Ankylosing Spondylitis

This sheet is about having ankylosing spondylitis during 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 a kind of arthritis that mostly affects the spine. Arthritis is a general term for inflammation or swelling of the joints in the body. Symptoms of AS can include swelling, stiffness, and pain. Sometimes, advanced AS can lead to the formation of new bone that causes the spine to become fused or stuck in one position. Symptoms of AS usually start in young adults.

I have ankylosing spondylitis. Can it make it harder for me to get pregnant?
People with AS usually have the same chance of getting pregnant as those without AS.

Will pregnancy affect my symptoms?
It is hard to predict how AS symptoms might change, if at all, during pregnancy. Some studies suggest that symptoms stay about the same during pregnancy and some suggest that they may get better. However, 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 a miscarriage?
Miscarriage can occur in any pregnancy. It is not known if AS can increase the chance of 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. It is not known if AS increases the chance for birth defects above the background risk.

Does having ankylosing spondylitis cause pregnancy complications?
Several studies have not found an increased chance for pregnancy complications in people with AS. Most have typical deliveries. However, a few studies suggest that AS may increase the chance for preterm delivery (delivery before 37 weeks) 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?
Some medications used to treat AS are known to cause birth defects. Others have not been linked to an increased risk. For information on specific medications, see our fact sheets at https://mothertobaby.org/fact-sheets/ or speak with a MotherToBaby specialist. It is also important that you talk about your treatment options with your healthcare providers if you are planning a pregnancy, or as soon as you learn that you are pregnant.

Does having ankylosing spondylitis in pregnancy cause long-term problems for a child?
It is not known if having AS in pregnancy causes long-term problems for a child.

Can I breastfeed if I have ankylosing spondylitis?
AS does not appear to affect the ability to breastfeed.

Can I take my medicines for ankylosing spondylitis while breastfeeding?
Many medications for AS can be used while breastfeeding. However, some medications may increase risks to a 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 your questions on breastfeeding.

**I have ankylosing spondylitis. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

Some of the medications used to treat AS could affect sperm production, which could make it harder to conceive a pregnancy. For information on specific medications, see our fact sheets or speak with a MotherToBaby specialist. 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 on Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

MotherToBaby is currently conducting a study looking at ankylosing spondylitis and the medications used to treat AS in pregnancy. If you are interested in learning more about this study, please call 1-877-311-8972 or sign up at https://mothertobaby.org/join-study/.

Please click here for references.