Inflammatory Bowel Disease.
Patient education evening.
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Disclaimer and disclosures.

General overview of pregnancy in IBD.

Not directed at specific scenarios.

I have no relevant financial disclosures.
Pregnancy and Inflammatory bowel disease (IBD)

Inflammatory bowel diseases

Ulcerative Colitis

Crohn’s Disease.
INFLAMMATORY BOWEL DISEASE (IBD)

AND TREATMENT... EXPLAINED IN PLAIN ENGLISH
Ulcerative Colitis

TYPES OF ULCERATIVE COLITIS

- Proctitis
- Proctosigmoiditis
- Distal colitis
- Extensive colitis
- Pancolitis
Crohn’s Disease
CROHN’S DISEASE

WHAT’S HAPPENING INSIDE THE INTESTINES?

INFLAMMATION
When inflammation is present, the lining of the intestines swell and become inflamed. Inflammation can cause discomfort, pain, nausea, and ulcers.

ULCERS AND FISSURES
Ulcers are sores that spread throughout the layers of the lining of the intestines. When the lining of the intestines is inflamed, the layers can peel away, leaving ulcers behind. Ulcers can cause bleeding, pain, and can make the gut leaky, allowing bacteria and toxins to cause further inflammation.

STRICITURES
A stricture is a narrow, constricted area in the intestines. Strictures may cause total blockage, and sometimes can only be treated with surgery.

FITULAS
A fistula is a tunnel that connects one section of the intestines to another, or the intestines to the skin. Fistulas can cause diarrhea, pain, and can be very disfiguring.

A DEFINITIVE CAUSE IS STILL UNKNOWN.
It may exist environmental factors that trigger Crohn’s disease, but research shows there may be other factors such as genes, infection, and smoking.

Average age of diagnosis: 15-35 years old

MALES AND FEMALES ARE EQUALLY AFFECTED.
Crohn’s is non-discriminatory, affecting males and females equally.

SYMPTOMS:
- Diarrhea
- Abdominal pain
- Fatigue
- Fever
- Bloody stools
- Cramping
- Skin rash

To be diagnosed, a doctor or gastroenterologist will perform several tests, including blood tests, stool tests, endoscopy, X-rays, CT scans, and biopsy.

WHAT DOES CROHN’S FEEL LIKE?

STOMACH

LARGE INTESTINE

SMALL INTESTINE

anus

THE PRICKLY PEAR
— The infection is not only chronic, constant, and unbearable, but due to high fever, swelling sensations as a result.

THE FIRE
— Persistent, constant pain, or they can experience a constant, low burn. Regardless of the size of the intestines, the burn never really subsides.

THE SINKER
— The disease causes weight loss and weight gain, leading to extreme dietary changes and abnormalities. It can lead to death.

THE STAMPEDE
— The bloodstream is filled with blood. All nutrients are either lost or absorbed into the bloodstream. It can affect the entire body.

THE VICE
— Overuse of the anus, skin inflammation, and rectal abscesses can lead to death. It affects the entire body and the intestines as a whole.

75% 3 out of 4 people with Crohn’s will have one or more side effects due to medications from Crohn’s. The disease can affect the entire body and can be life-threatening.

THE PIRANHAS
— These vicious fish are known for their sharp teeth and their sharp teeth. They can attack and eat anything, including croc.

BURLER BERNARD CROHN
1932
— Dr. Crohn is the first doctor to describe the disease. He coined the term “Regional Enteritis.”
Pregnancy and IBD; Patient reported concerns

Can I consider getting pregnant?
Is now a good time?
What are the risks to my baby from the “poisons” I am on?
What is the chance of my baby getting this nasty illness?
Normal delivery or caesarean?
Can I breast feed my bub?
Immunizations for the baby
IBD and pregnancy- general considerations

Diagnosis of IBD commonly during childbearing age.

Incidence of Crohn’s Disease has been increasing in women.

Fertility rates in women with ulcerative colitis- similar to general population ( unless they have had colectomy )

Higher rates of voluntary childlessness in women with IBD

Active inflammation decreases fertility.

”flares” – more common in Ulcerative Colitis than in Crohn’s Disease

Men- Sulfasalazine ( drug used in UC ) causes reversible oligospermia and reduced sperm motility.
### IBD medications in pregnancy - FDA category

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>Controlled studies show no risk.</td>
</tr>
<tr>
<td>B</td>
<td>No evidence of risk in humans; the chance of fetal harm is remote.</td>
</tr>
<tr>
<td>C</td>
<td>Risk not excluded. Adequate studies lacking. Chance of fetal harm but benefits outweights risks.</td>
</tr>
<tr>
<td>X</td>
<td>Contraindicated.</td>
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*Source: Cardiosource © 2007 by the American College of Cardiology Foundation*
What does this mean?

5-ASA medications (Mezalazine, Balsalazide)- Pentasa, Salofalk, Colazide, Mezavant- Category B.

Antibiotics- generally safe- except ciprofloxacin and metronidazole avoided in first trimester.

Steroids- Category B- safe.

Immunomodulators- Azathioprine (Azamun), 6MP (Puri-nethol)- Category D (benefits outweigh risks)

Biologic agents: Infliximab (Remicade) Adalimumab (Humira), Vedolizumab (Entyvio), Ustekinumab (Stelara)- Category B

Methotrexate: Category X – Contra indicated.
PIANO trial:

- No increased risk of fetal malformations.
- No increased infection risks.
- Slight increased risk of pre term labour.
- Normal developmental milestones at 1yr.
- Response to vaccines comparable to children whose mothers were not on immunosuppressive medications.
Royal Perth Hospital experience.

Retrospective study.
Pregnancies 2011-2016 and 1 year fu data.
30 live births.
No increased fetal malformations.
No increased infections at 1 year.
24/30 patients were on immunosuppressive medications.
Heritance risk in IBD

Risk increased in first degree relatives of patients with IBD.

Risk of IBD in off springs of patients with IBD:
- One parent with Crohn’s Disease- 5%
- One parent with Ulcerative colitis- 2%
- Both parents with IBD- 35%

Genetic anticipation: Younger age of onset; esp Crohn’s

Smoking maybe an environmental trigger factor in susceptible family members.
Delivery and breast feeding.

Mode of delivery as dictated by Obstetrician (and sometimes by patient!)

Caesarean section for obstetric indications.

IPAA or bad perianal Crohn’s Disease—Gastroenterological indications.

Breast feeding safe. Very minor quantities of drugs secreted into breast milk.

Vaccination: No LIVE vaccines for the first 12 months (in patients on immunosuppression).

BCG vaccine contra indicated.

Australia: Rota virus vaccine.

MMR delayed to 15 months.
Take home messages:

Consider pregnancy when in remission/ quiescent disease.

Stop smoking and commence folic acid supplementation- preferably 3 months in advance.

Stay on the medications: They are almost always safe !

Book early with Gastro/ specialist if you are experiencing a change in symptoms (from baseline).

Referral to an Ob-Gyn recommended.

Breast feeding safe.

Remember !No live vaccines for 12 months.
Questions?