

SUPPLEMENTARY APPENDIX 10: Assessment and Management Suggestions for Pregnancy in Common RMDs

2020 American College of Rheumatology Guideline for the Management of Reproductive Health in Rheumatic and Musculoskeletal Diseases

SLE	Assessment	<ul style="list-style-type: none"> Evaluate for underlying lupus-related organ damage that may affect pregnancy risk Check anti-Ro/SSA and/or anti-La/SSB antibodies once pre- or early pregnancy Check aPL (aCL, aβ2GPI, LAC) once pre- or early pregnancy
		<ul style="list-style-type: none"> Before pregnancy, stop CYC, MMF, or thalidomide 1-3 months prior to attempting conception Allow adequate time after medication transition to assess efficacy of new therapy before conceiving
	Management	<ul style="list-style-type: none"> Hydroxychloroquine Low-dose aspirin Monitoring for lupus activity should include history, physical, & labs each trimester Treat recent or current lupus activity with pregnancy-compatible medications Use prednisone sparingly
Inflammatory Arthritis	Assessment	<ul style="list-style-type: none"> In patients with RA or JIA check anti-Ro/SSA and/or anti-La/SSB antibodies once pre- or early pregnancy Evaluate joint range of motion that may affect ability to delivery vaginally (hips) or to undergo emergency intubation (cervical spine)
	Management	<ul style="list-style-type: none"> Continue pregnancy-compatible medications. Stop methotrexate 1-3 months prior to attempting conception; stop leflunomide, test serum levels and treat with cholestyramine washout if necessary** Use prednisone sparingly Continue or restart breastfeeding compatible medication promptly after delivery to prevent a post-partum flare
Scleroderma	Assessment	<ul style="list-style-type: none"> Evaluate for underlying scleroderma-related organ damage that may affect pregnancy risk
	Management	<ul style="list-style-type: none"> Continue pregnancy-compatible medications to control disease Monitor for scleroderma renal crisis; treat with ACE-I or ARB if it occurs
Vasculitis, myositis and other RMD	Assessment	<ul style="list-style-type: none"> Evaluate for underlying vasculitis-related organ damage that may affect pregnancy risk
	Management	<ul style="list-style-type: none"> Continue pregnancy-compatible medications to control disease Use prednisone sparingly

*All diseases should be evaluated for disease activity at the time of initial assessment and then monitored for RMD disease activity during management

**If possible IgG-based TNF-inhibitors should be stopped in the early 3rd trimester to limit placental transfer

aCL: anticoardiolipin antibody

a β 2GPI: anti-beta2 Glycoprotein I antibody

LAC: lupus anticoagulant

CYC: cyclophosphamide

MMF: mycophenolate mofetil (or mycophenolic acid)

ACE-I: angiotensin converting enzyme – inhibitor

ARB: Angiotensin II receptor blocker