



# Your Family Planning Journey

Information to consider **before**,  
**during** and **after** pregnancy  
Information for women with **Psoriasis**

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.<sup>1</sup>



Inspired by patients.  
Driven by science.

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Psoriasis is a common, chronic inflammatory disease that can have a significant impact on your physical and psychological well-being.<sup>1,2</sup> This burden can be particularly heavy 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 offers 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.<sup>3,4\*</sup>

43% of women surveyed with chronic inflammatory disease, like psoriasis, 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.<sup>3\*</sup> 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.<sup>3\*</sup> Be sure to talk to your doctor about your concerns early in the pregnancy journey so that you can make informed decisions when it comes to disease management.<sup>5</sup>

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.<sup>3</sup>

Before attending your medical 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 have:

Will having psoriasis make it more difficult for me to conceive?

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?

Should I be taking vitamin and mineral supplements?\*

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

\* Tell your healthcare team about all the medications you are taking, not just the ones for psoriasis. Your healthcare team will check for drug interactions and advise you about their use during pregnancy.




# 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 on your healthcare team feels your symptoms are worsening, do not hesitate to **talk to your doctor**.



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.<sup>5</sup>

It is important to plan for possible flares during pregnancy and after birth by inquiring about a suitable treatment plan, which may include medications or lifestyle changes.<sup>7</sup>

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

## Self-help



Some complementary therapies may help you feel more comfortable, such as yoga, massages, and stress management.

**Consult your healthcare team beforehand to see what might be best suited for your situation.**

**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.**





## 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 caesarean section or offer advice on different labour 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.<sup>5</sup> 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.<sup>5</sup> 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.

**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.<sup>8</sup>

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.<sup>9,10</sup>

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



# Frequently asked questions

## Before

### Can I pass my psoriasis on to my baby?

The chance of passing psoriasis 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.<sup>11</sup>

### 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.<sup>12</sup> 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, specialists, and pediatrician) will support you to have a healthy pregnancy journey. Ensuring your disease is well controlled is central to achieving this. 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 new moms experience a flare in their symptoms after delivery, which could affect your ability to breastfeed should you want to.<sup>5</sup> 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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