Women with inflammatory bowel disease (IBD) can have healthy pregnancies and healthy babies. Yet women with IBD are nearly three times more likely to choose not to have children than women in the general population. This reluctance to become moms may occur because women with IBD worry that coping with the unique challenges of their disease could lead to pregnancy complications. Patients with IBD who consider pregnancy often feel like they’re shouldering the burden of their concerns alone, with no roadmap for the complex journey that lies ahead.

A direct conversation about concerns can help your patient understand all the information they’ll be receiving—and weed out the misinformation that abounds—about IBD and pregnancy. Having key statistics about IBD and pregnancy at hand can help in conversations with your patients:

- **17% vs 6%**
  Voluntary childlessness in women with IBD vs general population

- **More than 30%**
  Risk of IBD in offspring when both parents have the disease

- **2.7%**
  Absolute risk of Crohn’s disease in offspring if mother has Crohn’s

- **1.6%**
  Absolute risk of ulcerative colitis (UC) if mother has UC

- **81%**
  Proportion of patients with IBD who maintain remission during pregnancy

- **Be in 3 to 6 months of remission pre-conception**
  How to reduce the risk of flare-up during pregnancy/post-delivery

- **35.6 live births per 1000 person-years vs 47.18**
  Overall fertility in the 9-month period following flares vs without flares

- **3-fold (15% before to 48% after IPAA)**
  Risk of infertility after ileal pouch–anal anastomosis (IPAA) for UC

**REFERENCES**

2. Livingston D, Cohn D. Childlessness up among all women; down among women with advanced degrees. Pew Research Center 2010.

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