

- 1 Active arthritis in pregnancy increases the risk for early delivery.
- 2 Use pregnancy-compatible medications to control arthritis.
- 3 Prevent a post-partum flare with breastfeeding-compatible medications.

PREGNANCY-COMPATIBLE MEDICATIONS:

These medications are also compatible with breastfeeding.

- TNF-inhibitors
- Hydroxychloroquine (or Chloroquine)
- Sulfasalazine (with 2mg folic acid each day)
- Azathioprine
- Steroid joint injection
- Prednisone (use sparingly for flares)
- NSAIDs - discuss with your OB

TNF-INHIBITORS:

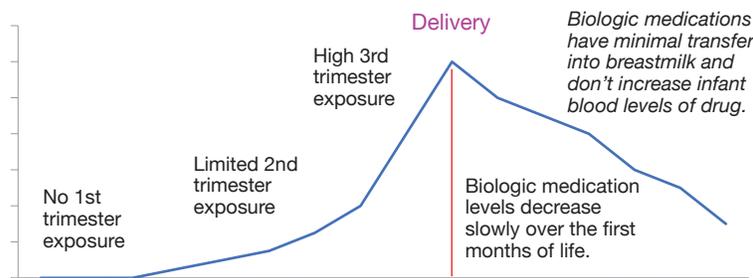
Certolizumab (Cimzia®) does not cross the placenta and can be continued throughout pregnancy.

Adalimumab (Humira®)
 Infliximab (Remicade®)
 Etanercept (Enbrel®)
 Golimumab (Simponi®)

Cross the placenta in the 2nd half of pregnancy. Consider holding for the last 1-2 months of pregnancy to limit transfer to the baby

BIOLOGIC MEDICATION EXPOSURE:

Infant exposure to the mother's biologic medications



NOT PREGNANCY-COMPATIBLE MEDICATIONS:

	Risk of Pregnancy Loss	Risk of Birth Defects
Methotrexate	~ 40%	~ 10%
Mycophenolate and Cyclophosphamide	~ 40-50%	~ 25%
Leflunomide	no increase with cholestyramine washout	
New, oral, small molecules medications	unknown and medication likely crosses the placenta	

*Stop these medications at least 1 menstrual cycle before pregnancy.

NEW BIOLOGICS:

Recommend avoiding unless personal benefits outweigh risks.

BREASTFEEDING:

Compatible Medications

- All pregnancy-compatible medications
- All biologics, including all TNF-inhibitors and newer injectable or IV medications
- Methotrexate can be considered if breastmilk is dumped in the 24 hours after the weekly dose

Avoid

- Mycophenolate and cyclophosphamide
- New oral small molecule medications, including tofacitinib, baricitinib, apremilast, and others



#1 LET'S DISCUSS

- How important is it that you not get pregnant right now?
- Would controlling your periods be helpful to you?

#2 There is a safe birth control for EVERYONE with lupus!

What to know:

- X Avoid** birth control **with estrogen if:**
 - high lupus activity
 - urine protein >3g
 - antiphospholipid antibodies (aPL) or APS
 - a high risk for blood clots/prior blood clot

- ✓ Use effective birth control if taking medications that increase risk of:**

	Pregnancy Loss	Birth Defects
Methotrexate	~ 40%	~ 10%
Mycophenolate (CellCept) Mycophenolic acid (Myfortic) Cyclophosphamide (Cytoxan)	~ 40-50%	~ 25%
Leflunomide	no increased risk with cholestyramine washout	

EMERGENCY CONTRACEPTION

Emergency Contraception can dramatically decrease the chance of pregnancy.

- SAFE for ALL WOMEN** even at high risk for blood clots
- NO prescription needed for Plan B (buy on Amazon)**
- Does NOT cause an abortion



FIND OUT MORE!

Bedsider.org



- ✓ Talk with an ObGyn, primary care or other provider

VERY EFFECTIVE
Of 100 women, less than 1 will be pregnant by the end of one year

EFFECTIVE
Of 100 women, 6 - 9 will be pregnant by the end of one year

LEAST EFFECTIVE
Of 100 women, 10 - 25 will be pregnant by the end of one year

#3 WHAT WORKS FOR YOU?

- ✓ Recommended** **X Not Recommended** according to guidelines*

ALL women can use these VERY EFFECTIVE methods

Tubal Ligation/ Vasectomy		✓
Arm Implant Nexplanon		✓
IUD copper or progesterone		✓

Some women can use these EFFECTIVE methods

Hormonal Contraception	Other rheumatic diseases	LOW lupus activity	HIGH lupus activity	HIGH blood clot risk
Depo Provera Shot	✓	✓	✓	X
The Pill (with estrogen)	✓	✓	X	X
Ring (with estrogen)	✓	✓	X	X
Patch (with estrogen)	✓	X	X	X
Progestin-only Pills (Mini Pill, Opill®, Slynd®)	✓	✓	✓	✓

ALL women can use these LEAST effective methods

Condom	Only condoms prevent Sexually Transmitted Infections	✓
Spermicide		✓
Withdrawal		✓
Fertility Awareness		✓
Diaphragm/ CervicalCap		✓

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