





PREGNANCY AND LUPUS

Work with your providers to have your safest pregnancy!

#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]

LIMITED 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?
Your rheumatologist can help you understand your lupus activity.

- Minimal signs of inflammation
- Minimal urine protein/low nephritis activity
- 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 and wait to see if new meds are working
- 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]
Breastfeeding:	<input type="checkbox"/> Medications compatible with pregnancy are also compatible with breastfeeding



This educational activity is supported by an educational grant from GlaxoSmithKline. Updated Feb. 2024.

PROVIDER: _____ DATE: _____