

WOULD YOU LIKE TO BECOME PREGNANT IN THE NEXT 12 MONTHS?™

If YES, talk with your rheumatologist about the steps to have the healthiest pregnancy possible.

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To have the safest pregnancy possible:

- use medications on the GO LIST
- keep your lupus activity as low as possible for you

Having very active lupus during pregnancy puts you and your baby at higher risk for pregnancy loss and preterm delivery.

PREGNANCY COMPATIBLE - J THE GO LIST

- ↓ Hydroxychloroquine (Plaquenil)
- √ Chloroquine
- √ Azathioprine (Imuran)
- √ Cyclosporine (Neoral, Restasis)
- √ Tacrolimus (Prograf)
- √ Colchicine
- √ Prednisone (use sparingly)

INSUFFICIENT INFORMATION - ATHE CAUTION LIST

- △ Rituximab
- △ Belimumab

MAY CAUSE BIRTH DEFECTS - x THE STOP LIST*

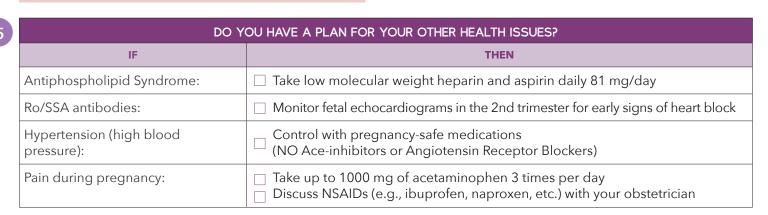
- x Methotrexate
- x Mycophenolate (CellCept)
- x Mycophenolic acid (Myfortic)
- x Cyclophosphamide (Cytoxan)
- x Thalidomide (Thalomid)
- x Lenalidomide (Revlimid)
- x Leflunomide (doesn't cause loss or birth defects if stopped and removed with cholestyramine)

*If currently pregnant, STOP immediately. If planning pregnancy, talk with your doctor BEFORE you stop.

#2	IS YOUR LUPUS WELL CONTROLLED? Work with your rheumatologist to answer these questions.		
	☐ Minimal signs of inflammation		
	☐ Minimal urine protein		
	\square No flare requiring prednisone in last 6 months		
	$\hfill \Box$ Check for Ro/SSA or antiphospholipid antibodies		

#3	ARE YOUR MEDICATIONS RIGHT FOR PREGNANCY?		
	☐ Continue or start GO LIST medications		
	Stop STOP LIST medications (if needed, switch to a GO LIST medication)		
4	Start a daily prenatal vitamin now		
	Start aspirin, 81mg per day, at the end of your 1st trimester		
4	☐ Discuss any other medications with your obstetrician		

4	WHICH DOCTORS SHOULD Y	
	RheumatologistMaternal-FetalMedicine SpecialistLocal Obstetrician	□ Nephrologist□ Cardiologist□ Pulmonologist□ Hematologist



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