

Pregnancy Outcomes in Patients With Inflammatory Bowel Disease: Retrospective Data From a Greek National Registry

Authors : Evgenia Papathanasiou, Georgios Kokkotis, Georgios Axiaris, Theodoros Argyropoulos, Nikos Viazis, Olga Giouleme, Konstantinos Gkoumas, Anthia Gatopoulou, Aggelos Theodoulou, Georgios Theocharis, Angeliki Theodoropoulou, Maria Kalogirou, Pantelis Karatzas, Konstantinos Katsanos, Theodora Kafetzi, Konstantinos Karmiris, Anastasia Kourikou, Ioannis E Koutroubakis, Christos Liatsos, Gerassimos J. Mantzaris, Nicoletta Mathou, Georgia Bellou, George Michalopoulos Aikaterini Mantaka, Penelope Nikolaou, Michael Oikonomou, Dimitrios Polymeros, George Papatheodoridis, Evdoxia Stergiou, Konstantinos Soufleris, Epameinondas Skouloudis, Maria Tzouvala, Georgia Tsiolakidou, Eftychia Tsironi, Styliani Tsafarakis, Kalliopi Foteinogiannopoulou, Konstantina Chalakatevaki, Angeliki Christidou, Dimitrios K. Christodoulou, Giorgos Bamias, Spyridon Michopoulos, Evanthia Zampeli

Abstract : Background: Inflammatory bowel disease (IBD) commonly affects female patients of reproductive age, making the interaction between fertility, pregnancy and IBD an important issue in disease management. The effect of disease activity on the outcome of pregnancy and its impact on neonatal growth is a field of intense research. Close follow-up of pregnant IBD patients by a multidisciplinary team improves maternal and neonatal outcomes. Aim - Methods: A national retrospective study of pregnancies in women with IBD between 2010-2020 was carried out in 22 IBD reference centers in Greece. Patient characteristics such as disease profile, type of treatment, and disease activity during gestation were analyzed in correlation to the method of delivery, pregnancy outcomes, as well as breastfeeding and offspring health. Results: Two-hundred and twenty-three pregnancies in 175 IBD patients were registered in the study. 122 with Crohn's disease (CD). Median age during diagnosis was 25.6 years (12-44), with median disease duration of 7.4 years (0-23). One-hundred and twenty-nine patients (58%) were recorded during their first pregnancy. Early pregnancy termination was reported by 48 patients (22%). Pregnancy as a result of in vitro fertilization (IVF) occurred in 15 cases (6.7%). At the beginning of gestation, 165 patients (74%) were under treatment: 48 with anti-TNF agents (29%), 43 with azathioprine (26%), 101 with 5-aminosalicylic acid formulations (61%) and 12 with steroids (7%). We recorded 49 cases of IBD flares (22%) during pregnancy. Two-thirds of them (n=30) were in remission at the onset of the pregnancy. Almost half of them (n=22) required corticosteroid treatment. Patients with ulcerative colitis (UC) were in greater risk of disease flare during pregnancy ($p<0.001$). All but 3 pregnancies (99.1%) resulted in uncomplicated delivery. In 147 cases (67.1%), cesarean delivery was performed. Two late fetal deaths (0.9%) were reported, both in patients with continuously active disease since the beginning of pregnancy. After delivery, 75 patients (34%) presented with a disease flare, which was associated with active disease at the beginning of pregnancy ($p<0.001$). Conclusion: The majority of female, Greek IBD patients, had a favorable pregnancy outcome. Active inflammation during gestation and UC diagnosis were associated with a negative impact on pregnancy outcomes. The results of this study are in favor of the continuation of IBD treatment during pregnancy.

Keywords : pregnancy, ulcerative colitis, Crohn disease, flare

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