Active arthritis in pregnancy increases the risk for early delivery.

Use pregnancy-compatible medications to control arthritis.

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)

**NOT PREGNANCY-COMPATIBLE MEDICATIONS:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Risk of Pregnancy Loss</th>
<th>Risk of Birth Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
<td>~ 40%</td>
<td>~ 10%</td>
</tr>
<tr>
<td>Mycophenolate and Cyclophosphamide</td>
<td>~ 40-50%</td>
<td>~ 25%</td>
</tr>
<tr>
<td>Leflunomide</td>
<td>no increase with cholestyramine washout</td>
<td></td>
</tr>
<tr>
<td>New, oral, small molecules medications</td>
<td>unknown and medication likely crosses the placenta</td>
<td></td>
</tr>
</tbody>
</table>

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

**BIOLOGIC MEDICATION EXPOSURE:**

Infant exposure to the mother's biologic medications

- **Compatible Medications**
  - All pregnancy-compatible medications
  - All biologics, including all TNF-inhibitors and newer injectable or IV medications
  - Methotrexate can be considered if breastfeeding 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

NEW BIOLOGICS:

- Recommend avoiding, when possible
- Very limited safety data
- Same transfer as illustrated (no 1st trimester transfer and high transfer near delivery)

BREASTFEEDING:

- Infant exposure to the mother's biologic medications
  - Delivery
  - High 3rd trimester exposure
  - Biologic medications have minimal transfer into breastmilk and don't increase infant blood levels of drug.
  - Biologic medication levels decrease slowly over the first months of life.

- Limited 2nd trimester exposure
  - No 1st trimester exposure

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.

Updated November 2022