

# PREGNANCY PLANNING For Women With Lupus

Recommendations based on the 2020 ACR Reproductive Health Guidelines\*

	↑ Taking STOP List ↑ RISK pro	pregnancy loss & premature birth or birth defects		IS YOUR LUPUS WELL CONT Work with your rheumatologis	t to answer these questions.
	Medications bin	birth defects		☐ Minimal signs of inflamm	nation
	◆ Taking GO List	the SAFEST  K pregnancy  possible for you		☐ Minimal urine protein	
	Medications			$\square$ No flare requiring predn	isone in last 6 months
	Keeping lupus activity low (as possible)			☐ Check for Ro/SSA or antip	phospholipid antibodies
	PREGNANCY COMPATIBLE				
	<ul> <li>✓ Hydroxychloroquine (HCQ, Plaquenil)</li> <li>✓ Chloroquine</li> <li>✓ Azathioprine (Imuran)</li> <li>✓ Colchicine</li> <li>✓ Cyclosporine (Neoral, Restasis) [monitor blood pressure]</li> <li>✓ Tacrolimus (Prograf) [monitor blood pressure]</li> <li>✓ Prednisone [use sparingly]</li> </ul>		#3	ARE YOUR MEDICATIONS R	IGHT FOR PREGNANCY?
				☐ Continue or start GO LIS	T medications
				☐ HCQ recommended for	all pregnancies
				☐ Switch from STOP LIST m	neds to GO LIST meds
	INSUFFICIENT INFORMATION △ CAUTION LIST  △ Rituximab [only for very active disease]  △ Belimumab [discontinue at conception]			☐ If prednisone >5mg need	ded then add GO LIST med
				Start aspirin, 81 mg/day, at end of 1st trimester to lower preeclampsia risk	
	<ul> <li>MAY CAUSE BIRTH DEFECTS X STOP LIST**</li> <li>x Methotrexate</li> <li>x Mycophenolate (CellCept)</li> <li>x Mycophenolic acid (Myfortic)</li> <li>x Cyclophosphamide (Cytoxan) [for life/organ-threatening disease in 2nd or 3rd trimester]</li> <li>x Thalidomide (Thalomid)</li> <li>x Lenalidomide (Revlimid)</li> <li>x Leflunomide [doesn't cause loss or birth defects if stopped and removed with cholestyramine]</li> <li>**If currently pregnant, STOP immediately. If planning pregnancy,</li> </ul>		+	☐ Discuss any other medica	ations with your obstetrician
			#4	WHICH DOCTORS SHOULD Ask your rheumatologist which	
				☐ Rheumatologist [see at	☐ Nephrologist
				least 1x per trimester]	☐ Cardiologist
				☐ Maternal-Fetal	☐ Pulmonologist
				Medicine Specialist	☐ Hematologist
	talk with your doctor BEFORE you stop.			☐ Local Obstetrician (OB)	☐ Dermatologist
	DO YOU HAVE A PLAN FOR YOUR OTHER HEALTH ISSUES?				
	IF	THEN			
$\square$ Everyone: take 81mg aspirin daily					

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☐ If you had a blood clot: therapeutic dose low molecular weight heparin (LMWH)

☐ Hydroxychloroquine 400mg/day - cuts the risk for heart block in half

☐ Control carefully [NO ACE-inhibitors or Angiotensin Receptor Blockers]

☐ If you never had a blood clot: prophylactic dose LMWH

Consider fetal echocardiograms in the 2nd trimester

☐ Discuss pain medications, including NSAIDs, with your OB

Antiphospholipid Syndrome:

Ro/SSA antibodies:

High blood pressure:

Pain during pregnancy:



# **BIRTH CONTROL AND LUPUS**

Women with lupus have many great birth control options!

Recommendations based on the 2020 ACR Reproductive Health Guidelines\*

## STEP 1

To choose the best method for you, talk with your doctor to find out if you:

- have high lupus activity
- have urine protein (proteinuria) >3q
- are positive for antiphospholipid antibodies (aPL)
- are at high risk for blood clots

HIGHLY EFFECTIVE <1% pregnant each year

### STEP 2

Work with your primary care doctor or gynecologist to get started on the birth control option that fits best with your goals, your life, and your body.

6-9% pregnant each year

### **EMERGENCY CONTRACEPTION IS SAFE!**

Accidents happen. Emergency Contraception (the "Morning After Pill," Plan B,® and similar medications) effectively prevent pregnancy if taken within 3 days of having sex. These are **safe** for all women with lupus, even women at high risk for blood clots.

No prescription is needed and you can buy it from your local pharmacy or Amazon. Emergency contraception does not cause an abortion.

Your gynecologist has other options for emergency contraception that work up to 5 days after sex.

Want more information? Here are some great online places to go for more details:

www.bedsider.org www.acog.org/Patients INEFFECTIVE 10-25% pregnant each year

Recommended **Contraceptive Method** X Not Recommended ALL women can use these 3 MOST effective methods Tubal Ligation/ Vasectomy Implant IUD HIGH blood Recommendation based on: LOW blood clot risk clot risk Prior blood clot LOW lupus -Positive aPL Proteinuria >3g  $(\mathbf{X})$ Depo Provera  $(\mathbf{X})$ Pill with estrogen  $(\mathbf{X})$ Ring  $(\mathbf{X})$  $(\mathbf{X})$ Patch Mini Pill ALL women can use these LEAST effective methods Condom Diaphragm Sponge Cervical Cap Spermicide **11**1 Fertility Awareness

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