

The Importance of Preconception Counseling in Women with Inflammatory Bowel Disease (IBD), a single-centre experience

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Preconception counseling represents a cornerstone in the multidisciplinary management of women with Inflammatory Bowel Disease (IBD) who are planning a pregnancy. A diagnosis of IBD presents challenges related to fertility, medication safety and the potential impact of disease activity on pregnancy; disease remission prior to conception is a very important predictor of favourable maternal and neonatal outcomes.

According to the 2022 ECCO guidelines, early and structured counseling is essential to optimize maternal and fetal outcomes; it provides an opportunity to assess disease activity, optimize current treatments, educate the patient addressing concerns and misconceptions about infertility, miscarriage, or medication-related risks.

In our center preconception counseling is offered within a dedicated multidisciplinary clinic including a gastroenterologist, a gynaecologist, a dietician and a psychologist, to provide comprehensive and integrated support tailored to each patient's medical and emotional needs.

Between May 2023 and May 2025, a total of 19 female patients (10 CD, 9 UC) underwent preconception counseling, with comprehensive clinical, therapeutic, and biochemical evaluations. Median age ranged from early 20s to early 40s. Many patients were in clinical remission or had mild disease activity (HBI for CD or partial Mayo for UC). A few cases showed moderate activity (3 with HBI 6, 1 with pMayo 4). C- reactive protein (CRP) and faecal calprotectin (FC) were within normal range in all patients but one who showed high FC levels (537 ug/g). A recent (within the past year) endoscopic examination was available for 12 patients (6 SES-CD 0-3, 6 Mayo score 0-1); 9 were on biologic therapy (3 ustekinumab, 2 adalimumab, 2 infliximab, 2 vedolizumab).

The outcome of preconception counseling is reported below

In 12 patients no major contraindications to pregnancy were found:

- 8 patients were advised to maintain their current therapy
- In 2 patients on mesalazine the baseline dose was optimized
- The 3 patients on ustekinumab and vedolizumab discontinued biologic therapy during the third trimester while in those on anti TNF treatment was maintained throughout pregnancy
- 1 patient required a biologic switch and a new assessment after 5 months.

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- 7 patients were referred for complete re-staging of disease activity before conception.

After counseling 5 patients became pregnant, 4 UC on mesalazine and 1 CD on Ustekinumab. At conception, all of them were in clinical remission, and 3 in endoscopic remission. Calprotectin and CRP values remained stable throughout pregnancy in all cases, but one who showed high first-trimester calprotectin.

Bibliografia

European Crohn's and Colitis Guidelines on Sexuality, Fertility, Pregnancy, and Lactation, J. Torres et al. *Journal of Crohn's and Colitis*, 2023