High Risk Pregnancy

- Less than 50% of lupus pregnancies are complicated
- Increased risk of late miscarriage
- Increased risk of premature delivery
- Increased risk of pre-eclampsia
- Neonatal rash
- Neonatal congenital heart block
Planning For Pregnancy

- Meet with your rheumatologist
  - Screening labs
    - Kidney and Liver tests
    - SSA/SSB
    - Antiphospholipid & Anticardiolipin Antibodies
Planning For Pregnancy

- Medication review
  - Hydroxychloroquine (Plaquenil), Prednisone—safe throughout pregnancy
  - Azathioprine (Imuran)—safe in first and second trimesters
  - NSAIDs—safe only in first trimester
  - Methotrexate, Cyclophosphamide (Cytoxan), Mycophenolate (CellCept), Leflunomide, ACE inhibitor, Warfarin (Coumadin)—avoid during pregnancy
Planning For Pregnancy

- Timing of your pregnancy
- Obstetrician who specializes in high risk pregnancy
- Hospital with a neonatal intensive care unit
- Insurance plan coverage
Monitoring During Pregnancy

- General Guidelines
  - Stop smoking, consuming alcohol and recreational drugs
  - Reduce caffeine intake to less than 200 mcg/day
  - Take at least 400 mcg of Folic Acid daily
  - Test for Rubella, Varicella (chicken pox), HIV, Hepatitis, Group B vaginal strep
Monitoring During Pregnancy

- Antiphospholipid Antibody Syndrome
  - Placental blood clots
  - Decline in baby’s growth rate
  - Second or third trimester miscarriages
Monitoring During Pregnancy

- Pre-eclampsia - sudden increase in blood pressure with swelling and proteinuria
  - One in every five lupus pregnancies
  - Common in women with hypertension, kidney disease
  - Common in women who smoke
  - Cured by delivery of the baby
Monitoring During Pregnancy

- Pre-term Delivery
  - Premature rupture of membranes
  - One in every three women with lupus delivers before completing 37 weeks of pregnancy
  - Hypertension in the second trimester is a predictor
Monitoring During Pregnancy

- Pre-term Delivery
  - Risk factors
    - Active lupus
    - High dose Prednisone
    - Pre-eclampsia
    - Kidney disease
Monitoring During Pregnancy

- Pre-term delivery symptoms
  - Backache and pelvic pressure
  - Vaginal leakage of blood or clear fluid
  - Abdominal cramps
  - Contractions occurring every 10 minutes or more
Monitoring During Pregnancy

- Congenital heart block
  - Abnormal heart rhythm detected by a fetal echocardiogram
  - Babies of mothers who test positive for SSA/SSB
  - If permanent, baby may require pacemaker
Monitoring During Pregnancy

- Lupus flare
  - Symptoms of pregnancy can mimic those of a lupus flare
  - Modify your activities, increase rest
  - Follow a well-balanced diet and avoid gaining excess weight
Delivery and After

- Delivery
  - C-section or vaginal
  - Stress dose steroids
- Follow Up Care
  - Lupus flares common within the first few months after delivery
Delivery and After

- Breastfeeding
  - Often difficult for premature baby to suckle
  - Mother of premature baby may have difficulty producing enough milk to breastfeed
Delivery and After

- Medication restrictions while breastfeeding
  - NSAIDs- Can be used but avoid aspirin unless prone to blood clots
  - Prednisone- Only in low doses of under 20mg per day
  - Antimalarials, Warfarin, Heparin- Safe to take while breastfeeding
  - Azathioprine and Cyclosporine- Best to avoid because small amount can enter breast milk
  - Cyclophosphamide and Methotrexate- Absolutely avoid
Delivery and After

- Neonatal lupus
  - Babies of mothers with SSA or SSB antibodies
  - Not the same as Mom’s lupus
  - Red rash and abnormal blood counts
  - Signs and symptoms disappear within 6-8 months
Delivery and After

- Get support
  - Family, friends, health care providers
  - Lupus Foundation
Contact the LFA, Georgia Chapter office for the list of state wide Support Groups
(770)-333-5930
https://www.lupus.org