

Pregnancy in Sjögren's

*Nancy Carteron, MD, FACR
Senior Consultant, Rheumatology Immunology Clinical Faculty,
University of California San Francisco*

Most women will conceive and have healthy babies. However, there are potential complications. Consulting your obstetrician (OB-GYN), rheumatologist, and possibly a high-risk OB (perinatologist) prior to conceiving or early in pregnancy is suggested.

Factors contributing to the ability to conceive:

- Age
- Primary ovarian failure
- Endometriosis
- Environmental factors (i.e. pesticides)

Potential pregnancy complications:

- Congenital heart block (SSA/SSB autoantibodies; possibly RNP antibodies)
- Neonatal lupus (rash) (SSA/SSB autoantibodies)
- Fetal loss
- Intrauterine growth retardation
- Premature delivery
- Recurrent pregnancy loss
- Preeclampsia (phospholipid autoantibodies)

Know your autoantibody (blood tests) status:

- SSA (Ro) and SSB (La) – higher levels may carry more risk
- Phospholipid antibody (APL) – Lupus anticoagulant; IgG and IgM cardiolipin antibody; IgG and IgM anti-beta2 glycoprotein I antibody

Congenital heart block (CHB) – most serious potential complication:

- First pregnancy – 2 % risk
- If previous child had CHB, risk increases 10-fold for subsequent pregnancy
- Weekly Doppler fetal echocardiogram surveillance between the 18th and 24th weeks
- Cardiomyopathy can occur
- Management strategies, including fetal pacemaker available

Neonatal lupus (rash):

- Autoantibodies cross the placenta, decline over several weeks, rash resolves
- If previous child had neonatal lupus, risk increases 5-fold for neonatal rash for subsequent pregnancy

For more information on Sjögren's, visit the Foundation website at www.sjogrens.org, call 301-530-4420, email info@sjogrens.org, or write to the Sjögren's Foundation, 10701 Parkridge Blvd, Ste 170, Reston, VA 20191