

# LUPUS AND PREGNANCY

Doctors once advised women with lupus not to get pregnant due to the potential risks to mother and baby. But while pregnancy with lupus still carries risks, most women with lupus can safely become pregnant and have healthy babies. Less than 50% of pregnancies in women with lupus have complications, but all lupus pregnancies are considered high-risk. Lupus can complicate pregnancy with an increased risk of late miscarriage, premature delivery, pre-eclampsia, as well as neonatal heart problems or a temporary neonatal rash. If you have lupus and are contemplating pregnancy, consider these tips to ensure a safe pregnancy and healthy baby.

## PLANNING FOR PREGNANCY:

The first steps toward a healthy pregnancy and baby begin before you become pregnant. If you are considering pregnancy, it's important that you:

**Timing of your pregnancy.** It isn't always easy to plan a pregnancy. You'll have far fewer complications if your disease isn't active when you become pregnant. If possible, avoid getting pregnant until your lupus has been under control for at least six months. That's especially true for patients with lupus-related kidney disease. The healthier you are when you conceive, the greater your chances of having a healthy pregnancy and healthy baby.

**Meet with your rheumatologist.** Every lupus patient is different. There are tests that can be done to determine your own personal risk for complications. For example, having active kidney or liver disease during pregnancy may lead to problems. Blood and urine testing can look for the presence of renal or hepatic disease so you can be proactive during pregnancy. You will also be screened for anti-Ro/SSA and anti-La/SSB antibodies. These antibodies pose an increased risk of the baby having a congenital heart block or a neonatal rash. About 33% of women with lupus have an increased risk of miscarriage in the second or third trimester due to anti-phospholipid and anti-cardiolipin antibodies. Testing for those antibodies before and during pregnancy can alert your doctor that you may need to take a blood thinner such as low dose aspirin and/or heparin. Even in the absence of these antibodies, if a woman has had a previous blood clot, a second or third trimester miscarriage or more than two first trimester miscarriages, it is recommended that she be given a blood thinner during pregnancy.

Review your medications with your rheumatologist. Some medications are safe to take during pregnancy. For example, Hydroxychloroquine (Plaquenil) and prednisone are considered safe throughout pregnancy but Azathioprine (Imuran) is safe only during the first and second trimesters and NSAIDs, only during the first trimester. Drugs that should not be taken during pregnancy include Methotrexate, Cyclophosphamide (Cytoxan), Mycophenolate Mofetil (CellCept), Leflunomide (Arava), ACE-inhibitors and warfarin (Coumadin). Ideally, these drugs need to be stopped months before becoming pregnant.

**Select a perinatologist.** Because lupus may present certain risk, you will need an obstetrician who has experience with high-risk pregnancies and is at a hospital that has a Neonatal Intensive Care Unit, in the event your baby needs specialized care after delivery. Make sure your insurance plan covers your health care needs and those of your baby, as well as any problems that may arise. With that said though, inadequate insurance should not keep you from getting the treatment that you and your baby need.

## **MONITORING DURING PREGNANCY:**

Follow the general recommendations for any optimum pregnancy outcome- stop smoking and consuming alcohol or recreational drugs, reduce caffeine intake to less than 200 mcg per day, take at least 400 mcg of Folic Acid daily and test for Rubella, Varicella (chicken pox), HIV, Hepatitis B, vaginal Group B Strep. Women with lupus may be more likely to have complications of pregnancy, including diabetes, urinary tract infections, and pre-eclampsia. Women on prednisone are more likely to have hypertension and diabetes. Laboratory monitoring done monthly includes the complete blood count, creatinine, liver function tests, urinalysis, and a 24-hour urine for creatinine clearance and total protein. It is controversial whether serologic tests are helpful during pregnancy because in normal pregnancy, the C3 and C4 typically rise. Regular prenatal exams are important for all women. But they are especially important for women with lupus because many potential problems can be prevented or better treated, if addressed early. Here are some problems that can occur during pregnancy in lupus:

**Antiphospholipid Antibody Syndrome.** One possible complication is antiphospholipid antibody syndrome. These antibodies can increase the risk of developing blood clots in the placenta that can slow down your baby's food and oxygen supply. This decreased supply of nutrients then can cause the baby's growth to decline or even cause a miscarriage in the second or third trimester. Frequent ultrasounds are done to monitor the baby's rate of growth in mothers who have antiphospholipid antibody syndrome.

**Pre-eclampsia.** Another possible complication can be pregnancy-induced hypertension, otherwise known as pre-eclampsia. Pre-eclampsia is a sudden increase in blood pressure associated with protein in the urine and body swelling. It occurs in about one out of every five lupus pregnancies. It is more common in women with kidney disease or high blood pressure and in women who smoke. Preeclampsia often requires urgent treatment and can only be cured by delivery of the baby.

**Pre-term delivery.** About one out of every three women with lupus delivers pre-term, which means before completing 37 weeks of pregnancy. Risk factors for preterm birth, in general, include active lupus, high dose prednisone, pre-eclampsia and kidney disease. Preterm birth in lupus is usually not due to antiphospholipid antibodies, but most often due to pre-eclampsia and premature rupture of membranes. Hypertension in the second trimester is a predictor that the baby may be born premature. The symptoms of premature labor may include: backache, pelvic pressure, leakage of blood or clear fluid from the vagina, abdominal cramps, contractions occurring every 10 minutes or more.

**Congenital Heart Block.** The babies of mothers who test positive for SSA/SSB will be monitored closely for congenital heart block. This abnormal heart rhythm is rare but can be detected by a fetal echocardiogram.

**Lupus Flare.** Fatigue, swelling, back pain, shortness of breath, facial rashes and hair changes- these are symptoms of pregnancy that can mimic a lupus flare. Sometimes it's difficult to tell the difference. Getting enough rest is extremely important. Women with lupus should follow a well-balanced, healthy diet and avoid gaining excess weight during pregnancy. Be prepared to modify your activities and routine if you are fatigued or in pain.

## **DELIVERY AND AFTER:**

**Delivery.** Your doctor will decide the method of delivery -- cesarean section or vaginal by considering your health and your baby's health at the time of labor. Many women with lupus can have vaginal deliveries. But if the mother or baby is in distress, a cesarean section may be the safest and fastest way to deliver. Women who have required steroids to control their lupus during pregnancy will receive an increased dose during labor and delivery. This "stress dose" will help the body respond normally to the physical stress of childbirth. Most lupus patients give birth to healthy babies. Babies that are born to lupus patients are at no greater risk for birth defects or intellectual disability (also known as mental retardation) when compared to those born to women who do not have lupus.

**Breastfeeding difficulties.** Mothers who deliver prematurely or are taking certain medications may have trouble producing breast milk. Also, babies born prematurely may not be strong enough to suckle and draw out breast milk. Some mothers need to take medications that can affect the breast milk and should therefore be avoided.

NSAIDs- Can be used but avoid aspirin

Prednisone- Only in low doses of under 20mg per day

Antimalarials, Warfarin, Heparin- These all appear to be safe while breastfeeding

Azathioprine and Cyclosporine- Can enter the breast milk in small concentrations. Avoid, if possible

Cyclophosphamide and Methotrexate- These should be avoided while nursing

**Neonatal lupus.** For lupus patients with anti-RO/SSA or anti-LA/SSB antibodies, there is a 25% risk of neonatal lupus. Neonatal lupus is not the same as lupus in the mother. The condition consists of a red rash and abnormal blood counts. Most often it's transient and will pass once the mother's SSA/SSB antibodies have cleared out of the baby's system. By the time the baby is 6 or 8 months old, the rash has usually disappeared and never returns. In rare cases, babies with neonatal lupus may have an abnormal heart rhythm due to congenital heart block that is permanent and may require a pacemaker.

**Follow up care.** Watch for signs of lupus flares. A flare is more likely to occur in the last trimester of pregnancy or within the first few months after delivery which is why it so important to be closely monitored by your physician after the birth of a child. After the delivery, it is important to see your doctor regularly to monitor the changes in your body as it returns to the way it was before you were pregnant. Although you will be focused on caring for your new baby, remember it's important that you take care of yourself.

**Get support.** Having the right support from your family, friends and your provider can help you cope with a high-risk pregnancy. Because you have lupus, you may need extra time to recover from giving birth as well as deal with the challenges of parenthood. Making the decision to have a child is a big step in anyone's life. And, while this decision is one that requires great care and planning, this is all the more true for someone with lupus. Even though the pregnancy risks may be higher for women with lupus, it is possible to have a healthy pregnancy.

Find more resources through the

**Lupus Foundation of America, Georgia Chapter**

**(770)-333-5930**

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