

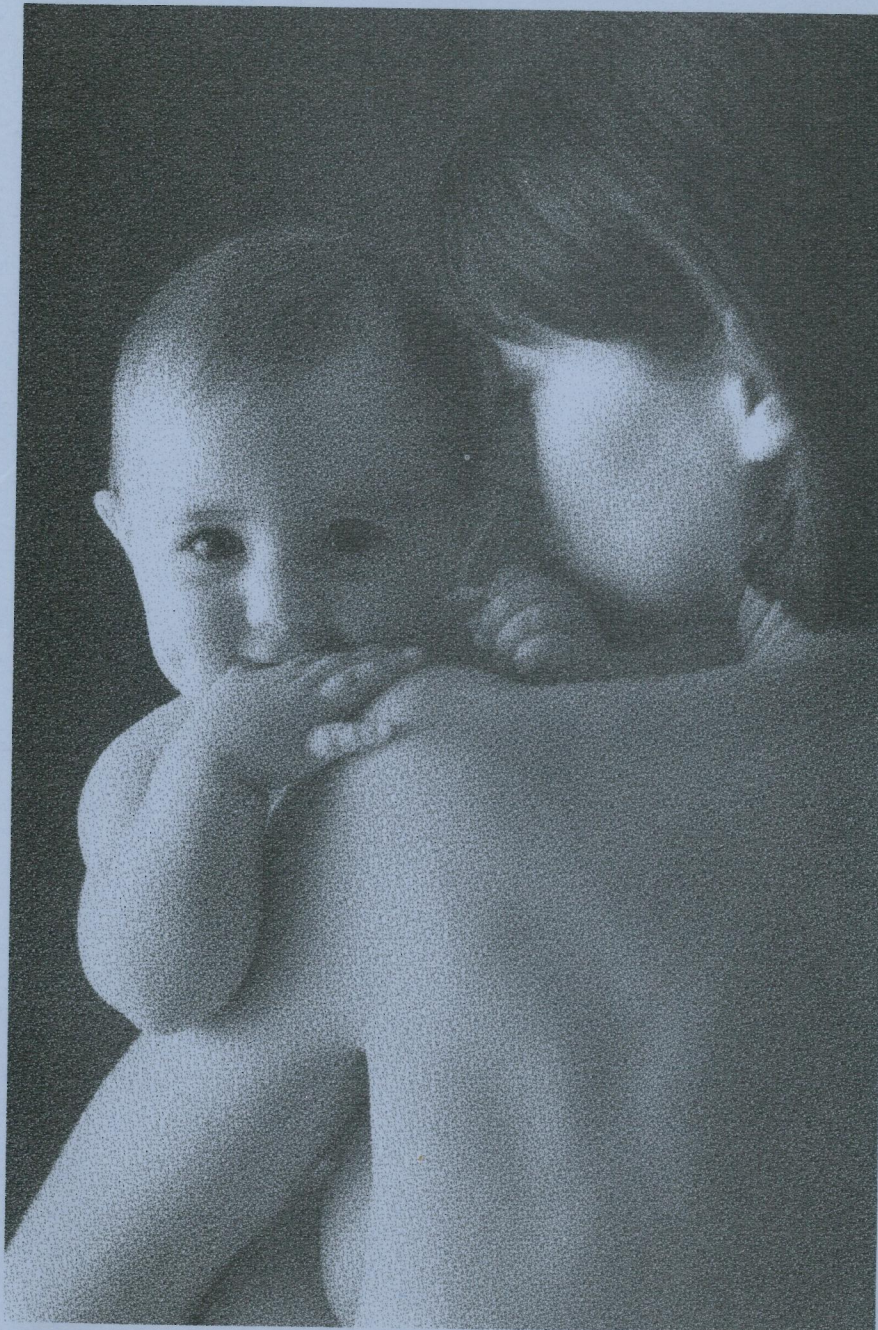
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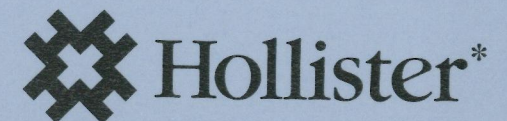


Lifestyle
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Lifestyle

and your ostomy

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PREGNANCY
AND
CHILDBIRTH



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Welcome to Lifestyle Pregnancy and Childbirth

This booklet is especially for women and their partners who are about to have an ostomy or who already have a stoma, and who would like to know more about any effect this may have on pregnancy. It also provides general advice on keeping healthy during pregnancy, and discusses any special problems which may occur during pregnancy and childbirth.

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edge the assistance of the Ileostomy Association and

Useful Addresses

anus has healed, you should be able to resume or commence sexual relations.

As one woman who has had an ostomy said: "young children have far more effect on disrupting your sex life than having a stoma."

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 wish to get pregnant, it is always advisable to use a contraceptive.

Although most methods of contraception are just as effective for ostomists, family planning may need a little more thought.

Diaphragms or caps may not always be suitable for women with stomas because the anatomy of the vagina and uterus may be altered making insertion and retention difficult. Nevertheless, they are suitable for some women.

The pill may not be suitable for

some ileostomists, depending upon how much intestine is remaining. A higher than average dose may be necessary if absorption in the intestine is not very good and, in some individuals with Crohn's disease, absorption is so unreliable as to make the pill unsuitable as a form of contraception.

Another form of contraception which may suit some women with an ileostomy is the three monthly depot injection of progesterone.

The intra-uterine device or coil is not advisable for women who have not had children, and may never be suitable for some ostomists. If there is a history of damage to the Fallopian tubes or infection, the coil should not be used. If the uterus is fixed in an unusual position following surgery, it can be very difficult for a coil to be fitted.

Condoms provide an effective alternative for those where other methods are unsuitable, and are very reliable provided they are consistently used.

If you and your partner have made a decision not to have any more children then sterilisation

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15 Station Road
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The Ileostomy Association of Great Britain and Ireland
Amblehurst House
Black Scotch Lane
Mansfield
Notts NG18 4PF
Telephone: (0623) 28099

Urostomy Association
Buckland
Beaumont Park
Danbury
Essex CM3 4DE
Telephone: (024 541) 4294

Relate (Marriage Guidance)
Herbert Gray College
Little Church Street
Rugby
Warwick CV21 3AP
Telephone: (0788) 573241

couple of days after a caesarean, so if possible, ask one of the theatre staff to change the pouch for you before you regain consciousness or full sensation.

Will I be able to breast feed?

Certainly. The most important factors in successful breast feeding are the correct positioning of your baby at the breast - making sure that your baby is "latched on" - and feeding your baby "on demand", not by the clock. Make sure that you and your baby are comfortable before you start to breast feed and experiment with the position that suits you best - whether this is sitting up or lying down. It is helpful to have an empty pouch before feeding as an active baby can dislodge a fullish pouch or cause it to leak.

If I do have children, will they eventually need to have an ostomy as well?

This is very unlikely unless the cause of your ostomy is hereditary. There is no firm hereditary connection with either Crohn's disease or Ulcerative Colitis.

Is there a limit to the number of children I can have?

Having a stoma makes absolutely

no difference to the number of children you can have, although once any woman has had three caesarean sections, doctors may advise against having any more children.

Summary

As you can see, just because you have had an ostomy, this doesn't mean that you can't enjoy pregnancy and childbirth. The possibility of having a family is a natural desire at the end of a long period of ill health, and pregnancy is probably the best confirmation you can have that having a stoma is not a disability. In fact, it's your ultimate reassurance of normality. Enjoy your pregnancy and your baby.

may be the answer. However, if you have already had extensive surgery you may need a laparotomy (that is, opening of the abdomen) rather than a laparoscopy (looking into the abdomen with a telescope) because of the danger of damage to the intestine. For this reason, it is often best to persuade your male partner to have a vasectomy.

Obviously it is important that you get sound advice about which method of contraception is the most sensible for you. So do talk to your GP, or see the doctor at your family planning clinic.

Getting pregnant

Will having an ostomy affect my chances of becoming pregnant?

The short answer to this question is no. Having a stoma should not make the slightest difference to your ability to conceive and bear a child. If you do experience difficulties in conceiving, the reasons will be no different from those of women who have not had an ostomy.

It is estimated that as many as one in six women may need help in achieving a successful conception, and certainly all of these women do not have a

stoma. So if you do want children, but seem to be having difficulties in conceiving, don't automatically put this down to the fact that you have a stoma. Instead, let us look at some of the reasons why infertility can occur.

Conception can only occur around the time when the woman is ovulating, so to maximise your chances of pregnancy make sure that sexual intercourse takes place at this time. Ovulation is when a woman's egg is released into the Fallopian tube, ready for fertilisation by the male sperm. It normally occurs about 14 days before your next period is due and the 2 to 3 days around ovulation is the fertile time of your cycle. However, if your periods are irregular and you are not sure when you ovulate, you may find it useful to buy a home ovulation testing kit.

Difficulties may also be caused by physical problems such as: your partner may have a low sperm count, you may not be ovulating properly, or there may be problems associated with your Fallopian tubes.

So if you feel you are having difficulties in conceiving, do discuss this with your GP. Even the worry over failure to become

pregnant may be enough to stop you conceiving; or sometimes just a change of position when having sexual intercourse may be helpful. So talking things through or simple advice may be all that is necessary. 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.

How long do I need to wait after having an ostomy before I can have a child?

Before embarking on a pregnancy it is important to check with your doctor or surgeon as to whether you are now fit to go ahead. You may be asked to visit a gynaecologist for pre-pregnancy counselling to discuss any possible difficulties before pregnancy occurs. Once your doctor or surgeon says you are fit enough to embark on a pregnancy, there is no reason why you should not do so.

Early ante-natal care is important for all pregnant women, and once you think you are pregnant it is important to tell your GP. Like other pregnant women you may experience common problems

Maintaining an adequate fluid intake is also important, especially if you suffer from morning sickness, as if this is excessive it may lead to dehydration. If you do suffer from sickness try to eat small meals at frequent intervals and avoid rich and greasy foods. Consult your doctor at once if the sickness is persistent or severe enough to stop you eating or drinking.

Urostomies

Women with a urostomy may be more prone to kidney infection during pregnancy, so again drinking lots of fluid is important. Although your urine will be tested at every ante-natal visit, if you think you have a urinary infection you should see your doctor straight away. Your doctor may want to do further tests and will decide if an antibiotic is appropriate for your condition.

It is also important, however, not to confuse the normal fine strands of mucus present in your urine with an infection. Also you may often have small amounts of bleeding from the stoma itself, and again this should not be taken as an indication of infection.

If you suffer from morning sickness you should follow the same advice as that given above for ileostomists.

Many urostomists find that unlike most pregnant women, they do not have to go to the toilet so frequently during pregnancy.

Will I be able to take part in ante-natal exercises?

Attending parentcraft classes is an important part of your ante-natal care, and there is no reason why you should not take part in the exercises, although as your abdomen enlarges you may find certain exercises may cause the pouch to become loose and leak. It may be advisable to let the person running the class know that you have a stoma if they are not already aware that you have one. Ask her for advice if necessary, and 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 also change shape. It may often become more oval, and may either become shorter or

longer. As a result, it may be necessary for you to change your pouch type as it is vital to maintain an accurate fitting if damage to both the skin and the stoma is not to occur.

It is important to keep measuring your stoma from time to time and change the gasket size of your pouch as necessary. Most women find that soon after delivery their stoma quickly reverts to its original size.

Are there any problems with ultrasound scans?

A problem with adhesion may be caused by the large amounts of oil used in routine ultrasound scanning which seeps into the adhesive tape or skin wafers. It is, therefore worthwhile changing the pouch after such scans, cleaning the skin beforehand to make sure that all traces of oil are removed.

Ultrasound scans may be complicated for urostomists by the absence of a bladder, which helps to give a clear view of the baby in early pregnancy (but at least you do not have to wait for ages with a bursting bladder like all the other mothers!)

Later, scans can be complicated by 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?

A good diet is important in pregnancy whether or not you have a stoma. You do not need to eat for two. Try to eat three meals a day at regular intervals and remember a cold meal can be as nourishing as a cooked meal. Protein, calcium, vitamin D and iron are particularly important for both you and your baby, so try to eat fish, meat, eggs or cheese at two meals a day, and have at least four servings of fruit and vegetables every day, plus a pint of milk if possible. (This can be taken as yoghurt or in drinks). Also include bread or cereals such as rice and pasta at each meal. If you know that certain foods upset you then continue to avoid these, and eat a suitable substitute.

Iron tablets may be prescribed by your GP to prevent anaemia.

If you find that the iron tablets you are given cause tummy upsets, ask your doctor for a different type of supplement. You may also be prescribed vitamin supplements.

It is probably best not to drink alcohol at all during pregnancy, as it can harm your baby, and of course smoking can be very harmful for both you and your developing baby.

Labour and childbirth

What about labour and childbirth?

There seem to be few problems with urostomies during labour. Some women who have had an ileostomy or colostomy worry if the loss of a rectum means that they will not be able to have a vaginal delivery, but removal of the rectum is normally only a problem if damage has been caused to the nerve supply.

"At first I was apprehensive because my entire rectum had been removed, but my ability to push had not been impaired and there weren't any problems."

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