Duke | REPRO·RHEUM

Inflammatory Arthritis AND PREGNANCY

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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)

TNF-INHIBITORS:

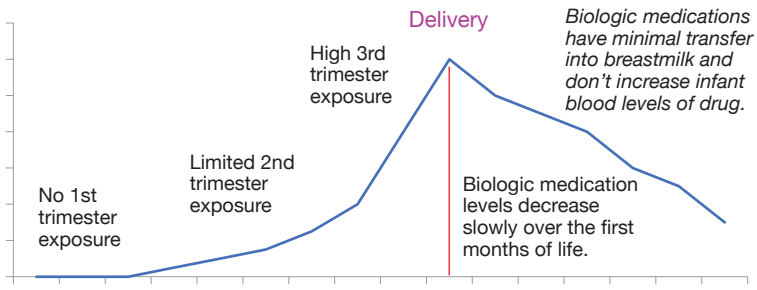
Certolizumab (Cimzia®) does not cross the placenta and can be continued throughout pregnancy.

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

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