

# YOUR GUIDE TO LUPUS AND PREGNANCY



**You're thinking about starting a family but wondering if lupus will stand in the way. It doesn't have to—women with lupus can have a safe pregnancy and healthy baby.<sup>1</sup>**

The vast majority of lupus cases occur in women, and the disease often appears during a woman's childbearing years.<sup>2</sup> Lupus care has come a long way since the days when physicians routinely recommended women with lupus to avoid pregnancy due to the health risks. Today, many women with lupus have successful pregnancies, but there's a lot for them to consider before conception and during (and after) those vital 40 weeks.<sup>3</sup>

## **WHAT TO KNOW FROM PRENATAL TO POSTPARTUM**

In this guide, we'll cover some of the most important information you need to know about getting pregnant and having a baby while living with lupus. The big takeaway—advance planning is essential.

You have a higher risk of complications during pregnancy than someone without lupus, so it's critical to work with your physician months in advance to be sure the disease is under control before you start trying to get pregnant. During pregnancy, you'll need to work with your medical team to minimize health risks for yourself and your baby. After giving birth, you may need to take special steps to help your baby thrive, such as adjusting your medications if you breastfeed and monitoring your baby for certain health issues.<sup>4</sup>

**Planning to get pregnant but need help managing lupus? Ask your physician about the [AVISE SLE Monitor test](#).**

# 4 THINGS TO KNOW ABOUT PREPARING FOR PREGNANCY

Planning for pregnancy is ideal in nearly every situation. If you're living with lupus, it helps ensure a successful nine months for you and your baby.<sup>1</sup>

How far in advance should preparations begin? If you want to have a baby, talking with your physician three to six months before you start trying to conceive helps lay the groundwork for a healthy pregnancy. This allows time for your physician to make any necessary changes to your medications and for you to get lupus under control.<sup>4</sup>

Careful preparation is important because women who have lupus and get pregnant are at high risk for pregnancy complications.<sup>5</sup> As you consider starting a family, here are four things to know about pre-pregnancy planning.



# 1

**You need to control lupus symptoms well in advance of conceiving.** Be sure you're managing lupus successfully or are in remission for at least six months before pregnancy.<sup>5</sup> Getting pregnant during a period of disease activity puts you at risk for several problems, including miscarriage and stillbirth.<sup>1</sup>



# 2

**Infertility doesn't have to deter you.** If you're taking a lupus medication that can affect fertility, your physician may change it. He or she can also help you determine whether in vitro fertilization may improve your chances of conceiving.<sup>3</sup>



# 3

**Your medications may need to change.** Certain lupus medications can lead to birth defects, and you may need to stop taking them up to three months before trying to get pregnant.<sup>4</sup> Medications that can lead to birth defects include cyclophosphamide, leflunomide, lenalidomide, methotrexate, mycophenolate, mycophenolic acid and thalidomide. Medications that are safe to take before and during pregnancy include azathioprine, chloroquine, colchicine, cyclosporine, hydroxychloroquine, prednisone (rarely) and tacrolimus.<sup>6</sup>



# 4

**Your physician can help you optimize your pre-pregnancy health.** Follow your physician's recommendation to take a prenatal vitamin and folic acid supplement.<sup>3</sup> Your physician may also recommend blood and urine tests to better understand the state of your health before you try to get pregnant.<sup>5</sup>

## RISK RAISERS

Lupus increases your risk of pregnancy complications.<sup>4</sup> You're even more vulnerable to pregnancy-related problems if you had complications during a past pregnancy or have lupus and certain other health conditions, including<sup>1,4</sup>:

- A history of preeclampsia
- Antiphospholipid antibodies in your blood
- Blood clots
- Heart failure
- High blood pressure
- Kidney disease or chronic kidney failure
- Low blood platelet levels
- Lung disease
- Stroke

Whether you had one of these conditions in the past or are dealing with it now, let your physician know so the two of you can plan to control not only lupus, but also any other disease that could complicate a pregnancy.<sup>4</sup>



## NAVIGATING THE JOURNEY TO MOTHERHOOD

**Many women with lupus have healthy pregnancies,<sup>5</sup> but it's important to monitor your health closely for signs of complications.<sup>1,5</sup>**

A healthy pregnancy requires support from a team of medical providers. Due to the additional risk that comes from having lupus, your team may be larger and more specialized than those of other expectant mothers. For example, it's a good idea to see a maternal-fetal medicine (MFM) specialist to help manage your pregnancy.<sup>4</sup> These experts specialize in high-risk pregnancies.<sup>7</sup>

In addition to seeing an MFM specialist, you may also need to visit other specialists, such as a cardiologist, pulmonologist or nephrologist, depending on your overall health and how lupus affects your body. You'll also continue seeing your rheumatologist.<sup>6</sup>

### COMPLICATING FACTORS

Your medical team can help you manage any complications that may occur, including lupus flare-ups. These tend to be mild, but they can lead to serious problems, such as preterm birth.<sup>1</sup> Tell your physician if you experience signs of flare-ups, which include arthritis, fatigue and rashes.<sup>5</sup> Steroids can help control flare-ups.<sup>5</sup>

Another complication that may occur is preeclampsia,<sup>4</sup> a condition that can cause high blood pressure and damage to the liver or kidneys during pregnancy.<sup>8</sup> Symptoms include swelling of the hands and face, sudden weight gain, persistent headache, difficulty breathing, abdominal pain, and blurry vision.<sup>8</sup> Early treatment is key, so seek help immediately if you notice signs of preeclampsia.

Lupus increases your risk for other pregnancy-related complications, including<sup>1,3,4</sup>:

- Blood clots
- Diabetes
- HELLP syndrome (a condition related to preeclampsia that affects the blood and liver)
- High blood pressure
- Kidney problems
- Miscarriage
- Premature birth
- Stillbirth



#### DID YOU KNOW?

Lupus flare-ups seldom occur during pregnancy.<sup>5</sup> When they happen, it's usually during the first or second trimester.<sup>1,5</sup>



### POTENTIAL PROBLEMS FOR BABY

It's important to keep every appointment with your physicians, especially your MFM specialist. He or she will monitor your developing baby's health as your pregnancy progresses.

Most women with lupus have healthy babies,<sup>5</sup> but this condition does increase the risk for certain fetal and newborn health issues.<sup>1,4,5</sup> For example, some babies may experience sluggish growth in the womb.<sup>4</sup>

Around 3% of women with lupus give birth to babies who have a form of the disease called neonatal lupus.<sup>5</sup> This condition is different from adult lupus<sup>4</sup> and occurs due to antibodies in the mother's blood.<sup>1</sup> A rash on your baby's face is a potential sign.

Babies with neonatal lupus can develop a heart defect called congenital heart block, but it's rare. Fortunately, having neonatal lupus doesn't mean a baby will grow up to have adult lupus.<sup>4</sup> Typically, neonatal lupus is temporary—in most cases, it disappears three to six months after birth.<sup>1</sup>

# THRIVING TOGETHER

**Your baby is finally here, and now you're settling into family life together. You can take steps to help both of you be healthy and happy.**

You have a precious new priority, and you want your baby to have a healthy start to life. If you plan to breastfeed, you may wonder whether it's safe to take lupus medications. The answer is yes, but you should avoid certain medicines.<sup>4</sup>

It's safe to breastfeed while taking azathioprine, chloroquine, cyclosporine, hydroxychloroquine, ibuprofen, IVIG (immunoglobulin), prednisone and tacrolimus. If you take belimumab and rituximab, discuss their effect on your breast milk with your doctor. These medications appear to be safe for nursing infants, but more data is needed to be certain. You should not take cyclophosphamide, methotrexate, mycophenolic or mycophenolic acid while breastfeeding.<sup>9</sup>

## YOUR POSTPARTUM HEALTH

Closely monitor your health after birth, and tell your physician about any symptoms you experience. One medical issue that can occur is preeclampsia.<sup>4</sup> Typically occurring only during pregnancy, preeclampsia can, rarely, develop after childbirth, usually within 48 hours after delivery.<sup>8</sup> HELLP syndrome can also occur after giving birth.<sup>4</sup>

Lupus care with your rheumatologist will continue after your baby arrives, and you should schedule an appointment two to three months after you give birth. Your rheumatologist will use this visit to see how you're doing, check the status of your disease, and possibly reevaluate the medications you're taking. If you had to stop taking certain medicines prior to pregnancy, you may be able to resume taking them, unless they're not safe to take while breastfeeding.<sup>4</sup>

## MENTAL HEALTH MATTERS

Don't forget to care for your mental health after pregnancy. Living with lupus can lead to depression,<sup>10</sup> and many new mothers experience postpartum depression. Tell your physician if you experience any of the following for more than two weeks after giving birth<sup>11</sup>:

- Difficulty concentrating
- Fatigue
- Feelings of sadness or worthlessness
- Insomnia
- Loss of interest in your baby or things you once enjoyed
- Overeating

Without treatment, postpartum depression can get worse and affect not only your health, but also your child's development and behavior. Treatments such as talk therapy and medications can help.<sup>11</sup>

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## FLARE-UPS FOLLOWING PREGNANCY

Life as a new mother can be hectic, but don't let the joys and responsibilities of being a parent lead you to lose sight of managing lupus. Keeping lupus under control is important for your health and your ability to be present and care for your baby.

Like other new moms with lupus, you may have a flare-up weeks or months after giving birth.<sup>3,5</sup> If this occurs, tell your physician so he or she can help you address your symptoms and get them back under control. Don't hesitate to ask friends or family members for help with everyday tasks while you're juggling motherhood and symptom management.