



# LIVING WITH LUPUS

## LUPUS AND PREGNANCY

### When is the best time for me to become pregnant?

- The best time to get pregnant is when you are the healthiest. If you have active kidney problems or other serious lupus problems, your pregnancy could be difficult. It might be hard to find medicines for you that would be safe for your developing baby.

### Will it be hard to get pregnant because I have lupus?

- Some medicines such as cyclophosphamide (Cytoxan®) decrease your chance to become pregnant. If you have received Cytoxan® in the past, you should discuss this with your doctor.

### Will I have a flare of my lupus when I am pregnant?

- If your disease has been well controlled for six or more months, it is likely you will not have a flare during your pregnancy. There are some 'normal' symptoms of pregnancy such as aching joints, hair changes, rashes, swelling of the legs, and a feeling of warmth. These symptoms could be confused with a flare. Be sure to tell your rheumatologist or obstetrician all your symptoms.

### What medicines are safe for me to take while I am pregnant?

- All medicines and supplements should be used only with close monitoring from your doctor. Talk to your doctor about your medicines before you become pregnant.
  - *Generally safe:* prednisone, prednisolone, methylprednisolone, hydroxychloroquine (plaquenil), acetaminophen (Tylenol®), NSAIDs such as ibuprofen and naproxen may be taken for the first half of pregnancy.
  - *Unsafe:* cyclophosphamide, methotrexate, leflunomide, coumadin (warfarin), ACE inhibitors (Lisinopril, Ramipril, etc)

### Do I need to start any new medicines when I am pregnant?

- You should take prenatal vitamins with extra calcium and folate (folic acid).
- When you are pregnant, it is recommended that you get at least 1000 mg of calcium and 800 mcg of folate a day. If you have had several miscarriages or have antiphospholipid antibodies, which can cause clotting problems, your doctor may recommend that you take an aspirin or heparin.

### Should I see a "high-risk" obstetrician?

- Your rheumatologist can help you decide whether you need to see a high-risk obstetrician who has more experience dealing with the issues that may arise in a woman who has lupus. You should deliver your baby in a hospital that has a unit to care for premature newborn babies.

- Remember to keep all of your prenatal appointments because many problems can be prevented and those found early are easier to treat.

### **Will my baby be normal?**

- Most babies born to mothers who have lupus are healthy. Your baby could have problems if it is born prematurely, that is before week 37 of 40. Sometimes this can cause medical problems for the baby, but most can be treated in a neonatal unit.
- About 3 in every 100 women with lupus will have a baby with neonatal lupus. These babies may have rash, abnormal blood counts and sometimes a heart problem. The rash and abnormal blood counts will go away in six months. The heart problems can be more serious. Neonatal lupus is not systemic lupus (SLE) as in adults.

### **Is there anything I need to know after I deliver the baby?**

- Yes, some medicines cannot be taken if you plan to breastfeed your baby.

### **If it is better for me not to become pregnant, what is the best type of birth control?**

- Personal choice, comfort, religious and cultural beliefs all play into the decision of what birth control to use. Barrier methods such as the diaphragm, condoms, and Novo ring® pose no increased risk of disease activity although these methods are not 100% protective. Intrauterine devices (IUDs) are very reliable but pose a slight increased risk for infection, in particular in women on medicines that can suppress their immune system.
- Recently it has been shown that in women with stable mild lupus, oral contraceptives or birth control pills containing estrogen can be used, providing that these women do not have antiphospholipid antibodies or other clotting problems. In patients with antiphospholipid antibodies, only pills with progestin should be used.

**This information is intended to complement, not replace, the advice and care you receive from medical and health professionals.**