PREGNANCY PLANNING
For Women With Lupus
Recommendations based on the 2020 ACR Reproductive Health Guidelines*

Very active lupus
Taking STOP List Medications
  → RISK
  pregnancy loss & premature birth or birth defects

Taking GO List Medications
Keeping lupus activity low (as possible)
  → RISK
  the SAFEST pregnancy possible for you

PREGNANCY COMPATIBLE
✓ GO LIST
  √ Hydroxychloroquine (HCQ, Plaquenil)
  √ Chloroquine
  √ Azathioprine (Imuran)
  √ Colchicine
  √ Cyclosporine (Neoral, Restasis) [monitor blood pressure]
  √ Tacrolimus (Prograf) [monitor blood pressure]
  √ Prednisone [use sparingly]

INSUFFICIENT INFORMATION
△ CAUTION LIST
△ Rituximab [only for very active disease]
△ Belimumab [discontinue at conception]

MAY CAUSE BIRTH DEFECTS
✗ STOP LIST**
  x Methotrexate
  x Mycophenolate (CellCept)
  x Mycophenolic acid (Myfortic)
  x Cyclophosphamide (Cytoxan) [for life/organ-threatening disease in 2nd or 3rd trimester]
  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.

IS YOUR LUPUS WELL CONTROLLED?
Work with your rheumatologist to answer these questions.

☐ Minimal signs of inflammation
☐ Minimal urine protein
☐ No flare requiring prednisone in last 6 months
☐ Check for Ro/SSA or antiphospholipid antibodies

ARE YOUR MEDICATIONS RIGHT FOR PREGNANCY?

☐ Continue or start GO LIST medications
☐ HCQ recommended for all pregnancies
☐ Switch from STOP LIST meds to GO LIST meds
☐ If prednisone >5mg needed then add GO LIST med
☐ Start aspirin, 81 mg/day, at end of 1st trimester to lower preeclampsia risk
☐ Discuss any other medications with your obstetrician

WHICH DOCTORS SHOULD YOU TALK WITH?
Ask your rheumatologist which doctors you need on board.

☐ Rheumatologist [see at least 1x per trimester]
☐ Maternal-Fetal Medicine Specialist
☐ Local Obstetrician (OB)
☐ Nephrologist
☐ Cardiologist
☐ Pulmonologist
☐ Hematologist
☐ Dermatologist

DO YOU HAVE A PLAN FOR YOUR OTHER HEALTH ISSUES?

<table>
<thead>
<tr>
<th>IF</th>
<th>THEN</th>
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<tbody>
<tr>
<td>Antiphospholipid Syndrome:</td>
<td>□ Everyone: take 81mg aspirin daily</td>
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<td></td>
<td>□ If you had a blood clot: therapeutic dose low molecular weight heparin (LMWH)</td>
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<td></td>
<td>□ If you never had a blood clot: prophylactic dose LMWH</td>
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<td>Ro/SSA antibodies:</td>
<td>□ Hydroxychloroquine 400mg/day - cuts the risk for heart block in half</td>
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<td>□ Consider fetal echocardiograms in the 2nd trimester</td>
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<td>High blood pressure:</td>
<td>□ Control carefully [NO ACE-inhibitors or Angiotensin Receptor Blockers]</td>
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<tr>
<td>Pain during pregnancy:</td>
<td>□ Discuss pain medications, including NSAIDs, with your OB</td>
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This educational activity is supported by an educational grant from GlaxoSmithKline. Updated May 2020.
To choose the best method for you, talk with your doctor to find out if you:
• have high lupus activity
• have urine protein (proteinuria) >3g
• are positive for antiphospholipid antibodies (aPL)
• are at high risk for blood clots

Recommendation based on:
LOW blood clot risk
HIGH blood clot risk
- Prior blood clot
- Positive aPL
- Proteinuria >3g

Depo Provera
Pill with estrogen
Ring
Patch
Mini Pill

Want more information? Here are some great online places to go for more details:
www.bedsider.org
www.acog.org/Patients

EMERGENCY CONTRACEPTION IS SAFE!
Accidents happen. Emergency Contraception (the “Morning After Pill,” Plan B,® and similar medications) effectively prevent pregnancy if taken within 3 days of having sex. These are safe for all women with lupus, even women at high risk for blood clots.

No prescription is needed and you can buy it from your local pharmacy or Amazon. Emergency contraception does not cause an abortion.

Your gynecologist has other options for emergency contraception that work up to 5 days after sex.

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