

PREGNANCY PLANNING For Women With Lupus

Recommendations based on the 2020 ACR Reproductive Health Guidelines*

IS YOUR LUPUS WELL CONTROLLED?

	HOP STEP
	Lupus • Pregnancy
#1	A Laurel common A attiviture

	Lower		Work with your rheumatologist to answer these questions.
	and Risk GO List Medications		☐ Minimal signs of inflammation
-	^		☐ Minimal urine protein
	High Lupus Activity Higher	• pregnancy loss	☐ No flare requiring prednisone in last 6 months
and/or Risl		a company at company to the last last last last last last last last	☐ Check for Ro/SSA or antiphospholipid antibodies
	STOP List Medications		
	PREGNANCY COMPATIBLE	√ go list	
	 ↓ Hydroxychloroquine (HCQ, Plaquenil) ↓ Chloroquine ↓ Azathioprine (Imuran) ↓ Colchicine 		#3 ARE YOUR MEDICATIONS RIGHT FOR PREGNANCY?
			☐ Continue or start GO LIST medications
			☐ HCQ recommended for all pregnancies
	 ✓ Cyclosporine (Neoral, Restasis) [n ✓ Tacrolimus (Prograf) [monitor blood 		☐ Switch from STOP LIST meds to GO LIST meds
√ Prednisone [use sparingly]			Switch from STOT Elst fileds to GO Elst fileds
	INSUFFICIENT INFORMATION	△ CAUTION LIST	\Box If prednisone >5mg needed then add GO LIST med
	△ Rituximab △ Anifrolumab		☐ Take aspirin 81-162mg each night to lower
	△ Belimumab		preeclampsia risk (start end of 1st trimester)
		25	
	MAY CAUSE BIRTH DEFECTS x Methotrexate	X STOP LIST**	Discuss any other medications with your obstetrician
	x Mycophenolate (CellCept)		
	x Mycophenolic acid (Myfortic)x Cyclophosphamide (Cytoxan) [for life/organ-threatening		#4 WHICH DOCTORS SHOULD YOU TALK WITH? Ask your rheumatologist which doctors you need on board.
	disease in 2nd or 3rd trimester]	me, ergan ameaterning	\square Rheumatologist [see at \square Nephrologist
	x Thalidomide (Thalomid)x Lenalidomide (Revlimid)		least 1x per trimester]
	x Leflunomide [doesn't cause loss or birth defects if stopped		☐ Maternal-Fetal ☐ Pulmonologist
	and removed with cholestyramine] **If currently pregnant, STOP immediately. If planning pregnancy,		Medicine Specialist \square Hematologist
	talk with your doctor BEFORE you stop.		☐ Local Obstetrician (OB) ☐ Dermatologist
	DO V		NO VOLID OTHER HEALTH ISSUES?
	IF	DO HAVE A FLAN FO	OR YOUR OTHER HEALTH ISSUES? THEN
		Evervone: take 8	81mg aspirin daily
4	Antiphospholipid Syndrome:	☐ If you had a bloo	od clot: therapeutic dose low molecular weight heparin (LMWH)
-		-	d a blood clot: prophylactic dose LMWH quine 400mg/day - cuts the risk for heart block in half
			echocardiograms in the 2nd trimester
	High blood pressure:		y [NO ACE-inhibitors or Angiotensin Receptor Blockers]
	Pain during pregnancy:		edications, including NSAIDs, with your OB



This educational activity is supported by an educational grant from GlaxoSmithKline. Updated November 2023.

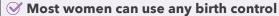


BIRTH CONTROL AND LUPUS

Women with lupus have many great birth control options!

Recommendations based on the 2020 ACR Reproductive Health Guidelines*

STEP 1





- high lupus activity
- urine protein >3g
- positive antiphospholipid antibodies (aPL)
- a high risk for blood clots

TWO IS BETTER THAN ONE

Combine two forms of birth control to reduce the chance of pregnancy.

Hormonal Contraception

pregnancies per year out of 100 women

Condoms

pregnancies per year out of 100 women

Combined: **Hormonal Contraception + Condoms**

pregnancies per year out of 100 women

EMERGENCY CONTRACEPTION

Emergency Contraception (EC) can dramatically decrease the chance of pregnancy when birth control is not used. EC is:

- SAFE for ALL WOMEN with rheumatic disease
- NO prescription needed for Plan B (buy on Amazon)
- Does NOT cause abortion

Plan B One-Step®



(Rx) ella®



See bedsider.org for more information

§The US MEC (2016) lists implants, LNG-IUD, & POP as Category 3 for women with lupus due to potential for increased thrombotic risk, yet these contraceptives are Category 2 for women with a prior clot or cardiovascular disease; current data does not indicate that implants or POP increase risk for clot.

HIGHLY

EFFECTIVE

<1%

pregnant each year

EFFECTIVE 6-9% pregnant each year

INEFFECTIVE 10-25% pregnant each year

> **Use Emergency** Contraception If you haven't been taking your birth control 100% of the time!

Contraceptive Method

Tubal Ligation/

Recommended

X Not Recommended

ALL women can use these 3 MOST effective methods

Vasectomy **Implant**§

IUD§

HIGH blood LOW blood clot risk clot risk Prior blood clot LOW lupus -Positive aPL Proteinuria >3g **Hormonal Contraception** activity activity (\mathbf{X}) Depo Provera (\mathbf{X}) Pill with estrogen

 (\mathbf{X}) Ring

 (\mathbf{X}) Patch Progestin-only Pill

ALL women can use these LEAST effective methods

Condom

Diaphragm

Sponge

Cervical Cap

Spermicide

111 Fertility Awareness



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