CROHN'S DISEASE AND PRETERM BIRTH

Premature birth, but not birth defects, is associated with pregnancy in women with Crohn's disease, report Olof Stephansson and colleagues from the Karolinska Institute, Sweden.

Previous studies suggest that women with Crohn's disease have an increased risk of adverse outcomes in pregnancy, but data are inconsistent and the impact of new therapies, such as biologic therapies, has not been fully assessed. Such therapies have improved the health of women with Crohn's disease and led more to consider pregnancy.

Stephansson and colleagues investigated the relationship between Crohn's disease and adverse birth outcomes using data gathered from medical birth and patient registries in Sweden and Denmark. Women who had given birth to their first child between 1994 and 2006 were included in the study and pregnancy outcomes were compared between those with and without Crohn's disease. Relative risks of pre-eclampsia, preterm birth, 5 min Apgar score <7 (indicative of the baby's physical condition at birth), small size for gestational age and congenital malformations were determined.

Crohn's disease was associated with an increased risk of preterm delivery and cesarean section, but not an increased risk of birth defects, stillbirth or low 5 min Apgar score. Risk of small size for gestational age was slightly increased. Stephansson comments that "the risks of adverse outcomes were generally lower than previously reported."

The team plan to take their work forward by obtaining data on specific medical treatments and better categorizing disease activity in individual patients. "We can then find out whether better treatment regimens reduce the risk of adverse pregnancy outcome," explains Stephansson. Further research should include women with ulcerative colitis.

Rachel Jones

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