

2. Summary

Because inflammatory bowel disease, Crohn's disease, and ulcerative colitis first occur at a young age, the substantial part of disease takes place during fertile years. A question arises whether there is a negative interplay between pregnancy and disease. The aim of this thesis was to identify what negative interplay there is between inflammatory bowel disease and pregnancy.

Our study detected that inflammatory bowel disease has negative effects on sexual life in 21 % of Crohn's disease patients and in 10 % patients with ulcerative colitis. Lowered self-confidence is more frequent in men suffering from Crohn's disease than in those with ulcerative colitis. Women are affected more often than men. When diagnosed, Crohn's disease intensifies fears of conception. Fear of pregnancy alone is a risk factor affecting the number of own children, with women being more sensitive to this issue than men. Family planning gains more importance along with the increasing number of children, regardless of the inflammatory bowel disease diagnosis. Unplanned pregnancies are not associated with the more frequent recurrence of disease on conception and during pregnancy. The effects of inflammatory bowel disease, namely of Crohn's disease, prolong a menstrual cycle. Previous abdominal surgery does not affect conception, the course of pregnancy, or delivery. Male potency evaluated in terms of the time required for making a woman is not compromised by previous abdominal surgery, diagnosed inflammatory bowel disease, localization or form of disease. The effects of Crohn's disease at the time of conception and anoperineal localization are connected with a longer time required by female patients to become pregnant. On the other hand, the flare of ulcerative colitis during conception does not affect the time needed for becoming pregnant. One third of miscarriages in female patients with Crohn's disease are linked to the effects of the disease. The number of miscarriages increases when inflammatory bowel disease is diagnosed. Less than one fifth of pregnant women who are in remission at the time of conception experience the flare of the disease that poses risks during all three trimesters. In one half of female patients who undergo disease recurrence at the time of conception and during pregnancy remission is restored before delivery. The determination of the inflammatory bowel disease diagnosis is not connected with an increased number of premature births. The type of labor is not affected by the activity of the disease. The babies of mothers with inflammatory bowel disease are born with lower birth weight than premature babies. Their birth, however, is not related to the activity, localization or type of disease. Most mothers with inflammatory bowel disease breastfed their babies and the time of breastfeeding does not depend on making this diagnosis. Pregnancy rather worsens the further course of inflammatory bowel disease. No differences were found between Crohn's disease and ulcerative colitis.

There is an obvious relationship between inflammatory bowel disease and fertility. Nonetheless, a properly monitored and treated disease does not pose any risk for prospective pregnancy. Similarly, pregnancy does not represent a risk factor for inflammatory bowel disease.