April – Women and IBD

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**Pregnancy and IBD**

IBD affects women in every age range and is often present by the time a young woman is going through the childbearing years. Pregnancy-related decisions require knowledge that is often lacking among young female patients with IBD, and voluntary childlessness is not uncommon in this subpopulation (Selinger et al., 2012). Identifying lack of pregnancy-related knowledge and working to fill in the gaps can help reduce the risk of uninformed decision-making.

**TIP #1:** Help your young female patient with IBD to understand that controlling active disease prior to pregnancy is an important factor in producing a healthy pregnancy—for both mother and baby.

A recent meta-analysis of pregnancy in IBD research demonstrates that women who conceive while in remission are more likely to remain in remission during the course of their pregnancy (Abhyankar, Ham, & Moss, 2013)

The best way to ensure a healthy mom and infant is to make sure your patient’s IBD is well-controlled prior to conception. Disease activity at conception has an association with higher rate of fetal loss and preterm birth. Disease activity throughout pregnancy has an association with low birth weight and preterm birth. (Dubinsky, Abraham, and Mahadaven, 2008)

**TIP #2:** Provide your young female patient with information to help her accurately evaluate the pregnancy-associated risks associated with relevant IBD drugs and help prevent unnecessary avoidance of pregnancy:

<table>
<thead>
<tr>
<th>FDA Medication Safety Information</th>
<th>(Dubinsky, Abraham, &amp; Mahadaven, 2008; Habal &amp; Huang, 2012; Nielsen, Maxwell, &amp; Hendel, 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication</strong></td>
<td><strong>FDA</strong></td>
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<tr>
<td>Aminosalicylates:</td>
<td></td>
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<tr>
<td>sulfasalazine, mesalamine, balsalazide</td>
<td>B</td>
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<tr>
<td>olsalazine, asacol HD</td>
<td>C</td>
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<tr>
<td>Medication</td>
<td>Risk Code</td>
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<td>Delzicol</td>
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<td>Corticosteroids</td>
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<td>Budesonide</td>
<td>C</td>
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<tr>
<td>Azathioprine/6MP</td>
<td>D</td>
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<tr>
<td>Methotrexate</td>
<td>X</td>
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<tr>
<td>Metronidazole</td>
<td>B</td>
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<tr>
<td>Quinolones: Ciprofloxacin</td>
<td>C</td>
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<tr>
<td>Rifaximin</td>
<td>C</td>
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</tbody>
</table>

**Biologic therapies**
(Mahadevan et al., 2011; Nielsen et al., 2014)

- **Infliximab** (category B): Low risk at conception for men and women and at least through the first two trimesters. Held during the third trimester (32 weeks) early in the third trimester to decrease transport across the placenta and decrease levels in the newborn; compatible with breastfeeding. Restart after delivery.
- **Adalimumab** (category B): Low risk during conception and at least the first two trimesters. Hold 6-8 weeks prior to due date; no safety data for breastfeeding and conception. Restart after delivery
- **Certolizumab:** Low risk at conception and through pregnancy; no safety data for men at conception; no breastfeeding data
- **Natalizumab** (category C): studies ongoing—alternatives to natalizumab should be considered in pregnancy (Nielsen et al., 2014); no breastfeeding data

**Caution:** Infants of mothers who were treated with biologics during pregnancy should get NO live vaccines while circulating biological agents are detectable, but it is OK to immunize after 6 months.

**Effect of Smoking in Women with Crohn’s Disease**
Smoking is known for deleterious effects for humans in general, and for patients with IBD as well. In fact, patients with Crohn’s disease who smoke have a 65% higher risk of relapse (Johnson, Cosnes, & Mansfield, 2005). Recently, researchers have increasingly focused attention on demonstrating the negative effects of smoking in women, including women with IBD.

**TIP #3:** Assess the smoking status of your female patient with IBD and confirm that she understands that women are not excluded from the additional health risks associated with the habit of smoking in the presence of IBD.

Smoking cessation seems to improve disease activity for women with Crohn’s disease, as demonstrated by women who decrease or stop smoking while pregnant (Agret et al., 2005). Smoking determines the risk of ulcerative colitis associated with oral contraceptive use in women, in other words, oral contraceptives only increase the risk of ulcerative colitis for women who smoke (Khalili et al., 2013). In females, being a current smoker increases the risk of Crohn’s disease, and being a former smoker increases the risk of ulcerative colitis, for as long as two decades (Higuchi et al., 2012).

**Menstrual Cycle and Bowel Pattern Fluctuation**

Many aspects of IBD management cross gender lines equally. However, the menstrual cycle is a gender-specific variable that often influences IBD activity and requires specific attention from the healthcare provider.

**TIP #4:** Confirm your patient’s awareness of the potential impact of menses on IBD gastrointestinal symptoms, and offer additional help if appropriate.

Bowel pattern fluctuation is common during the menstrual cycle and may produce diarrhea, loose stools, or constipation. Some individuals with IBD experience an increase in their IBD symptoms and cramping discomfort as well. Women with a J-Pouch also report loose stools during their menstrual cycle. In some cases, suppression with birth control medication may be needed if symptoms become debilitating (Kane, 2001).

**HPV Screening and Prevention**

Immune suppression is common in women treated for IBD, and immune suppression increases the risk of abnormal pap smears. HPV screening and vaccination information is available from the CDC.

**TIP #5:** Confirm your own understanding of CDC HPV screening/vaccine guidelines and the understanding/adherence of your young female patients.

For CDC screening/vaccine information, see: [http://www.cdc.gov/vaccines/vpd-vac/hpv/](http://www.cdc.gov/vaccines/vpd-vac/hpv/)
The new guidelines that came out in December 2013 for immunosuppressed patients (patients on Infliximab, Adalimumab, Certolizumab pegol, Natalizumab, Azathioprine, Mercaptopurine, Methotrexate, and more than 20 mg of prednisone daily) recommend that males and females between the ages of 9 and 26) receive all 3 of the vaccines per CDC guidelines at 0, 2, and 6 months (Rubin et al., 2014).

Resources:

Pregnancy and IBD Fact Sheet [http://www.ccfa.org/resources/pregnancy-and-ibd.html]
Women and IBD Fact Sheet [http://www.ccfa.org/assets/pdfs/womenfactsheet.pdf]
The Intimate Relationship of Sex and IBD Facts Sheet [http://www.ccfa.org/resources/sex-and-ibd.html]

References


