

### **Question 33 – March 23**

Your patient with inflammatory bowel disease (IBD) comes in for counseling about pregnancy. Which of the following is true regarding pregnancy and IBD?

- A. Pregnancy should be deferred until she is in clinical remission.
- B. Pregnancy should be deferred until she is in complete endoscopic remission.
- C. Cesarean section is the preferred mode of delivery.
- D. 6-MP is contraindicated in pregnancy.
- E. Ulcerative Colitis subjects have difficulty in conceiving.

**Answer: A**

If conception occurs when the patient has clinically active disease, approximately 2/3 of subjects will continue to have active or worsening disease. No studies have been reported regarding whether endoscopic remission is required. Vaginal delivery is preferred and usual for ulcerative colitis. There is no evidence that 6-MP should not be used in pregnancy. Although Crohn's subjects may have difficulty with conception, the same has not been shown to be true for ulcerative colitis.

#### **Reference:**

Present DH. Pregnancy in inflammatory bowel disease. In: Bayless TM, Hanauer SB, eds. Advances Therapy of IBD. Hamilton, Ontario: B.C. Decker Inc., 2001:613-618