Rheumatoid Arthritis

This sheet is about rheumatoid arthritis in pregnancy and while breastfeeding. This information is based on published research. It should not take the place of medical care and advice from your healthcare providers.

What is rheumatoid arthritis?

Rheumatoid arthritis (RA) is a type of arthritis that mainly affects joints but can also affect other parts of the body. It is an autoimmune condition, meaning the immune system does not work the way it should, causing inflammation (swelling). Symptoms can include swelling, stiffness, discomfort, pain, and sometimes limited movement. Many people with RA might also have some symptoms that do not involve joints like fatigue, loss of appetite, and low-grade fevers (temperature above normal, but below 100.4 F).

I have rheumatoid arthritis and am thinking of getting pregnant. Is there anything I need to know?

It is important to talk with your healthcare team (including your gynecologist/obstetrician and rheumatologist) about plans for treating your condition before and during pregnancy, during delivery, and after delivery.

Many women with RA take medication to control the inflammation and prevent or reduce joint damage. It is important to talk with your healthcare providers about your medications and the best treatment options. If possible, talk with your healthcare team before getting pregnant. If your pregnancy is unplanned, contact your healthcare providers as soon as you find out you are pregnant.

Women with RA can have a higher chance of problems during pregnancy. If RA is well controlled for 3 to 6 months before getting pregnant, the chance for pregnancy complications is usually lower than in women with more active RA.

I just found out that I am pregnant. Should I stop taking my medication(s)?

Talk with your healthcare providers before making any changes to how you take your medication(s). Pregnancies are more successful when RA is well controlled, and it is important for your health and the health of the pregnancy. Because some medications that have been used to treat RA might be avoided during pregnancy, it is important to contact your healthcare provider as soon as possible to talk about what treatment is best for you.

I have rheumatoid arthritis. Can it make it harder for me to get pregnant?

It might take longer for some women with RA to get pregnant. It is not clear if this is related to the RA itself, the severity of the disease, the medications used for treating RA, personal choice, or other factors. In some studies, women with RA took longer to get pregnant than those without RA; however, many experts believe that the ability to conceive is not different from women without RA.

Will pregnancy affect my rheumatoid arthritis symptoms?

Studies suggest that around half (50%) of women with RA have symptom-relief over the course of pregnancy. It is unknown why some women experience relief and others do not. Around half (50%) of women might have RA disease flares in the first several months following pregnancy (postpartum).

Does having rheumatoid arthritis increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Most studies have found that rates of miscarriage for women with RA are similar to rates for women without RA, but some studies have reported a higher chance of miscarriage. Because miscarriages can happen for many reasons, it can be difficult to know if a medication, the condition being treated, or other factors (such as age, health, or other exposures) caused a miscarriage.

Does having rheumatoid arthritis increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like RA, might increase the chance of birth defects in a pregnancy.

There is no evidence that having RA will increase the chance of having a baby with a birth defect. While most medications used to treat RA do not increase the chance of birth defects, some might. This is why it is best to review your medications with your prescribing healthcare provider before you get pregnant, if possible.

Does having rheumatoid arthritis increase the chance of other pregnancy-related problems?

Women with poorly controlled RA have a higher chance for preterm delivery (delivery before 37 weeks of pregnancy) and for babies to have low birth weight or be smaller than usual. Earlier delivery and lower birth weight increase the chances for health problems in a newborn. RA flares and inflammation can also increase the chance for pregnancy complications like preterm delivery and preeclampsia (a dangerous rise in blood pressure and increase of protein in the urine). C-sections have also been reported more often among women with moderate to high disease activity at time of delivery.

Does having rheumatoid arthritis in pregnancy affect future behavior or learning for the child?

It is not known if having rheumatoid arthritis can affect future learning or behavior for the child. Some studies have suggested a possible association with neurodevelopmental disorders.

Breastfeeding while I have rheumatoid arthritis:

Many women with RA who want to breastfeed are generally able to do so. Many medications that are used to treat RA can be used when breastfeeding. It is important to find out about your specific medications. To find out more about specific medications, you can view MotherToBaby Fact Sheets at https://mothertobaby.org/fact-sheets-parent/ or contact a MotherToBaby specialist. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man has rheumatoid arthritis, could it affect his fertility or increase the chance of birth defects?

Limited information has not found an increased chance of birth defects or miscarriages in pregnancies where men had been taking medications for RA. Some medications used to treat RA might affect male fertility (ability to make healthy sperm). Exposures a father or sperm donor have are less likely to increase risks to a pregnancy. For more general information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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