



PREGNANCY AND SLE

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MATERNAL OUTCOMES

- ❖ Majority of women with SLE can anticipate successful pregnancies resulting in a healthy baby
- ❖ Patients can have flare ups during pregnancy and do experience a higher incidence of pregnancy-related complications.

- ❖ Patients with active disease in **6 months before conception** are at greatest risk for flare during pregnancy

❖ Flare rate in patients : Active disease (60%)
Quiescent disease (<10%)

MATERNAL OUTCOMES

- ❖ Rate of pregnancy complications → 2-4times
- ❖ Pre-eclampsia → 25%
- ❖ Distinguishing lupus flare , pre-eclampsia challenging

SLE

Pre-eclampsia

Low WBC

NL to high WBC

Occasional thrombocytopenia

Frequent thrombocytopenia

NL liver function tests

Elevated liver function tests

SLE

Elevated blood pressure

Proteinuria

Cellular urine with red blood
cells and casts

Pre-eclampsia

Elevated blood pressure

Proteinuria

Acellular urine

SLE	Pre-eclampsia
Normal uric acid	Elevated uric acid
Low complement levels	Normal to elevated complement levels
Increase anti-dsDNA levels	No change in dsDNA levels

MATERNAL OUTCOMES

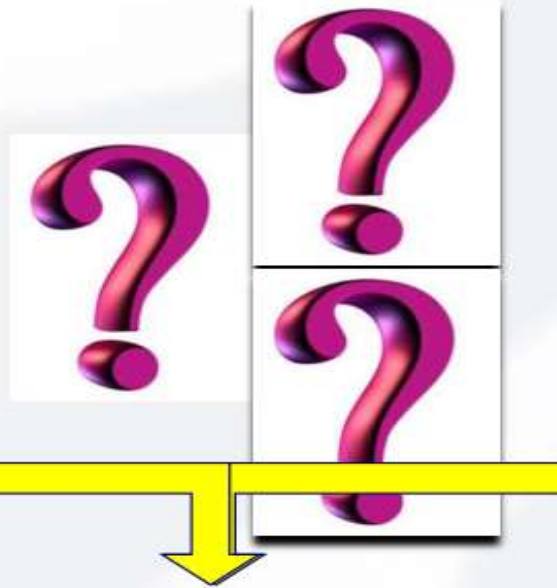
- ❖ Higher rate of pre-eclampsia
- ❖ One-third of pregnancies complicated by pre-term birth
- ❖ One-third delivered by Cesarean section

FETAL AND NEONATAL OUTCOMES

❖ Fetal loss rate → 20%

❖ Premature delivery, active disease , medication use contribute to increased risk of IUGR, lower birth weight, and preeclampsia

Prevention



Approach to Mothers with Auto-immune Disorders



- **3 groups Mothers:**
 1. With active known cases and positive Autoantibodies (Abs) **(SLE or others)** **(High risk for NLE)**
 2. Mothers with known control disease or without known disease but positive ABs **(Low risk for NLE)**
 3. Healthy Mother with a previously affected child (CHB or other related manifestation of NLE) **(Moderate risk for NLE)**

Prevention Strategy

- Disease Control **before pregnancy**
- Monitoring **during pregnancy**
- Provide supportive program for **delivery** (before birth)
- Diagnosis and management of **complication after birth**



Pre-pregnancy Work-up for SLE

Complete blood count with differential and platelets

Complete metabolic panel

urinalysis including microscopic analysis

Pre-pregnancy Work-up for SLE

spot protein/creatinine urine ratio or 24-hour urine collection
for protein

Complement levels (C3, C4)

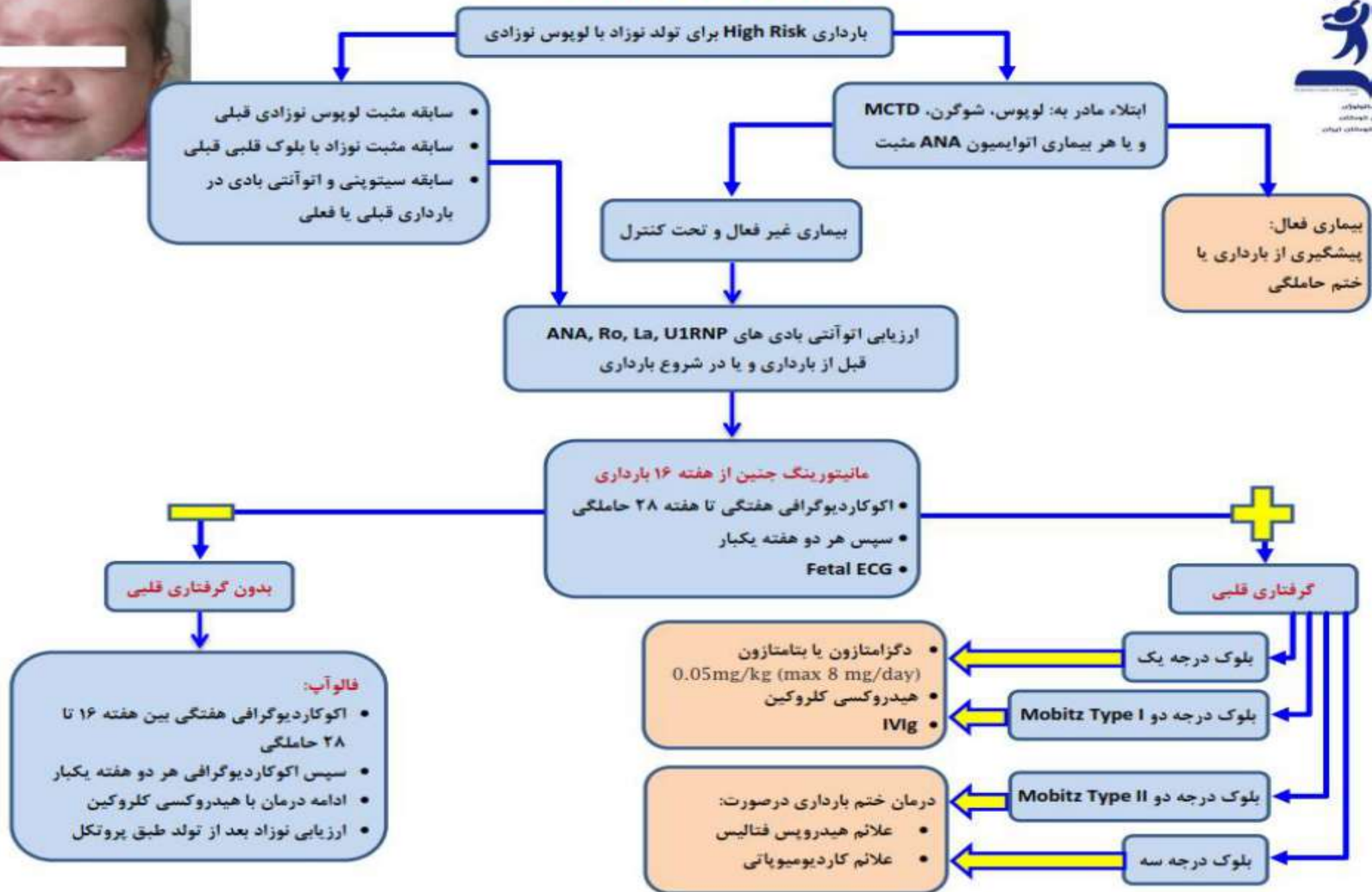
Anti-dsDNA level

Pre-pregnancy Work-up for SLE

Anti-Ro/ss-A and Anti-La/ss-B antibodies

Anti-phospholipid antibodies: Anti-cardiolipin antibodies, anti-beta2 glycoprotein i antibodies, and lupus anti-coagulant

uric acid levels



Approach to children with NLE symptoms



- Supportive medication (except heart block)
- In children with symptoms of NLE (dermatologic, hematologic or cardiac), **mothers should be evaluated for latent or incomplete SLE (before and after birth).**
- NLE (and cardiac involvement) should be considered in the **future pregnancy.**

Outcome of NLE



- **An increase risk for children with NLE to develop an autoimmune disease? (may be secondary to the genetic background)**
- **Psychological problems and learning disabilities in adulthood stage based on unrecognized cerebral abnormalities that occurred at disease onset**

Thank

You