Abstract

Inflammatory bowel diseases (IBD), Crohn´s disease and ulcerative colitis, can affect mainly young people in their reproductive years. IBD therefore has a major impact on patient´s family planning decisions. Management of IBD in pregnancy requires a challenging balance between optimal disease control and drug safety. An unanswered question is the impact of the course of childbirth in women with preexisting IBD regarding anal sphincter function and development of anal or fecal incontinence. To this date there aren't any clinically relevant guidelines for managing childbirth in women with IBD. From gastroenterologist's point of view, a clear indication for Caesarean section (CS) is active perianal disease or active IBD with rectal involvement, a relative indication for CS is ileal-pouch-anal anastomosis (IPAA) or ileal-rectal anastomosis in women after colectomy for refractory UC.

Studies have shown a lack of knowledge among both patients and physicians regarding reproductive issues in IBD. The main aim of this thesis was first to assess risk of vaginal delivery in development of anal incontince, second to evaluate the safety of biologic therapy during pregnancy in women with inflammatory bowel disease. We present a study researching the morbidity of children born to mothers treated with biological therapy during the course of their pregnancy, as well as assessing the effectiveness and safety of biosimilar biologics in patients with inflammatory bowel disease.

Key words: inflammatory bowel disease,Crohn´s disease, ulcerative colitis, pregnancy, breastfeeding, drug treatment, childbirth, anal incontinence