



**MotherToBaby**

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

**Fact Sheet**

by the **Organization of Teratology Information Specialists (OTIS)**

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## **Lupus**

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to lupus may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

### ***What is lupus?***

Lupus is formally known as systemic lupus erythematosus (SLE). It is an autoimmune disease that affects many different parts of the body. Autoimmune diseases occur when the body's immune system attacks its own cells or organs. SLE affects women more than men. Most women are diagnosed in their 20's or 30's.

### ***I have lupus and I am thinking of becoming pregnant. Is there anything I should know?***

Women with lupus can have healthy pregnancies. However, women with lupus have a higher chance for complications during pregnancy. Health care providers believe that pregnancy outcome is better if the disease is well controlled for at least six months prior to becoming pregnant. If you are considering pregnancy, it is important to speak to your healthcare team before trying to get pregnant.

### ***Will lupus make it harder for me to get pregnant?***

Unlikely. Lupus itself does not affect a woman's ability to become pregnant. However, some women with high disease activity have reported missing periods, which may make it harder to get pregnant. In addition, some medications used to treat lupus can affect how your ovaries work and this might make it harder to get pregnant. Women with kidney disease may also have a harder time getting pregnant.

### ***How will pregnancy affect my symptoms?***

It is not clear whether pregnancy increases the number of lupus flares or new symptoms of lupus. However, some studies have suggested a small increased chance for flares, with symptoms that ranged from very mild to severe. There were also some reports of flares within the first few months following delivery. The chance for symptom flares during pregnancy may be lower if lupus is not active within the six months prior to conception.

### ***I have lupus and I am newly pregnant. Do I have a higher chance of miscarriage because of my medical condition?***

Yes. Lupus appears to increase the chance of miscarriage in pregnancy. While studies vary, miscarriage rates with lupus have been reported to be up to 35% during the first trimester. A previous miscarriage, kidney disease, and the presence of certain antibodies (such as antiphospholipid) have been associated with a higher chance of miscarriage in women with lupus.

### ***Can having lupus increase the chance for pregnancy complications?***

Yes. Women with lupus have a higher chance of developing infections, high blood pressure and preeclampsia. Preeclampsia has several symptoms; some are a dangerous rise in blood pressure, reduced kidney function and an increase of protein in the urine. For this reason, blood pressure and urine protein levels may be closely monitored by your healthcare provider throughout pregnancy.

Women with lupus also appear to have a higher chance of late miscarriage, preterm delivery (delivery before week 37), and poor growth of the developing baby.

In a small number of people, lupus can lead to blood clots, which can cause lung problems and possibly a stroke. Sometimes, blood clots can form in the placenta. These blood clots, in very rare circumstances, have led to the death of the mother or the developing baby.

Increased lupus activity, particularly during conception and early in pregnancy, increases the chance for these complications. Kidney disease and having high blood pressure before pregnancy can also increase the chance for these complications.

***Can having lupus cause other problems for the baby?***

Yes. Lupus in the mother can lead to symptoms of lupus in the baby. This is called neonatal lupus erythematosus (NLE). NLE is seen mostly in children whose mothers have certain antibodies (anti-Ro and/or anti-La) in their blood. Several of the signs of neonatal lupus (like a rash, blood abnormalities that only show up on a blood test and liver problems) are usually temporary and often disappear by age 6 months, sometimes sooner.

The most serious complication of neonatal lupus is a particular heart rhythm problem called congenital heart block. Babies with congenital heart block often need a heart pacemaker. Congenital heart block can cause death in up to 30% of infants. While most babies born to women with lupus do not have heart block, your health care provider may do a specific ultrasound of the baby's heart called a fetal echocardiogram to look at the function and structure of the baby's heart. This type of ultrasound is usually performed between 18-24 weeks of pregnancy. If congenital heart block is found, the mother may be given medication to help treat the developing baby. Infants who are suspected to have neonatal lupus should be checked for congenital heart block.

***I am taking medication for lupus. Can I take my medication during pregnancy?***

Some medications used to treat lupus are not thought to increase pregnancy risks, while others might cause birth defects. For information on specific medications contact MotherToBaby see our medication fact sheets at <https://mothertobaby.org/fact-sheets-parent/>.

Because having lupus is associated with risks during pregnancy, it is important to keep the disease as inactive as possible. Stopping some lupus medicines during pregnancy may lead to worsening of lupus symptoms, which could increase the chance of poor maternal and fetal health. It is important to discuss treatment options with your health care providers when planning pregnancy, or as soon as you learn that you are pregnant.

***I would like to breastfeed my baby. Can I take my medications while breastfeeding?***

Some medications are of low risk, while others may be of more concern. For information on specific agents see our medication fact sheets or contact MotherToBaby. Be sure to talk to your health care providers about all your breastfeeding questions.

***My partner has lupus and uses medication to treat his symptoms. Will this affect his ability to have children or increase our chances to have a child with a birth defect?***

One small study found that SLE might affect a man's sperm production. In addition, certain medications used to treat lupus can affect a man's sperm production, which may make it harder to get pregnant. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

**References Available By Request**

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