
Lupus and pregnancy

Summary

- Systemic lupus erythematosus (SLE), otherwise known as lupus, is a chronic condition that results from a malfunctioning immune system.
 - Lupus tends to appear in women of childbearing age.
 - The majority of women with lupus are able to have children.
 - Talk with your doctor for information and advice before planning a pregnancy.
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Lupus tends to appear in women of childbearing age. It can affect pregnancy, however most women are able to have children. All pregnancies will need careful medical monitoring because of the risk of complications. It's generally best to have no lupus symptoms and to have taken no medication for at least six months prior to conception.

How lupus affects pregnancy

Lupus is a chronic condition that results from a malfunctioning immune system.

The immune system is designed to identify foreign bodies (such as bacteria and viruses) and attack them to keep us healthy. However, in the case of lupus, your immune system mistakenly attacks particular tissues including the skin, joints, kidneys and lining of the heart and lungs, causing ongoing inflammation and pain.

For these reasons, it's important that you plan your pregnancy carefully.

Your condition should be under control and you should be in the best health possible. The healthier you are before you get pregnant, the greater the chance that you will have a healthy pregnancy and a healthy baby.

Talk with your doctor and specialist before you get pregnant. They may need to make important changes to your medication to ensure a safe pregnancy. Some medications are safe to take while you're pregnant however others, like methotrexate, shouldn't be taken. You may need to stop taking some medications months before trying to get pregnant as they can be harmful to your baby. Your doctors will help you plan this.

In some cases, there is a reduction in lupus symptoms during pregnancy. Your lupus is more likely to be stable throughout your pregnancy if your condition was stable before conceiving.

Complications of pregnancy

Most women with lupus are able to have a healthy baby, however sometimes complications can occur. That's why it's so important you plan your pregnancy and work closely with your healthcare team to ensure you're as healthy as possible before, during and after your pregnancy.

It's also important that you know the possible problems that may occur so that you can be treated immediately. Many of these issues can be prevented or treated effectively if they're dealt with early. Here are some problems that can occur during pregnancy that you should be aware of:

- flares of your lupus symptoms may occur during pregnancy or immediately after you deliver, however this is less likely if your condition was stable before you became pregnant
 - high blood pressure (hypertension)
 - your baby may be born with low birth weight
 - pre-eclampsia – symptoms include high blood pressure and excessive amounts of protein lost through your urine
 - premature labour
 - hospital admission may be needed at various stages throughout your pregnancy
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- increased risk of miscarriage.

Medical care before and during pregnancy

It's important that you have consistent and adequate medical care before and during your pregnancy. Discuss your plans to become pregnant with your doctor and specialist before you conceive. They can advise you of the best time to fall pregnant – it's advisable to have had no lupus symptoms for at least six months prior to conception. They can also let you know about any particular risks you may face and whether your medication needs to be changed. Some medication taken for lupus can cross the placenta and pose a threat to your baby.

Once you have become pregnant, it's 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's also important to closely monitor the growth rate of the baby to make sure that all is well. It's recommended that you consult closely with both a rheumatologist and a specialist obstetrician throughout your pregnancy.

Lupus flares and normal pregnancy symptoms

Sometimes, it can be difficult to distinguish between a lupus flare and normal pregnancy symptoms. For this reason you should work closely with your healthcare team 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.

Lupus pregnancies and increased rate of premature birth and miscarriage

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 placenta isn't 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 1.3 kg in weight, its chances of survival are good.

Your doctor can screen for antiphospholipid antibodies, and if they are found, may prescribe a blood thinner to help prevent blood clots. This can help prevent miscarriage in many women.

Pre-eclampsia is a condition that involves increased blood pressure or protein in the blood (or both). It occurs in one in five women with lupus. If left untreated it can endanger the life of both the woman and her 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's born. This is known as neonatal lupus. Symptoms may include skin rash, unusual blood count and, rarely, heartbeat irregularities. This is not SLE.

In 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.

Lupus and pregnancy delay advice

Some women with lupus should delay pregnancy and discuss their plan with their treating doctor when they are planning to have a baby.

They include:

- women whose lupus is active
- women taking medication such as methotrexate, mycophenolate, or cyclophosphamide
- women with kidney disease
- women with previous thrombosis or miscarriage.

If you have any questions about your condition, medications and pregnancy, talk with your doctor.

Where to get help

- Your doctor
- Obstetrician
- A specialist (often a dermatologist, rheumatologist, nephrologist or immunologist)
- **Musculoskeletal Australia**. National Help Line Tel. **(03) 8531 8000** or **1800 263 265**

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