

Why is WIsDoM Important?

- Over 1 million women with IBD in North America, most diagnosed during child-bearing years
 - *These women deserve evidence-based fertility counseling*
- High rates of voluntary childlessness in IBD patients based on unfounded fears- need more data to further reassure these patients
- No national databases on IBD and fertility worldwide to our knowledge
- Prospective data on fertility in IBD patients are needed to:
 - Provide accurate, data-driven assessments of the risk of sub- or infertility, based a patient's complete clinical picture
 - Appropriately counsel pre-operative patients on their risks of reduced fertility following surgery (open or laparoscopic; IPAA or other, including CD surgeries)
 - Create an evidence-based recommendations for timing of referral to ART for IBD patients
 - Create a risk calculator for reduced fertility/infertility based on identified risk factors to guide counseling and recommendations

What is the WIsDoM Fertility Registry Study?

First **prospective** registry aimed to **define and quantify** the factors affecting fertility in women with IBD who desire pregnancy

Who is Eligible for the WIsDoM Registry?

Eligible IBD patients: women **18-45 years** of age
considering pregnancy in the **next 15 months**

What Questions will WIsDoM Answer?

- Extent to which laparoscopic IPAA affects fertility and ART outcomes
- Which CD surgeries affect fertility
- What clinical and pathological features of CD cause reduced fertility at baseline
- Whether IBD medications affect fertility or ART
- Effect of sexual dysfunction on fertility
- Effect of mental health on fertility
- Effect of race, ethnicity, socioeconomic status, education on fertility
- Differences in time to pregnancy in women with IBD with or without surgery
- Whether there are modifiable risk factors for reduced fertility in IBD patients

What are the Aims of WIsDoM?

We seek to identify risk factors for reduced fertility in women with IBD.

- Primary outcome:
 - Impact of any IBD surgery on fertility (ability to conceive with timed, unprotected intercourse) and time to pregnancy
- Secondary outcomes:
 - Impact of laparoscopic vs open IBD surgery on fertility and time to pregnancy
 - Impact of other factors on fertility and time to pregnancy
 - Disease activity, disease subtype and phenotype, medications, sexual dysfunction, social determinants of health
- Will compare outcomes among IBD patients within our cohort, as well as to historical, non-IBD controls

Who to Contact for Questions?

For collaborators:

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For patients/participants:

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