# **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

# START HERE

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)

## **Pregnancy Compatible**

Strongly Recommended

Azathioprine (Imuran®)

Certolizumab (Cimzia®)

Colchicine (Colcrys, Mitigare®)

Hydroxychloroquine (Plaquenil®)

Low dose Aspirin

Prednisone (use sparingly)



#### **Pregnancy Compatible**

Conditionally Recommended

Cyclosporin/Tacrolimus (monitor blood pressure)
Infliximab, Etanercept, Golimumab, Adalimumab
(discontinue several weeks prior to delivery)
NSALDs (Molovicam, Journal Physican, Naprayon, etc.)

NSAIDs (Meloxicam, Ibuprofen, Naproxen, etc.)
Rituximab (only in very active disease)

#### **Insufficient Information**

Abatacept (Orencia®)

Anakinra (Kineret®)

Apremilast (Otezla®)

Avacopan (Tavneos®)

Baricitinib/Tofacitinib/Upadacitanib

(Olumiant®/Xeljanz®/Rinvoq®)

Mepolizumab (Nucala®)

Secukinumab/Ustekinumab

(Cosentyx®/Stelara®)

Tocilizumab (Actemra®)



### **Pregnancy Incompatible**

Cyclophosphamide (Cytoxan®)

Methotrexate

Mycophenolate Mofetil (MMF, CellCept®)



#### For more info about VPREG:

www.vasculitisfoundation.org/vpreg/



#### Which Doctors Should be Involved?

This Depends on Your Disease Manifestations

Rheumatologist	Pulmonologis

Cardiologist
Otolaryngologist

■ Nephrologist ■ Hematologist ■ OB/GYN ■ Dermatologist

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

## **Birth Control and Vasculitis**



Discuss the following with your doctor

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



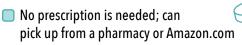
Work with the following doctors to decide which birth control plan is the best fit for you

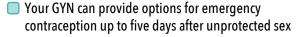
- Primary Care Physician (PCP)
- Rheumatologist
- Gynecologist (GYN)



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







**VASCULITIS PREGNANCY REGISTRY (VPREG)** 

#### For more info about VPREG:

www.vasculitisfoundation.org/vpreg/



#### Other Resources:

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

## 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)

## **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** 

<sup>\*\*</sup>Should not be used in patients at risk for blood clots or have a history of blood clots