

Ankylosing Spondylitis

This sheet is about having ankylosing spondylitis in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is ankylosing spondylitis?

Ankylosing spondylitis (AS) is an inflammatory disease with symptoms that can include swelling, stiffness, pain, and fatigue (feeling extremely tired). AS is a type of arthritis (swelling and tenderness of one or more joints). Sometimes, severe AS can lead to the formation of new bone that causes the spine to become fused or stuck in one position.

I have ankylosing spondylitis. Can it make it harder for me to get pregnant?

It is not known if having AS can make it harder to get pregnant. There is no evidence to suggest AS could cause problems getting pregnant.

Will pregnancy affect my symptoms?

It is hard to predict if or how AS symptoms might change during pregnancy. Some studies suggest that symptoms stay about the same during pregnancy and others suggest symptoms may get better. Some people report an increase in symptoms, especially as the pregnancy gets further along. Pregnancy does not appear to reduce the chance of AS flare-ups like it might for some other autoimmune conditions. An increase in symptoms is common in the first few months after delivery. This does not mean that the symptoms will continue long-term.

Does having ankylosing spondylitis increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if AS increases the chance for miscarriage.

Does having ankylosing spondylitis increase the chance of birth defects?

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Studies have not been done to see if AS increases the chance for birth defects.

Does having ankylosing spondylitis increase the chance of other pregnancy-related problems?

Several studies have not found an increased chance for pregnancy complications in people with AS. A few studies suggest that AS may increase the chance for preterm delivery (birth before week 37) and lower birth weights in babies. There may also be an increased need for a C-section and for the baby to be in the neonatal intensive care unit (NICU) after delivery. The chance for these complications may be higher in those with more AS symptoms, in those who also have other medical conditions, or in people who develop preeclampsia (very high blood pressure during pregnancy).

I am taking medication for ankylosing spondylitis. Can I take my medication during pregnancy?

Different medications can have different risks. Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

For information on specific medications, see our fact sheets at <https://mothertobaby.org/fact-sheets/> or speak with a MotherToBaby specialist.

Does having ankylosing spondylitis in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if AS can cause behavior or learning issues for the child.

Breastfeeding while I have ankylosing spondylitis:

AS does not appear to affect the ability to breastfeed. If you are having trouble with breastfeeding, contact your

healthcare provider or a lactation specialist.

Can I take my medication for ankylosing spondylitis while breastfeeding?

Many medications for AS can be used while breastfeeding. Some medications may increase risks to a nursing child. For information on specific medications, see our fact sheets or contact MotherToBaby to speak with a specialist. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male has ankylosing spondylitis, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Based on the studies reviewed, AS may affect male fertility. No increased chance of birth defects was reported in a study looking at pregnancy outcomes in partners of males who were treated for AS. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

MotherToBaby is currently conducting studies looking at autoimmune diseases and the medications used to treat these diseases in pregnancy. If you are interested in taking part in one of these studies, please call 1-877-311-8972 or sign up at <https://mothertobaby.org/join-study/>.

Please click here for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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