

Pregnancy and arthritis



**VERSUS
ARTHRITIS**

WE ARE VERSUS ARTHRITIS

We're the 10 million people living with arthritis. We're the carers, researchers, health professionals, friends and parents all united in our ambition to ensure that one day, no one will have to live with the pain, fatigue and isolation that arthritis causes.

We understand that every day is different. We know that what works for one person may not help someone else. Our information is a collaboration of experiences, research and facts. We aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so you can make the best and most informed choices for your lifestyle.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Versus Arthritis. Contact us at content@versusarthritis.org

Contents

Stacy's story	4
Planning for a baby	6
What if I have fertility problems?	7
Will the pregnancy affect my arthritis?	9
Scans and tests	12
Will I be able to do my exercises?	13
Labour and the delivery	15
Breastfeeding	19
Drugs	20
Practical tips from mothers with arthritis	26
Research	30
Glossary	31
Where can I find out more?	36
Talk to us	37

Words shown in **bold** are explained in the glossary on p31.



STACY'S STORY

It was the best feeling when Elfie finally arrived. While it didn't quite go to plan, I wouldn't go back and do anything differently.

I've had psoriatic arthritis since my twenties, and I've been on many different drugs. But stopping methotrexate to try for a baby was particularly hard, as I knew it was helping me.

I was concerned about taking drugs throughout the pregnancy, as no drug can be 100% safe. But my rheumatologist was brilliant and recommended I switch to the biologic certolizumab pegol. I think you always fear taking medication, and the effect it's going to have on the baby. But you've also got to be able to function to look after the little one. If you're not well, you'll be stressed, and the baby will sense that.

Pregnancy and arthritis information booklet

Even though I was on my meds, I did flare a little when I was seven months pregnant. I recognised the signs early and got some steroids from my doctor. I did panic though, as I didn't want the flare to dictate whether I could have Elfie as a home birth.

I was 10 days overdue and was beginning to worry they might have to induce me, so I walked our dog four times a day to try to get everything moving. I got funny looks on the moors. You could see people thinking "she's too far pregnant to be walking up here on her own". But being active really made a difference.

I had a birth pool which relaxed us a bit. We were at home for 12 lovely hours, but then Elfie changed position and I ended up being rushed to hospital for an emergency C-section. It all happened quite quickly, but we kept most of our birth plan and even listened to our music. It didn't end how I wanted but it didn't matter, she was out safely, and we were ecstatic to have her in our arms.

I breastfed for about six months. There's so much direction towards breastfeeding, but I think if you give it a go and you're struggling, you should do what's right for you.

My joints were pretty good throughout breastfeeding. But when I stopped, I got a breast infection and had to stop my medication. The timing was terrible. I'd just gone back to work and suddenly, I was in hospital with this infection and a huge flare.

Once the infection cleared up, it was a couple of weeks before I could restart the drugs. It was challenging, but I think you need to remind yourself to be positive. Nothing is impossible and you can do this.

It's going to be difficult, but if you plan ahead, make informed decisions and do what's right for you, you'll be great.

My final piece of advice comes from an incident with a pooey nappy. Don't ever launch a pooey nappy out the window, no matter how bad it smells, even if you think you can land it in a bin. You just never know if a neighbour might be popping round to walk the dog.

Planning for a baby

It's completely normal to feel concerned about the effect of the pregnancy on your condition and the effect of your condition on the pregnancy.

It's never too early to start the conversation with your doctor so that you can get on the right treatment plan.

If you have a type of inflammatory arthritis you may be referred to an obstetric rheumatology clinic. They can advise on everything from fertility, to the pregnancy and the medications available. This may be something your local hospital offers or you may be referred to a nearby specialist centre.

If you're already on a pregnancy friendly drug, you won't have to worry about coming off it or switching medications when you decide to start trying for a baby.

But we know that it's not always possible to plan ahead. In which case, it's important to let your rheumatology team know as soon you become pregnant. They can check everything is fine and make sure you're on the right medication.

What are the chances of my child having arthritis?

There are many other factors involved in the development of arthritis, not just the genes inherited from parents.

Most forms of arthritis do run in families to some extent. But you shouldn't worry about this, as in the vast majority of cases the chances of passing it on to your children are low.

When should I start trying?

The best time to have a baby is when it feels right for you.

It's better to try for a baby when your condition isn't very active, as this will improve the chances of having a successful pregnancy for both you and your baby.

If you're struggling to get pregnant after a year of trying, you should seek advice from a fertility expert. If you're over 36 years old, or already know you may have fertility problems, you should seek advice sooner.

It may take slightly longer for women with arthritis to become pregnant, so you might want to bear this in mind.

What if I have fertility problems?

Your arthritis is unlikely to affect your fertility, this is your ability to get pregnant. But fertility does decrease with age, so some women will need fertility treatments, such as egg boosting, intrauterine insemination (IUI) or in vitro fertilisation (IVF).

Most women with arthritis are fine to have fertility treatments if their condition is under control.

If your condition is not currently under control, or you feel that now is not the right time to have a baby, you have the option of freezing your embryos or eggs to use at a later date.

Discuss any plans for fertility treatment with your rheumatologist. They can offer specific advice, liaise with your fertility consultant regarding any recommended adjustments to your treatment and consider referral to an obstetric rheumatology clinic for pre-pregnancy counselling.

To improve the outcome of your fertility treatment, it's recommended that you continue taking your anti-rheumatic medication that's pregnancy safe.

Egg boosting

Boosting egg production is a common fertility treatment and can be done on its own, or as part of another assistive reproductive technique.

But the medication used to boost egg production can lead to an increased risk of flares in women with lupus and can also increase the risk of blood clots. Because of this, women with lupus should be monitored more closely. And those who test positive for antiphospholipid **antibodies** may need to be on a blood thinner such as heparin.

Intrauterine insemination (IUI)

IUI is a fertility treatment where sperm is inserted directly into the womb. In some cases, you may need to take medication to boost your egg supply to increase the chances of success.

In vitro fertilisation (IVF)

During IVF you'll receive medication to boost your egg supply. The eggs are then extracted and mixed with sperm to fertilise them. Once the eggs have been fertilised, and become embryos, these will be placed back into the womb.

Will the pregnancy affect my arthritis?

All women get aches and pains, particularly backache, during pregnancy. As the baby grows, it could put more strain on some of your joints. Especially on your hips and knees.

Experts used to think that almost all women with rheumatoid arthritis got better during pregnancy. But recent studies have shown that while pregnancy can be beneficial, it's not always the case.

For rheumatoid arthritis it's estimated that three in five women will notice some form of improvement, but that almost half will have a flare-up after giving birth.

While there isn't as much information on the effects of pregnancy on other rheumatic conditions, it's clear that they all need to be managed appropriately during pregnancy to help prevent flares during and after the birth.



Should I take drugs during pregnancy?

Historically, women were told that they should come off all arthritis medications before pregnancy. But now we know that many drugs can be taken safely.

Keeping your condition in check is really important if you're thinking of trying for a baby. So, you shouldn't just stop taking prescribed drugs without talking to your doctor first.

By continuing anti-rheumatic drugs that are safe in pregnancy you will make it more likely that your condition will remain under control during the pregnancy. This will reduce the chances of any complications during the pregnancy and will make flares less likely immediately after the birth.

It's really important to discuss the medications available with your doctor, so that you can make an informed decision and get on the treatment plan that's right for you.

Check out the drugs section of this booklet on page 20 for more information on drugs that are safe in pregnancy.



Can I take supplements?

Folic acid supplements are important for the health of your baby. You should start taking them roughly three months before pregnancy and continue for another three months into the pregnancy.

If you took methotrexate within three months of becoming pregnant or if you're taking sulfasalazine during pregnancy, you'll need to be on a higher daily dose of folic acid throughout the pregnancy.

You can get folic acid from supermarkets, health food shops or chemists. The higher doses of folic acid (5mg) will need to be prescribed by your doctor.



If you're taking steroids during pregnancy you may also be advised to take calcium and vitamin D tablets to help keep your bones strong and protect you from **osteoporosis**.

Does it matter if the father is taking drugs for arthritis?

Cyclophosphamide is the only anti-rheumatic drug which we know for certain should not be taken by men wanting to try for a baby.

However, there are also drugs that we don't have a lot of information on, so it's important to discuss these with your doctor.

But while the data can be limited, especially with newer drugs, current guidelines say that men are fine to take most drugs for arthritis if they want to have a baby.

For more information on drugs and pregnancy go to the drugs section of this booklet on page 20.



Scans and tests

Blood and urine tests will be done regularly throughout your pregnancy, especially if you're feeling unwell.

Ultrasound scans

It's recommended that all pregnant women have at least two ultrasound scans. One between 8 to 14 weeks and one between 18 to 21 weeks. The first scan is used to check the pregnancy dates, while the second is used to check that the baby is healthy.

Sometimes you may need two or three scans before the doctors can see everything clearly, but that doesn't necessarily mean that there's a problem. So, don't worry if you're asked to return for a further scan.

Further scans are sometimes needed in people with arthritis. For example, you might need an extra scan if you've taken certain drugs during the pregnancy that require further monitoring.

Test for anti-Ro antibodies

If you have lupus or Sjögren's syndrome, you'll have a blood test to check for the presence of anti-Ro antibodies. If you have these antibodies there's a small chance that they could affect your baby.

For instance, the baby could then develop a rash or abnormal blood tests after birth. But these will clear up once the mother's antibodies are gone from the baby's blood. This can take anything from a couple of weeks to a few months.

In rare cases, the antibodies affect the baby's heart, causing it to beat slowly. If you have these antibodies, you should tell your obstetrician, as your baby's heartbeat will need extra monitoring in the womb.

For more information on Sjögren's syndrome visit our website: www.versusarthritis.org/about-arthritis/conditions/sjogrens-syndrome/



Test for antiphospholipid antibodies

You may need a blood test to check for antiphospholipid antibodies, as they can interfere with the body's ability to regulate blood clotting. These antibodies are present in women with antiphospholipid syndrome (APS) and in about half of patients with lupus.

Antiphospholipid antibodies don't always cause problems, but they can increase the risk of pregnancy complications. So, if you test positive, you'll usually see a consultant with expertise in high-risk pregnancies. It's likely you'll be given a low-dose aspirin tablet to take every day to make your blood less sticky. You may also need daily injections of the blood thinner heparin.

For more information on APS and lupus visit our website:



www.versusarthritis.org/about-arthritis/conditions/antiphospholipid-syndrome/

www.versusarthritis.org/about-arthritis/conditions/lupus-sle/

Will I be able to do my exercises?

It's important to keep your arthritis under control so that you can keep exercising throughout your pregnancy.

Being active is good for you. It can reduce the risk of high blood pressure, **diabetes** and heart disease.

As a rule of thumb, you should aim for at least 2 hours and 30 minutes of moderate activity, like brisk walking, every week.

You should also try to do some strength training exercises a couple of times a week. This could be with weights, but even daily activities like carrying some shopping bags can help.

Pregnancy and arthritis information booklet

Don't be scared of exercising if you're pregnant. If you're already active keep going. There's no need to cut back on the amount of exercise you do.

If you've not really exercised much before, pace yourself, listen to your body and gradually build up how much you do.

You might even want to think about joining a prenatal or postnatal exercise class. But make sure you tell the instructor that you have arthritis.



Labour and the delivery

Your arthritis shouldn't usually affect the delivery. Even if you've had a hip replacement, you should still be able to give birth through your vagina.

Your midwife can usually suggest more comfortable positions if your arthritis is causing you pain.

Labour is known to be painful, so it can be helpful to know about the pain relief options available.

Pain relief during labour

Gas and air

This is a combination of oxygen and nitrous oxide. Gas and air can help reduce some of the pain during labour. It's easy to control as you breathe it in through a mouthpiece that you hold yourself.

Epidurals

Epidurals are a special type of local anaesthetic given into the back which, for most women, give complete pain relief. While usually a straightforward procedure, conditions like **ankylosing spondylitis** can make it more difficult. In these scenarios an anaesthetist can meet with you first to discuss the options.

Water births

Some women choose to have a water birth as it can help them relax during labour and make the contractions seem less painful.

If this is something you're considering, make sure you talk to your maternity team so you can make any arrangements well in advance.

Birth pools can be set up in your home, but your maternity ward may also have access to one.

TENS (transcutaneous electrical nerve stimulation)

TENS machines have small pads which are taped to your back and connected to a small battery-operated machine which produces a small current.

They have been shown to reduce some of the lower back pain that some women experience during the early stages of labour. But TENS machines aren't effective during the later stages when the contractions become longer and more frequent.

If you wish to use a TENS machine speak to your midwife so that they can show you how it works.

Relaxation techniques

Learning how to relax can help you manage the pain of labour. You might even want to try an antenatal class, such as hypnobirthing. Antenatal classes will teach you a variety of techniques and skills that'll help you prepare for labour and the birth.

To find antenatal classes near you visit the webpage
[www.nhs.uk/conditions/pregnancy-and-baby/
antenatal-classes-pregnant/](http://www.nhs.uk/conditions/pregnancy-and-baby/antenatal-classes-pregnant/)



Where can I give birth?

Where you can give birth will depend on your condition and your specific needs. While some women choose to have their baby in a hospital, others prefer a midwifery unit or even the comfort of their own homes.

It's important to choose a location that you feel comfortable in. But your arthritis could make your birth a slightly higher risk than others, so it's important to discuss your chosen location with your maternity team. They'll be able to address any worries or concerns and can help you create a birth plan.

Your birth plan should be flexible to account for any possible changes in circumstances that arise during the birth. The maternity team can advise you on your options if specific circumstances arise.

Caesarean sections

While most women with arthritis deliver their babies naturally, some women decide to opt for an elective caesarean section, where a cut is made in the tummy to deliver your baby.

Caesareans are major operations, so they'll only be done if it's thought to be the best thing for you and your baby. If you have a planned caesarean section you should discuss with your rheumatologist whether to stop your DMARDs before surgery.

If you're considering a caesarean you should discuss this with your midwife or doctor.

Support after the birth

Coping with the demands of a small baby is exhausting for any new mother. And if you have arthritis the stresses can be much greater. You might also find that your arthritis flares up again in the weeks after the birth. But the risk of this is reduced if you continue taking pregnancy safe treatment during pregnancy or breastfeeding.

If you think you might have trouble with holding, dressing or washing your baby, speak to your health visitor about arranging extra support.

Many mums feel a bit down, tearful or anxious in the first week or two after having a baby. We call this the 'baby blues' and it's very common.

However, if these symptoms last for longer than a couple of weeks or start later on, you may have post-natal depression. This affects more than 1 in 10 women in the year after giving birth – you may feel sad, struggle to sleep, have difficulty bonding with your baby, or have frightening thoughts. It's important to seek help if you feel this way.

Your health visitor and GP can help you access any support or treatment you might need.

There are a wide range of services and support available for new parents. You can find out more information about what's available on the NHS webpage www.nhs.uk/conditions/pregnancy-and-baby/services-support-for-parents/



Breastfeeding

Breastfeeding is good for both you and your baby. And the longer you breastfeed for the longer these benefits last. But any amount of breastfeeding is beneficial.

In the first few feeds you'll produce a thick yellowish fluid called colostrum. This is packed full of antibodies that will boost your baby's immune system and protect them from harmful bacteria and viruses.

After the first few feeds, actual milk will start to come in. The antibodies that were present in the colostrum will still be in this milk, but in a lower amount. So, your baby will be getting a boost to their immune system every time they breastfeed.

But we understand that breastfeeding isn't for everyone, and for some women it can be very difficult. It's important to make the decision that's right for you. And if you have any concerns or worries, it's important you have a chat with your doctor, midwife or health visitor.

You don't need to make the final decision until the baby is born, but it's never too early to start thinking about it. If you choose to breastfeed, your doctors will make sure you're on drugs that won't affect your baby.

Some women choose to combine breastfeeding with formula or expressing. This can take some of the pressure off breastfeeding as it means that friends or family members can help with feeding.

Restarting your medication

If you've come off any medications before the pregnancy, such as methotrexate, your doctors will usually recommend going straight back onto them once you've finished breastfeeding. This is because the sooner you can get back onto your medication, the lower the risk of having a flare.

Some drugs can be restarted during breastfeeding, so you should discuss with your rheumatologist exactly when you can restart your medication.

If you flare before your drugs have started working your doctor might suggest a short course of steroids. If only one or two joints are painful your doctor might suggest a steroid injection instead. Physiotherapy can also be helpful during this time.

Drugs

If you're pregnant or planning a pregnancy, it's important to discuss your treatment plan with your doctor.

This section goes through the most commonly used drugs for arthritis. The information has been taken from the British Society for Rheumatology (BSR) and updated with more recent guidance from the American College of Rheumatology (ACR) to highlight which drugs are safe to take.

This information is meant to be used as a rough guide to aid in deciding the best medication route for you. Please discuss this drug information with your doctor, and don't stop taking your medication without speaking with them first. See table 1 and table 2 on pages 32–34 for an overview.

For more information on each of these drugs you can visit the drugs section of our website and select the drug you wish to know more about: www.versusarthritis.org/about-arthritis/treatments/drugs/



Painkillers

Paracetamol is safe to use throughout pregnancy. But it's usually advised to only use it as and when you need it, as continuous use may increase the risk of childhood asthma.

Codeine should be fine to take throughout the pregnancy, but caution is advised when breastfeeding as it could affect the baby.

There aren't many studies that have looked into the safety of tramadol, but it should be OK to take during pregnancy and on a short-term basis when breastfeeding.

There isn't much data on paracetamol, codeine or tramadol use in men trying for a baby. But it's unlikely to be harmful as they are all fine for women to take when trying for a baby.

Other long-term pain treatments

Amitriptyline is fine to take throughout pregnancy and should also be fine to take at a low dose during breastfeeding. There aren't any studies on how it could affect a man wanting to try for a baby. But as it's fine for the mother to take, it should also be safe for a man wanting to father a child.

There is no data on the use of gabapentin or pregabalin throughout pregnancy or breastfeeding. So, these drugs should be avoided for the time being, until there's more information available.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs include ibuprofen, naproxen, diclofenac and indomethacin. Some studies suggest that taking NSAIDs in the first three months of pregnancy may increase the risk of miscarriage. As such, BSR guidelines advise cautious use of these drugs in early pregnancy. The guidelines also recommend stopping NSAIDs completely after 32 weeks of pregnancy.

Aspirin is also an NSAID, but unlike other NSAIDs, low dose aspirin can be taken safely throughout pregnancy.

Cox-2 inhibitors should be avoided during pregnancy due to the lack of information available.

A common problem with NSAIDs is indigestion, which is also common during pregnancy. Antacid medication usually helps, but if it's very troublesome you should tell your doctor.

Steroids

Steroid tablets can be taken during pregnancy but it's important you discuss what you're taking with your doctor.

If you've been on high doses of steroids for a long time you may be given an extra boost of steroids to help your body cope with the stress of labour.

Prednisolone is safe to take during pregnancy and breastfeeding. Men are also fine to take it when trying for a baby.

Methylprednisolone works in a similar way to prednisolone, so is also fine to take.

Women taking steroids throughout pregnancy are advised to take supplements of calcium and vitamin D to help prevent osteoporosis.

Steroids, particularly if taken for a long time, or at high doses, can increase the risk of some pregnancy complications like gestational diabetes. So, your doctor will try to keep you on the lowest possible dose for the shortest possible time.

Disease-modifying anti-rheumatic drugs (DMARDs)

Hydroxychloroquine

Hydroxychloroquine is often taken to prevent malaria as well as to treat arthritis and lupus. It can be taken during pregnancy and while breastfeeding. A study showed that women with lupus who continued taking this drug during pregnancy were able to control their condition much better than those who stopped.

Methotrexate

Methotrexate should be stopped three months before you become pregnant. If you become pregnant while taking methotrexate or if you've had less than a three-month break from the drug, it's important you speak to your doctor as soon as possible. They might have to conduct additional baby scans to make sure everything is

OK. You'll also be prescribed a higher dose of folic acid (5mg a day) to take throughout the pregnancy.

It used to be recommended that men stop methotrexate three months before trying for a baby, but research now shows it's fine to continue.

Sulfasalazine

Women can continue taking sulfasalazine when trying for a baby and during pregnancy. You will need to take folic acid tablets of 5mg per day, which need to be prescribed by your doctor. Breastfeeding should also be fine if the baby is healthy, but you should be cautious if the baby is premature.

Sulfasalazine may affect sperm count, but this side effect is reversible. Current guidelines say that it's not necessary for men to stop taking sulfasalazine before trying to conceive. If you've been trying to father a child for a year or more while on sulfasalazine, you should discuss this with your doctor and arrange to see a fertility specialist to rule out other issues.

Leflunomide

Leflunomide should not be taken if pregnant or breastfeeding. If you're a woman considering pregnancy, you should discuss stopping with your doctor. You may need a washout treatment to help remove it from your body more quickly. After this you'll be started on a drug that can be taken safely during pregnancy.

Based on very limited research, men should be fine to take leflunomide.

Azathioprine

Azathioprine can be taken in pregnancy and while breastfeeding, but you may need to be on a lower dose.

Ciclosporin and tacrolimus

Ciclosporin and tacrolimus can be taken in pregnancy. But it's likely you'll be closely monitored to make sure your blood sugar levels, blood pressure, kidney function and drug levels are all OK.

Cyclophosphamide

Cyclophosphamide can affect fertility and shouldn't be taken if planning a pregnancy. Before starting this drug, it's important to tell your doctor if you want to have children. You should discuss with your doctor whether to have some sperm stored or given medication to protect your ovaries before treatment is started.

Cyclophosphamide is only considered during pregnancy if your condition becomes life threatening.

Mycophenolate mofetil

You should stop taking mycophenolate six weeks before trying for a baby. It's important you discuss this with your doctor so that you can switch onto a drug that's safe to take during pregnancy. You shouldn't take this drug while breastfeeding.

Based on very limited research, men should be OK to take mycophenolate mofetil.

IVIg

Intravenous immunoglobulins are fine to take throughout pregnancy and breastfeeding.

The data is limited for men wanting to try for a baby. But because it's not harmful to pregnant women, it's unlikely to be harmful to men hoping to father a child.

Anti-TNF biologics

Anti-TNF drugs include infliximab, etanercept, adalimumab, certolizumab pegol and golimumab.

BSR guidelines advise that etanercept and adalimumab should be avoided during the last three months of pregnancy, and that infliximab should be stopped at 16 weeks, for the baby to be drug-free at birth and able to have a normal vaccination schedule.

Increasing evidence also shows that golimumab can be taken safely in the first six months of pregnancy and then stopped in the last three months so the baby can have a normal vaccination schedule.

The main concern with many biologics is that they can pass to the baby in the later stages of pregnancy. So, any live vaccines would need to be avoided until the drugs have left the baby's system.

If your doctor is concerned about you flaring, then the drugs can be continued throughout the entire pregnancy, but newborn babies should not be given live vaccines until they are at least seven months old. This would include vaccines such as the rotavirus vaccine or BCG.

Only tiny amounts of certolizumab pegol are passed on from mother to baby. So, this drug can be taken safely during the whole length of the pregnancy.

You should be OK to breastfeed on all anti-TNFs but the research can be limited so it's important to discuss this with your doctor.

Based on limited research, men should be OK to try for a baby on all anti-TNFs.

Other biologics

Other biological therapies include rituximab, tocilizumab, abatacept, anakinra, belimumab, ustekinumab and secukinumab.

At the moment there is limited data on all of these drugs, and they are generally avoided during pregnancy. However, if your condition has been difficult to control with other drugs and is well-controlled on one of these, you should discuss with your doctor the risks and benefits of continuing them in pregnancy to keep your condition under control.

It's generally recommended that rituximab should be stopped six months before pregnancy. However, if you accidentally continue taking any of the drugs in this group of biologics in early pregnancy, it's unlikely to be harmful to your baby.

Pregnancy and arthritis information booklet

There is limited research on breastfeeding for this group of drugs, so discuss this with your doctor.

Based on limited evidence, rituximab should be fine to take by men wanting to try for a baby. There is no data on any of the other biologics in this group, but they're also unlikely to be harmful to men.

Practical tips from mothers with arthritis

We asked mothers with arthritis what their top tips were, they said:

Gadgets and equipment

- Get a baby chair or rocker. They help me comfort my baby without hurting my arms and back.
- Try to get a 360 degree car seat, these rotate so that you can easily strap the little one in, they are a massive help.
- Invest in an easy to put on baby sling so that you've not got to carry your baby in your arms all the time.
- Buy a cot which you can easily adjust the height of, so you don't have to lean over too far.
- Try to find a comfortable chair for nursing and soothing your baby.
- Find simple 'pull on' baby clothes. Also see if you can get some baby grows with zips instead of poppers.
- Before you buy a pushchair make sure you can easily put it up and take it down. The ones with controls by the feet might be easier to use.
- Child safety cupboard locks that stop toddlers from getting in can be difficult to unlock if you've got arthritis in your hands. But there are alternatives, magnetic locks which don't require you to manoeuvre your hand in are worth a try.
- See if you can get a stairgate design which is easy to use.



Making tasks easier

- Try to have a birth plan and an alternative for if plan A doesn't work out. Also plan for when the baby's come. These things do come naturally, but I think it helps to be a little more prepared.
- Find out if you are eligible for a disabled parking badge - this might make you more able to get out and about when struggling with your own mobility and a new baby.
- I found stairs a challenge so made sure I had two baby change stations. One upstairs and one downstairs.
- Place a stool or seat in the bathroom so that when bathing your baby, you're not constantly leaning into the bath.
- Think about where you position things. A baby bath for example is mobile, I like to put mine on the kitchen counter, saves me from leaning over too much.

Talking to others

- If you want to go to a baby group but are feeling worried, contact the leader and explain your situation. Baby classes are often conducted on the floor, so don't feel embarrassed to ask for a chair or table.
- Baby swimming classes can be a great way to bond with the little one and spend time with other parents. The warm water is also very soothing on aching joints.
- Tell friends and family what you're going through and ask for help if you need it, especially if you're having a flare. Invite people over to help with the baby so you can have a break.
- Once you go back to work, see if your employer can offer extra support. Mine allowed me to start work slightly later and work my hours more flexibly.

Staying strong

- Try to get out and about as much as possible. Walking the dog and keeping active was the best thing for me, both during and after the pregnancy.
- Remind yourself – if this medication doesn't work, another will. There will be better days.
- Keep a gratitude journal for each day, even if it's just something small like 'had a lovely cuppa' or 'had a relaxing shower' it may help you focus on something other than your condition.
- Only do what you can manage. Yes, lots of other mums might be out and about, doing a different baby class every day, but you may not feel physically or emotionally able to, and that's OK. You're enough for your baby and you're doing a great job.
- Remember your baby loves you no matter what your ability, you are their world.



Research and new developments

Since 2001, the British Society for Rheumatology has been monitoring the long-term safety of biologics prescribed to people with rheumatoid arthritis in the UK, including drugs taken before and during pregnancy. This is called the British Society for Rheumatology Biologics Register - Rheumatoid Arthritis (BSRBR-RA). There are over 20,000 patients on the register, and the 15 year update identified many papers that had been published using the data, including those on the exposure to anti-TNF drugs in pregnancy. The study aims to continue collecting data until 2028, to create a rich database to better-inform conclusions on the long-term safety of the biologic treatments.

Versus Arthritis is supporting research into the use of vitamin D supplements during pregnancy. Findings from a study funded by Versus Arthritis were published in The Lancet in 2016, which found that babies born during winter months to mothers who had taken the vitamin D supplement had greater bone mass than babies born to mothers who took the placebo. A follow-up trial is underway, which aims to test whether this improved bone mass from vitamin D supplements continues into childhood.

Glossary

Ankylosing spondylitis – Ankylosing spondylitis is a long-term condition that affects your spine. It can also cause inflammation in large joints.

Antibodies – Antibodies are produced by your immune system in response to things that your body sees as dangerous, such as germs and viruses. Antibodies attack them and make them harmless.

Diabetes – Diabetes is a long-term medical condition that makes your blood sugar level too high. There are two types. Type 1 is where the immune system attacks and destroys the insulin your body needs to turn sugar from food into the glucose it needs for energy. Type 2 is where your body stops producing enough insulin or doesn't use it properly to change sugar to glucose. If either condition goes untreated the high levels of unused sugar in your blood can cause a wide variety of problems.

Osteoporosis – Osteoporosis is a condition where your bones become weaker and more fragile. This means they can break or fracture more easily.



Pregnancy and arthritis information booklet

Table 1: Summary table of pregnancy safety for painkillers, NSAIDs, anticoagulants, bisphosphonates and antihypertensives. This information is from the British Society for Rheumatology (BSR). Please talk to your doctor before stopping or starting any medications.

Drug type	Drug name	Can it be taken by a woman when trying for a baby?	Can it be taken during pregnancy?	Can it be taken when breastfeeding?	Can it be taken by a man when trying for a baby?
Painkillers	Paracetamol	✓ Yes	✓ Yes, but try to use only as and when you need it.	✓ Yes	✓ Yes*
	Codeine	✓ Yes	✓ Yes	! Caution is advised	✓ Yes*
	Tramadol	✓ Yes	✓ Yes	✓ Yes*	✓ Yes*
Other long-term pain treatments	Amitriptyline	✓ Yes	✓ Yes	✓ Yes	✓ Yes*
	Gabapentin	✗ No	! Not enough data	! Not enough data	! No data
	Pregabalin	! No data	! No data	! No data	! No data
NSAIDs	NSAIDs	✓ Yes	! Use with caution in the first three months and stop by 32 weeks.	✓ Yes	✓ Yes
	COX-2 inhibitors	✗ No	✗ No	✗ No	! No data
	Low dose aspirin	✓ Yes	✓ Yes	✓ Yes*	✓ Yes*
Anticoagulants	Warfarin	✗ No	✗ No	✓ Yes	! No data
	Heparin	✓ Yes	✓ Yes	✓ Yes*	✓ Yes*
Bisphosphonates	Bisphosphonates	✗ Stop six months before	✗ No	! No data	! No data
Antihypertensives	ACE inhibitors	✓ Yes, but stop when pregnant	✗ No	✓ Yes*	! No data

*These drugs are considered to be safe, but the data gathered from the research is limited. It's important to discuss these with your doctor.

Pregnancy and arthritis information booklet

Table 2: Summary table of pregnancy safety for steroids, DMARDs, anti-TNFs and other biologics. The information is from the British Society for Rheumatology (BSR) and has been updated with more recent guidance from the American College of Rheumatology (ACR). Please talk to your doctor before starting or stopping any medications.

Drug type	Drug name	Can it be taken by a woman trying for a baby?	Can it be taken during pregnancy?	Can it be taken when breastfeeding?	Can it be taken by a man when trying for a baby?
Steroids	Prednisolone Methylprednisolone	✓ Yes	✓ Yes	✓ Yes	✓ Yes
	DMARDs				
	Hydroxychloroquine	✓ Yes	✓ Yes	✓ Yes	✓ Yes*
	Methotrexate	✗ Stop three months before	✗ No	✗ No	✓ Yes*
	Sulfasalazine	✓ Yes	✓ Yes	✓ Yes if the baby is healthy	✓ Yes
	Leflunomide	✗ No you'll need treatment to remove it from your body beforehand	✗ No	! No data	✓ Yes*
	Azathioprine	✓ Yes	✓ Yes	✓ Yes	✓ Yes
	Ciclosporin Tacrolimus	✓ Yes	✓ Yes	✓ Yes*	✓ Yes*
	Cyclophosphamide	✗ No	✗ No	✗ No	✗ No
	Mycophenolate mofetil	✗ Stop six weeks before	✗ No	✗ No	✓ Yes*
	IVIg	✓ Yes	✓ Yes	✓ Yes	✓ Yes*
Anti- TNF	Infliximab	✓ Yes	✓! Yes, but consider stopping at 16 weeks	✓ Yes*	✓ Yes*
	Etanercept Adalimumab Golimumab	✓ Yes	✓! Yes, but consider stopping at end of second trimester	✓ Yes*	✓ Yes*
	Certolizumab pegol	✓ Yes	✓ Yes	✓ Yes*	✓ Yes*
	Other biologics				
	Rituximab	! Usually advised to stop six months before	! Only consider after specialist advice if no alternative drug available	✓ Yes*	✓ Yes*
	Abatacept Anakinra Belimumab Tocilizumab Ustekinumab Secukinumab	✓ Yes, but stop when pregnant	! Only consider after specialist advice if no alternative drug available	! Limited data	! No data

*These drugs are considered to be safe, but the data gathered from the research is limited. It's important to discuss these with your doctor.

Where can I find out more?

If you've found this information useful, you might be interested in other titles from our range. You can download all of our booklets from our website www.versusarthritis.org or order them by contacting our Helpline. If you wish to order by post, our address can be found on the back of this booklet.

Bulk orders

For bulk orders, please contact our warehouse, APS, directly to place an order:

Phone: 0800 515 209

Email: info@versusarthritis.org

Tell us what you think

All of our information is created with you in mind. And we want to know if we are getting it right. If you have any thoughts or suggestions on how we could improve our information, we would love to hear from you.

Please send your views to bookletfeedback@versusarthritis.org or write to us at: **Versus Arthritis, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD.**

Thank you!

A team of people helped us create this booklet. We would like to thank Professor Ian Giles and Dr Bethan Goulden for helping us review the booklet.

We would also like to give a special thank you to the people who shared their opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.

Talk to us

Helpline

You don't need to face arthritis alone. Our advisors aim to bring all of the information and advice about arthritis into one place to provide tailored support for you.

Helpline: 0800 5200 520

Email: helpline@versusarthritis.org

Our offices

We have offices in each country of the UK. Please get in touch to find out what services and support we offer in your area:

England

Tel: 0300 790 0400

Email: enquiries@versusarthritis.org

Scotland

Tel: 0141 954 7776

Email: scotland@versusarthritis.org

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Wales

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Notes

Notes

Pregnancy and arthritis

In this booklet we'll cover everything you need to know about having a baby if you have arthritis. We'll answer some common questions, from planning your pregnancy, to the birth and breastfeeding.

For information please visit our website:

versusarthritis.org

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