

LUPUS & PREGNANCY

Overview

The body experiences many changes throughout pregnancy and not surprisingly, pregnancy affects the immune system and therefore may also affect your systemic lupus, an autoimmune mediated disease. Below we explore the interaction between pregnancy and systemic lupus.

How does pregnancy affect lupus?

- Unlike rheumatoid arthritis, lupus does not improve through pregnancy, nor does it get worse. Any changes in lupus activity during pregnancy are unlikely related to the pregnancy itself.

How does lupus affect pregnancy?

- Depending on the severity of the disease, lupus may increase risks of some complications in pregnancy. This includes high blood pressure, blood clots, a smaller baby, and in some cases loss of pregnancy. Lupus should not affect your ability to get pregnant unless there is significant kidney involvement.

What are risk factors for complications in pregnancy?

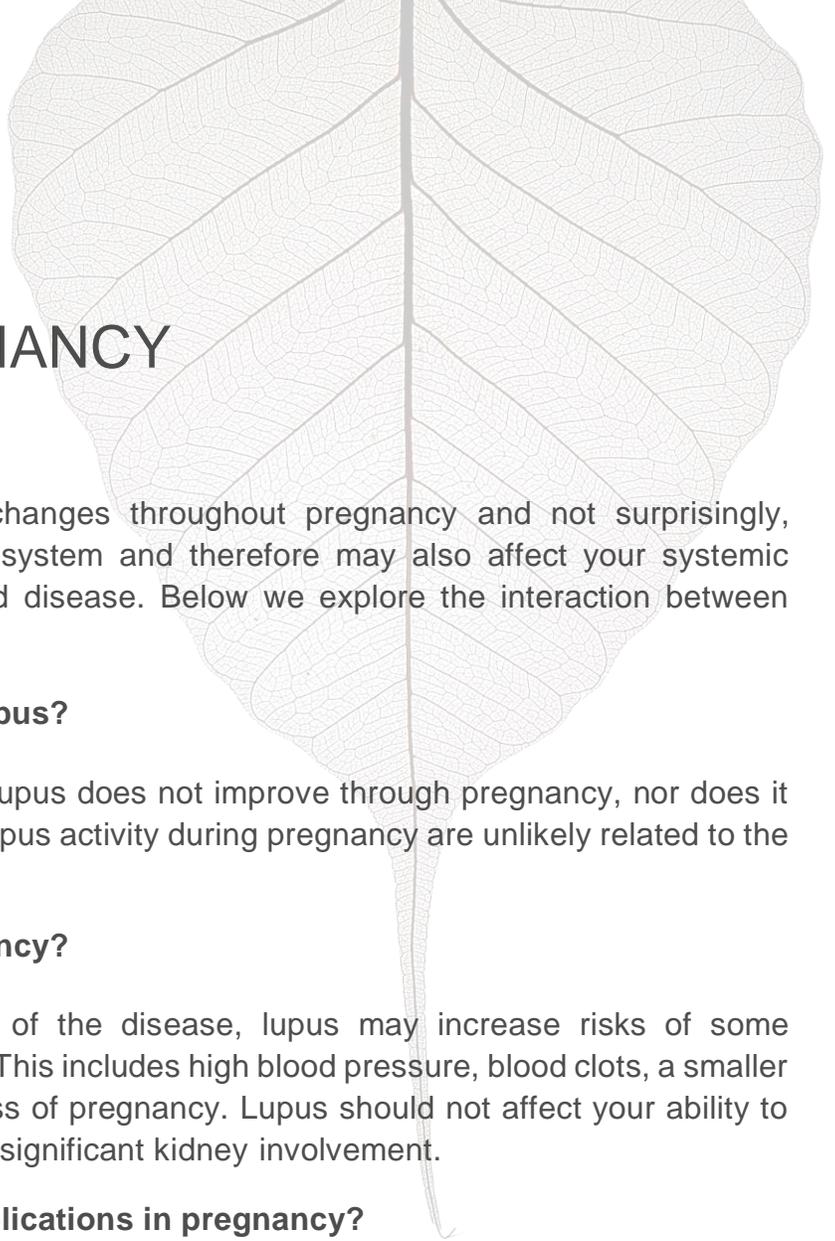
- Your lupus antibody profile affects your risks during pregnancy. Babies of mothers who are positive for antibodies anti-Ro and anti-La antibodies are at increased risk for developing a temporary form of lupus at birth, as well as electrical abnormalities in their heart.

How do I plan for a healthy pregnancy with SLE?

- Before trying to conceive, lupus should be quiescent for 6 months with kidney function close to normal. During the pregnancy, you should monitor the disease every trimester by visiting your doctor and having blood work done. More frequent ultrasounds may also be recommended.

How can I control lupus in pregnancy?

- The most important way to control lupus during pregnancy is to ensure it is well controlled prior to becoming pregnancy.



Which medications are safe to use in pregnancy?

- Remember: when considering what medications for lupus to use during pregnancy, you must always weigh the balance between the risks of the medications and the risks of not treating your lupus for yourself and the baby.
- Always discuss your treatment options with your rheumatologist
- The following medications are generally considered safe in pregnancy:
 1. Prednisone (**Glucocorticoids**) at doses less than 10 mg per day are considered safe, and doses higher than 20 mg can be used but with caution. Concerns include cleft lip, premature membrane rupture, gestational diabetes, hypertension. Steroids differ in their ability to cross the placenta, with prednisone being safer in this regard.
 - Low levels of glucocorticoids can be found in breastmilk.
 2. **NSAIDs** or **anti-inflammatories** (ibuprofen/Advil, naprosyn/Aleve, etc) are safe to use in pregnancy and do not cause any malformations up to 32 weeks of pregnancy. After 32 weeks, NSAIDs may cause premature closure of the ductus arteriosus (a blood vessel important in fetal circulation).
 - Low dose aspirin is safe to use in pregnancy but there is a small increased risk of infant bleeding while breastfeeding.
 - NSAIDs may reduce your ability to conceive and should be discontinued if you and your partner are having difficulty with conception.
 3. **Hydroxychloroquine** is considered safe in pregnancy. While there is a theoretical risk to the development of the fetal eyes, it has not been observed in studies.
 4. **Azathioprine** is generally safe to use in pregnancy but not breastfeeding. There is some data suggesting a risk of fetal growth restriction and prematurity.
 - The following medications are all considered unsafe during pregnancy and breastfeeding and should be stopped at least 3 months prior to conception:
 - Methotrexate
 - Mycophenolate
 - Cyclophosphamide

It is always a good idea to discuss your treatment plan with your rheumatologist as you plan your pregnancy as one step to ensure a safe and successful pregnancy.