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Pre Conception Counselling in IBD - or Lack of ?An Opportunity to Improve Obstetric Outcomes in IBD.

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INTRODUCTION

Inflammatory bowel disease (IBD) is a chronic inflammatory disorder of the gastrointestinal tract, encompassing both Ulcerative Colitis & Crohn's Disease. It is commonly diagnosed in adolescence & early adulthood. By virtue of patient demographics, concerns surrounding fertility & pregnancy are commonly encountered in clinical practice[1].

25% of women with IBD become pregnant after diagnosis. To ensure optimal peripartum disease control & obstetric outcome, all women contemplating pregnancy should receive preconception counselling. This allows the IBD physician to address maternal concerns, strive for disease remission, stop teratogenic medications and promote smoking cessation[1].

AIMS

We sought to assess documentation of preconception counselling in our cohort of IBD patients who became pregnant while attending the IBD services in Beaumont Hospital.

METHODS

IBD patients who were managed during their pregnancies were identified from the IBD database from 2018 – 2020. All clinic letters from time of diagnosis prior to diagnosis were reviewed to establish whether preconception counselling had been documented following discussion.

RESULTS

Thirty-two patients were identified for inclusion, (14 CD, 17 UC). 14 were on anti-TNF medications, 5 on thiopurines, 6 on aminosalicylates and 3 on oral steroids at time of conception. No pregnancies occurred in patients taking methotrexate. Documentation of preconception counselling was recorded in the records of 8 patients (25%), with smoking status documented in 3 cases (9%). Where documented, counselling was discussed by a consultant in 7 of the 8 cases, and in one case by an NCHD. We found no significant association between rates of documented counselling based on IBD subtype, nor use of biologic or immunosuppressive agents.

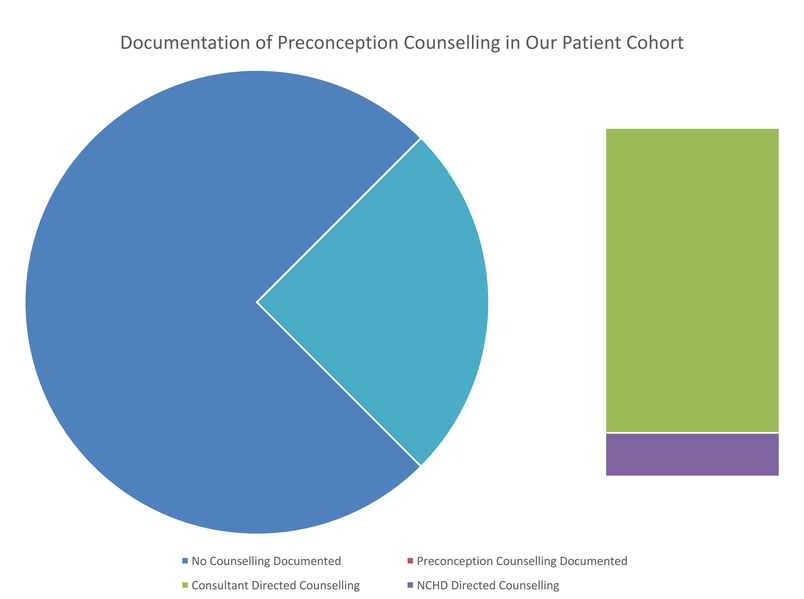

Figure 1: *Demonstrating proportion of IBD patients in our cohort who subsequently became pregnant, who received documented preconception counselling. Subsequent bar chart highlighting grade of medical professional providing counselling.*

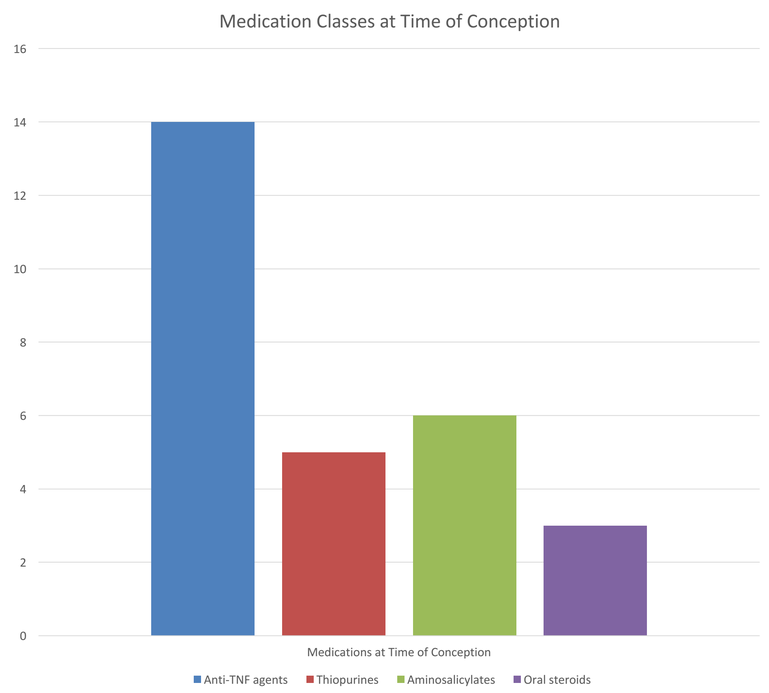

Figure 2: *Variations in medication classes at time of conception in our IBD patient cohort. Note absence of pregnancies occurring in patients taking methotrexate.*

DISCUSSION

European Crohn's and Colitis Organisation (ECCO) Evidenced-Based Consensus on Reproduction and Pregnancy in IBD s recommend all women of childbearing age receive preconception counselling.[2] Opportunistic counselling allows discussion of common misconceptions surrounding pregnancy – namely concerns surrounding fecundity, impact of IBD on pregnancy outcome & influence of pregnancy on disease course.[1,2,3] Crucially, counselling allows for discussion surrounding the importance of optimal disease control prior to conception, which is the biggest indicator of subsequent disease activity antenatally[2.3.4].

Documentation of preconception counselling was poor in our study. Smoking and active disease are associated with poor obstetric outcome[2,3,4], and smoking at the very least should be discussed.

We have subsequently developed an updated IBD and pregnancy handbook. We propose that all patients of childbearing age receive written literature regarding preconception counselling to minimize obstetric complications. In addition, appropriate documentation is mandatory given the medicolegal implications for the physician in the unfortunate event of an adverse birth outcome.

CONCLUSION

International consensus guidelines highlight the importance of preconception counselling to ensure optimal disease control to achieve better obstetric outcomes[2,3,4]. Through providing written educational resources, this empowers patients by providing them with a framework of reference that guides them through conception to delivery with IBD.

Following introduction of this handbook, we aim to re-audit rates of documented preconception counselling to ensure practice in line with ECCO guidelines. We suggest all institutions should implement similar literature to ensure standardised patient education.

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