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## Crohn's Disease and Pregnancy

By Deborah Pardo-Kaplan

After 14 years of living with Crohn's disease, Kristina Whiton, a social worker from Boston, Massachusetts recently underwent her fifth abdominal surgery. This time, scar tissue from previous operations had caused a cyst—the size of two footballs—to develop.

Kristina first started experiencing symptoms of Crohn's, an inflammatory bowel disease that can affect the digestive tract from the mouth to the anus, at age 21. Common symptoms included pain, diarrhea, and rectal bleeding. By the time Kristina was 31, surgeons had removed her colon and rectum and left her with a permanent ileostomy (external bag for drainage).

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Last September, Kristina began thinking about preconception care in relation to the disease. Her primary care physician sent her to a reproductive endocrinologist who recommended that her current surgeon document his findings during the fifth surgery. "The issue is really the adhesions," says Kristina about the scar tissue the surgeon will be examining. "They can wrap around the ovaries or fallopian tubes and block the eggs."

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If her doctor determines that the adhesions will cause blockage, Kristina will be eligible for in-vitro-fertilization (IVF) aid. Her reproductive endocrinologist had recommended IVF as a quicker method of conception for her because of her age and illness.

Six years ago, Kristina had tried a variety of medications for her disease, such as prednisone, 5-ASA, 6-mercaptopurine (6-MP), antibiotics, and interleukin 11, but she is no longer taking them. Her concern now is not how medications affect pregnancy, but whether she is able to conceive.

"It's strictly the biology," she says. "Can I get pregnant with all the surgery I've had on my belly?"

#### Statistics

Kristina is one of a million Americans who have contracted a form of Inflammatory Bowel Disease (IBD). People with IBD suffer either from Crohn's disease or ulcerative colitis, which affects the lining of the large intestine. While the cause of IBD is unknown, it tends to run in families, has auto-immune properties, and can be aggravated by environmental factors.

IBD is classified as "familial" rather than "genetic," because inheriting the disease is not definite. Recent studies show that if one parent has the disease, the child has a five to ten percent chance of developing it. If two parents have it, then the rate is as high as 36 percent, according to Dr. Sonia Friedman, a gastroenterologist at Brigham and Women's Hospital in Boston.

#### Medications and Pregnancy

Women with IBD can conceive and give birth to a healthy babies, although pregnant women with active Crohn's disease have a greater risk of premature delivery, stillbirth, or spontaneous abortion. The Crohn's patient needs to be in remission on stable medications for three to six months before getting pregnant, says Dr. Friedman, adding "The mistake doctors and patients make is going off the medication."

The expectant mother has a two-thirds chance of staying the same or getting better throughout her pregnancy and a one-third possibility of her condition worsening, says Dr. Friedman. Women often experience a flare of the disease during the first trimester because they stop taking their medications. If this occurs, Dr. Friedman suggests aggressively treating the patient with medications to induce remission. "You don't want to be treating a sick pregnant person," she says. "It's a disaster."

According to Dr. Friedman and the Crohn's and Colitis Foundation of America (CCFA), most Crohn's medications, including immunomodulators such as 6-MP and Imuran, can be tolerated during pregnancy. Methotrexate or Thalidomide,



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both linked to birth defects and pregnancy loss, should be avoided. Steroids tend to be safe but may cause premature delivery from the drug's elevation of blood pressure. The latest drug Remecade has not yet been tested on pregnant women.

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