



For more information about the Organization of Teratology Information Specialists or to find a service in your area, call (866) 626-6847 or visit us online at: www.OTISpregnancy.org.

Lupus and Pregnancy

This sheet talks about the risks that lupus can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is lupus?

Lupus is more formally known as systemic lupus erythematosus (SLE). It is an autoimmune disease that affects many different parts of the body. Autoimmune diseases occur when the body's immune system attacks its own cells or organs. Approximately 1.1 million Americans have SLE, 90% of these being women. Most women are diagnosed in their early 20's or 30's.

I have lupus and I am thinking of becoming pregnant. Is there anything I should know?

Women with lupus can have healthy pregnancies. However, women with lupus have higher risks for complications during pregnancy. Doctors believe that pregnancy outcome is better if the disease is well controlled for at least six months prior to becoming pregnant. If you are considering pregnancy, it is important to speak to your doctor before trying to get pregnant.

Will lupus make it harder for me to get pregnant?

No. Lupus itself does not affect a woman's ability to become pregnant (i.e. her fertility). However, taking high doses of certain medicines can affect how your ovaries work and can interfere with you getting pregnant. Also having severe kidney disease may make it harder for you to become pregnant.

How will pregnancy affect my symptoms?

It is not clear whether pregnancy increases the number of lupus flares or new symptoms of lupus. Women who do have flares during pregnancy tend to experience symptoms during the first half of their pregnancy, and in the first few months following delivery. The chance for symptom flares during pregnancy may be lower if lupus is not active at conception.

I have lupus and I am newly pregnant. Do I have a higher chance of miscarriage because of my medical condition?

Lupus appears to increase the chance of miscarriage early in pregnancy. While studies vary, miscarriage rates with lupus have been reported to be up to 35% during the first trimester. A previous miscarriage, kidney disease, and the presence of specific antibodies (antiphospholipid) have been associated with a higher chance of miscarriage in women with lupus.

Can having lupus increase the chance for a pregnancy complication?

Yes. Women with lupus have a higher chance of developing preeclampsia. Preeclampsia is a dangerous rise in blood pressure and protein in the urine. For this reason, blood pressure and urine protein levels may be closely monitored by your doctor throughout pregnancy.

Women with lupus also appear to have a higher chance of late miscarriage, preterm delivery, and decreased growth of the developing baby. Increased lupus activity, particularly during conception and early in pregnancy, increases the risks for these complications. Kidney disease and pre-existing high blood pressure are other risk factors for these complications.

Rarely, lupus leads to blood clots in pregnant woman, which can cause lung problems and possibly a stroke. These blood clots, in very rare circumstances, have led to maternal death.

Can having lupus cause other problems for the baby?

Yes. Lupus in the mother can lead to symptoms of lupus in the baby. This neonatal lupus is seen mostly in women with certain antibodies (anti-Ro and/or anti-La) in their blood. Several of the signs of neonatal lupus, like rash, blood

abnormalities that are only evident on a blood test, and liver problems, are typically temporary and disappear by 6 months of age or sooner.

The most serious complication of neonatal lupus is a particular heart rhythm problem called congenital heart block. This condition often requires that the baby receives a heart pacemaker and death can occur in up to 30% of infants. While most babies born to women with lupus do not have heart block, doctors may do a specific ultrasound of the baby's heart called a fetal echocardiogram to look at the function and structure of the baby's heart. This type of ultrasound is usually performed between 18-24 weeks of pregnancy. If congenital heart block is found, the mother can be given medication to help treat the developing baby. Infants who are suspected to have neonatal lupus should be checked for congenital heart block.

I am taking medication for lupus. Can I take my medication during pregnancy?

Some medicines used to treat lupus are not thought to increase pregnancy risks, while others are known to cause birth defects. For information on specific agents see our medication fact sheets at www.otispregnancy.org or contact OTIS toll-free at 1-866-626-6847.

Because having lupus is associated with risks during pregnancy, it is important to keep the disease as inactive as possible. Stopping some lupus medicines during pregnancy can lead to increased risks to maternal and fetal health due to worsening of lupus symptoms. It is important that you discuss treatment options with your health care providers when planning pregnancy, or as soon as you learn that you are pregnant.

I would like to breastfeed my baby. Are my medications safe to use while breastfeeding?

Some medications are of low risk, while others may be of more concern. For information on specific agents see our medication fact sheets or contact OTIS toll-free at 1-866-626-6847. Treatment options and the risks and benefits of breastfeeding should be discussed with your health care professional.

My partner has lupus and uses medication to treat his symptoms. Will this affect his ability to have children or increase our chances to have a child with a birth defect?

Certain medicines used to treat lupus may have an effect on a man's sperm production, which may make it harder to get pregnant. Since the

father does not share a blood connection with the developing baby his exposures are not expected to increase the risk for birth defects. For more information, please see the OTIS fact sheet about [Paternal Exposures](#) or contact OTIS toll-free at 1-866-626-6847.

December 2010.

Copyright by OTIS.

Reproduced by permission.



Selected References:

- Carvalheiras G, et al. 2010. Pregnancy and systemic lupus erythematosus: review of clinical features and outcome of 51 pregnancies at a single institution. *Clin Rev Allergy Immunol* 38(2-3):302-306.
- Cortés-Hernández J, et al. 2002. Clinical predictors of fetal and maternal outcome in systemic lupus erythematosus: a prospective study of 103 pregnancies. *Rheumatology* 41(6):643-650.
- Eklblom-Kullberg S et al. 2009. Reproductive health in women with systemic lupus erythematosus compared to population controls. *Scand J Rheumatol* 38(5):375-380.
- Handa R, et. al. 2006. Systemic lupus erythematosus and pregnancy. *J Assoc Physicians India* 54(1):19-21.
- Khamashta MA. 2006. Systemic lupus erythematosus and pregnancy. *Best Pract Res Clin Rheumatol*. 20(4):685-694.
- Madazli R, et al. 2010. Systemic lupus erythematosus and pregnancy. *J Obstet Gynaecol* 30(1):17-20.
- Martinez-Rueda JO, et. al. 1996. Factors associated with fetal losses in severe systemic lupus erythematosus. *Lupus* 5(1):113-119.
- Mok CC, et al. 2001. Pregnancy in systemic lupus erythematosus. *Postgrad Med J* 77(1):157-165.
- Petri M, et. al. 1991. Frequency of lupus flare in pregnancy. The Hopkins lupus pregnancy experience. *Arthritis Rheum* 34(1):1538.
- Petri M. 2000. Systemic lupus erythematosus: Women's health issues. *Bull Rheum Dis* 49(1):1-3.
- Silverman E and Jaeggi E. 2010. Non-cardiac manifestations of neonatal lupus erythematosus. *Scand J Immunol* 72(3):223-225.
- Soares PM et al. 2007. Gonad evaluation in male systemic lupus erythematosus. *Arthritis Rheum* 56(7):2352-2361.
- Tan EM, et. al. 1982. The 1982 revised criteria for the classification of systemic lupus erythematosus. *Arthritis Rheum* 25(1):1271.

If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.