they are underweight and eating poorly, as this can affect fertility. Also if there is severe inflammation in the small intestine, the normal functioning of the ovaries can be affected. Unpleasant and painful complications such as abscesses and fistulas in the vaginal area could temporarily put a halt to having sex.

Women who have undergone pouch surgery for Ulcerative Colitis have recently been shown to have a risk of reduced fertility. This does not appear to apply to women who have had a colectomy and ileostomy operation or surgery for Crohn's disease. However any pelvic surgery may carry a small risk of infertility. It is important therefore, if considering surgery

for UC, that this factor is fully discussed with your doctor and if necessary, with a fertility specialist.

If you have had an operation, it may be advisable to wait a year after surgery to give the body time to recover fully before trying to become pregnant. Again, this should be discussed with your doctor.

### **Self help tips for improving fertility**

For women with IBD you can improve your chances of conceiving if your disease has been under control for at least 3 months prior to conception. If you try to get pregnant when IBD is very active the symptoms can be more problematic throughout the pregnancy. The likelihood of miscarriage is also higher. However, numerous women have had uneventful and successful pregnancies even when they have conceived during active phases of IBD.

As fertility may be lowered by reasons other than IBD – or in addition to it – there are various suggestions for steps you can take to give yourself the best chance of conception. You should try to eat a very healthy and balanced diet, or if this is difficult, 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.

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 may be particularly important for people with Crohn's of the small intestine in which it may be more difficult to absorb folic acid. An increased requirement is important if you take sulphasalazine, which reduces the absorption of folic acid. If you are on sulphasalazine or if you have had surgery to remove part of the small intestine, it is suggested that you increase your folic acid supplement to 2 mg (2000 micrograms) a day.

If you use the contraceptive pill, it might be worth talking with your partner about changing to a different method of contraception for a few months before starting to try for a baby.

Women can improve fertility by avoiding alcohol and smoking. Men can increase their likelihood of producing plenty of healthy sperm by not smoking, drinking only moderately, not exercising obsessively, getting sufficient relaxation, avoiding stress where possible and by eating a balanced healthy diet – zinc and B6 are important for male fertility too. The testicles need to be cooler than the rest of the body, to let sperm develop properly. So help yourself by wearing boxer shorts and looser trousers rather than tight underpants and trousers, which keep the genitals warm. Ensure too 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, perhaps for part of your journey, and take up some exercise or sport.

### Sex

When nothing is actually 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 actually don't 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.

### Investigations

It may be that there are other physical causes for any fertility difficulties, in which case self-help measures will not be sufficient. If you have been trying to have a baby without success for some time,

you can ask to be referred to a fertility clinic. 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 probably the best thing to do is to decide which of your doctors you find most approachable and arrange an appointment to discuss your concerns.

### Further Help

If you have any further queries please call the **Crohn's and Colitis UK Information Line: 0845 130 2233, open Monday to Friday 10am - 1pm**. 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, open Monday to Friday 1pm - 3.30pm and 6.30pm - 9pm**. This is a supportive listening service staffed by trained volunteers with personal experience of IBD.

We also have information sheets on *Pregnancy in IBD* and *Sexual Relationships and IBD*.

You can download these and other information sheets from our website [www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk) or call the Information Line for a copy.

### Other Organisations

#### Foresight

178 Hawthorn Road, West Bognor,  
West Sussex, PO21 2UY

☎ 01243 868001

[www.foresight-preconception.org.uk](http://www.foresight-preconception.org.uk)

*Provides pre-conceptual advice and information for men and women.*

#### 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

Peveill 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 welcomed.**

## **© NACC 2008**

Fertility and IBD – Edition 3a

Last review September 2008

Next review due 2010

***Crohn's and Colitis UK publications are research based and produced in consultation with patients, medical advisers and other health or associated professionals. They are prepared as general information on a subject with suggestions on how to manage particular situations, but they are not intended to replace specific advice from your own doctor or any other professional. Crohn's and Colitis UK does not endorse or recommend any products mentioned.***

***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)***