

Lifestyle series

Pregnancy and childbirth with a stoma

Hollister Ostomy. **Details Matter.**



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Please note that this booklet is a supplement to and not a replacement for the advice from your healthcare professional.

If you are a woman with a stoma or you expect to have stoma surgery, you might be wondering how a stoma might affect pregnancy and childbirth. This booklet may help you and your partner find some answers.

Besides giving general advice on keeping healthy during pregnancy, it covers special problems that may occur during pregnancy and childbirth when you have a stoma. A glossary at the end of this booklet briefly explains some terms that may be unfamiliar to you.

Many women worry about how their lives will be affected after surgery.

- Will I still be loveable and desirable?
- Will I still be able to make love while wearing a pouch?
- Will I still be able to have children?

Women with stomas can continue to live normal, active lives. They make love and are loved, and many have children. In fact, some women with stomas say that because they now have a stoma, their disease, such as Crohn's disease and ulcerative colitis, is now more manageable. Because they have their medical condition under control, they are physically better equipped to have children.

The medical condition which led to you having a stoma might have prevented sexual intercourse, either because of general ill health or localised pain and soreness around the vagina. Once you have recovered from your surgery and any surgical wound affecting your rectum and anus is healed, it should be safe for you to resume or commence sexual relations. Make sure to check with your doctor first for when you can start.



As one woman who has a stoma said:

“Small children have far more effect on disrupting your sex life than having a stoma.”

Getting pregnant

Will a stoma affect my chances of becoming pregnant?

The short answer to this question is: probably not. A stoma should not make the difference in your ability to conceive and bear a child. Difficulties conceiving may be more related to an underlying disease, previous surgery, or overall health. If you do experience difficulties in getting pregnant, the reasons are most likely no different from those encountered by women who do not have a stoma. It is estimated that as many as one in six women have difficulty in achieving successful conception. Certainly all of these women do not have a stoma. Natural conception can only take place around the time a woman is ovulating.

Ovulation takes place when a woman's egg is released into the fallopian tube and is ready for fertilisation by the male sperm. It normally occurs about 14 days before the upcoming menstrual period begins.

When a woman's egg is released into the fallopian tube, the two to three days around ovulation are the fertile time. To maximise the chances for pregnancy, this is the best time for sexual intercourse. If your periods are irregular, and you are not sure when you ovulate, you can use a home ovulation testing kit.

Difficulties in conception may also be caused by physical problems. For example, your partner may have a low sperm count, you might not be ovulating properly, or your fallopian tubes may not be functioning properly.

Even the worry over failure to become pregnant might be enough to stop you from conceiving. Talking things through or getting simple advice may be all that is necessary to pave the way for successful conception. Sometimes just a change of position when having sexual intercourse is helpful. Otherwise, there are many modern fertility treatments now available, but in order to be successful, you do need to be patient with whatever form of treatment is recommended.

After stoma surgery, how long do I need to wait to have a child?

Before getting pregnant, check with your doctor or surgeon regarding your health status. You may be asked to visit a gynaecologist for pre-pregnancy counselling to discuss any possible difficulties. Once your doctor or surgeon says you are fit enough to attempt conception, there is no reason to wait.

Early antenatal care is important for all pregnant women. If you think you are pregnant, it is important to tell your doctor. Like other pregnant women, you may experience common problems such as morning sickness. You may also experience one or two problems relating to your stoma. As a result, your doctor will want to keep an extra close eye on you. On the other hand, of course, you may sail through your pregnancy problem-free and find that you have never felt better in your life.

Very often, women with stomas express concerns with regard to pregnancy. Some of the most commonly asked questions are addressed opposite.



Antenatal period

Will having a stoma affect me or my baby during pregnancy?

The type of stoma you have might make a difference regarding antenatal issues you may experience.

I have an ileostomy. Are there any special precautions?

Occasionally during pregnancy some women with ileostomies experience episodes of intestinal obstruction. This happens when the enlarging uterus slows down or blocks the passage of intestinal contents. As a result, the discharge from the ileostomy stops flowing into the pouch; the abdomen becomes distended, and crampy pain is felt. Sometimes restricting your diet to fluids only and resting may solve the problem.

However, if the lack of stoma discharge persists and the pain continues, seek medical advice as soon as possible. On rare occasions, hospital admission and intravenous fluids are necessary to “rest” the intestine.

Any recommendations if I experience morning sickness?

Maintaining adequate fluid intake is important to avoid dehydration, especially if you suffer from morning sickness. If you suffer from morning sickness, try to eat frequent, small meals and avoid rich, greasy foods. Consult your doctor at once if the sickness is persistent or severe enough to keep you from eating or drinking.

I have a urostomy. Are there any special precautions?

Women with urostomies may be more prone to kidney infections during pregnancy. Again, drinking lots of fluids is important. Although your urine will be tested at every antenatal visit, call your doctor right away if you think you have a urinary infection. The doctor may want to do further tests, and will decide if an antibiotic is appropriate for your condition.

It is important not to confuse the normal fine strands of mucus present in your urine with an infection. There may be small amounts of bleeding from the stoma itself. This is not necessarily indicative of an infection. Women with urostomies are pleasantly surprised that, unlike most pregnant women, they do not have to go to the toilet as frequently during pregnancy.

Will I be able to participate in antenatal exercises?

Attending pregnancy and pre-birth classes is an important part of your antenatal care. There is no reason why you should not take part in the exercises. However, as your abdomen enlarges, certain exercises could cause the pouch to loosen and leak. Remember to empty your pouch before the start of the class.

Will I experience any problems in relation to my stoma during pregnancy?

As your abdomen enlarges, your stoma may change shape and/or size. It might become more oval and/or either shorter or longer. As a result, you may need to change your pouch type. It is vital to maintain an accurate fitting as not to damage the skin and/or the stoma.

As your abdomen enlarges and changes, you may need a modification to your pouching system. For example, it may not be advisable or necessary to use convexity. If you are changing your pouch more frequently than before your pregnancy, you may need to use something different. It is a good idea to consult with your stoma care nurse.

Keep measuring your stoma from time to time, and change the stoma hole size of your pouch as necessary. Most women find that soon after delivery, their stoma quickly reverts to its pre-pregnancy size. The skin may be different as the abdomen adjusts, e.g., softer, creases, and/or stretch marks. A pouch adjustment, therefore, may be needed after delivery.

Will I experience problems during ultrasound scans?

The large amounts of oil or gel used in routine ultrasound scanning can seep into the tape or skin wafers of your skin barrier, which prevents adhesion of the skin barrier. Change your pouch after such scans, and be sure to clean the skin thoroughly beforehand to make sure all traces of oil or gel are removed.

Ultrasound scans may be complicated for women with urostomies, due to the absence of a bladder, which helps to give a clear view of the baby in early pregnancy.

Later, scans may be complicated because of the position of a baby in relation to the stoma. When the baby's head is directly beneath the stoma, which is not uncommon, measurement of his or her head is not easy.

As an alternative to abdominal scanning, you may be offered a vaginal scan which is also useful in detecting any early pregnancy problems.

What about diet during pregnancy?

For the most part, diet and other healthcare practices will be the same as for women without stomas. A good diet is important in pregnancy whether or not you have a stoma.

Try to eat three meals a day at regular intervals. You do not need to eat for two. Discuss your eating habits with your doctor who will help you decide what diet to follow and will monitor your progress throughout your pregnancy. If you know that certain foods upset your system, continue to avoid these and eat a suitable substitute.

What about medications and other drugs during pregnancy?

Iron tablets may be prescribed to prevent anaemia. If you find that the iron tablets upset your stomach, ask for a different type of supplement. You may also be prescribed vitamins. Inform your doctor regarding any and all medications (even over-the-counter) that you are taking during your antenatal visit. Most women avoid alcohol altogether during pregnancy. And, of course, smoking can be very harmful for both you and your developing baby.



Labour and childbirth

What can I expect during labour and childbirth?

There may be problems associated with women with stomas during labour. Some women with an ileostomy or colostomy worry that the loss of a rectum means they will not be able to have a vaginal delivery. But removal of the rectum is only a problem if there is damage to the nerve supply.

If the rectum has been removed and there is scar tissue in the perineum (the area between the vagina and the original site of the anus), it may be necessary to do an episiotomy. This is a small cut to enlarge the vaginal opening which makes the birth easier and prevents tearing of the vaginal tissue. Episiotomies are also common in women who have rectums. Sometimes a delivery by Caesarean section is necessary.

If your specialist feels you need a Caesarean section, it will be discussed with you in advance.

If you choose to have an epidural, you will remain conscious throughout the birth of your baby and enjoy a relatively pain-free delivery. Some women need a forceps delivery, but there is no greater likelihood of your needing this than any other woman having her first baby.

Whatever type of delivery you have, your pouch will need to be changed after the birth because of the physical exertion involved in delivery and change in the shape and firmness of your abdomen.

Before you go to the hospital, make up a little package with everything you need for pouch changes. Your abdomen may be quite sore for a couple of days after a Caesarean section.

Will I be able to breastfeed?

Having a stoma should not impede your ability to breastfeed your baby. Breastfeeding can be one of the most rewarding experiences there can be. It provides the baby with many benefits and can also strengthen the bond between mother and baby.

The most important factors in successful breastfeeding are the correct positioning of the baby at the breast to make sure that the baby is “latched on”. Make sure you and your baby are comfortable before starting to breastfeed, and experiment with the position that suits you both best – whether this is sitting up or lying down. Many hospitals and community health centres have specialised nurses called breastfeeding advisers who can give much needed practical advice and teaching assistance.

It's helpful to have an empty pouch before feeding, as an active baby could dislodge a slightly full or full pouch or cause it to leak.

If for some reason you have breastfeeding problems, contact your health visitor for help.

If I have children, will they eventually need to have a stoma as well?

It is very unlikely, unless the cause of your stoma is hereditary. There is no firm hereditary connection with either Crohn's disease or ulcerative colitis; however, a condition known as familial polyposis coli (FPC) or familial adenomatous polyposis (FAP) has shown to be hereditary. Genetic counselling may be advisable if this condition exists.

Can I have children after undergoing chemotherapy or radiation therapy?

Ask your doctor before starting these treatments because they can affect your ability to have children.

A family planning service may also be of assistance. In some cases, it may be recommended that either sperm or eggs are frozen in case your ability to conceive is hindered. If you want to have children after chemotherapy or radiation therapy, get as much information as possible as early as you can.

Contraception

I don't wish to get pregnant. Now that I have a stoma, do I need to use a contraceptive or change my present method of contraception?

Unless you know that you or your partner are infertile, or one of you has been sterilised, if you are sexually active and do not want to get pregnant, it is always advisable to use a contraceptive. Most methods of contraception are just as effective for people with stomas as without stomas. However, family planning for those with stomas may require a little more thought.

Stoma surgery can sometimes alter the anatomy of the vagina and uterus. Because of this, diaphragms or caps may not always be a suitable means of contraception, as insertion and retention may be difficult. The same is true for the intra-uterine device (IUD) or coil. Discuss this with your gynaecologist or doctor to find out if there have been any surgical changes that could prevent you from using these devices.

The oral contraceptive pill may not be suitable for some women with ileostomies, depending on how much small bowel remains. There is some evidence that the medication passes through the digestive system before it can completely be absorbed in the body. A higher-than-average dose may be necessary if absorption in the small bowel is not very good. In some individuals with ileostomies, absorption can be unreliable so the oral contraceptive pill may be unsuitable. It would be wise to discuss this further with both your doctor and your pharmacist. Another more suitable form of hormonal contraception for many women may be required, such as hormonal injections, like progesterone, or a birth control patch. Again, discuss this with your doctor when searching for options.

Condoms are an effective alternative for women who have difficulty utilising other contraception methods. They are highly reliable, provided they are used consistently.

If you and your partner have made a final decision not to have any more children, then sterilisation may be the best option. Sterilisation can be performed usually by a laparoscopy procedure (looking into the abdomen with a laparscope/camera). However, if you have already had extensive abdominal surgery, sterilisation surgery could be undertaken by a laparotomy (this is surgically cutting open the abdomen) due to possible perforation of the intestine by the laparoscope. Alternatively, your male partner may choose to be sterilised by having a vasectomy. Obviously, it is important that you get sound advice about which method of contraception is the best option for you, so talk to your doctor or your family planning clinic.

For additional information please
visit the Hollister website
www.hollister.co.uk
or www.C3Life.com



Glossary

Anaemia

Low red blood cell count often from lack of iron.

Antenatal period

The period during pregnancy before birth.

Conception

The moment when a woman becomes pregnant.

Condom

A male contraceptive device which fits over the penis to block sperm from entering the vagina.

Contraception

A method used to prevent pregnancy.

Contraceptive

A device or drug used to prevent pregnancy.

Colostomy

A stoma (surgical opening) created in the colon, part of the large intestine.

Crohn's disease

A disease where parts of the digestive tract become inflamed.

Diaphragm/Cap

A female contraceptive device.

Fallopian tubes

The tubes connecting the ovaries to the uterus through which the egg passes prior to fertilisation.

Gynaecologist

A doctor specialising in women's reproductive system.

Ileostomy

An stoma (surgical opening) created in the ileum, part of the small intestine.

Infertility

The inability to become pregnant.

Ovulating

The part of a woman's cycle where she releases an egg into the fallopian tubes.

Penis

The male reproductive organ.

Perineum

The area between the anus and the vagina.

Pouch

A specialised pouch used to collect bodily wastes from the stoma.

Rectum

The last portion of the digestive tract before the anus. Stores stool in place prior to a bowel movement.

Sperm

The male reproductive cells.

Sterilisation

A procedure to prevent conception for men and women.

Stoma

An artificial opening into the body, in this case the digestive tract. From the Greek word meaning mouth or opening. Also known as an “ostomy”.

Stoma care nurse

This is a specially trained nurse with broad expertise for the care of people with stomas.

Ulcerative colitis

A disease of the large bowel which causes inflammation and bleeding.

Ultrasound scan

A scan of the uterus during pregnancy using sound waves to assess the development of the unborn baby.

Urostomy

A urinary stoma. Also known as urinary diversion and often created as a (ileal) conduit.

Uterus

Also known as the womb. Where the baby grows before it is born.

Vagina

The lower part of the female reproductive tract. The organ that receives the penis during sex. Also for delivery of a baby. Also known as the ‘birth canal’.

Vasectomy

Male sterilisation; prevents the release of sperm when a man ejaculates.

Notes

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