

## Lupus and pregnancy

Systemic lupus erythematosus (SLE), or lupus, can affect pregnancy. Most women with this autoimmune disease are able to have children. However, pregnancies in women with lupus are considered 'high risk' and need careful medical monitoring because of the risk of complications.

It is generally best to have no lupus symptoms and to have taken no medications for at least six months prior to conception.

### How lupus affects pregnancy

Systemic lupus erythematosus is an autoimmune disease that tends to appear in women of childbearing age. The woman develops antibodies against her own cells, resulting in inflamed tissues in the body. Any part of the body can be affected including joints, skin or internal organs. Depending on the areas affected, and the severity of the symptoms, lupus can be mild or life threatening.

Most women with lupus were once advised by the medical profession to avoid pregnancy, for fear that their lupus symptoms would get worse or that the pregnancy would result in miscarriage. Today, lupus can be better controlled with medications. However, some women with lupus are still advised against pregnancy or encouraged to wait until their lupus is inactive before trying to conceive.

### High-risk pregnancies

The majority of women with lupus are able to have children. However, pregnancies in women with lupus are considered 'high risk'. Only around half of all lupus pregnancies go to full term (40 weeks or nine months).

Lupus pregnancies need careful medical monitoring because of the risk of complications. In some cases, there is a reduction in lupus symptoms during pregnancy. An individual's lupus is more likely to be stable throughout their pregnancy if their disease was stable before conceiving.

Some of the problems a woman with lupus may face include:

- Some medications may cause birth defects.
- Some women experience a worsening of symptoms (flare) during pregnancy or straight after childbirth. This is more likely if the disease was active prior to the woman becoming pregnant.
- Around 20 per cent will experience pre-eclampsia, with symptoms including hypertension (high blood pressure) and excessive amounts of protein excreted in the urine.
- Hospital admission may be needed at various stages throughout the pregnancy.
- About 50 per cent of babies are born prematurely.
- The estimated rate of miscarriage is around one in five pregnancies, compared to one in 10 in normal pregnancies.

### Medical care before and during pregnancy

If you have lupus, it is important to have adequate medical care before **and** during your pregnancy. Ideally, you will be able to discuss becoming pregnant with your treating specialist before you conceive. They can advise you of the best time to fall pregnant – it is advisable to have no lupus symptoms for at least six months prior to conception. They can also discuss with you the particular risks you may face and whether your medications need to be changed. Some medications taken for lupus can cross the placenta and pose a threat to your baby.

Once pregnant, it is important to contact your treating doctor in case your treatment needs to be changed or further tests are required. Proper antenatal care is vital in order to anticipate, prevent and solve any problems that may occur. It is also important to closely monitor the growth rate of the baby to ensure that all is well. It is recommended that you consult with both a rheumatologist and a specialist obstetrician throughout your pregnancy.

Some experts suggest that a 'natural' birth or homebirth is not advisable for a woman with lupus. The baby may need to be born by caesarean section in a hospital with facilities for premature babies.

### **Flares and normal pregnancy symptoms**

Sometimes it can be difficult to distinguish between a lupus flare and normal pregnancy symptoms. It is important to consult closely with your health care providers and obstetrician.

Some of the symptoms of pregnancy that may mimic those of lupus include:

- Build-up of fluid in the joints
- Skin rashes or flushes
- Hair loss following childbirth.

### **Increased rate of miscarriage and premature birth**

During pregnancy, the growing baby is nourished by the placenta. About one-third of women with lupus have antiphospholipid antibodies (lupus anticoagulant or anti-cardiolipin antibody) that may cause blood clots and interfere with the proper functioning of the placenta. This is most likely to happen in the second trimester. The impaired placenta is not able to supply the baby with sufficient nourishment and the baby's growth is slowed. This may require early delivery via caesarean section. If the baby is born after 30 weeks gestation or is at least 1.3kg in weight, its chances of survival are good.

Pre-eclampsia is a condition that involves increased blood pressure and/or protein in the blood. It occurs in one in five women with lupus. If left untreated, this condition endangers the life of both the women and baby. Pre-eclampsia can be treated. However, depending on the severity, it may also require early delivery.

### **Neonatal lupus**

Around one-third of women with lupus have anti-Ro or anti-SSA antibodies. These antibodies may cause lupus-like symptoms in the baby once it is born. This is known as neonatal lupus. Symptoms may include skin rash, unusual blood count and, rarely, irregularities of the heartbeat. This is not systemic lupus erythematosus (SLE).

In those babies who don't experience heartbeat irregularities, all symptoms of neonatal lupus usually resolve by three to six months of age. Heartbeat irregularities can be successfully treated.

### **Women who are advised against pregnancy**

Women with lupus should either delay pregnancy or avoid it altogether. They include:

- Women whose lupus is active
- Women taking medications such as cyclophosphamide, chlorambucil, hydroxychloroquine (Plaquenil) and azathioprine
- Women with kidney damage (nephrotic syndrome).

### **Where to get help**

- Your doctor
- Obstetrician
- A specialist (often a dermatologist, rheumatologist, nephrologist or immunologist)
- Arthritis Victoria Tel. (03) 8531 8000 or 1800 011 041

### **Things to remember**

- Lupus (systemic lupus erythematosus or SLE) is an autoimmune disease that involves inflammation of various tissues in the body.
- Lupus tends to appear in women of childbearing age.
- The majority of women with lupus are able to have children.
- If you have lupus, it is best to consult with both a rheumatologist and a specialist obstetrician throughout your pregnancy.

**This page has been produced in consultation with, and approved by:**

## Arthritis Victoria incorporating Osteoporosis Victoria

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