



Crohn's and Colitis  
Foundation of Canada

Fondation canadienne des  
maladies inflammatoires  
de l'intestin

# Sexuality, fertility, pregnancy and

INFLAMMATORY

BOWEL

DISEASE



# What is Inflammatory Bowel Disease?

Inflammatory bowel disease (IBD) is a term used to describe two similar, yet distinct conditions: Crohn's disease and ulcerative colitis. IBD is also known by other names including: Crohn's colitis, ileitis, distal colitis and pancolitis. These diseases affect the digestive system and cause the intestines to become inflamed, form sores (ulcers), bleed easily, scar and lose the normal smoothness of their inner lining. Symptoms of IBD include abdominal pain, cramping, fatigue, diarrhea, fever and joint pain.

**Crohn's disease** can affect any part of the gastrointestinal tract, from the mouth to the anus. Patches of inflammation occur, with healthy tissue between diseased areas; these are called "skip lesions". The inflammation can extend through every layer of affected bowel tissue. Crohn's disease cannot be cured by drugs or surgery, although either or both can relieve the symptoms.

**Ulcerative colitis** affects *only* the colon (large bowel), and *only* a single layer of bowel tissue: the inner lining. The disease almost always starts in the portion of the colon called the rectum, and *may* extend as a continuous (not patchy) inflammation from there into the rest of the colon. Usually, ulcerative colitis can be controlled with medication. The disease *can* be completely eliminated by surgically removing the colon, but afterward, waste material (stool) may have to be stored and expelled through an external appliance (bag).

No one knows what causes IBD. It affects people regardless of race, gender or age. People are most frequently diagnosed between the ages of 15 to 25 years, or 45 to 55 years.

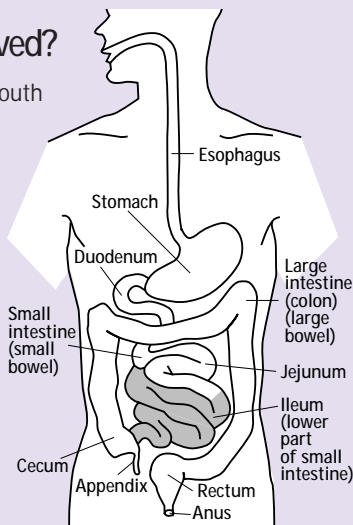
IBD is unpredictable. Many people experience "flare-ups" (attacks) and then the disease seemingly goes away. The quiet periods are called "remission" and can vary in length from weeks to years. Most people will "relapse" and have multiple attacks. IBD symptoms may also vary in severity. Some people have mild symptoms and can be treated with a combination of drugs and nutritional therapy, while others experience debilitating symptoms and need to take potent drugs, visit hospital frequently, and/or have surgery.

See the CCFC brochure "The Facts about Inflammatory Bowel Disease" for more information.

## Which Parts of the Body are Involved?

**The Digestive System:** Food passes from the mouth down the **esophagus** (swallowing tube) into the **stomach**, which dilutes and mixes the food and passes it on to the **small bowel** (small intestine). The small intestine breaks down the food. Each part of the small intestine (which is some six metres long and includes the duodenum, jejunum and ileum) absorbs different nutrients. Leftover material passes into the **large intestine** (also called the **colon** and is about 1.5 metres long), which absorbs water and forms stool. Solid stool is passed to the **rectum** and eliminated through the **anus**.

*This brochure is provided for information only. A doctor should always be consulted for advice and medical treatment.*



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# Sexuality, Fertility, Pregnancy and IBD

This brochure looks at the impact that inflammatory bowel disease (IBD) and its treatment – including diet, medication and surgery – have on sexuality, fertility and pregnancy. Though IBD can begin at any age, usually a diagnosis is made in youth or young adulthood when sexual development and intimacy are of concern. People of child-bearing age may also have particular concerns about how IBD affects their ability to reproduce.

## Sexuality and IBD

### IBD AND THE SEX DRIVE

People with IBD, like those with other chronic illnesses, may find that when their disease is active, they have less interest in sex.

IBD does not extend directly to sexual organs or genitals, it affects only the gastrointestinal tract. However, Crohn's disease may indirectly affect sexual organs. Sometimes, an opening may form between the bowel and another organ, including the vagina. This opening is called a fistula, and can be corrected with medication or surgery.

### HOW THE SYMPTOMS OF IBD AFFECT SEXUALITY

Abdominal cramps and diarrhea, which are common symptoms in IBD, can be quite painful and may inhibit sexual activity. Less obvious inhibitors are malnutrition, lack of energy, lack of protein intake by the body or malabsorption, which is the failure of the digestive system to absorb all the nutrients in food. These conditions may lead to undernourishment, weakness, tiredness and loss of energy. A person with IBD should talk with his/her partner about ways to address sexual needs during periods of pain or fatigue.

### IBD AND PUBERTY

Up to one-third of children who have Crohn's disease may grow and develop more slowly than their peers, and puberty will start late, but eventually these children will "catch up."

### MEDICATION AND SEXUALITY

People with IBD may take medication to reduce inflammation, to reduce disturbing or painful symptoms (such as abdominal cramps) and to counteract complications of the disease. Medications commonly used in the treatment of IBD do not particularly affect sexual desire or performance.

Sometimes steroids are prescribed for IBD. These are anti-inflammatory glucocorticosteroids. Children taking these steroids may grow more slowly than their peers, and puberty may be delayed, but eventually they will mature.

Antibiotics are frequently prescribed for Crohn's disease. Their use in women can result in a vaginal discharge which is unpleasant but not dangerous.

### SURGERY AND SEXUALITY

Surgery is a common form of treatment for IBD. The majority of people with Crohn's disease, for example, can expect to have at least one surgical procedure in their lifetime. As with any other surgery, strenuous activity (including sex) should be avoided as prescribed afterwards, to allow healing.

Wearing an appliance has no physical effect on sexual function, though it may be initially embarrassing.

Sometimes surgery involves supplementing or replacing the diseased bowel with an "appliance" or bag to collect and eliminate waste. This appliance is linked to the bowel by a stoma (a surgically-created opening in the skin of the abdomen). Wearing an appliance has no physical effect on sexual function, though it may be initially embarrassing. The appli-

ance can be dislodged or may leak during physical activity, and so some care must be taken, but there is no other physical restriction on sexual activity.

In one form of surgery, the rectum is replaced by a pelvic "pouch" fashioned from the person's own tissue. Patients generally feel better overall after this type of operation, therefore sexual satisfaction is usually improved. In rare instances, men who have this surgery may become impotent.

Some women find intercourse painful after a total colectomy, but this is temporary.

## Fertility and Contraception

### HOW IBD AFFECTS FERTILITY

There is no evidence that people with ulcerative colitis are any less fertile than anyone else. As for Crohn's disease, when the disease is active, a woman is slightly less likely to become pregnant. When the disease is not active, women with Crohn's disease have the same fertility rates as the general population. Men with active Crohn's disease, who are ill or undernourished, may have reduced sperm count.

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## HOW THE SYMPTOMS OF IBD AFFECT FERTILITY

The symptoms of IBD - cramping, nausea, diarrhea - may be painful, but they don't affect fertility.

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## NUTRITION AND FERTILITY

The lack of proper nutrition (which is common in IBD) can affect both men's and women's reproductive abilities. Men may have reduced sperm count. Women who are malnourished or lose too much weight, may stop having menstrual periods until they get more calories and/or protein and regain lost weight.

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## MEDICATION AND FERTILITY

Most medications used to treat IBD have no effect on fertility. However, one of the side-effects of the anti-inflammatory drug sulfasalazine, is a reduced sperm count in men. This returns to normal when the drug is stopped. In IBD, sulfasalazine is taken for the management of active disease, to prevent relapse, or to treat some forms of arthritis related to IBD. Men who are concerned about this side-effect should discuss their options with their doctors.

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## FERTILITY AFTER SURGERY

Surgery for ulcerative colitis may involve removing the rectum or anus. In rare instances, sexual problems may result.

Surgery for ulcerative colitis may involve removing the rectum or anus. In rare instances, sexual problems may result. Men may become impotent or have problems with ejaculation. As with any abdominal surgery, a woman who has surgery of the pelvic area may develop scars or adhesions (newly formed uniting tissue). This may scar the fallopian tubes and make it difficult – but not impossible – to conceive. Women who have surgery for Crohn's disease, such as a resection or removal of the ileum, should still be able to conceive and give birth normally. However, certain medications taken after surgery may rule out breastfeeding because they contaminate mother's milk and pose a risk to the infant.

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## CONTRACEPTION AND IBD

Any form of contraception may be used by those who have IBD. There is some evidence that the use of the oral contraceptive pill may trigger acute flare-ups of Crohn's disease. The contraceptive pill won't interfere with medication taken for IBD.

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## THE MENSTRUAL CYCLE AND IBD

Women with Crohn's disease have increased intestinal symptoms during menstruation, particularly diarrhea. They may also have more premenstrual symptoms than women without IBD. Women who are concerned about the severity of their bowel disease symptoms during menstrual periods should discuss their options with their doctors.

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## ABORTION AND IBD

A therapeutic abortion is no riskier for a woman with IBD than for any other woman. A woman who becomes pregnant while her IBD is active does have a slightly higher risk of a spontaneous abortion ("miscarriage"). A flare-up of the disease during pregnancy does not require a therapeutic abortion.

Some medications for IBD may be harmful to a fetus. These include immunosuppressives such as azathioprine, 6-mercaptopurine, cyclosporin and methotrexate; and antibiotics metronidazole and ciprofloxacin. If conception occurs while a woman is taking these medications, a therapeutic abortion may be considered.

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## THE GENETICS OF IBD

IBD seems to "cluster" in families; that is, people with IBD have a 10-to-20 per cent likelihood of having a relative with the same disease. This tendency is slightly higher for Crohn's disease than for ulcerative colitis. There is a small risk that the children of parents with IBD will also develop the disease. This increases significantly if both parents have IBD. No genetic test exists to determine one's predisposition to IBD.

# Pregnancy and IBD

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## HOW IBD AFFECTS PREGNANCY

If the disease was under control at the time of conception, the IBD is unlikely to have any effect on the fetus, and a normal vaginal delivery can be expected. If the disease was active at conception, or becomes active during the pregnancy, there's a slightly increased risk of miscarriage or premature birth. If possible, conception should be planned at a time when the disease is in remission.

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## HOW PREGNANCY AFFECTS IBD

Pregnancy doesn't increase the chance of a flare-up or recurrence of IBD. However, if the disease was active at the time of conception, it will probably *continue* to be active throughout the rest of the pregnancy.

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## WOMEN WHO HAVE HAD SURGERY

Some people with IBD have surgery to remove diseased tissue (a resection). This has no adverse effect on a pregnancy. Some surgical procedures for IBD require the person to be temporarily or permanently fitted with an appliance in order to collect and eliminate bodily waste. This procedure is called an ostomy. Sometimes, a person who has had an ileostomy (removal of the colon) will have prolapse (hernia) or an obstruction (blockage of the bowel) in the months afterward. It is best to postpone pregnancy for up to one year after the ostomy surgery, to allow healing. Women who have had an ostomy can conceive and give birth normally.

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## HOW SYMPTOMS AFFECT THE FETUS

There is no evidence that the fetus is adversely affected by the symptoms of IBD, which may include cramps, diarrhea, gas and nausea.

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## NUTRITION AND PREGNANCY

Good nutrition becomes doubly important for a woman who is pregnant and has IBD.

Good nutrition is important for anyone with IBD, because the disease and medication can make it difficult for the body to absorb the full range of nutrients, including iron, folic acid, calcium, proteins, vitamin B<sub>12</sub> and fats. Good nutrition becomes doubly important for a woman who is pregnant and has IBD.

Women are strongly encouraged to supplement their folic acid intake before conceiving. Folic acid reduces the possibility of neural tube defects (malformations of the brain and spinal cord) in the fetus. It is found in dried beans and lentils, dark green leafy vegetables, whole-grain breads and cereals, and orange or grapefruit juice. Women who are taking sulfasalazine must supplement their folic acid intake since the medication reduces the intestines ability to absorb the vitamin.

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## MEDICATION AND PREGNANCY

Pregnant women should discuss with their doctor the benefits and risks of taking certain IBD medication during pregnancy. Medications are prescribed to reduce the severity of the disease itself, to address its symptoms, and to deal with complications and side effects.

Immunosuppressives and certain antibiotics are *not* recommended during pregnancy. The antibiotics include metronidazole and ciprofloxacin. The immunosuppressives include azathioprine, 6-mercaptopurine, cyclosporin, methotrexate. Information is not available about the potential adverse effects of newer medications such as infliximab, that interact with specific immune functions; their use during pregnancy is not recommended.

Codeine may pose a very slight risk to the fetus.

Sulfasalazine is prescribed to reduce inflammation. Sulfasalazine can reduce the bowel's ability to absorb folic acid (which leads to anemia). A folic acid supplement can be helpful.

Glucocorticosteroids don't appear to be harmful to the fetus.

Diphenoxylate and loperamide relieve diarrhea. They work by slowing down the muscles of the intestine. There is limited information about the safety of these drugs in pregnancy. Women who are pregnant or who are planning a pregnancy should speak with their physicians before taking these medications.

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## SMOKING DURING PREGNANCY

Smoking is known to result in low birth weight. Smoking has been associated with the development of Crohn's disease.

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## SURGERY FOR IBD DURING PREGNANCY

It is rare for a woman with IBD to need surgery for her disease while pregnant. Surgery can be done, but does slightly increase the chances of a miscarriage or stillbirth.

# Childbirth and Afterwards

## WOMEN WHO HAVE HAD SURGERY

The need for a caesarean section should be discussed early in the pregnancy.

Abscesses (infected boils) and fistulas (abnormal openings from the bowel to another organ, or to the skin) are common in Crohn's disease. A woman who has an abscess or fistula around the rectum may be advised to avoid a vaginal

delivery. The need for a caesarean section should be discussed early in the pregnancy.

## BREASTFEEDING

If IBD is active at the time of delivery, the mother may not be able to produce enough milk to breastfeed. Certain medications taken for IBD may preclude breastfeeding.

Sulfasalazine, an anti-inflammatory drug, affects the mother's milk and increases the risk of jaundice (a temporary yellowing of the eyes and skin) in premature newborns. It does not appear to be hazardous to a full-term infant.

5-ASA is commonly prescribed as an alternative to sulfasalazine for people who can't tolerate the sulfa portion of that drug. In small-to-medium doses, 5-ASA doesn't seem to cause problems, although high doses of 5-ASA may cause watery diarrhea in some breast-fed infants.

Steroids are thought to be safe for breastfeeding mothers and babies.

Loperamide and diphenoxylate are antispasmodic drugs. There is not enough information about their safety, so mothers and babies should be monitored if these medications are taken by a woman who is breastfeeding.

A woman should not breastfeed while she is taking immunosuppressive drugs or antibiotics. Immunosuppressives include azathioprine, 6-mercaptopurine, cyclosporin, methotrexate. Antibiotics include metronidazole and ciprofloxacin.

## FUTURE PREGNANCIES

One cannot predict the course or behaviour of IBD. Previous pregnancies don't set a pattern, good or bad, for subsequent pregnancies.

Notes:

## Together, We Can Find the Cure

The Crohn's and Colitis Foundation of Canada (CCFC) is a not-for-profit voluntary medical research foundation. Our mission: To find the cure for Crohn's disease and ulcerative colitis. To realize this, the CCFC is committed, first and foremost, to raising funds for medical research. The CCFC also believes it is important to make all people with inflammatory bowel disease aware of the Foundation, and to educate these individuals, their families, health professionals and the public about these diseases.

**YES! I support the search for the cure for IBD.  
Here is my tax-deductible donation right now for:**

\$35     \$50     \$100     Other: \$ \_\_\_\_\_

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**Please send me details about:**

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(the Dedicated Research Donor program)
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- including the CCFC in my will
- membership in the CCFC
- Je désire recevoir la documentation en français.

Please make cheques payable to: The Crohn's and Colitis Foundation of Canada. Send your cheque and this form to the CCFC National Office, 600 - 60 St. Clair Avenue East, Toronto, Ontario M4T 1N5. For more information on activities in your area, contact your Regional Office listed on the next page.

# Crohn's and Colitis Foundation of Canada

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