



## ADDITIONAL RESOURCES

### OTIS

While there are no controlled human studies on pregnancy and exposure to biologic drugs for RA, the Organization of Teratology Information Specialists maintains a database of women who have been exposed to these drugs during at least a part of their pregnancy, including the pregnancy outcomes and any abnormalities. For more information or to participate in their RA Pregnancy Project, visit [www.otispregnancy.com](http://www.otispregnancy.com)

### Drugs and Lactation Database

The U.S. National Library of medicine maintains a peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider. For more information, visit: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>



## ABOUT THE RPF



# Rheumatoid Patient Foundation

*Improving the lives of people with Rheumatoid Disease*

The Rheumatoid Patient Foundation (RPF) is A 501c(3) non-profit organization dedicated to improving the lives of patients with Rheumatoid Diseases such as Rheumatoid Arthritis and Juvenile Arthritis through a variety of means, including research, public awareness, patient education and patient-led advocacy.

For more information, or to become a Member, visit our website: <http://rheum4us.org>

## REFERENCES

1. Pregnancy, Fertility, and Contraception Risk in the Context of Chronic: Rheumatoid Arthritis [http://www.medscape.com/viewarticle/578245\\_3](http://www.medscape.com/viewarticle/578245_3)
2. Effects of Pregnancy on Rheumatoid Arthritis <http://emedicine.medscape.com/article/335186-overview>
3. Influence of HLA-class II incompatibility between mother and fetus on the development and course of rheumatoid arthritis of the mother <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1752598/pdf/v057p00286.pdf>
4. Disease activity of rheumatoid arthritis during pregnancy: results from a nationwide prospective study. <http://www.ncbi.nlm.nih.gov/pubmed/18759316>
5. Genetic basis of rheumatoid arthritis. <http://www.ncbi.nlm.nih.gov/pubmed/16309943?dopt=AbstractPlus&holding=f1000,f1000m,isrctn>

© 2012 - Rheumatoid Patient Foundation - PO Box 23651, Cocoa, FL 32923

# Pregnancy and Family Planning with Rheumatoid Disease



A resource guide from the Rheumatoid Patient Foundation



# Rheumatoid Patient Foundation

[rheum4us.org](http://rheum4us.org)



## WHAT YOU NEED TO KNOW

Diagnosis of a Rheumatoid Disease such as Rheumatoid Arthritis or RA will affect many aspects of your life, including family planning. You will need to make extra considerations and form a treatment plan with your rheumatologist if you plan to become pregnant. While these decisions will vary depending on your specific situation, with a little extra planning, many women are able to have successful pregnancies and give birth to healthy babies, despite active Rheumatoid Disease.

## FREQUENTLY ASKED QUESTIONS

### *Will RA affect my ability to conceive?*

Research has shown that women with RA often take longer to conceive. This may be due to a variety of factors including inconsistent ovulation, decreased libido, or decreased sexual activity due to pain and fatigue. Additionally, men with RA may experience a decrease in sperm count and libido, as well as erectile dysfunction during increased periods of acute flare or increased disease activity<sup>[1]</sup>. Treating your RA and having your symptoms under control is likely to increase your chances of conception. Have patience and work with your doctor to determine a safe and effective treatment plan as you try to conceive.

### *Will my RA get worse while I'm pregnant?*

While there is no way to predict how a particular RA patient will respond, pregnancy alters immune function and can therefore alter disease activity. Studies have shown that many women actually experience a decrease in disease symptoms during pregnancy, and some even attain a period of remission (no joints with active disease and no medication). This decrease in symptoms is likely to come from a combination of factors including changes in the immune system and hormonal changes<sup>[2]</sup>. Additionally, one study suggests that the more genetically dissimilar the mother and fetus are, the more likely symptoms are to remit<sup>[3]</sup>. It is also important to note, however, that many women experience an increase in symptoms post-partum<sup>[4]</sup>. While these general trends have been observed, there remains a wide array of responses between individual RA patients.

### *Can I pass RA down to my children?*

While there is a genetic component to RA, it is not as simple as the inheritance of blue eyes. Researchers have found several alleles which are strongly associated with RA<sup>[5]</sup>. However, not everyone who is born with genes that are linked to RA develops the disease. Genetic components may contribute to susceptibility to the disease, but researchers believe that there is also an environmental component in the development of RA, which may trigger the disease to become active.



### *Are RA drugs safe to take during pregnancy and breastfeeding?*

You will need to work with your rheumatologist to determine a treatment plan that you are comfortable with for the period before,

during, and after pregnancy. The U.S. Food and Drug Administration classifies drugs based on risk to the fetus, and this data should be used as a guideline. Certain medications commonly used to treat RA, such as methotrexate and leflunomide, are known to cause birth defects. These drugs must be stopped several months prior to conception, for both men and women. For biologic medications, not enough data exists to be certain of safety; you should discuss with your doctor the risks and benefits of taking these drugs during pregnancy.

Other DMARDs (disease modifying antirheumatic drugs) and low-dose steroids are generally considered safe during pregnancy. NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen and naproxen are also generally considered safe until the third trimester, at which point they should be discontinued<sup>[1]</sup>. Your doctor can help you assess the risk of continuing treatment and help determine your best course of action.

Likewise, for many of the drugs commonly used to treat RA, insufficient data is available to determine safety to an infant while breastfeeding. You should speak with your doctor about the risk of any particular treatment while breastfeeding. Additional data is available through The U.S. National Library of Medicine's database of drug effects on lactation and breast fed infants (see Additional Resources section).