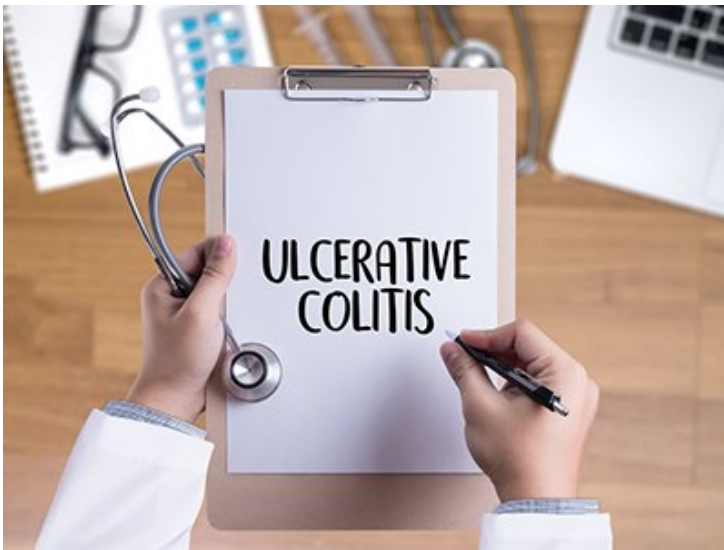


Suffering from Ulcerative Colitis? Your pregnancy could be complicated!

14 May 2019 | Views | By Dr Tariq Patel

It is best that you plan your pregnancy when your disease is in remission, taking care to avoid pregnancy during the flare period of your disease.



Ulcerative Colitis is an immunologically mediated disease in which the body's immune system reacts to the inner most lining of the large intestine and Rectum. This happens due to genetic vulnerability combined with local environmental changes, including changes in intestinal bacterial flora. This leads to inflammation & ulceration of the innermost lining of the Colon & Rectum leading to Diarrhea, which can be bloody with urgency, coupled with abdominal & rectal pain. It has periods of exacerbations and remissions. Exacerbations can be severe and occasionally may require hospitalization. With good control of your disease, you can expect to have a life like anybody else.

It is best that you plan your pregnancy when your disease is in remission, taking care to avoid pregnancy during the flare period of your disease. While in remission you are on minimum medications & can manage your nutrition well. But this may not always be the case and one can get pregnant when the disease is active. The best thing to do then is to get the disease under control as quickly as possible. Disease activity is an important determinant of the outcome of your pregnancy!

It is important that you continue your treatment through your pregnancy. Barring a few drugs most drugs used to treat Ulcerative Colitis are safe during pregnancy. Sulfasalazine and Mesasalamine are safe. However, they tend to cause Folic Acid deficiency. Folic acid is necessary for the development of the baby; make sure you take folic acid supplements as prescribed by your doctor. If you are on steroids you can continue to use them for the shortest time necessary to bring your disease under control. Active disease is more likely to affect your and your baby's health than a short course of steroids. Azathioprine can be continued through pregnancy.

There are considerable safety issues regarding Methotrexate. So if you are planning your pregnancy you should stop Methotrexate at least 3 months prior to the planned pregnancy. If you are on biological, it may affect your baby's immune system & your baby's immunization schedule will need some changes.

Women with Ulcerative Colitis are more likely to suffer a miscarriage, preterm delivery, low birth weight babies, and probably a higher chance of birth defects. But this is more likely to be related to drugs than the disease itself. There is a 2-5% chance that you may pass your disease to your child. Look at the brighter side, there is a 95-98% chance your baby will not have this disease.

To conclude, women with Ulcerative Colitis have a good chance at conception and to have a normal delivery. A little care with planning, conception during disease remission, regular medication, consultations with Gastroenterologist & Obstetrician, avoiding potentially harmful medication like Methotrexate, taking supplements - Vitamins, Folic Acid & Iron together with a well-balanced diet comprising of adequate protein & calories, you can expect an outcome no different from anyone else!

Dr Tariq Patel, Senior Gastroenterologist, Institute of Digestive & Liver Care (IDL Care), SL Raheja Hospital, Mahim - A Fortis Associate