

# Systemic Lupus Erythematosus and Pregnancy

## What is Systemic Lupus Erythematosus (SLE)?

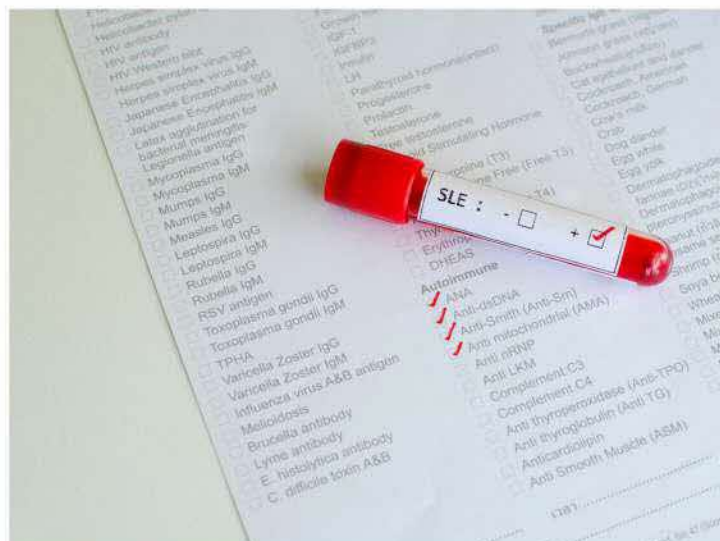
Systemic Lupus Erythematosus (SLE) is an autoimmune condition where the body's immune system mistakenly attacks its own organs. This disease can affect any organ, but it commonly involves the skin and blood cells. In severe cases, SLE can lead to damage in the brain, heart, gut, and kidneys.

## Who is susceptible to SLE?

SLE is significantly more prevalent in women, with nine times more cases in women than in men. Typically, SLE manifests between the ages of 15 and 40.

## What are some considerations when planning for pregnancy?

Concerns during pregnancy may include the stability of one's lupus, the safety of medications during pregnancy, the possibility of breastfeeding, and the potential impact on the baby.



## What are my birth control options?

Preferred methods include progesterone-only pills, injections, implants, and intrauterine devices. Less reliable methods include condoms and diaphragms. It is important to note that combined oral contraceptives might not be safe for certain individuals with SLE, and consulting with a healthcare provider is advised.

## What should I do if I want to have a baby?

If planning to have a baby, it is essential to inform and consult with a rheumatologist. Your condition should be stable for six months while on pregnancy-safe immunosuppressive treatments before attempting to conceive. Medications that are not safe during pregnancy should be discontinued, and folic acid supplementation should begin.



## What medications need to be stopped before conception?

- Leflunomide
- Cyclophosphamide
- Methotrexate
- Mycophenolate mofetil
- Warfarin
- Belimumab
- Rituximab
- ACE-inhibitors (e.g., Enalapril)



## What medications are safe during pregnancy?

- Prednisolone
- Hydroxychloroquine (Plaquenil)
- Azathioprine
- Aspirin
- Ciclosporin
- Tacrolimus
- Influenza vaccine

## Do I have to take any special blood tests?

- Antiphospholipid antibodies: If present, specific medications like blood thinning injections (enoxaparin) and/or aspirin might be necessary.
- Anti-Ro and anti-La antibodies: refer to "Neonatal Lupus" section for more details.

## What is "Neonatal Lupus"?

"Neonatal Lupus" can affect the fetus and newborn, occurring in 1-2% of babies born to mothers with anti-Ro/La antibodies that cross the placenta into the fetal bloodstream.

This condition can lead to irreversible irregular heartbeats, often requiring a pacemaker. Close monitoring, including weekly fetal ultrasounds during the second trimester, is necessary to intervene early and prevent irreversible heart damage.



## **What pregnancy complications could occur if I have active SLE?**

Complications during pregnancy can include:

- Miscarriage
- Pre-eclampsia (a dangerous condition with kidney failure and blood abnormalities)
- Poor fetal growth
- Prematurity

During pregnancy, it is crucial to:

- Attend regular follow-up appointments with your rheumatologist and obstetrician.
- Adhere to medication instructions.
- Communicate any symptoms suggesting a disease flare to your rheumatologist.
- Monitor fetal movements and watch for vaginal bleeding.
- Discuss delivery plans and timing with your obstetrician.

## **What are the chances of success if my SLE is well controlled?**

With proper management and control of SLE, there is a high likelihood of a successful full-term and healthy pregnancy.



## **What do I have to look out for after delivery?**

The risk of a disease flare increases in the first six months after delivery. Mothers with anti-phospholipid syndrome are particularly at risk of developing blood clots during the first six weeks after delivery.

## Will my children develop SLE?

While babies born to mothers with SLE have a slightly elevated risk of developing SLE later in life, the overall risk remains low because SLE is a rare disease. Currently, there are no available screening tests for this condition.

## What medications are safe for breastfeeding?

- Hydroxychloroquine (Plaquenil)
- Prednisolone (recommended to delay breastfeeding by four hours after doses exceeding 20mg)

For other medications, consult with your rheumatologist.



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