
Reproductive health and fertility

This information is about reproductive health and fertility in people living with Crohn's or Colitis. Reproductive health means the health of the reproductive system. It includes puberty, periods and menopause.

Fertility is being able to get pregnant or to make someone pregnant (conceive a child).

This information will help you to:

- Understand how Crohn's or Colitis may impact your reproductive health or fertility.
- Make informed choices about your care if you want to start a family.
- Make informed choices about contraception.
- Understand how Crohn's or Colitis may impact pregnancy loss or abortion.

It includes information for people with female reproductive organs and people with male reproductive organs.

Contents

Key facts about reproductive health and fertility.....	2
Reproductive health in people with female reproductive organs.....	3
Menopause.....	9
Reproductive health in people with male reproductive organs	11
Fertility overview	13
Fertility in people with female reproductive organs	14
Fertility in people with male reproductive organs.....	17
Getting help with fertility.....	19
Contraception.....	21
Pregnancy loss	26

Abortion	29
Other organisations	30
Help and support from Crohn's & Colitis UK.....	32
About Crohn's & Colitis UK.....	33
About our information.....	34

Key facts about reproductive health and fertility

- Many people find their Crohn's or Colitis symptoms change with their menstrual cycle.
- Most people living with Crohn's or Colitis will have the same level of fertility as the general population.
- Being in a flare-up or having some types of surgery can lower fertility levels.
- Some medicines can affect fertility in people with male reproductive organs.
- If you have female reproductive organs there are some medicines that could cause harm to your unborn baby. You should use effective contraception to prevent pregnancy if you take these medicines.
- Living with Crohn's or Colitis may affect which methods of contraception you can use.
- Being in a flare-up increases your risk of pregnancy complications. It's important to get your condition under control before trying to get pregnant.

Reproductive health in people with female reproductive organs

This section covers:

- Periods and menstrual health
- Cervical cancer risk and screening
- The human papillomavirus (HPV) vaccine
- Crohn's and the vagina and vulva
- Crohn's and the ovaries and fallopian tubes
- Endometriosis
- Polycystic ovary syndrome (PCOS)
- Fibroids
- Hysterectomy
- Thrush (candida)
- Bacterial vaginosis (BV)
- Mastitis

Periods and menstrual health

Crohn's and Colitis can slow growth and development in children and young adults. If you develop Crohn's or Colitis before your periods start, your periods may start later than expected.

Your periods may become irregular or stop when you are unwell. Inflammation, weight loss and stress can affect the hormones that control your periods. Taking steroids can also affect your periods. There isn't much research on the effects of medicines or surgery on periods in people living with Crohn's or Colitis.

Symptoms of Crohn's and Colitis can change during the menstrual cycle. This may be due to female reproductive hormones acting on the gut. You could use a symptom tracker or a diary to see if your symptoms change with your menstrual cycle. There's no specific advice for treating symptoms that change with your menstrual cycle. Your IBD team may be able to suggest ways to help you manage your symptoms.

Managing period pain

Do not take ibuprofen or diclofenac, or other non-steroidal anti-inflammatory drugs (NSAIDs) for period pain. These medicines may make your Crohn's or Colitis symptoms worse or possibly trigger a flare-up. Speak to your IBD team or GP about which medicines are safe to use. See the NHS for more information on [period pain](#). If your pain continues, your doctor may want to rule out other conditions.

[Anaemia](#) is low levels of healthy red blood cells. Anaemia is common in people living with Crohn's and Colitis. Periods, especially heavy periods, can also cause anaemia in some people. You can read more about anaemia in our information on [Fatigue](#). The NHS has more on [heavy periods](#) and what to do if they are affecting your life.

Cervical cancer risk and screening

The cervix is the opening to the womb (uterus). It sits at the top of the vagina. Cervical screening (smear test) is a test to check the health of your cervix. It looks for a virus called human papillomavirus (HPV). HPV is linked to cervical cancer. The NHS has more on [cervical screening](#).

Some symptoms of cervical cancer are similar to Crohn's or Colitis symptoms. It's important to have your cervical screening tests when you're invited. See the NHS website for more about the [symptoms of cervical cancer](#).

Taking azathioprine may increase your risk of developing cervical cancer. It's not clear whether taking other medicines that affect your immune system increases your risk of developing cervical cancer or abnormal cells in your cervix. But these medicines could increase your risk of catching HPV or having the infection for longer.

People taking medicines that affect their immune system do not need cervical screening more often than the UK screening programme.

How and when you're invited for cervical screening depends on where you live:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

The human papillomavirus (HPV) vaccine

The HPV vaccine is offered to all teenagers aged 12 and 13. This helps to protect them against certain cancers. There's also a catch-up programme for people aged under 25. And a separate programme for men who have sex with men.

People with Crohn's or Colitis can have the HPV vaccine. If you're taking medicines that affect your immune system, the vaccine may not work as well for you.

The NHS has more on the [vaccine programmes](#).

Crohn's and the vagina and vulva

Crohn's affecting your bottom and genital area is known as perianal Crohn's. Abscesses and fistulas can increase your chances of irritation and infection around your genitals. An abscess is a painful collection of pus. A fistula is a small tunnel that connects an organ to another part of your body. Fistulas can develop between your bowel and vagina. These types of fistula are less common than others. Bowel to vagina fistulas can be difficult to treat. See our information on [fistulas](#) for more support.

I had a hole above my clitoris – it was a fistula. It was terribly sore and the antibiotics were very strong. Then I realised I had another fistula further back towards my bottom. I was told I might have vaginal Crohn's.

Anthea

Living with Crohn's

For some people, Crohn's can affect their vulva. This is known as vulval Crohn's. As well as fistulas and abscesses, Crohn's can cause swelling, ulcers, nodules and skin tags in this area. Some people might have Crohn's symptoms around their vulva without gut symptoms.

If you notice changes around your genitals, tell your IBD team. This may be a complication of Crohn's. Your IBD team may also want to rule out other conditions.

If you're going to the toilet and wiping your bottom a lot, the skin around your bottom and genitals may become dry. Leakage or incontinence can also irritate your skin. Use a [barrier cream](#) to keep the skin moisturised. Ask your IBD team for advice on the best barrier cream to use. Some may contain chemicals that can cause more irritation. Be aware that lotions or oil-based creams can make condoms weaker and more likely to break.

The most important thing is for people not to ignore any symptoms – just because they are not in the place where they usually are doesn't mean it isn't connected to your Crohn's.

Anthea

Living with Crohn's

Crohn's and the ovaries and fallopian tubes

In very rare cases of Crohn's, active inflammation in your gut may affect your ovaries and fallopian tubes. This is known as:

- Salpingitis: inflammation of the fallopian tubes
- Oophoritis: inflammation of the ovaries

This is sometimes due to a [fistula](#) forming between the bowel and ovary or between the bowel and fallopian tube. These conditions could cause fertility problems.

Endometriosis

Endometriosis is when cells similar to the lining of the womb (uterus) grow in other places. It's a long-term condition. In some cases, endometriosis can make it difficult to get pregnant. Research suggests that Crohn's or Colitis may be more common in people with endometriosis. Endometriosis symptoms can have a big impact on people's lives. Some endometriosis symptoms are similar to Crohn's and Colitis symptoms. It may be difficult to know which condition is causing your symptoms. Talk to your IBD team if you're worried about your symptoms. The NHS has more on [endometriosis](#).

Polycystic ovary syndrome (PCOS)

Polycystic ovary syndrome (PCOS) is a common condition of the ovaries. PCOS can cause irregular periods. For some people PCOS can make it difficult to get pregnant. There is no known link between Crohn's or Colitis and PCOS. The NHS has more information on [PCOS](#).

Fibroids

Fibroids are also known as uterine myomas or leiomyomas. They are small growths on or around the womb (uterus). They are not cancer. Many people with fibroids do not have symptoms. But some people might have heavy or painful periods, lower back pain and pain or discomfort during sex. Fibroids can also cause some symptoms similar to Crohn's or Colitis symptoms, like tummy pain and constipation. There is no known link between fibroids and Crohn's or Colitis. The NHS has more information on [fibroids](#).

Hysterectomy

A hysterectomy is a type of surgery to remove the womb (uterus). You will not have periods after a hysterectomy and you can't get pregnant. You may need a hysterectomy if you have conditions affecting your womb and other treatments have not worked. This includes some types of cancer, [fibroids](#) or long-term [pelvic pain](#). The NHS has more on information about [hysterectomies](#).

If you've had a hysterectomy, you may find having a colonoscopy more uncomfortable. A colonoscopy uses a thin, long and flexible tube with a camera at the end. It goes through your bottom to look closely at your large bowel (rectum and colon). Your IBD team may recommend you have a sedative during your colonoscopy to help you feel more comfortable. Or they may be able to offer a type of colonoscopy that uses water. This causes less discomfort. Talk to your IBD team if you have any concerns.

Thrush (candida)

Thrush is a yeast infection you can get on and around your genitals. It's not a sexually transmitted infection (STI). It can make your genitals feel very itchy and sore. Having a weakened immune system or taking antibiotics can increase your risk of developing thrush. See our information on [Sex and relationships](#) for more on thrush.

Bacterial vaginosis (BV)

Bacterial vaginosis (BV) is an imbalance of the vaginal bacteria. It can cause smelly discharge. It's not an STI. It is not known if there is an increased risk of BV in people living with Crohn's or Colitis. Having lots of baths or showers may increase your risk. If you are regularly washing your bottom, try to avoid getting water or soap into your vagina. The NHS has more information on [BV](#).

Mastitis

Mastitis is when your breast is inflamed and sore. Mastitis usually occurs in people who are breastfeeding. But it can occur in people who are not breastfeeding and has been linked to:

- Taking immunosuppressive medicines.
- Crohn's and autoimmune conditions – although this is rare.

The NHS website has information on the [symptoms of mastitis and how to treat mastitis](#).

If you take painkillers for mastitis, try to avoid ibuprofen. Ibuprofen could make your Crohn's or Colitis symptoms worse, or possibly trigger a flare-up. If your mastitis gets worse, your GP may need to prescribe antibiotics. Always tell your GP about any medicines you are taking. Tell your IBD team if you need antibiotics and you're taking medicines that affect your immune system.

Menopause

Perimenopause is when the normal pattern of your periods changes. For example, your periods may become irregular. Menopause is when you stop having periods. You can not get pregnant after the menopause. During the perimenopause and menopause your hormone levels change. This can cause symptoms such as:

- Hot flushes.
- Mood changes.
- Brain fog – such as problems concentrating or remembering things.
- Muscle aches and joint pain.
- Changes in body shape and weight gain.
- Night sweats.

Some of these symptoms are similar to Crohn's and Colitis symptoms. It might be difficult to know if your symptoms are due to the menopause or due to Crohn's or Colitis. If you're unsure or worried about any of your symptoms, speak to your IBD team.

The average age of the menopause in the UK is 51 years. It's not clear whether living with Crohn's or Colitis affects the age that the menopause starts. You may find your Crohn's or Colitis symptoms change during or after the menopause. But for most people their Crohn's or Colitis symptoms are not affected by the menopause.

Osteoporosis risk

Osteoporosis is bone loss which makes your bones weak. As your oestrogen levels drop during the menopause, your risk of osteoporosis increases. Having Crohn's or Colitis can also increase your risk of developing osteoporosis. Inflammation in the gut, taking steroids, low levels of calcium and vitamin D or removal of parts of the small bowel can all contribute to bone loss.

If you are going through the menopause, you should be given advice on how to keep your bones healthy. Read more about the risk factors for bone loss in our information on [bones](#).

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) are medicines used to treat the troublesome symptoms of menopause. HRT can also help to reduce your risk of osteoporosis.

There are different types of HRT. HRT also comes in different forms, such as tablets or skin patches. The NHS has more on the [different types of HRT](#). Some types of HRT can increase your risk of certain cancers, heart disease, and blood clots.

HRT may not be suitable for you if you have:

- A history of, or high risk of, breast, ovarian or womb cancer.
- A history of, or high risk of blood clots.
- Uncontrolled high blood pressure.
- Liver disease.

Crohn's and Colitis can increase your risk of blood clots, especially if you're in a flare-up. Your doctor may be cautious of prescribing HRT if you have other risk factors for blood

clots, such as a high body mass index (BMI). There are other treatments available to help with menopause symptoms. Read more on the [NHS website](#).

Lifestyle changes can help some people with menopause symptoms. Reducing how much coffee and alcohol you drink, and stopping smoking may also help with symptoms.

Reproductive health in people with male reproductive organs

This section covers:

- Prostate cancer
- Low testosterone
- Erectile and ejaculation problems
- Penile thrush (candida)
- The human papillomavirus (HPV) vaccine

Prostate cancer

The prostate is a small gland. It wraps around the tube that takes pee (urine) from your bladder to your penis. It sits very close to your rectum, part of your large bowel. Prostate cancer usually develops slowly. Some people do not need treatment. See the NHS website for more on [what the prostate is and what it does](#).

Research suggests that there is an increased risk of developing prostate cancer in people with Crohn's and Colitis. This is seen in studies that looked at people with Crohn's or Colitis grouped together. If each condition is looked at separately, some studies only find an increased risk of prostate cancer in people with Colitis. However, more research is needed to understand the link between Crohn's or Colitis and prostate cancer.

The NHS has more information on [prostate cancer and the symptoms to look out for](#). If you are worried you may have prostate cancer, speak to your GP.

Low testosterone

Up to 4 in 10 people with Crohn's or Colitis have low levels of testosterone. This is likely due to the effects of steroid medicines, opiate medicines and inflammation. Stress has also been linked with lower levels of testosterone. Low testosterone can cause low sex drive, erectile and ejaculation problems, [osteoporosis](#), muscle loss, and mood changes. In young people, low testosterone may delay puberty. This can affect growth, including height, body shape and muscles, and body hair. There is not enough research to know whether taking testosterone could benefit people with Crohn's or Colitis.

Erectile and ejaculation problems

If you have a penis and live with Crohn's or Colitis you may experience problems with getting an erection, keeping hard, or ejaculating. This is called erectile dysfunction. See our information on [Sex and relationships](#) for the causes of erectile dysfunction in people with Crohn's or Colitis.

Penile thrush (candida)

Thrush is a yeast infection you can get on and around your genitals. It can make your genitals feel very itchy and sore. Thrush is not a sexually transmitted infection (STI). Having a weakened immune system or taking antibiotics can increase your risk of developing thrush. See our information on [Sex and relationships](#) for more on thrush.

The human papillomavirus (HPV) vaccine

The HPV vaccine is offered to all teenagers aged 12 and 13. This helps to protect them against certain cancers. There's also a catch-up programme for people aged under 25. And a separate programme for men who have sex with men.

People with Crohn's or Colitis can have the HPV vaccine. If you're taking medicines that affect your immune system, the vaccine may not work as well for you.

Men who have sex with men will have three doses of the HPV vaccine (rather than two doses) if they have a weakened immune system. The NHS has more on the [vaccine programmes](#).

Fertility overview

Fertility is being able to get pregnant or to make someone pregnant (conceive a child). Most people living with Crohn's or Colitis are just as fertile as people who are not living with Crohn's or Colitis. However, being in a flare-up (active disease) has been linked to reduced fertility in some studies.

There are many things that could influence your decision to have or not to have children. For some people it might be a difficult decision to make. People living with Crohn's and Colitis are more likely to decide not to have children than the general population.

You may worry about whether Crohn's or Colitis or the medicines you take will affect your fertility, pregnancy or being able to care for your child. Your partner may share some of these worries. You could ask your partner to also read this information. Use it to start a conversation together about any concerns you each may have.

At one point, I considered not having any children as I was worried that having Crohn's would affect my baby. I am so pleased we decided to though, as we are now parents two healthy children.

Debbie

Living with Crohn's

Will my child develop Crohn's or Colitis?

Most children who have a parent with Crohn's or Colitis will not develop one of the conditions. A child could develop either condition. But they're more likely to develop the same condition as their family member.

It's difficult to know what the exact risk might be, but research estimates that up to:

- 5 in every 100 children might develop Crohn's or Colitis if one parent has Crohn's.
- 3 in every 100 children might develop Crohn's or Colitis if one parent has Colitis.
- 30 in every 100 children might develop Crohn's or Colitis if both parents have Crohn's or Colitis.

1 in every 123 people in the UK are living with Crohn's or Colitis.

Fertility in people with female reproductive organs

This information looks at your ability to have children. For details on pregnancy and taking medicines safely, see our information on [Pregnancy and breastfeeding](#).

Trying for a baby

Try to speak to your IBD team before you start trying for a baby. They will be keen to support you through the process. Your IBD team can:

- Advise you on getting your condition under control and being as healthy as you can be before getting pregnant.
- Give you advice on which medicines to stop or continue taking. Some medicines are safe to take during pregnancy, but others are not safe during pregnancy. It's important to speak to your IBD team about this before trying for a baby.
- Advise you on vitamins or supplements you may need to take before and during pregnancy.
- Refer you to a specialist maternity doctor before you start trying for a baby if you need specialist advice.

If your Crohn's or Colitis is being controlled well (in remission), you are likely to have similar fertility levels as someone without Crohn's or Colitis. However, there are some things linked to Crohn's and Colitis that could affect fertility.

Disease activity

If you're in a flare-up, your fertility levels may be lower, especially if you are living with Crohn's. Inflammation, stress and poor nutrition can affect your reproductive hormones which may make it more difficult to get pregnant. In Crohn's, active inflammation in your gut may affect your ovaries and fallopian tubes. If you have symptoms such as fatigue or pain, you may find it hard to have regular sex.

You may find it helpful to read our information on [Sex and relationships](#). It covers:

- **Managing symptoms and sex – including pain during sex.**
- **Talking to your partner about your condition.**
- **Being intimate with a partner.**
- **Casual and long-term relationships.**

Medicines

No commonly used medicines for Crohn's or Colitis reduce fertility in people with female reproductive organs. However, there are some medicines that are not safe to take during pregnancy. Speak to your IBD team about this before you start trying for a baby. You'll be advised to use effective contraception while taking these medicines. See the later section on **Contraception**. You may need to stop taking these medicines for some time before you start trying for a baby. You should continue to use effective contraception during this time.

- [Methotrexate](#) – you should stop taking methotrexate at least six months before trying to get pregnant.
- [Tofacitinib](#) – you should stop taking tofacitinib for at least four weeks before trying to get pregnant.

- [Filgotinib](#) – you should stop taking filgotinib for at least one week before trying to get pregnant.
- [Upadacitinib](#) – you should stop taking upadacitinib for at least four weeks before trying to get pregnant.
- **Ozanimod** – you should stop taking ozanimod at least three months before trying to get pregnant.
- **Balsalazide** – you should not take this during pregnancy. You can take other [Aminosalicylates \(5-ASAs\)](#), such as sulphasalazine, mesalazine and olsalazine during pregnancy.

If you are taking any of these medicines and want to start a family, speak to your IBD team. Always get advice from your IBD team before stopping or changing your medicines. See our information on [Pregnancy and breastfeeding](#) for more on taking medicines and pregnancy.

Surgery

If you've had pouch surgery (restorative proctocolectomy, IPAA) you may have more difficulty getting pregnant. It's thought that surgery in your tummy could cause scarring around the fallopian tubes and ovaries. This may cause fertility problems. The risk of fertility problems is lower in people who have had keyhole surgery.

See our information on [Surgery for Ulcerative Colitis](#) and [Surgery for Crohn's Disease](#) for more on fertility and pouch surgery.

Some people can find sex painful after surgery, which could make it more difficult to get pregnant.

In vitro fertilisation (IVF) may be an option to help you get pregnant after surgery. See the later section on **Fertility treatments** for more on IVF.

Ovarian reserve

Ovarian reserve is the number and quality of eggs in your ovaries. Some studies suggest that people living with Crohn's could have a lower ovarian reserve compared to people who do not have Crohn's. This was linked to having active disease and being over the age of 30. However, more research is needed to confirm a link.

Fertility in people with male reproductive organs

If your Crohn's or Colitis is being controlled well (in remission), you are likely to have similar fertility levels as someone without Crohn's or Colitis. However, there are some things linked to Crohn's and Colitis that could affect fertility.

Disease activity

Research shows that people in a Crohn's or Colitis flare-up (active inflammation) have slower sperm compared to people not in a flare-up. This may reduce your chances of conceiving a child. Inflammation has also been linked to lower testosterone levels which can lower fertility. If you have symptoms such as fatigue or pain, you may find it hard to have regular sex.

You may find it helpful to read our information on [Sex and relationships](#). It covers:

- Managing symptoms and sex – including pain during sex.
- Talking to your partner about your condition.
- Being intimate with a partner.
- Casual and long-term relationships.

Medicines

Most medicines used to treat Crohn's and Colitis do not affect fertility. However, there are some medicines that may affect your chances of conceiving if you have male reproductive organs:

- [Sulfasalazine](#) can reduce sperm count and sperm motility. This is reversible and normally returns to normal 2-3 months after you stop taking sulfasalazine.
- Zintasa is made with a coating that could impact sperm motility. If you're taking Zintasa, you may want to try a different brand of [mesalazine](#).
- Taking opioid or steroid medicines regularly may lower testosterone levels.
- Antidepressants and anti-anxiety medicines have been linked to erection and ejaculation problems.

If you are taking any of these medicines and you are having trouble conceiving, ask your IBD team for advice.

[Biologic medicines](#) do not seem to affect fertility and are safe to take while trying to conceive.

In the past people with male reproductive organs were advised not to conceive while taking [methotrexate](#). However, studies have found no increased risk to babies born when the person with male reproductive organs was taking methotrexate at conception.

Surgery

Some people with a penis have difficulties with erections and ejaculation after pouch surgery (restorative proctocolectomy, IPAA). The exact cause is unknown. But it may be due to nerve damage, scarring, a change in anatomy or the psychological effects of having surgery. For most people this improves with time, or with sildenafil medicine (Viagra). If you're having erection or ejaculation problems, ask your GP or IBD team for advice.

Mental health

Depression and anxiety can cause a lower sex drive and erection problems. If you're worried about your mental health, speak to your GP or IBD team for help. You could also read our information on [Mental health and wellbeing](#).

Getting help with fertility

If you're planning to start a family, tell your IBD team early on. They'll help you to get your condition under control and to be as healthy as you can be. This will give you the best chance of conceiving and having a healthy pregnancy.

The charity Tommy's has more information on [getting pregnant](#).

See our information on [Sex and relationships](#) for tips on having sex while living with Crohn's or Colitis.

Fertility in the general population

If you're having difficulty getting pregnant, you are not alone. Around 1 in 7 couples in the UK have difficulty conceiving. See the NHS information on [infertility](#) for the common causes of fertility problems and ways to help.

If you or your partner are having difficulties getting pregnant, speak to your GP. If you've been trying for a year or more without getting pregnant your GP should refer you both for tests. If you have female reproductive organs, you might be offered tests sooner if you're aged over 36 or if there is a known medical reason for your low fertility.

Fertility treatments

You may be able to have treatment to help with getting pregnant, such as in vitro fertilisation (IVF). The NHS has more on [fertility treatments](#).

Speak to your IBD team if you're thinking of having fertility treatment. They can help you get your condition well controlled before starting fertility treatment. This will give you the best chance of success and having a healthy pregnancy.

Some studies report that fertility treatments are slightly less successful in people with Crohn's or Colitis. This has been particularly seen in people with Crohn's, and may be linked to previous surgery for Crohn's. But not all studies find this. Some studies find fertility treatments to be just as successful in people with Crohn's and Colitis as in people who do not have the conditions.

If you're living with Colitis, you're more likely to have IVF if you've had pouch surgery (restorative proctocolectomy, IPAA). This may be because this type of surgery can cause difficulties in getting pregnant. IVF is just as successful in people with Colitis who have had pouch surgery as in the general population.

Fertility help for LGBTQ+ couples

If you're in an LGBTQ+ relationship and would like to start a family, there are options available to you, such as [intrauterine insemination \(IUI\)](#) or IVF. Access to NHS funded treatments depends on where you live. You may need to pay for some treatments. See the [NHS website](#) for more information on this. The [Human Fertilisation and Embryology Association](#) (HFEA) also has information that may help you.

Fertility help for single people

If you're single and would like to start a family, there are options available to you, such as [intrauterine insemination \(IUI\)](#) or IVF. You may need to pay for some treatments. See the [HFEA website](#) for more information.

Contraception

This section covers:

- What is contraception?
- Do I need it?
- How do I choose?
- Will my Crohn's or Colitis affect which type of contraception I can use?
 - Your risk of blood clots
 - Your risk of liver disease
 - Your risk of osteoporosis
 - Your risk of anaemia
 - Your gut absorption
 - Rectal medicines
 - Having surgery
 - Long-term steroid treatment
- Emergency contraception

What is contraception?

Contraception is also known as birth control. It is the different methods used to help prevent pregnancy.

There are many methods of contraception available. Contraception is free from your GP or local sexual health clinic. Other organisations, such as [Brook](#), also offer free contraception.

Do I need it?

For most people, living with Crohn's or Colitis will not affect their fertility. So you may want to use contraception if you want to have sex but not get, or get someone else, pregnant.

People with female reproductive organs

If you're in a flare-up you may want to think about using contraception until your condition is under control. This is because there is a higher risk of pregnancy complications when you are in a flare-up. See our information on [Pregnancy](#) for more on how your condition may affect your pregnancy.

Some medicines can be harmful to an unborn baby during pregnancy. These include methotrexate, tofacitinib, filgotinib, upadacitinib, and ozanimod. You should use effective contraception while taking these medicines, and for some time after you stop taking them. See the earlier section **Fertility in people with female reproductive organs** for more on these medicines. Ask your IBD team or pharmacist if you're unsure whether the medicines you are taking could be harmful to an unborn baby.

You may be advised not to have sex before surgery, or to use contraception if you do want to have sex before surgery. Speak to your surgeon or IBD team for advice on this.

How do I choose?

Before starting any contraception, speak to your GP or local sexual health service. They can go through your options with you.

Once you know which options are safe for you, it's then your choice. Some people prefer to take pills, others prefer something more long-lasting.

Will Crohn's or Colitis affect which contraception I can use?

Deciding which type of contraception is best for you depends on a number of things, including:

- Your age.
- Your body mass index (BMI).
- Whether you smoke.
- Your medical history.
- Your family's medical history.
- The medicines you're taking.

Find out more in the [NHS contraception guide](#).

If you are living with Crohn's or Colitis, there are a few extra things to think about when choosing contraception.

Your risk of blood clots

People with Crohn's and Colitis have an increased risk of clots. If you've had a blood clot, or have other risk factors for a blood clot, the combined oral contraceptive pill may not be suitable for you. Other risk factors for blood clots include:

- Smoking.
- High BMI.
- Recent or upcoming surgery.
- Low activity (not moving around much or poor mobility).

Taking the oral contraceptive pill should not cause a flare-up of Crohn's or Colitis.

Your risk of liver disease

The combined hormonal contraceptive pill and progesterone-only methods may not be suitable if you have problems with your liver.

Your risk of osteoporosis

The contraceptive injection (progesterone) may not be suitable if you're at risk of developing weaker bones.

Rectal medicines

Lotions or oil-based creams can make condoms weaker and more likely to break. Ask your IBD team or pharmacist for advice if you're using creams, ointments, or medicines in or around your genitals or bottom. This includes barrier creams. If you can, apply the medicine after, or a couple of hours before you have sex.

Your gut absorption

If you have gut absorption problems, such as Crohn's in your small bowel, any contraception in pill form (including the morning-after pill) may not work for you. You may also have problems if you:

- Are regularly being sick (vomiting).
- Have severe loose poos (diarrhoea).
- Have short bowel syndrome.

But there are many other types of contraception, such as condoms, an intrauterine device or the contraceptive implant.

Contraception in pill form should work for you if only your large bowel is affected. If you're not sure, speak to your GP or local sexual health clinic for advice.

My daughter came as a surprise; I had just had an ileostomy reversal and was on the combined pill. As I was recovering and had very loose stool, the combined pill was not absorbing as it should, resulting in me falling pregnant with my daughter. It was in fact the best thing that happened to me, but for some, an unexpected pregnancy may not be ideal, so it is important to look at your contraceptive choices particularly post op!

Kelsea

Living with Crohn's

Having surgery

If you're using the combined oral contraceptive pill you will need to switch to another method at least four weeks before having surgery. Having surgery and the combined oral contraceptive pill increase your risk of blood clots. Your doctor or nurse should give you advice on what you can switch to, and when you can switch back.

[Keyhole sterilisation](#) is a permanent contraceptive method. It might not be suitable for you if you have previously had surgery in your tummy area (abdominal or pelvic). Previous surgery can make sterilisation difficult and less likely to work.

Long-term steroid treatment

Taking steroids for a long time, or multiple times over a short time, may affect your stress response when having a coil fitted. You may be at higher risk of low blood pressure and fainting. If you're thinking about having a hormonal or copper coil, ask your IBD team for advice.

Taking medicines that weaken your immune system does not increase your risk of infection after having a coil inserted.

Emergency contraception

Emergency contraception is used after unprotected sex to stop you getting pregnant.

There are two main types:

- The emergency contraceptive pill (the morning-after pill)
- Intrauterine device (IUD or copper coil)

You can find out more about these on the [NHS website](#).

You can use either of these methods if you live with Crohn's or Colitis. But, if you have gut absorption problems, such as severe diarrhoea or short bowel syndrome then the morning-after pill may not work for you.

If you vomit within three hours of taking the morning-after pill then you will need to take another one. When getting the pill, tell the healthcare professional your medical background so they can give you appropriate advice.

Common side effects of the morning-after pill are stomach pain, feeling sick, being sick and loose poos. These are similar to Crohn's and Colitis symptoms. If you feel unwell after taking the morning-after pill, it may be the short-term side effects of the pill. If you are worried about your symptoms, talk to your IBD team or GP.

Pregnancy loss

This information is about people who can get pregnant.

Miscarriage

A miscarriage is sometimes called a spontaneous abortion. It is the loss of a pregnancy in the first 23 weeks. Sadly, miscarriage in the first trimester (up to 12 weeks of pregnancy) is common in the general population. Around 1 in 5 pregnancies in the first trimester end in miscarriage.

If you have Crohn's or Colitis, your risk of miscarriage is the same as the general population.

Your risk of miscarriage is the same as the general population even if:

- You were in a flare-up when you got pregnant (at conception).
- You are taking [biologic medicines](#) either with or without [azathioprine or mercaptopurine](#).

Some medicines are not safe to take when trying for a baby or during pregnancy. See our information on [Pregnancy and breastfeeding](#) for details.

Some people might need treatment with medicines or surgery for a miscarriage. See the NHS website for more on [treatments for miscarriage](#).

There are some things to consider if you have Crohn's or Colitis and you need treatment for a miscarriage:

- If you are taking [steroids](#), you must tell the healthcare professional caring for you. You may need extra checks or monitoring.
- If you have anaemia, you may need extra checks after treatment for a miscarriage.
- You'll be offered pain relief after treatment for a miscarriage. You should not take non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen. These medicines may make your Crohn's or Colitis symptoms worse, or trigger a flare-up. Ask your healthcare professional for a different pain relief medicine.
- Misoprostol is a medicine used to treat miscarriage. It can cause side effects similar to Crohn's or Colitis symptoms. These include diarrhoea, stomach cramps and feeling or being sick. If these symptoms last more than a few days, contact your healthcare professional.

- People with Crohn's or Colitis have an increased risk of blood clots. Having surgery, including surgery for miscarriage, can increase your risk of blood clots. Your healthcare team will tell you how to reduce your risk of blood clots. You may also be given a medicine to help prevent blood clots.

Everyone should be referred for investigation after three or more miscarriages in a row.

If you are struggling to cope with the many emotions a miscarriage can bring, there is support available. See the charity [Tommy's](#) for information and support on miscarriage and pregnancy loss.

Ectopic pregnancy

An ectopic pregnancy is when a fertilised egg attaches somewhere outside of the womb (uterus), such as in the fallopian tubes. The risk of ectopic pregnancy is slightly higher in people living with Crohn's, and people who have had surgery in their tummy area (abdominal or pelvic surgery).

If you experience sudden, severe stomach pain, and think you could be pregnant, it is important to rule out an ectopic pregnancy. Check for the other common symptoms of an ectopic pregnancy on the [NHS website](#).

Stillbirth

A stillbirth is when an unborn baby dies after 24 weeks of pregnancy.

Most people with Crohn's Disease or Ulcerative Colitis will have normal pregnancies and births, and healthy babies.

However, people with Crohn's Disease or Ulcerative Colitis may be more at risk of having a stillbirth. The risk is higher if you're in a flare-up (have active disease).

Hearing this can be a worry. But your pregnancy care team will carry out scans and checks to make sure your baby is developing as expected. Your IBD team will work with your pregnancy care team to help you be in the best possible health during your pregnancy.

The NHS has more information on [what happens if your unborn baby dies](#).

The charity [Sands](#) is there to support everyone affected by stillbirth, including family members. They can help you cope with your feelings and offer you emotional support in your grief. They also offer practical help with what happens after the death of a baby. You can call their Helpline for free on: **0808 164 3332**. Or email them at: helpline@sands.org.uk

Abortion

If you decide to end a pregnancy it's known as an abortion, or termination of pregnancy. Having an abortion is your decision. Deciding to have an abortion may be difficult. You may feel lots of different emotions. It might help to talk to someone you feel close to. Getting extra information and support may also be helpful. Everyone who asks for an abortion can speak to a trained pregnancy counsellor about their options.

Rarely an abortion may be offered for medical reasons. Find out more about this and how to get support on the [Tommy's website](#).

People with Crohn's or Colitis are no more likely to have an abortion than people who do not have the conditions.

You can [take medicines or have surgery](#) to have an abortion. Having an abortion is a safe procedure. Your healthcare professional will talk to you about any risks. There are some things to consider if you're living with Crohn's or Colitis:

- If you are taking [steroids](#), you must tell the healthcare professional caring for you during your abortion. You may need extra checks or monitoring.
- If you have anaemia, you may need extra checks after the abortion.
- Non-steroidal anti-inflammatory drugs (NSAIDs) are commonly used for managing pain after an abortion. You should not take NSAIDs (such as ibuprofen). These medicines may make your Crohn's or Colitis symptoms worse, or trigger a flare-up. Ask your healthcare professional for a different pain relief medicine.
- Misoprostol is a medicine used in abortions. It can cause side effects similar to Crohn's or Colitis symptoms. These include diarrhoea, stomach cramps and feeling or being sick. If these symptoms last more than a few days, contact your healthcare professional.
- People with Crohn's or Colitis have an increased risk of blood clots. Having surgery, including a surgical abortion, can increase your risk of blood clots. Your healthcare team will tell you how to reduce your risk of blood clots. You may also be given a medicine to help prevent blood clots.

See the [NHS website](#) for more information about the different types of abortion and how to get an abortion on the NHS.

Other organisations

NHS Contraception guide
www.nhs.uk/conditions/contraception

NHS Pregnancy guide
www.nhs.uk/pregnancy/

NHS Men's health common questions
www.nhs.uk/common-health-questions/mens-health/

NHS Menopause guide
[Menopause - NHS \(www.nhs.uk\)](http://www.nhs.uk/menopause)

CROHN'S & COLITIS UK

Brook (Sexual health and wellbeing for young people)
www.brook.org.uk

Human Fertilisation and Embryology Authority (HFEA) (Fertility treatment and clinics information)
www.hfea.gov.uk

IA – Ileostomy and Internal pouch Association
www.iasupport.org

Colostomy UK
www.colostomyuk.org

Royal College of Obstetrics and Gynaecology (Women's health)
www.rcog.org.uk

Tommy's (Pregnancy and miscarriage support and information)
www.tommys.org
Midwife Helpline: 0800 014 7800

Miscarriage Association
www.miscarriageassociation.org.uk
Helpline: 01924 200799

Sands (Pregnancy and baby loss support and information)
www.sands.org.uk
Helpline: 0808 164 3332
Email: helpline@sands.org.uk

Bliss (Premature or sick babies support and information)
www.bliss.org.uk
Email: hello@bliss.org.uk

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our award-winning information on Crohn's Disease, Ulcerative Colitis, and other forms of Inflammatory Bowel Disease have the information you need to help you manage your condition.

We have information on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships and employment. We'll help you find answers, access support and take control.

All information is available on our website: crohnsandcolitis.org.uk/information

Our Helpline is a confidential service providing information and support to anyone affected by Crohn's or Colitis.

Our team can:

- Help you understand more about Crohn's and Colitis, diagnosis and treatment options
- Provide information to help you live well with your condition
- Help you understand and access disability benefits
- Be there to listen if you need someone to talk to
- Help you to find support from others living with the condition

Call us on **0300 222 5700** or email helpline@crohnsandcolitis.org.uk.

See our website for LiveChat: crohnsandcolitis.org.uk/livechat.

Crohn's & Colitis UK Forum

This closed-group community on Facebook is for everyone affected by Crohn's or Colitis.

You can share your experiences and receive support from others at:

facebook.com/groups/CCUKforum.

Help with toilet access when out

Members of Crohn's & Colitis UK get benefits including a Can't Wait Card and a RADAR key to unlock accessible toilets. This card shows that you have a medical condition, and

will help when you need urgent access to the toilet when you are out. See crohnsandcolitis.org.uk/membership for more information, or call the Membership Team on 01727 734465.

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

About Crohn's & Colitis UK

We are Crohn's & Colitis UK, a national charity fighting for improved lives today – and a world free from Crohn's and Colitis tomorrow. To improve diagnosis and treatment, and to fund research into a cure; to raise awareness and to give people hope, comfort and confidence to live freer, fuller lives. We're here for everyone affected by Crohn's and Colitis.

This information is available for free thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis: call 01727 734465 or visit crohnsandcolitis.org.uk.

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We hope that you've found this information helpful. You can email the Knowledge and Information Team at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the research on which the information is based
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE** or contact us through the **Helpline: 0300 222 5700**.

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