

Rheumatoid Arthritis & Pregnancy

Planning for Pregnancy



In general, healthy babies are born to healthy mothers. Before any pregnancy it is best to make sure you are as healthy as you can be. Talk with your Rheumatologist when pregnancy planning in order to ensure you have the best possible experience.

Active rheumatoid arthritis (RA) and some medications may affect your ability to become pregnant and increase your risk of a miscarriage.

It is best to make sure your disease is stable for 6 months before trying to get pregnant.

Did you know that 30-50% of pregnancies are unplanned? It's important to talk to your Rheumatologist if you are planning a family or considering pregnancy.

All women who are pregnant or planning to become pregnant should take folic acid daily and avoid alcohol and cigarettes

How does Pregnancy affect RA?



Many patients can experience an improvement in their RA symptoms during pregnancy. This usually happens during the first trimester.

Although you may feel better during pregnancy, pregnancy will not achieve the same state of remission as our current medications. To control your disease it may be necessary to continue medications.

RA is most likely to flare after you have delivered your baby. For this reason, it is important to have good disease control throughout pregnancy and to have close follow up with your Rheumatologist after delivery. A flare after the delivery is avoidable with medication.

Labour is much the same for women with RA as it is for any other pregnant woman.

How can RA affect pregnancy?



If your disease is well-controlled, pregnancy outcomes are very similar to the general population.

If your RA is active it may lead to a decreased birthweight of your baby.

Severe uncontrolled RA can lead to preterm (early) delivery and smaller babies.

Some patients with juvenile arthritis may have had hip replacements. Just because you've had a hip replacement doesn't mean you need a cesarean section.

The benefits of breastfeeding are important to both mother and baby. Not every medication poses a risk during breast feeding but some do. It is important to discuss with your doctor.

Other Questions



It is common to have many questions as you go through pregnancy. Talk to your Rheumatologist. A couple of common questions include:

Question: Will my baby have RA?

Answer: No, RA is not transmitted from mom to baby.

Question: I'm worried I won't be able to care for my baby.

Answer: Your RA can be safely controlled with medications. Some medications take weeks to take effect. For this reason, your rheumatologist may encourage the use of medications to maintain disease control throughout pregnancy and after delivery.

Medications in Pregnancy

Pregnancy, whether planned or a pleasant surprise, brings with it important concerns about prescription and over the counter medications. Not every medication poses a risk to your unborn baby; however, some do. It is important to talk to your doctor.

SAFE Medications

The following medications can be used safely throughout pregnancy and breast feeding:



- Prednisone
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). They can be used up to 28 weeks, but should be avoided if you are having trouble getting pregnant.
- Sulfasalazine. This should be taken with folic acid 5mg/day.
- Hydroxychloroquine (Plaquenil)
- Anti-TNF Biologics - These are safe in the first and second trimester. A decision to stop or continue these in the third trimester will be made with your rheumatologist and your obstetrician.

Medications to AVOID

The following medications are not safe in pregnancy or breast feeding :



- Methotrexate. This should be stopped 3 months prior to trying to get pregnant.
- Leflunomide (Arava). This should be stopped 12 months prior to trying to get pregnant. Some patients require this medication to be washed out with cholestyramine.
- Non-anti-TNF biologics – There is no data regarding the safety of newer biologics in pregnancy.