

#1

Low Rheumatic Activity
and
GO List Medications **Lower Risk** **the SAFEST pregnancy possible for you**

High Rheumatic Activity
and/or
STOP List Medications **Higher Risk** • 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.

- Rheumatologist [see at least 1x per trimester]
- Maternal-Fetal Medicine Specialist
- Local Obstetrician (OB)
- Nephrologist
- Cardiologist
- Pulmonologist
- Hematologist
- 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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