

Family Planning and Vasculitis

Patients with Vasculitis Planning to Become Pregnant in the Next Year

Is Your Vasculitis Well Controlled?

Discuss with Your Rheumatologist

START HERE

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

Pregnancy Compatible

Strongly Recommended

Azathioprine (Imuran)
Colchicine (Colcrys, Mitigare®)
Prednisone (use sparingly)
Certolizumab (Cimzia®)
Hydroxychloroquine (Plaquenil)

GO

Pregnancy Compatible

Conditionally Recommended

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

Insufficient Information

Anakinra (Kineret®)
Abatacept (Orencia®)
Tocilizumab (Actemra®)
Secukinumab/Ustekinumab (Cosentyx®/Stelara®)



Pregnancy Incompatible

Cyclophosphamide (CYC)
Methotrexate (Rasuvo®, Otrexup®)
Mycophenolate Mofetil (MMF, CellCept®)



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 ≥ 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

These are reported pregnancy complications in women with vasculitis. Properly planning pregnancy, working closely with your medical specialists, and following the above steps minimizes your risk of experiencing these complications.

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

Birth Control and Vasculitis



START HERE

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



VASCULITIS PREGNANCY REGISTRY (V-PREG)

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

**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