

#1

<p> Low Rheumatic Activity and GO List Medications</p>	<p>Lower Risk</p>	<p>the SAFEST pregnancy possible for you</p>
<p> High Rheumatic Activity and/or STOP List Medications</p>	<p>Higher Risk</p>	<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]
- ✓ TNF inhibitors
- ✓ Sulfasalazine
- ✓ IVIG

LIMITED SAFETY DATA

Newer medication not listed above and below - discuss the risks and benefits for you

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]
- x Jak-1 inhibitors [unknown but higher risk than new biologics]

**If currently pregnant, STOP immediately. If planning pregnancy, talk with your doctor BEFORE you stop.

#2

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

- Minimal signs of inflammation
- Minimal urine protein
- Stable heart, lungs, kidneys, and other organ involvement
- 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 with SLE or anyone with SSA/Ro
- Switch from STOP LIST meds to GO LIST meds
- If prednisone >5mg needed then add GO LIST med
- Consider **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 81 mg 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



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Can we talk about BIRTH CONTROL?

Lupus
MCTD
Myositis
Scleroderma
Sjogren's
Vasculitis
and more....

#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!

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!



✓ 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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