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>Medications</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>

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

**NEW BIOLOGICS:**
- Recommend avoiding, when possible
- Limited safety data
- Same transfer as illustrated (no 1st trimester transfer and high transfer near delivery)

**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 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

- **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.**

- Infant exposure to the mother's biologic medications
  - No 1st trimester exposure
  - Limited 2nd trimester exposure
  - High 3rd trimester exposure
  - Delivery
  - 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.

- Delivery

- 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.

**BREASTFEEDING:**

- 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

- **Mycophenolate and cyclophosphamide**
- **New oral small molecule medications, including tofacitinib, baricitinib, apremilast, and others**


Updated November 2022
TWO IS BETTER THAN ONE

Combine two forms of birth control to reduce the chance of pregnancy.

**Hormonal Contraception**

- **Depo Provera**: 7 pregnancies per year out of 100 women
- **Pill with estrogen**: 15 pregnancies per year out of 100 women

Combined: Hormonal Contraception + Condoms

- 1 pregnancy per year out of 100 women

**EMERGENCY CONTRACEPTION**

Emergency Contraception (EC) can dramatically decrease the chance of pregnancy when birth control is not used. EC is:

- SAFE for ALL WOMEN with rheumatic disease
- NO prescription needed for Plan B (buy on Amazon)
- Does NOT cause abortion

Plan B One-Step®, (Rx) ella®, IUD

See bedsider.org for more information

ALL women can use these 3 MOST effective methods

- Tubal Ligation/ Vasectomy
- Implant
- IUD

ALL women can use these LEAST effective methods

- Condom
- Diaphragm
- Sponge
- Cervical Cap
- Spermicide
- Fertility Awareness

Emergency Contraception (EC) can dramatically decrease the chance of pregnancy when birth control is not used. EC is:

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- NO prescription needed for Plan B (buy on Amazon)
- Does NOT cause abortion

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See bedsider.org for more information

Updated November 2023

*Dilaudid Health Guidelines
Sammaritano et al, Arthritis & Rheumatology Feb 2020

#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.