

## **Pregnancy and systemic lupus erythematosus (SLE)**

---

- Women with SLE should be referred for pre-pregnancy counselling
- Pregnancy can increase SLE disease activity and flare. This risk is reduced if the disease is stable for at least six months prior to conception
- Anticardiolipin antibodies and lupus anticoagulant antibodies are associated with increased pregnancy loss, preterm birth and intrauterine growth restriction. Specialist advice should be sought
- Prednisolone, azathioprine, hydroxychloroquine, ciclosporin, tacrolimus, low molecular weight heparin and low-dose aspirin are safe in pregnancy and breastfeeding
- Methotrexate, leflunomide, cyclophosphamide, mycophenolate mofetil and biologic drugs (rituximab and belimumab) are not safe in pregnancy and should be stopped prior to conception. Seek specialist advice