



Family planning for women with psoriasis or psoriatic arthritis

What is important to know **before**,
during and **after** the birth of your baby

Women are typically diagnosed with psoriasis at an early age (average age is 28); therefore, psoriasis may impact them during a critical time when many are planning for families.¹



Inspired by patients.
Driven by science.

This information is being provided for background educational purposes only and should not be a replacement for seeking medical advice from a healthcare professional. Please consult your healthcare professional for any medical advice or information on your condition or treatments.

Psoriasis is a common, chronic inflammatory disease that can have a significant impact on patients' physical and psychological well-being.^{1,2} This burden can be even greater for women.

Even if you are not currently considering having a baby, this information might still be important for you, as approximately half of pregnancies are unplanned and many women do not get the opportunity to speak to their healthcare team beforehand.

This booklet will offer information to consider before, during and after pregnancy.

Before pregnancy



52% of all pregnancies in the general population are unplanned, so it's important to talk to your doctor early on to make sure you're informed and prepared.^{3,4*} By discussing your plans with more than one specialist, you can get their help developing a personalized disease management plan and receive answers to any questions you may have.

43% of women surveyed with chronic inflammatory disease had concerns that caused them to delay plans to become pregnant. Many women benefit from a clearer understanding of the impact treatment can have on their baby, flare management during pregnancy and breastfeeding, and whether to restart treatment after pregnancy.



77% of women did not consult their Dermatologist during pregnancy.^{3*} Speak to your specialist to find a treatment plan that will work for you and your baby from the start.

37% of women discontinued treatment while planning or at the start of their pregnancy - without consulting a doctor.^{3*} Learn the facts about potential risks to your baby posed by active disease and some treatments, and talk about your concerns early in the pregnancy journey. You'll be prepared to make informed decisions when it comes to disease management.⁵



60% of women surveyed with chronic inflammatory disease who had discussions with a healthcare professional before getting pregnant, said they had to initiate the conversation themselves.



Women of childbearing potential with psoriasis are more likely to stop treatment before or earlier on in their pregnancy than women with other chronic inflammatory diseases, according to over 1,200 women in Canada, USA, Europe and Japan.³

Before attending your appointments, it is a good idea to make note of any questions you have for your healthcare team. It may help to take someone with you to help you remember what has been said, such as your spouse, partner, another family member, or anyone who is an important part of your life and can help you make decisions regarding parenthood.

Possible questions you may ask:

Are there any risks to me or my baby if I get pregnant?

What are the potential challenges for me and my baby if I get pregnant?

What are the chances of me passing my psoriasis on to my baby?

What treatment options are compatible with my pregnancy journey?

Which of my doctors should I include in the discussion?

As you begin discussions with your healthcare team about family planning, inquire about the potential benefits of taking vitamin and mineral supplements.

Your healthcare team is there to guide and support you, so talk to them about any questions or concerns you have. It is important to fully understand all of your options before making any decisions.

* Consult your healthcare team and inform them of all the medications you are taking, not just for psoriasis. Your healthcare team will check for drug interactions and advise regarding their use during pregnancy.

Before pregnancy

Checklist

Here are a few things to consider during family planning:



Discuss your wish to get pregnant with your specialist



Talk to your partner and loved ones before you start your pregnancy journey



Connect your healthcare team, including your specialist to each other by passing on their contact details and the treatment plan to which you have agreed



Understand your options for managing your condition and the need to adapt your plan, if required



Maintain a healthy lifestyle (eat a balanced diet, exercise when possible, get enough sleep, etc.) to ensure your good health



Talk to your doctor and healthcare team about taking folic acid supplements⁶

Your healthcare team can include your general practitioner, specialists, nurse, midwife and any other healthcare professionals you may see. Your pharmacist will also be able to advise you about your treatments, how to take them or any other questions regarding the drugs you are prescribed.

During pregnancy

As you probably know, there are **three stages to pregnancy** (the first, second and third trimesters, each of which is three months long, and 40 weeks in total).

How pregnancy affects your body may vary by trimester.

You will need the same check-ups as any other pregnant woman. However, you may need extra depending on your symptoms. It is therefore important to monitor your symptoms during pregnancy and be aware of any changes.

If you or anyone in your healthcare team feels your symptoms are worsening, do not hesitate to **talk to your doctor**.

Self-help



Some complementary therapies may help you feel more comfortable, such as yoga, massages and stress management. However, not all exercises are suitable for all pregnant women.

Consult your healthcare team beforehand to see what will be suitable and how they can be tailored for you.



Pregnancy triggers short term changes in your immune system. As a result, some women with chronic inflammatory diseases experience their symptoms improving or disappearing during pregnancy especially in the second and third trimester.⁵

It is important to plan for the possibility of flares during pregnancy and after birth by inquiring about a suitable treatment plan, which may include medications or lifestyle changes.⁷

Not all vaccinations can be given during pregnancy or when taking certain treatments. Consult your healthcare team about the vaccinations you may need.

Your healthcare team is there to support you throughout your pregnancy journey. Make sure you continue to discuss your symptoms, treatment and delivery plan with them.

During pregnancy

Checklist

Here are a few things to consider during pregnancy:



It's important to keep a healthy lifestyle during your pregnancy. Try to find the right balance between work, exercise and rest according to your individual needs



Talk to your specialist about any adjustments you may need to make to your treatment plan



22% of mothers who stopped treatment during pregnancy were advised to wait until they experienced a postpartum flare before re-starting treatment. This can be confusing, since few have a plan for managing flares, so it's important that women talk to their doctors early on in the pregnancy to design a personalized disease management strategy. - NPF Survey⁷



Ask your doctor about exercising and staying active during pregnancy



Plan visits to your specialists during your pregnancy, especially if there are any changes in your psoriasis symptoms



Visit your healthcare team regularly for any required tests, such as blood tests, and for any relevant vaccinations that your doctor recommends



Talk to your specialist about your delivery plan and remind them of your condition so treatment can be planned accordingly



Think about whether you plan to breastfeed or not. If you do, discuss with your specialist what your treatment options are while breastfeeding.





Birth and after

There is usually no reason why women living with chronic inflammatory disease should not have a normal delivery. Your doctor may consider a Cesarean section or offer advice on different labor positions.

It is advisable to discuss all these options with your healthcare team during pregnancy to plan the optimum delivery for you.

Looking after a newborn baby can be very demanding, especially if you are living with a chronic inflammatory disease. You may feel tired managing both your symptoms and the demands of your newborn, and there is also the possibility that you will experience flares in your symptoms.⁵ There is no consistent symptom pattern for women with chronic inflammatory diseases. Even if your symptoms get better during pregnancy, they may return after delivery.⁵ It's important to maintain disease control and stay healthy during family planning.

Additionally, ask your partner, spouse, family, friends and support networks for help while you get used to life with your newborn. This will give you more time to rest if you need to.

Make sure you ask for guidance from your healthcare team for extra support from social services, physical therapists or occupational therapists who can give you advice to make holding, dressing, washing and feeding your baby easier, especially if you have psoriatic arthritis.

Talk to your healthcare team before the birth to discuss a delivery plan.



Breastfeeding

Talk to your specialist about whether breastfeeding is right for you and your baby. Whether you decide to breastfeed depends on several factors, including personal choice, your treatment plan and your level of disease control.⁸

While breastfeeding has potential benefits for you and your baby, it's important that you talk to your healthcare team before making any decisions about treatment. They will ensure your treatment is compatible with breastfeeding.^{9,10}

By discussing treatment options ahead of time, you and your doctor can align on a plan that best suits your needs during this time.

Post pregnancy Checklist

Here are a few things to consider once your baby is born:



Discuss your treatment options with your specialist



Enlist as wide a support network as possible. Ask your healthcare team about any tips and equipment that can make childcare easier (such as different movements, methods or objects), and can help you care for your baby (e.g. cradles, chairs, beds, car seats and baby clothing with simple fasteners, such as Velcro)



Contact a pediatrician in advance to inform them about your situation



Talk to your doctor about the potential of neonatal vaccinations for your baby

Frequently asked questions

Before

Can I pass my disease on to my baby?

The chance of passing psoriasis or psoriatic arthritis on to your children is very small and shouldn't affect your decision to have children.

Am I at high risk of miscarriage?

There is a slightly higher risk of miscarriages in women with chronic inflammatory diseases. This may be linked to having uncontrolled disease during pregnancy and to certain drugs. You may want to discuss this risk with your healthcare team who should monitor you closely before and during your pregnancy.

What else can I do before, during or after pregnancy?

Talk to your doctor about following a healthy lifestyle (e.g. balanced diet, getting enough rest, appropriate exercise, etc.), which can be important and may help to reduce potential problems during pregnancy.

During

Will my disease affect my baby's growth?

There is a slightly increased risk of having a lower birth weight baby, particularly if symptoms are not well controlled during pregnancy. However, you and your baby will be closely monitored throughout pregnancy.¹¹

Will taking medication affect my baby?

Talk to your doctor about your treatment plan and options. They may decide to make changes before you become pregnant, during pregnancy or when breastfeeding.

Can I have a normal delivery?

There is usually no reason why women living with chronic inflammatory diseases should not have a normal delivery. It is advisable to discuss all options with your healthcare team during pregnancy to plan the optimum delivery for you.

After

Will my symptoms change after birth?

Your symptoms may increase following delivery even if they improved during pregnancy. More than half of patients have a flare-up within six weeks of delivery, although this is usually not worse than their pre-pregnancy state.¹² You should speak to your specialist about your disease management plan to help control your disease activity, and regularly discuss your symptoms with your healthcare team. If you wish to breastfeed, there are some treatments that are compatible with breastfeeding. Ask your partner, spouse, family and friends to support you in times when managing your symptoms and taking care of your newborn might be difficult.



Importance of controlling your disease before, during and after pregnancy

Your healthcare team (e.g. your general practitioner, nurse, specialist, midwife, and pediatrician) will support you to have a pregnancy journey that is as similar as possible to that of any other woman. Ensuring your disease is well controlled is central to achieving this. It's important to maintain disease control throughout your family planning journey. Speak with your healthcare team early on during family planning to align on a treatment plan that is tailored for you throughout your pregnancy journey.

Talk to your doctor about how disease control may impact your chances of conceiving.

The period following the birth can be difficult as you begin to deal with the demands of looking after the baby, but it can be made more difficult if your disease is not well controlled. Furthermore, many patients experience a flare in their symptoms after delivery, which could affect your ability to breastfeed should you want to.⁵ Talk to your doctor about treatment considerations and symptom control after delivery that can help you care for yourself and your baby as best as possible.



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