Family Planning and Vasculitis

Patients with Vasculitis Planning to Become Pregnant in the Next Year

Is Your Vasculitis Well Controlled?
Discuss with Your Rheumatologist

- Minimal signs of inflammation
- Minimal blood and protein in the urine
- No disease activity requiring an increase in prednisone in the last six months
- Stable kidney, heart, and lung disease

Which Doctors Should be Involved?
This Depends on Your Disease Manifestations

- Rheumatologist
- Pulmonologist
- High-Risk OB/GYN (Maternal Fetal Medicine, MFM)
- OB/GYN
- Otolaryngologist
- Nephrologist
- Hematologist
- Cardiologist
- Dermatologist

Are Your Medications Appropriate for Pregnancy?
Refer to Medication List on This Handout

- Continue or start GO LIST medications
- Switch from STOP list medications to GO LIST medications
- If prednisone \( \geq 10 \) mg is needed, then add GO LIST medication
- Discuss other medications with your rheumatologist and OB/GYN

Male Patients with Vasculitis

- Male patients taking Methotrexate can safely conceive with their partner
- Male patients taking Cyclophosphamide should NOT attempt conception or sperm collection during or three months after treatment
- It is recommended to complete sperm collection prior to initiation of Cyclophosphamide
- Cyclophosphamide can cause infertility

For more info about VPREG:
www.vasculitisfoundation.org/vpreg/

Type of Vasculitis | Possible Pregnancy Complications
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Small Vessel (GPA, MPA, EGPA) | Preterm delivery, preeclampsia, bleeding complications, spontaneous abortion, low birth weight, intrauterine growth restriction (IUGR)
Medium Vessel (PAN) | Hypertension (HTN), proteinuria, preterm birth, IUGR
Large Vessel (Takayasu’s Arteritis) | HTN, preeclampsia, IUGR, low birth weight
Variable Vessel (Behcet’s) | Exacerbation of oral ulceration, eye inflammation, preterm delivery, pregnancy loss

GPA: granulomatosis with polyangiitis, MPA: microscopic polyangiitis, EGPA: eosinophilic granulomatosis with polyangiitis, PAN: polyarteritis nodosa

Disclaimer: This handout is to be used during conversations with your provider. Please discuss with a medical professional before making medical decisions.

Info based on the 2020 ACR Reproductive Guidelines | SEPTEMBER 2021
Discuss the following with your doctor

- Patients at high risk for thrombosis (blood clots) should not take birth control containing estrogen

Work with the following doctors to decide which birth control plan is the best fit for you

- Primary Care Physician (PCP)
- Rheumatologist
- Gynecologist (GYN)

What about emergency contraception (Plan B)?

- It can be used by ALL women, even in those with history of blood clots, lupus, or vasculitis
- It can be used up to three days after unprotected sex or failed birth control
- No prescription is needed; can pick up from a pharmacy or Amazon.com
- Your GYN can provide options for emergency contraception up to five days after unprotected sex

What are my Birth Control Options with Vasculitis?

**Highly Effective < 1% Pregnant Each Year**
- Tubal Ligation
- Subdermal Implant (Nexplanon®)
- Intrauterine Device

**Less Effective 6-9% Pregnant Each Year**
- Depo-Provera***
- Pill with Estrogen**
- Vaginal Ring**
- Patch**
- Mini Pill

**Least Effective 10-25% Pregnant Each Year**
- Diaphragm
- Sponge
- Cervical Cap
- Spermicide
- Fertility Awareness

**Should not be used in patients at risk for blood clots or have a history of blood clots**

Birth Control Options for Male Patients

**Highly Effective < 1% Pregnant Each Year**
- Vasectomy

**Least Effective 10-25% Pregnant Each Year**
- Condom
- Withdrawal Method
- Fertility Awareness

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Other Resources:
www.bedsider.org
www.acog.org/patients

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