Pregnancy Planning & Vasculitis - Discussion Guide for Patients and Their Providers

This handout can guide conversations between patients and providers. Patients should discuss with a medical professional before making medical decisions.

Is Your Vasculitis Well Controlled?
Discuss with Your Rheumatologist
- Minimal signs of inflammation
- Minimal blood and protein in the urine (if applicable)
- No disease activity requiring an increase in prednisone (“steroids”) in the last six months
- Stable kidney, heart, and lung disease (if applicable)

Which Doctors Should be Involved?
This Depends on Your Disease Manifestations
- Rheumatologist
- Pulmonologist
- Cardiologist
- Otolaryngologist
- Nephrologist
- Hematologist
- OB/GYN
- High-Risk OB/GYN (Maternal Fetal Medicine, Perinatologist)
- Primary Care Practitioner

Are Your Medications Appropriate for Pregnancy?
- Continue or start Pregnancy Compatible medications
- Switch from Pregnancy Incompatible medications (that may cause birth defects) to Pregnancy Compatible medications
- If prednisone ≥ 10 mg is needed, then add or increase Pregnancy Compatible medication
- Discuss other medications with your doctors
  
  If possible, discuss medication changes at least 6 months prior to pregnancy.

Minimizing Pregnancy Complications

Reported pregnancy complications in women with vasculitis include hypertension, low birth weight, preeclampsia, and preterm delivery. The risk of these complications is dependent on:

- the use of pregnancy compatible medications to control disease
- prior damage from vasculitis
- type of vasculitis
- vasculitis activity in pregnancy
- medications that cause birth defects

Work closely with your medical team to plan your pregnancy and manage your disease. Following the above steps may minimize your risk of experiencing these complications.

Fertility and Vasculitis

- Cytoxan® and Thalidomide need to be held if male patients want to conceive with their partner
- Male patients taking Cytoxan® should NOT attempt conception or sperm collection during or three months after treatment
- Because Cytoxan® can cause infertility, it is recommended to complete sperm collection or egg harvesting prior to initiation
- Co-administration of ovarian protecting medications with Cytoxan® may decrease female infertility
- Consider consulting with a reproductive endocrinologist if you are having difficulty conceiving

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

Pregnancy Compatible
Strongly Recommended
- Azathioprine (Imuran®)
- Certolizumab (Cimzia®)
- Colchicine (Colcrys, Mitigare®)
- Hydroxychloroquine (Plaquenil®)
- Low dose Aspirin
- Prednisone (use sparingly)

Conditionally Recommended
- Cyclosporin/Tacrolimus (monitor blood pressure)
- Infliximab, Etanercept, Golimumab, Adalimumab (discontinue several weeks prior to delivery)
- NSAIDs (Meloxicam, Ibuprofen, Naproxen, etc.)
- Rituximab (only in very active disease)

Insufficient Information
- Abatacept (Orenica®)
- Anakinra (Kinerey®)
- Apremilast (Otezla®)
- Avacopan (Tavneos®)
- Baricitinib/Tofacitinib/Upadacitinib (Olumiant®/Xeljanz®, Rinvoq®)
- Mepolizumab (Nucala®)
- Secukinumab/Ustekinumab (Cosentyx®/Stelara®)
- Tocilizumab (Actemra®)

Pregnancy Incompatible
- Cyclophosphamide (Cytoxan®)
- Methotrexate
- Mycophenolate Mofetil (MMF, CellCept®)

Info based on the 2020 ACR Reproductive Guidelines | OCTOBER 2022
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.

### 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 ("the rhythm method", tracking ovulation)

**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

### VASCUITIS PREGNANCY REGISTRY (VPREG)

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

Other Resources:

www.bedsider.org
www.acog.org/patients

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