





PREGNANCY PLANNING For Women With Lupus

Recommendations based on the 2020 ACR Reproductive Health Guidelines*

#1

 Low Lupus Activity and  GO List Medications	Lower Risk	the SAFEST pregnancy possible for you
 High Lupus Activity and/or  STOP List Medications	Higher Risk	<ul style="list-style-type: none"> • pregnancy loss • premature birth • birth defects

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
- △ Belimumab
- △ Anifrolumab
- △ Voclosporin

MAY CAUSE BIRTH DEFECTS X 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.

#2

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

#3

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
- Take **aspirin 81-162mg each night** to lower preeclampsia risk (start end of 1st trimester)
- Discuss any other medications with your obstetrician

#4

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

- | | |
|---|--|
| <input type="checkbox"/> Rheumatologist [see at least 1x per trimester] | <input type="checkbox"/> Nephrologist |
| <input type="checkbox"/> Maternal-Fetal Medicine Specialist | <input type="checkbox"/> Cardiologist |
| <input type="checkbox"/> Local Obstetrician (OB) | <input type="checkbox"/> Pulmonologist |
| | <input type="checkbox"/> Hematologist |
| | <input type="checkbox"/> Dermatologist |

#5

DO YOU HAVE A PLAN FOR YOUR OTHER HEALTH ISSUES?

IF	THEN
Antiphospholipid Syndrome:	<input type="checkbox"/> Everyone: take 81mg aspirin daily <input type="checkbox"/> If you had a blood clot: therapeutic dose low molecular weight heparin (LMWH) <input type="checkbox"/> If you never had a blood clot: prophylactic dose LMWH
Ro/SSA antibodies:	<input type="checkbox"/> Hydroxychloroquine 400mg/day - cuts the risk for heart block in half <input type="checkbox"/> Consider fetal echocardiograms in the 2nd trimester
High blood pressure:	<input type="checkbox"/> Control carefully [NO ACE-inhibitors or Angiotensin Receptor Blockers]
Pain during pregnancy:	<input type="checkbox"/> Discuss pain medications, including NSAIDs, with your OB



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BIRTH CONTROL AND LUPUS

Women with lupus have many great birth control options!

Recommendations based on the 2020 ACR Reproductive Health Guidelines*

STEP 1

✓ **Most women can use any birth control**

✗ **avoid estrogen** if you have:

- 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

7  pregnancies per year out of 100 women

Condoms

15  pregnancies per year out of 100 women




Combined:
Hormonal Contraception + Condoms

1  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®**  **IUD**
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







✓ Recommended
✗ Not Recommended

ALL women can use these 3 MOST effective methods

Tubal Ligation/ Vasectomy		✓
Implant [§]		✓
IUD [§]		✓

Contraceptive Method	LOW blood clot risk		HIGH blood clot risk
	LOW lupus activity	HIGH lupus activity	-Prior blood clot -Positive aPL -Proteinuria >3g
Depo Provera	✓	✓	✗
Pill with estrogen	✓	✗	✗
Ring	✓	✗	✗
Patch	✗	✗	✗
Progestin-only Pill	✓	✓	✓

ALL women can use these LEAST effective methods

Condom		✓
Diaphragm		✓
Sponge		✓
Cervical Cap		✓
Spermicide		✓
Fertility Awareness		✓



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