Pregnancy Planning and Management for Women with Lupus
FOR OB-GYN & MATERNAL-FETAL MEDICINE PROVIDERS

#1 Very active lupus
   Taking STOP List Medications
   ★ RISK
   pregnancy loss & premature birth or birth defects

#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?

<table>
<thead>
<tr>
<th>IF</th>
<th>THEN</th>
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<tbody>
<tr>
<td>Antiphospholipid Syndrome:</td>
<td>Everyone: take 81mg aspirin daily</td>
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<tr>
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<td>If you had a blood clot: therapeutic dose low molecular weight heparin (LMWH)</td>
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<td></td>
<td>If you never had a blood clot: prophylactic dose LMWH</td>
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<tr>
<td>Ro/SSA antibodies:</td>
<td>Hydroxychloroquine 400mg/day - cuts the risk for heart block in half</td>
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<td></td>
<td>Consider fetal echocardiograms in the 2nd trimester</td>
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<tr>
<td>High blood pressure:</td>
<td>Control carefully [NO ACE-inhibitors or Angiotensin Receptor Blockers]</td>
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<tr>
<td>Pain during pregnancy:</td>
<td>Avoid NSAIDS except low dose aspirin</td>
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</tbody>
</table>

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www.LupusPregnancy.org

Based on the ACR Reproductive Health Guidelines (Sammaritano et al, Arthritis & Rheumatology, Feb 2020)
### Contraceptive Method

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>Recommended</th>
<th>Not Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubal Ligation/Vasectomy</td>
<td>✔️</td>
<td>X</td>
</tr>
<tr>
<td>Implant†</td>
<td>✔️</td>
<td>X</td>
</tr>
<tr>
<td>IUD</td>
<td>✔️</td>
<td>X</td>
</tr>
</tbody>
</table>

**Recommendation based on:**
- LOW blood clot risk
- HIGH blood clot risk

#### 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 (Cytoxan)

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

#### EMERGENCY CONTRACEPTION IS SAFE!

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

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† 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.