



Your Family Planning Journey

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

Information for women with **Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, or Non-radiographic Axial Spondyloarthritis**



Inspired by patients.
Driven by science.

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

Chronic inflammatory diseases (also known as rheumatic diseases) such as **Rheumatoid Arthritis (RA)**, **Psoriatic Arthritis (PsA)**, **Ankylosing Spondylitis (AS)** and **Non-radiographic Axial Spondyloarthritis (nr-axSpA)** can bring challenges to your daily life. You may or may not be considering having a baby at this time. However, around half of pregnancies are unplanned,²³ so even if you are not considering having a baby right now, this information might still be important for you as many women do not get the opportunity to speak to their healthcare team beforehand. This booklet offers some important information on things to consider before, during and after your pregnancy.

Before pregnancy



Having a chronic inflammatory disease does not mean you cannot get pregnant, but it may take longer than usual to conceive.²⁻⁶ This can be for many reasons, including changes in disease activity or changes in treatment plan.^{2,3,5} **Studies have shown that if the disease is well controlled, 3 out of 4 women with RA become pregnant within 1 year of trying.**³ While there isn't much information currently available about the impact of AS, PsA, or nr-axSpA on fertility or time to pregnancy, having a well-controlled disease may be beneficial to your overall reproductive health.^{4,5,7-10}



Discuss family planning with your healthcare team (e.g., your general practitioner, nurse, rheumatologist, dermatologist, obstetrician and gynecologist) early on.

Although important, only around 1 in 5 women ask for guidance from their rheumatologist before becoming pregnant.¹¹ By discussing your plans with more than one specialist, you can get their help in developing a personalized disease management plan and they can answer any questions you may have.



Some women with rheumatic conditions worry whether their babies will be born healthy. The good news is that, as long as certain drugs are avoided, the risk of major birth defects is not higher than in the general population (about 2% of births). Although miscarriages may be slightly more frequent than the usual rate of 10-15%, this risk may be reduced by controlling the level of disease activity during pregnancy. You should discuss this and any other concerns with your healthcare team.^{5,6,12-14}



It's important to **control your disease before pregnancy to help ensure a smooth journey.**^{4,7,15}



Deciding when to get pregnant can be difficult. It may help to wait until your symptoms are controlled. **Following a healthier lifestyle beforehand could also help make your pregnancy easier.**⁶ However, delaying pregnancy may make it more difficult to conceive as older women may have more difficulty becoming pregnant.³

Before you attend your medical appointments, it is a good idea to make a note of any questions you want to ask your healthcare team. It may help to take someone with you to help you remember what has been said. This could be your spouse, partner or family member, or anyone who is an important part of your life and can help you to manage your symptoms and make decisions regarding parenthood.

Possible questions you may have:

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

Will I be able to carry my baby to full term?

Will I need to change taking my medications?

Should I be taking vitamin and mineral supplements?^{*6,16}

Can I give birth naturally?

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.

* When consulting with your healthcare team, remember to inform them of all the medications you are taking, including over-the-counter medications and those you take for your chronic inflammatory disease.

Checklist

Here are a few things to consider during family planning:



g



Your healthcare team can include your general practitioner, rheumatologist, obstetrician and gynecologist, nurse, and any other healthcare professional you may see. Your pharmacist will also be able to advise you about your treatments, how to take them, and answer any other questions regarding the drugs you are prescribed.

Notes

[illegible]

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. Some effects are similar to those caused by your chronic inflammatory disease and are normal. These include swelling, backache, or tiredness.⁶

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**.

Self-help



Some complementary therapies may help you feel more comfortable, such as yoga, massages and stress management. Aqua-gym classes can also help as they are low impact on your joints. However, not all exercises are suitable for all pregnant women.

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

Pregnancy triggers short-term changes in your immune system. As a result, some women with rheumatic diseases experience their symptoms improving or disappearing during pregnancy especially in the second and third trimester.^{17,18} Half of women with RA continue to experience moderate to high disease activity during pregnancy and may require treatment.

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.^{7,23}

Not all vaccinations can be given during pregnancy or when taking certain treatments. Consult your healthcare team about the vaccinations you may need.²⁴

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



Consider a birth preparation course or seek help from ergonomics experts to set up care spaces efficiently



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



Ask your doctor about exercising and staying active during pregnancy



Plan visits to your healthcare team during your pregnancy, especially if there are any changes in your 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 obstetrician and gynecologist 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 this with your healthcare team

Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's part of a bound notebook. There is no handwriting or other markings on the page.



Birth and after

There is usually no reason why women living with rheumatic 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.^{6,8-10}

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.^{6,22} 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.^{17,19} 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 about 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.

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

Breastfeeding

Many women with RA, PsA, AS and nr-axSpA breastfeed successfully. Whether you decide to breastfeed or not depends on several factors, including your **personal choice**, your disease management plan, and your level of disease control.

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.⁶

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 healthcare team



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



Schedule regular check-ins with your healthcare team to monitor disease activity and potential flares

Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Frequently asked questions

Before

Can I pass my rheumatic condition on to my baby?

For most types of arthritis, the chance of passing it on to your children is very small and shouldn't affect your decision to have children.⁶

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.^{3,6,14} You may want to discuss this risk with your healthcare team who should monitor you closely before and during your pregnancy.

Does it matter if the father is taking medication for his inflammatory disease?

Some drugs may reduce fertility in men, or increase the risk of birth defects. Your healthcare team can offer advice about which drugs may need to be stopped and if an alternative treatment can be offered.⁶

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.^{16,25}

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.⁵

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.⁶

Is my baby likely to be born prematurely?

There is a slightly increased risk of having a premature baby particularly if your disease is not well controlled during pregnancy. You will be monitored closely throughout your pregnancy.^{4,9,10,15,25}

Can I have a normal delivery?

There is usually no reason why women living with chronic inflammatory diseases 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.⁶

After

Will my symptoms change after birth?

Your symptoms may increase following delivery even if they improved during pregnancy. You should speak to your doctor 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.⁶

What kind of equipment should I consider to help me take care of my baby?

Adjustable bed, height-adjustable tables, chairs and carrier seats, positioning/breastfeeding cushions, and adjustable baby carriers can all help you care for your baby. Consider seeing an occupational or physical therapist who can offer further advice.



Importance of controlling your disease before, during and after pregnancy

Your healthcare team (e.g., your general practitioner, nurse, rheumatologist, obstetrician and gynecologist, 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.

Before

Talk to your doctor about how disease control may impact your chances of conceiving. For some types of chronic inflammatory disease, such as RA, better symptom control before pregnancy may also improve control during pregnancy and reduce the risk of poorer outcomes for you and your baby.³

During

For some women, effective disease control may help to reduce potential health risks for you and your baby.^{8,15}

After

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.¹⁹⁻²² 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.



References:

1. Kavanaugh A, et al. *Arthritis Care Res* (Hoboken) 2015;67(3):313-325.
2. Brouwer J, et al. *Arthritis Care Res* 2017;69(8):1142-1149.
3. Brouwer J, et al. *Ann Rheum Dis* 2015;74(10):1836-1841.
4. de Man YA, et al. *Curr Opin Rheumatol* 2014;26:329-333.
5. de Jong PHP, Dolhain RJE. *Rheum Dis Clin N Am* 2017;43(2):227-237.
6. Arthritis Research UK. Pregnancy and arthritis. Available at: <http://www.arthritisresearchuk.org/arthritis-information/daily-life/pregnancy-and-arthritis.aspx>. Accessed August 18, 2021.
7. de Man YA, et al. *Arthritis Rheum* 2009;60(11):3196-3206.
8. Jakobsson GL, et al. *Ann Rheum Dis* 2016;75(10):1838-1842.
9. Amiri N, et al. *Arthritis Rheum* 2016;68(suppl 10). Abstract 2443.
10. Gaillard A-L, et al. *Arthritis Rheum* 2016;68(suppl 10). Abstract 1533.
11. Ronis T, et al. *Arth Care Res* 2014;66(4):631-635.
12. Oliver A, et al. *Practitioner* 2014;258(1771):25-28.
13. EUROmediCAT. European surveillance of congenital anomalies (EUROCAT). Available at: <http://www.eurocat-network.eu/content/EUROCAT-Annual-Surveillance-Report.pdf>. Accessed August 2021.
14. Wallenius M, et al. *J Rheumatol* 2015;42(9):1570-1572.
15. Bharti B, et al. *J Rheumatol* 2015;42(8):1376-1382.
16. National Rheumatoid Arthritis Society. 2016. Rheumatoid Arthritis & Pregnancy. Available at: <http://www.nras.org.uk/coping-with-your-baby-when-you-have-ra>. Accessed August 2021.
17. Ostensen M, et al. *Ann Rheum Dis* 2004;63:1212-1217.
18. Hazes JMW, et al. *Rheumatology* 2011;50:1955-1968.
19. Jethwa H, et al. *Arthritis Rheum* 2016;68(suppl 10). Abstract 1517.
20. Nelson JL, Ostensen M. *Rheum Dis Clin North Am* 1997;23(1):195-212.
21. Polachek A, et al. *Semin Arthritis Rheum* 2017;46:740-745.
22. Ostensen M, Husby G. *Arthritis Rheum* 1983;26(9):1155-1159.
23. van den Brandt S, et al. *Arthritis Res Ther* 2017;19:64. doi: 10.1186/s13075-017-1269-1.
24. <https://www.canada.ca/en/public-health/services/vaccination-pregnancy.html>.
25. Jain V, Gordon C. *Arthritis Res Ther* 2011;13: 2011. <http://arthritis-research.com/content/13/1/206>. Accessed January 2018.

