



#1

<ul style="list-style-type: none"> ⚠ Very active lupus ⚠ Taking STOP List Medications 	 RISK	<p>pregnancy loss & premature birth or birth defects</p>
<ul style="list-style-type: none"> 👤 Taking GO List Medications 👤 Keeping lupus activity low (as possible) 	 RISK	<p>the SAFEST pregnancy possible for you</p>

✓ 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]*

⚠ INSUFFICIENT INFORMATION CAUTION LIST

- ⚠ Rituximab *[only for very active disease, avoid close to delivery]*
- ⚠ Belimumab *[discontinue at conception]*

✗ MAY CAUSE BIRTH DEFECTS STOP LIST**

- ✗ Methotrexate
- ✗ Mycophenolate (CellCept)
- ✗ Mycophenolic acid (Myfortic)
- ✗ Cyclophosphamide (Cytoxan) *[for life/organ-threatening disease in 2nd or 3rd trimester]*
- ✗ Thalidomide (Thalomid)
- ✗ Lenalidomide (Revlimid)
- ✗ Leflunomide *[doesn't cause loss or birth defects if stopped and removed with cholestyramine]*

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

#2

IS YOUR LUPUS ACTIVITY LOW? Work with your rheumatologist to assess the following:

- Minimal signs of inflammation
- Minimal urine protein
- No flare requiring prednisone in last 6 months
- Check for Ro/SSA or antiphospholipid antibodies

#3

ARE YOUR MEDICATIONS RIGHT FOR PREGNANCY?

Work with a rheumatologist to adjust your medications for pregnancy compatibility:

- Continue or start GO LIST medications
- HCQ recommended for all pregnancies
- Switch from STOP LIST meds to GO LIST meds
- If prednisone >5mg needed then add GO LIST med
- Start aspirin, 81 mg/day, at end of 1st trimester to lower preeclampsia risk

#4

PREGNANCY MONITORING SPECIFIC TO LUPUS

- Monthly ultrasounds for growth in 3rd trimester
- Protein to creatinine ratio, CBC, liver test
- Antenatal testing at 32 to 34 weeks Delivery no later than 39 weeks
- See a rheumatologist as least 1x every trimester

#5

DO YOU HAVE A PLAN FOR YOUR OTHER HEALTH ISSUES?

IF	THEN
Antiphospholipid Syndrome:	<ul style="list-style-type: none"> <input type="checkbox"/> Everyone: take 81mg 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:	<ul style="list-style-type: none"> <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:	<ul style="list-style-type: none"> <input type="checkbox"/> Control carefully <i>[NO ACE-inhibitors or Angiotensin Receptor Blockers]</i>
Pain during pregnancy:	<ul style="list-style-type: none"> <input type="checkbox"/> Avoid NSAIDS except low dose aspirin

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BIRTH CONTROL AND LUPUS

FOR OB-GYN & MATERNAL-FETAL MEDICINE PROVIDERS

Based on: ACR Reproductive Health Guidelines*
and US MEC for Contraceptive Use, 2016

CONTRACEPTION IS CRITICAL for women with lupus

- Women with lupus can be at higher risk for pregnancy loss, preterm birth, or birth defects
- These risks are lower when conception is well-planned with a provider
- Unintended pregnancy poses a greater risk than almost all birth control methods

HIGHLY EFFECTIVE
<1% pregnant each year

RISK for pregnancy loss, preterm birth, or birth defects is HIGHER when:

1. **Lupus is active.** Signs of active lupus:
 - >3 grams of proteinuria
 - low platelets (below 100)
 - needing high dose steroids
2. Taking a medication that **may cause birth defects** such as:
 - X** Methotrexate
 - X** Mycophenolate (CellCept)
 - X** Mycophenolic acid (Myfortic)
 - X** Cyclophosphamide (Cytoxin)

It is important to use the most safe and effective contraception under these conditions!



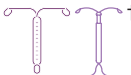











EFFECTIVE
6-9% pregnant each year

EMERGENCY CONTRACEPTION IS SAFE!

Emergency Contraception is safe for all women with lupus, even women at high risk for blood clots.

INEFFECTIVE
10-25% pregnant each year

† For ObGyn/MFM: The US MEC (2016) lists implants, LNG-IUD, & POP as Category 3 for women with lupus due to potential for increased thrombotic risk, yet these contraceptives are Category 2 for women with a prior clot or cardiovascular disease; current data does not indicate that implants or POP increase risk for clot.

Contraceptive Method	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended									
ALL women can use these 3 MOST effective methods										
Tubal Ligation/ Vasectomy 	<input checked="" type="checkbox"/>									
Implant† 	<input checked="" type="checkbox"/>									
IUD 	<input checked="" type="checkbox"/>									
Recommendation based on:	<table border="1"> <thead> <tr> <th></th> <th>LOW blood clot risk</th> <th>HIGH blood clot risk</th> </tr> </thead> <tbody> <tr> <td></td> <td>LOW lupus activity</td> <td>HIGH lupus activity</td> </tr> <tr> <td></td> <td></td> <td>-Prior blood clot -Positive aPL -Proteinuria >3g</td> </tr> </tbody> </table>		LOW blood clot risk	HIGH blood clot risk		LOW lupus activity	HIGH lupus activity			-Prior blood clot -Positive aPL -Proteinuria >3g
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	LOW lupus activity	HIGH lupus activity								
		-Prior blood clot -Positive aPL -Proteinuria >3g								
Depo Provera 	<input checked="" type="checkbox"/>									
Pill with estrogen 	<input checked="" type="checkbox"/>									
Ring 	<input checked="" type="checkbox"/>									
Patch 	<input checked="" type="checkbox"/>									
Mini Pill† 	<input checked="" type="checkbox"/>									
ALL women can use these LEAST effective methods										
Condom 	<input checked="" type="checkbox"/>									
Diaphragm 	<input checked="" type="checkbox"/>									
Sponge 	<input checked="" type="checkbox"/>									
Cervical Cap 	<input checked="" type="checkbox"/>									
Spermicide 	<input checked="" type="checkbox"/>									
Fertility Awareness 	<input checked="" type="checkbox"/>									

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