

Fact Sheet

News from the IBD Help Center

WOMEN AND IBD

For women with Crohn's disease or ulcerative colitis, it is important to understand how the events in a woman's life—menses, pregnancy, and menopause—can affect the course of their disease, and how their disease, in turn, can affect these milestones. Some commonly asked questions and answers about women and IBD are discussed below.

Menstruation

Why are my periods irregular with this disease? Many factors contribute to irregular menstrual periods, including hormone levels, adequate nutrition, and stress. When a woman's IBD is active, the inflammation itself can cause the body to shut down normal hormone function. Restoring health is the way to restore regular periods.

My IBD symptoms always seem worse the week before or the week of my period. Is this common? Yes, this pattern is common for many diseases. Research suggests that fluctuating hormones and hormone-like substances during the menstrual cycle may affect IBD symptoms.

Intercourse

Is it common to have pain during intercourse if I have IBD? There is no reason that IBD should cause dyspareunia (the medical term for painful sexual intercourse). For women with Crohn's disease, dyspareunia may signal active disease in the perianal region or a fistula in the vagina. With ulcerative colitis, it may represent severe inflammation. Although this may be embarrassing to talk about, you should discuss this symptom with your gastroenterologist and/or gynecologist.

Conception

Can women with Crohn's disease or ulcerative colitis conceive as easily as other women?

Generally, yes. Studies have shown that women with ulcerative colitis have the same rate of fertility as women without IBD. However, women with ulcerative colitis who undergo total colectomy (surgical resection of the entire colon) with ileal pouch anal anastomosis (also called a J-pouch) have a reduced rate of fertility. If you need this type of surgery, and you are planning to start a family, talk to your surgeon and gastroenterologist about surgical options that do not include surgery in the pelvis. However, women who have difficulty getting pregnant after a pouch surgery can get pregnant with "assisted" conception (such as in vitro fertilization or "IVF").

Pregnancy

Will pregnancy harm a woman with Crohn's disease or ulcerative colitis? Any woman contemplating pregnancy should consider the state of her health before conceiving. The best time for a woman to get pregnant is when the disease is in remission and she is off steroids. According to recent studies, women with IBD do well during pregnancy if their disease was inactive at the time of conception. If a pregnancy occurs during a period of active disease, however, the disease is likely to remain active or to worsen during pregnancy.

During pregnancy, it is important for women to continue taking IBD medications to prevent disease flares and negative outcomes. Most medications are safe to use during pregnancy (and breastfeeding). However, there are some medications that are not safe, such as methotrexate. If you are planning a pregnancy, talk to your gastroenterologist and discuss which medications are safe and appropriate so that you can keep your disease under control and have a healthy pregnancy.

What are the chances that the child of a mother with IBD will develop one of these diseases? It is possible, but not inevitable. If a mother has Crohn's disease, the risk of a child developing the condition is approximately 2.7%; the risk if a mother has ulcerative colitis is 1.6%. Small studies have found that if both parents have IBD, the risk may be greater than 30%¹⁻³.

Menopause

Does IBD have an effect on menopause? No. If the disease is inactive and menstrual periods are regular, menopause occurs naturally. Surgical menopause has been noted to have a positive effect on IBD symptoms that otherwise occur with menses.

Iron Deficiency

Are my chances of having iron deficiency higher with IBD? Yes, the chances are higher for you than for women of the same age who do not have IBD – an increased chance of bleeding from the inner lining of the intestine and the decreased absorption of iron from an inflamed small intestine make the chances higher.

Other helpful resources:

- IBD Parenthood Project: <http://www.ibdparenthoodproject.gastro.org/>
- Wecareinibd.com www.wecareinibd.com
- Lactmed <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

References:

1. Moller FT, Andersen V, Wohlfahrt J, et al. Familial risk of inflammatory bowel disease: a population-based cohort study 1977-2011. *Am J Gastroenterol* 2015; 110:564-571.
2. Bennett RA, Rubin PH, Present DH. Frequency of inflammatory bowel disease. *Gastroenterology* 1991; 100:1638-1643.
3. Laharie D, Debeugny S, Peeters M, et al. Inflammatory bowel disease in spouses and their offspring. *Gastroenterology* 2001;120:816-819.

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