Plain language summary

Management of rheumatic diseases in the preconception, antenatal and postnatal periods

Who is this summary for?

This summary is for women with rheumatic disease who are planning a pregnancy or are pregnant, their support partners or their family.

What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these guidelines is a national guideline on the management of rheumatic diseases in the preconception, antenatal and postnatal periods. The plain language summary will describe the key points and important take home messages from the Guideline.

What is a rheumatic disease?

Rheumatic and musculoskeletal diseases (RMDs) are a group of diseases that commonly affect the joints but can also affect the muscles, other tissues and internal organs.

Why should women with RMDs seek guidance regarding pregnancy?

All women with rheumatic disease should consult their rheumatology team for an individual evaluation of how a pregnancy can affect them and what the risk factors in pregnancy are, based on the woman's diagnosis and the seriousness of her symptoms.

Rheumatic disease may affect pregnancy, and a pregnancy might affect rheumatic disease.

When should women with RMDs seek guidance regarding pregnancy?

It is important for women to try and plan pregnancy to a time when rheumatic disease activity is low and symptoms are controlled.

Good disease control is critical therefore all relevant healthcare providers involved in the care of the women have a responsibility to address family planning issues and concerns regularly. Ideally, to ensure optimum care for the woman, this consultation should be shared by both obstetric and rheumatology multi-disciplinary teams.

What about medications before, during and after pregnancy?

The risk and benefits of using medications should always be discussed with the rheumatology team when planning a pregnancy. Some medications may need to be discontinued prior to conception, while others can and should be used during the entire pregnancy.

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology

By continuing anti-rheumatic drugs that are safe in pregnancy it will be more likely that rheumatic disease will remain under control during the pregnancy. This will reduce the chances of any complications during the pregnancy and will make flares less likely after the birth.

It is important to remember that advice regarding the use of medications is based on individual risk factors and needs, and people with the same diagnosis might therefore receive different advice regarding what medications they should and should not use.

What could be discussed with healthcare providers regarding pregnancy?

Some topics and questions that women with rheumatic disease might discuss with healthcare professionals and their rheumatology team include:

- Relevant medical treatment (before, during and after pregnancy)
- Will my pregnancy affect my disease?
- Will my disease affect my pregnancy?
- What can I do to optimise my health (exercise and lifestyle)?
- Where can I find relevant information?
- How will I be followed up?
- Should I have follow up from a multidisciplinary team (physiotherapist, occupational therapist, social worker)?
- What will my delivery plan be?
- Can I breastfeed?

What tests might women be offered?

There a broad number of tests involved in diagnosing and treating women with RMDs and the tests required will be individualised in each case.

Consultation with the healthcare provider begins with:

- Review of past obstetric history, medical history, current medications and medication history.
- Baseline urine examination
- Baseline blood tests including full blood count, urea and electrolytes, liver function tests.
- There are other tests which are specific to certain RMDs which may be checked when considering pregnancy or early in pregnancy such as anti- extractable nuclear antibodies (ENA/anti-Ro antibodies), antiphospholipid antibodies, anti-cardiolipin antibodies, anti-β2 glycoprotein, lupus anticoagulant.

How will pregnancy be managed?

Routine antenatal care is offered to all women with RMDs in pregnancy. Where available and appropriate, the women will attend an obstetrician, who is a Maternal Medicine specialist, for their antenatal care. Schedule of care broadly follows pre-existing guidelines regarding timing of visits however each case is also individualised depending on the type of RMD and/or disease activity.

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Management in pregnancy involves a multidisciplinary team of doctors, midwives, nurses, and allied health professionals such as physiotherapists and occupational therapists, in general practice, obstetrics, midwifery and rheumatology.

Does my rheumatic disease impact mode of delivery or birth plan?

Rheumatic disease doesn't usually affect the choices around mode of delivery.

Healthcare teams will discuss all options for giving birth with the woman. The risks and benefits of each option, and any concerns should be addressed in order to decide which option is best for the pregnant woman with rheumatic disease and her baby.

What do I need to consider after birth?

RMDs may flare up again in the weeks after the birth. The risk of this is reduced if the woman continues taking safe treatment during pregnancy or when breastfeeding. Active disease may impact on the woman's ability to care for her baby. If there is a flare of disease, it is important that women contact their healthcare team

When RMDs flare, the rheumatology team might suggest a short course of steroids or a steroid injection. Physiotherapy can also be helpful during this time.

Is breastfeeding an option?

Breastfeeding has benefits for both women and babies. However, breastfeeding isn't for everyone, and for some women it can be very difficult. It's important to make the decision that's right for each person.

Women don't need to make the final decision until the baby is born, but it's never too early to start thinking about breastfeeding If women choose to breastfeed, doctors will make sure that they are taking medication that won't affect the baby.

Restarting medication

If medications have been stopped before the pregnancy, such as methotrexate, doctors will usually recommend going straight back onto them once breastfeeding is finished. This is because the sooner the woman can get back onto medication, the lower the risk of having a flare.

Some drugs can be restarted while breastfeeding, so when medication can be restarted should be discussed with the Rheumatology team.

Further information can be found in the following locations:

https://www.arthritisireland.ie/pregnancy

https://www.versusarthritis.org/about-arthritis/living-with-arthritis/pregnancy/

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology