VASCULITIS AND YOUR REPRODUCTIVE JOURNEY

Catherine Sims, MD
Duke University & Durham Veterans Affairs Hospital System
Vasculitis Pregnancy Registry (VPREG)
REPRODUCTIVE JOURNEY

Contraception

Pregnancy

Fertility

Breastfeeding

Menopause
Birth Control and Vasculitis

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 ("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

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

Is Your Vasculitis Well Controlled?
- Highly Effective: No disease activity requiring an increase in prednisone (>20mg) in the last six months
- Stable kidney, heart, and lung disease

Which Doctors Should Be Involved?
- Rheumatologist
- Pulmonologist
- Cardiologist
- Nephrologist
- OB/GYN
- High-Risk OB/GYN (Maternal Fetal Medicine, Perinatologist)
- Primary Care Physician

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

Minimizing Pregnancy Complications
- Reported pregnancy complications in women with vasculitis include hypertension, low birth weight, preclampsia, and preterm delivery.

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.

VPPRN VASCUITIS PREGNANCY REGISTRY (VPPREG)

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

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

Info based on the 2020 ACR Reproduction Guidelines | OCTOBER 2022
CONTRACEPTION

- Why is contraception important?
- Why does the type of contraception matter?
- What should I consider when choosing a contraception option?
  - Long term plans
  - History of blood clots OR high risk for blood clots**
    - Presence of specific autoantibodies
    - Blood clots: deep vein thrombosis, pulmonary embolism
  - Activity of your vasculitis**
CONTRACEPTION

Least Effective 10-25% Pregnant Each Year

- Diaphragm
- Sponge
- Cervical Cap
- Spermicide
- Fertility Awareness ("the rhythm method", tracking ovulation)
## EMERGENCY CONTRACEPTION

<table>
<thead>
<tr>
<th>Levonorgestrel</th>
<th>Ulipristal acetate</th>
<th>Do not induce abortions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 165 lbs.</td>
<td>&gt; 165 lbs.</td>
<td>They work the same way all other contraceptives do, to PREVENT conception</td>
</tr>
<tr>
<td>3 days after unprotected sex</td>
<td>5 days after unprotected sex</td>
<td>Safe in all people, even those with active vasculitis or history of blood clots</td>
</tr>
<tr>
<td>No prescription</td>
<td>Prescription</td>
<td></td>
</tr>
</tbody>
</table>

- **Levonorgestrel**
  - < 165 lbs.
  - 3 days after unprotected sex
  - No prescription

- **Ulipristal acetate**
  - > 165 lbs.
  - 5 days after unprotected sex
  - Prescription

- **No weight recommendation**
  - 5 days after unprotected sex
  - Placed by provider
CONTRACEPTION

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
CONTRACEPTION

Primary Care Provider

Rheumatologist

Obstetrics/Gynecologist
Can fertility be impacted by vasculitis?

- Vasculitis rarely impacts the reproductive tract.
- Most people with vasculitis have normal fertility.
- Pregnancy can be postponed due to vasculitis activity, managing a complex and chronic disease, and/or taking medications not safe for pregnancy.
- Cyclophosphamide can impact ovarian function.
  - Medicine has made great progress with lower doses, shorter courses, ovarian protective medications, and ovary safe alternatives.
PREGNANCY PLANNING

Step 1: How active is my vasculitis?

Step 2: Have I required steroids in the past 6 months?

Step 3: Do I have damage from prior activity?

Step 4: Which doctors should be involved? How often should I see them?

Step 5: Are my medications safe in pregnancy?
WHAT CAN I DO TO MINIMIZE COMPLICATIONS IN PREGNANCY?

1. **Plan your pregnancy**: give your medical team at least 6 months to prepare for pregnancy.
2. Ensure your vasculitis is **well controlled** on **pregnancy compatible medications**.
3. Ensure your **body is optimized** for pregnancy.
HPV VACCINATION

• Safe to use in autoimmune disease
• Does not cause flare of autoimmune disease
• Does not induce autoimmune disease

Why is this vaccine especially important for you?
• Decreased clearance of human papilloma virus (HPV)
• Persistent infection with HPV is a risk factor to develop cervical dysplasia and cancer

2022 recommendations from the American College of Rheumatology:
• 3 vaccine series (target age 11-12 y/o up to 26 y/o)
  • At 0, 1-2, 6 months
• Special timing considerations: rituximab, prednisone ≥ 20 mg
  • Can give with all other medications
REFERENCES

1. All graphics by thenounproject.com
3. VPPRN Vasculitis Family Planning Handout