

Psoriatic Arthritis and Pregnancy

Here's what you should know if you are pregnant, planning to become pregnant and breastfeed.

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The decision to have a baby is one of the most important ones you and your partner will ever make. But if you have psoriatic arthritis the decision requires additional considerations: will arthritis or the medications I take for it affect my baby? Will pregnancy affect my arthritis or skin disease? Will my disease affect my delivery? Will I be physically able to care for my new baby? In most cases, the answers are quite reassuring, says Mehret Birru Talabi, MD, PhD, assistant professor of medicine in the University of Pittsburgh's Division of Rheumatology and Clinical Immunology. If you have psoriatic arthritis, here's what you need to know about pregnancy from the planning stages to delivery and beyond.

Pregnancy Planning

There is no evidence that having psoriatic arthritis will affect your ability to get pregnant, so it's important to practice effective birth control until you decide the time is right for you to have a child.

Ideally, you should discuss family planning issues with your rheumatologist early on, not just when you've decided you would like to start trying to have a baby, says Lisa Sammaritano, MD, associate professor of clinical medicine in the Division of Rheumatology at Hospital for Special Surgery – Weill Cornell Medicine.

Effect of PsA and medications on baby: Planning will always involve a discussion of which medications you can and can't safely continue during pregnancy and finding alternatives for those you can't. At least one medication prescribed for psoriatic arthritis – methotrexate – and a few used specifically for skin disease -- tazarotene, acitretin, and isotretinoin -- should be stopped before attempting pregnancy. Other medications should be discussed with your rheumatologist, and the individual risks and benefits should be weighed. There is a genetic component to autoimmune diseases, such as RA. Planning will allow you and your rheumatologist to make sure disease activity is low while on pregnancy-compatible medications, says Dr. Sammaritano. "This process can take some time, since changing a medication means giving it several months to make sure that it is working and that it does not cause side effects," she says. Fortunately, she says, the risks of most drugs prescribed for PsA end when the drug is out of your bloodstream. Neither the drugs you took in the past nor PsA itself should affect the development of your baby.

Passing on PsA: There is a genetic component to autoimmune diseases, such as PsA. While there's a possibility that your child may develop PsA or another autoimmune disease, it's really important

to remember that many women with autoimmune diseases have healthy babies who don't develop arthritis or any other type of autoimmune disease.

Disease activity during pregnancy: Similarly, having a baby will not likely have a significant negative impact on the course of your psoriatic arthritis. In a Canadian study of 42 pregnancies in 29 women with psoriatic arthritis, arthritis either improved or stayed stable at a low disease activity in 58 percent of pregnancies, while it worsened or stayed stable at high disease activity in 32 percent. The remainder had a mixed pattern of improvement followed by worsening. The skin activity either improved or stayed in a stable low state in 88 percent of pregnancies.

Caring for new baby: There's a possibility that you may experience a flare after delivery and experience a lot of fatigue. "So, it's important that women who are considering a pregnancy also consider their support systems and make sure they are in place before they deliver," says Dr. Birru Talabi.

Pregnancy: The Whole Nine Months

If the drugs you were taking at conception are controlling your disease, your doctor will likely have you continue them throughout pregnancy, provided they are pregnancy-compatible.

PsA's effect on delivery: If arthritis affects your back or hips, you may notice more pain in those joints as your baby grows and places more stress on those joints. Ask if your obstetrician has experience working with women with disabilities. If possible, find out the same about the anesthesiologist who will be working with you in the delivery room. In some cases, involvement of the hips and spine could make a vaginal delivery more difficult and inflammation of the spine could make it difficult to administer an epidural – the injection of an analgesic directly into space around the spinal cord to numb the lower half the body during delivery. You should discuss both possibilities with your doctor. A C-section, if you need one, could possibly cause Koebner phenomenon, a condition in which trauma to skin leads to flare of psoriasis.

Planning for your newborn's care: During pregnancy it's important to plan for the help you'll need after you deliver. Even if your disease is well controlled you may have more fatigue than other new mothers, so you'll likely need extra help once the baby comes.

Ability to breast feed: There's no evidence that PsA lowers milk production. However, some women experience pain when trying to hold their babies to breastfeed, especially if their PsA is not well-controlled. While you can't pass PsA to your child by breastfeeding, you can pass along some medications. Many medications are safe to use in lactation, and medication passage through breastmilk is relatively low in many cases.

After Delivery

For most women with PsA a healthy delivery and baby is possible.

Disease activity: If you notice worsening of symptoms, contact your rheumatologist, because a flare is more likely in the months after delivery. The same Canadian study also found in 40 percent of pregnancies there was worsening or high disease activity after delivery.

And even if your disease is stable, childbirth and caring for a newborn is exhausting, so fatigue is a given.

Medication and breast feeding: If controlling your disease after delivery requires a change in medication, be sure to let your doctor know if you are breastfeeding. Many medications, but not all, are safe for breastfeeding. If you have skin involvement around your nipples, using a heavy skin moisturizer can help relieve discomfort. But be sure to speak with your doctor about a product that is safe for your baby. Avoid using topical psoriasis medications around your nipples.

Caring for baby: Taking care of yourself now is especially important – take your medications, eat healthfully, nap when the baby naps and get help from your partner, trusted family and friends and even paid help, if needed or possible. Parenthood is a challenging, lifelong job, but may provide unique joys. Taking care of yourself now can help ensure your ability to care for your child in the years ahead.