Rheumatoid Arthritis

This sheet talks about rheumatoid arthritis in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is rheumatoid arthritis?**

Rheumatoid arthritis (RA) is a kind of arthritis that mainly affects your joints. It is an autoimmune condition, meaning the immune system doesn’t work the way it should, causing inflammation (swelling) in the joints. Symptoms can include swelling, stiffness, discomfort, pain, and may cause you to have limited movement. Many people with RA might also have some symptoms that don’t involve the joints like fatigue and low-grade fevers (temperature above normal, but below 100.4).

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

Women with RA have a higher chance for problems during pregnancy. If the RA is well controlled for 3-6 months before becoming pregnant, the chance for pregnancy complications is usually lower than in women with more active RA. Since most people 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 before trying to get pregnant.

**Will rheumatoid arthritis make it harder for me to get pregnant?**

For some women with RA it might take longer to become pregnant. It is not clear if this is related to the RA itself, the severity of the disease, the medications used for treating RA, or the choices women with RA make about having children (for example, waiting until they are older to have children). In some studies, women with RA took longer to get pregnant than women without RA; however, many experts believe that your ability to conceive is not different than among women without RA.*

**How will pregnancy affect my symptoms?**

For many women, symptoms of RA improve over the course of pregnancy. However, this is not the case for everyone and it is not possible to predict how a pregnancy will affect your symptoms.

**Does having rheumatoid arthritis make it more likely for me to have a miscarriage?**

Miscarriage can occur in any pregnancy. Most studies have found that rates of miscarriage for women with RA are similar to rates for women without RA.

**Can having rheumatoid arthritis increase the chance of having a baby with a birth defect?**

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. 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 for having a baby with a birth defect, some might. That is why it is best to review your medications with your prescribing healthcare provider before you become pregnant.

**I just found out that I am pregnant. Should I stop taking my medication?**

There are many different medications used to treat rheumatoid arthritis and many of them are unlikely to increase the chance for a birth defect. Because pregnancies are more successful when RA is well controlled, staying on a medication that works for you is important for your health and the health of the pregnancy. Because some medications used to treat RA tend to be avoided during pregnancy, it is important to contact your healthcare provider as
soon as possible.*

*Is it safer for the baby if I am not taking any medicine at all during the pregnancy?*

Women with RA who stop RA medications in pregnancy could be at risk for disease flares. Flares in pregnancy can affect your health. Untreated active RA increases the chance for pregnancy complications.

*If having rheumatoid arthritis can increase the chance for pregnancy complications, what are they?*

Women with poorly controlled RA have a higher chance for preterm delivery (baby born before 37 weeks) and for babies to have low birth weight or be too small. Earlier delivery and lower birth weight increase the chances for health problems in the 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 been reported more often among women with moderate to high disease activity at time of delivery.

*Can I breastfeed my baby if I am taking medications for rheumatoid arthritis?*

Many medications that are used to treat RA can be used when breastfeeding. It is important to find out about your specific medication and any special situations that might affect using that medicine when nursing. Be sure to talk to your healthcare provider about all your breastfeeding questions. 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.

*What if the baby’s father has rheumatoid arthritis?*

There are very few studies looking at the outcomes of pregnancies when the father has rheumatoid arthritis. However, the limited information that is available has not found an increased chance of birth defects or miscarriages in pregnancies where fathers had been taking medications for rheumatoid arthritis. Some medications used to treat RA might affect a man’s fertility, making it harder to get their partner pregnant. In general, medications a man takes 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/pdf/. For questions about specific medications, call MotherToBaby at 866-626-6847.*

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Please click here for references.*