

Pregnancy Planning & Vasculitis - Discussion Guide for Patients and Their Providers

This handout can guide conversations between patients and providers. Patients should discuss with a medical professional before making medical decisions.

Is Your Vasculitis Well Controlled?

Discuss with Your Rheumatologist

START HERE

- Minimal signs of inflammation
- Minimal blood and protein in the urine (if applicable)
- No disease activity requiring an increase in prednisone ("steroids") in the last six months
- Stable kidney, heart, and lung disease (if applicable)

Which Doctors Should be Involved?

This Depends on Your Disease Manifestations

- Rheumatologist
- Cardiologist
- Nephrologist
- OB/GYN
- High-Risk OB/GYN (Maternal Fetal Medicine, Perinatologist)
- Primary Care Practitioner
- Pulmonologist
- Otolaryngologist
- Hematologist
- Dermatologist

Pregnancy Compatible

Strongly Recommended

Azathioprine (Imuran®)
Certolizumab (Cimzia®)
Colchicine (Colcris, Mitigare®)
Hydroxychloroquine (Plaquenil®)
Low dose Aspirin
Prednisone (use sparingly)

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Pregnancy Compatible

Conditionally Recommended

Cyclosporin/Tacrolimus (monitor blood pressure)
Infliximab, Etanercept, Golimumab, Adalimumab (discontinue several weeks prior to delivery)
NSAIDs (Meloxicam, Ibuprofen, Naproxen, etc.)
Rituximab (only in very active disease)

Insufficient Information

Abatacept (Orencia®)
Anakinra (Kineret®)
Apremilast (Otezla®)
Avacopan (Tavneos®)
Baricitinib/Tofacitinib/Upadacitinib (Olumiant®/Xeljanz®/Rinvoq®)
Mepolizumab (Nucala®)
Secukinumab/Ustekinumab (Cosentyx®/Stelara®)
Tocilizumab (Actemra®)



Pregnancy Incompatible

Cyclophosphamide (Cytoxin®)
Methotrexate
Mycophenolate Mofetil (MMF, CellCept®)



Are Your Medications Appropriate for Pregnancy?

- Continue or start **Pregnancy Compatible** medications
- Switch from **Pregnancy Incompatible** medications (that may cause birth defects) to **Pregnancy Compatible** medications
- If prednisone ≥ 10 mg is needed, then add or increase **Pregnancy Compatible** medication
- Discuss other medications with your doctors

If possible, discuss medication changes at least 6 months prior to pregnancy.

Minimizing Pregnancy Complications

Reported pregnancy complications in women with vasculitis include hypertension, low birth weight, preeclampsia, and preterm delivery. The risk of these complications is dependent on:

- the use of pregnancy compatible medications to control disease
- prior damage from vasculitis
- type of vasculitis
- vasculitis activity in pregnancy
- medications that cause birth defects

Work closely with your medical team to plan your pregnancy and manage your disease. Following the above steps may minimize your risk of experiencing these complications.

Fertility and Vasculitis

- Cytoxin® and Thalidomide need to be held if male patients want to conceive with their partner
- Male patients taking Cytoxin® should NOT attempt conception or sperm collection during or three months after treatment
- Because Cytoxin® can cause infertility, it is recommended to complete sperm collection or egg harvesting prior to initiation
- Co-administration of ovarian protecting medications with Cytoxin® may decrease female infertility
- Consider consulting with a reproductive endocrinologist if you are having difficulty conceiving

For more info about VPREG:

www.vasculitisfoundation.org/vpreg/



Birth Control and Vasculitis



START HERE

Discuss the following with your doctor

- Patients at high risk for thrombosis (blood clots) should not take birth control containing estrogen



Work with the following doctors to decide which birth control plan is the best fit for you

- Primary Care Physician (PCP)
- Rheumatologist
- Gynecologist (GYN)



What about emergency contraception (Plan B)?

- It can be used by ALL women, even in those with history of blood clots, lupus, or vasculitis
- It can be used up to three days after unprotected sex or failed birth control
- No prescription is needed; can pick up from a pharmacy or Amazon.com
- Your GYN can provide options for emergency contraception up to five days after unprotected sex



VASCULITIS PREGNANCY REGISTRY (VPREG)

For more info about VPREG:
www.vasculitisfoundation.org/vpreg/



Other Resources:
www.bedsider.org
www.acog.org/patients

What are my Birth Control Options with Vasculitis?

Highly Effective < 1% Pregnant Each Year

Tubal Ligation

Subdermal Implant (Nexplanon®)

Intrauterine Device

Less Effective 6-9% Pregnant Each Year

Depo-Provera®**

Pill with Estrogen**

Vaginal Ring**

Patch**

Mini Pill

Least Effective 10-25% Pregnant Each Year

Diaphragm

Sponge

Cervical Cap

Spermicide

Fertility Awareness
("the rhythm method", tracking ovulation)

**Should not be used in patients at risk for blood clots or have a history of blood clots

Birth Control Options for Male Patients

Highly Effective < 1% Pregnant Each Year

Vasectomy

Least Effective 10-25% Pregnant Each Year

Condom

Withdrawal Method

Fertility Awareness