Women’s Health and IBD

Shivani Gupta, MD
Senior Staff Gastroenterology
Henry Ford Hospital
Topics to Cover

• Menstruation
• Sexual Health
• Contraception
• Pregnancy
• Breastfeeding
• Preventative Care
You are not alone!

- 800,000 women with Inflammatory Bowel Disease (IBD) in the US
- Majority affected during their childbearing years
MENSTRUATION AND IBD
What is wrong with my period?

• Delayed menarche and irregular cycles due to active inflammation, low weight, stress, nutritional deficiencies

• GI symptoms can worsen just before or during menstruation due to hormonal changes

• Do NOT use NSAIDs (nonsteroidal anti-inflammatory drugs)
SEXUAL HEALTH AND IBD
I’m not interested in sex. Is this because of my IBD?

• 40-66% of women with IBD report decreased sexual function

• Sexual health is complex and shaped by many factors:
  • Body image
    • Impact of steroids (weight gain)
  • Delayed menarche
  • Ostomy
  • Surgical scars

Crohn’s and Colitis Foundation. “Sex Intimacy and IBD.”
Mahadevan, et al. “Treating the Female Patient with IBD.”
What is Beauty?
Matthews, Stephen. “Bare those bags.”
Matthews, Stephen. “Bare those bags.”
Matthews, Stephen. “Bare those bags.”
I’m not interested in sex. Is this because of my IBD?

• Social anxieties
  • Finding a bathroom
  • Fecal incontinence during sex
  • Sharing your diagnosis with partners

Crohn’s and Colitis Foundation. “Sex Intimacy and IBD.”
I’m not interested in sex. Is this because of my IBD?

- Active disease
  - Rectal bleeding, diarrhea, fatigue
  - Perianal disease
- Pelvic surgeries
  - May disrupt sensation to the clitoris
What do I do if this describes me?

• See your gastroenterologist and gynecologist (especially if you have pain during sex)
  • May indicate active inflammation or perianal disease requiring treatment
• Seek mental health help
  • Living with a chronic illness is not easy
  • No stigma
• Talk to your partner
Redefining Sex

• Sex is not always about intercourse
• Think about what “turns you on”
• Talk to your partner
“A healthy individual will not make one body part the focus of his or her erotic pleasure. He or she will focus on enjoying all senses, including sight, sound, smell, taste, and touch. A mature sexual attitude does not necessarily entail intercourse.”

Morton L. Katz, PhD

Crohn’s and Colitis Foundation. “Sex Intimacy and IBD.”
CONTRACEPTION AND IBD
What is the best contraception for me?

• Prefer long-acting non-estrogen contraception (i.e. IUD, progestin implants)

• Oral contraceptive pills (OCPs) may not work as well if:
  • Extensive intestinal surgery
  • Significant inflammation
Take Home Points

• Effective birth control is key for a future safe pregnancy and pursuing your goals on your timeline
PREGNANCY AND IBD
Can I even get pregnant with IBD?

YES!

• Equal chance of getting pregnant as any other woman if:
  • Disease well controlled
  • No previous pelvic surgery

• No medications for IBD decrease your fertility as a woman

Mahadevan et al. “Inflammatory Bowel Disease in Pregnancy Clinical Care Pathway”
When is the best time to become pregnant?

- Disease in remission
  - No steroids
  - Stable doses of medication for 3-6 months

- Controlled disease at time of conception decreases your risk of flare during pregnancy and after delivery

Mahadevan et al. “Inflammatory Bowel Disease in Pregnancy Clinical Care Pathway”
Take Home Points

- You CAN become pregnant with IBD
- The best time to become pregnant is when your disease is well controlled
Are IBD medications safe during pregnancy?

• Yes! (Few exceptions)

• All biologics (infliximab, adalimumab, ustekinumab, vedolizumab, etc.), immunomodulators (azathioprine, 6-mercaptopurine), mesalamine (5-ASA) are safe

• Steroids used for as short a time period as possible
IBD medications to avoid during pregnancy

- Methotrexate
  - Stop methotrexate >=3 months prior to conceiving

- Tofacitinib
  - Lack of data on safety
  - Individualized decision with gastroenterologist
How do I keep my baby safe?

- Stay on IBD medications to prevent flares
  - Flares → miscarriages, low birth weight, preterm delivery, impaired cognitive development in baby

- IBD therapy is safe for the fetus
  - No increased risk of infections
Take Home Points

• Never stop your IBD therapy without speaking to your gastroenterologist first

• IBD medications are safe (except methotrexate and possibly tofacitinib) during pregnancy

• The best way to ensure a healthy pregnancy and child is staying on your IBD medications
Can I deliver vaginally?

• Yes, but…

• C section recommended if:
  • Active perianal disease (narrowing, fistula, abscess) at time of delivery
  • J pouch?
Will my child have IBD?

• No definite way to predict
• 2.7% chance for Crohn’s disease in child if mother with Crohn’s
• 1.6% chance for UC if mother has UC
• Risk increases to 30% if both parents have IBD

Mahadevan et al. “Inflammatory Bowel Disease in Pregnancy Clinical Care Pathway”
BREASTFEEDING AND IBD
Should I avoid breastfeeding?

NO!

• Any IBD specific medication continued during pregnancy are safe during breastfeeding
• Wait 1-2 hours after your last dose of steroids to feed
• Don’t “pump and dump”

Mahadevan et al. “Inflammatory Bowel Disease in Pregnancy Clinical Care Pathway”
Matro et al. “Exposure Concentrations of Infants Breastfed by Women Receiving Biologic Therapies”
Breastfeeding on IBD Medications

- No live virus vaccines (rotavirus) for the infant in first 6 months
What else do I need to know to stay healthy?

• Cervical cancer screening
  • Annual pap smear while on immunosuppression
  • Otherwise, age appropriate screening guidelines
What else do I need to know to stay healthy?

- HPV vaccine series
  - Non-live – safe even on immunosuppression
What else do I need to know to stay healthy?

• Bone density
  • Increased risk of bone fractures
  • DEXA scan if exposed to prednisone $\geq 7.5$ mg/day for 3 or more months

Farraye FA, Melmed GY, Lichtenstein GR, Kane SV. ACG Clinical Guideline: Preventive Care in Inflammatory Bowel Disease.
Take Home Points

• You can live a healthy life as a woman with IBD

• IBD therapy is effective

• Being on effective IBD treatment is the single most important factor to having a safe and healthy pregnancy

• Consult your gastroenterologist before becoming pregnant or making any changes to your treatment
Contact Information

Shivani Gupta, MD
Senior Staff Gastroenterology
Henry Ford Hospital

313-916-2393
References


Matthews, Stephen. “Bare those bags! 12 brave people show off their stoma bags for a charity calendar that helps to reduce taboos and stigma.” November 2016. https://www.dailymail.co.uk/health/article-3960354/Bare-bags-12-brave-people-stoma-bags-charity-calendar-helps-reduce-taboos-stigma.html.