# Provider resource IBD & pregnancy key statistics



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.<sup>1,2</sup> 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:



Voluntary childlessness in women with IBD vs general population



### More than 30%4

Risk of IBD in offspring when both parents have the disease



Absolute risk of Crohn's disease in offspring if mother has Crohn's



Absolute risk of ulcerative colitis (UC) if mother has UC



## **disease**<sup>6</sup> Proportion of patients with

Proportion of patients with IBD who maintain remission during pregnancy



## Be in 3 to 6 months of remission preconception<sup>5</sup>

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



Risk of infertility after ileal pouch-anal anastomosis (IPAA) for UC



Additional resources, helpful tips and tools, and more for you and your patient can be found on ibdparenthoodproject.org

#### REFERENCES

- 1. Pinder M, Lummis K, Selinger C.P. Managing inflammatory bowel disease in pregnancy: current perspectives. Clinical and experimental gastroenterology 2016; 9:325-335.
- 2. Livingston D, Cohn D. Childlessness up among all women; down among women with advanced degrees. Pew Research Center 2010.
- 3. Selinger CP, Ghorayeb J, Madill A. What factors might drive voluntary childlessness (VC) in women with IBD? Does IBD-specific pregnancy-related knowledge matter? J Crohns Colitis 2016; 10(10):1151-1158. doi:10.1093/ecco-jcc/jjw078 https://pubmed.ncbi.nlm.nih.gov/26989194/
- 4. Bennett RA, Rubin PH, Present DH. Frequency of inflammatory bowel disease in offspring of couples both presenting with inflammatory bowel disease. Gastroenterology 1991; 100(6):1638-1643. doi:10.1016/0016-5085(91)90663-6 https://pubmed.ncbi.nlm.nih.gov/2019369/
- 5. Moller FT, Andersen V, Wohlfahrt J, Jess T. Familial risk of inflammatory bowel disease: a population-based cohort study 1977-2011. Am J Gastroenterol. 2015; 110(4):564-571. doi:10.1038/ajg.2015.50 https://pubmed.ncbi.nlm.nih.gov/25803400/
- 6. Pedersen N, Bortoli A, Duricova D, et al. The course of inflammatory bowel disease during pregnancy and postpartum: a prospective European ECCO-EpiCom study of 209 pregnant women. Aliment Pharmacol Ther. 2013; 38(5):501-512. doi:10.1111/apt.12412 https://pubmed.ncbi.nlm.nih.gov/23855425/
- 7. Waljee A, Waljee J, Morris AM, Higgins PD. Threefold increased risk of infertility: a meta-analysis of infertility after ileal pouch anal anastomosis in ulcerative colitis. Gut. 2006; 55(11):1575-1580. doi:10.1136/gut.2005.090316 https://pubmed.ncbi.nlm.nih.gov/16772310/
- 8. Ban L, Tata LJ, Humes DJ, Fiaschi L, Card T. Decreased fertility rates in 9639 women diagnosed with inflammatory bowel disease: a United Kingdom population-based cohort study. Aliment Pharmacol Ther. 2015; 42(7):855-866. doi:10.1111/apt.13354 https://pubmed.ncbi.nlm.nih.gov/26250873/