INTRODUCTION

Women with active IBD are at higher risk of miscarriage and pre-term delivery than the general population.

Methods

In addition, women are often concerned about taking medication during pregnancy. There is increasing recognition regarding the importance of avoiding remission induction during pregnancy, maintaining remission during pregnancy and communicating the likely medications are safe in pregnancy.

Fertility and fecundity is known to be decreased after surgery for Crohn’s disease and colostomy with local pouch and anastomosis for Ulcerative Colitis, with infertility rates of 26-46% compared with 10-15% for IBD patients without surgery.

Within an unwell pregnancy and a healthy baby is the norm in women with IBD, managing these complex conditions in pregnancy can be challenging.

Previous studies have examined the outcomes of IBD patients undergoing pregnancy. Our study aimed to review the outcome of patients with IBD who were managed in a joint Obstetric/IBD Clinic.

METHODOLOGY

We identified patients with IBD booked for their maternity care at the Princess Royal Hospital, Telford between 2/2/2015 - 2/16/15. Data was collected retrospectively on both paper notes and online electronic patient record.

RESULTS

From our original sample of 26 pregnant patients, 7 patients were excluded due to incomplete data, giving us a final sample of 19 women.

Methods

Of these 17 had a diagnosis of CD and 2 of UC. In order to analyze our data, we split the patient cohort into those with Crohn’s and those with UC.

Of our 17 patients diagnosed with Crohn’s the age range for patients was 27-45 years old giving a mean age of 31.9 years.

Our cohort of patients with UC was only small and thus limited conclusions can be drawn; their age range were 17-41 years old giving a mean age of 35 years.

It is worth noting that some of the patients with UC may have been released when we were identifying patients in our initial sample collection period. This could be due to 50% of not including patients with UC diagnosed in the Past medical history in their summations. This information is not currently being collected on the GP summary sheets. In order to identify and Stage patients accurately.