



Pregnancy and Arthritis





Arthritis Ireland: Building a better world for people living with arthritis today and a world without arthritis tomorrow.

Arthritis affects so many people in countless ways and at all stages of life. The pain, stiffness and fatigue it causes are all too real – but so are the shattered dreams, sleepless nights and abandoned careers.

At Arthritis Ireland, we understand what it's like to live with this chronic condition. Everything we do is with a view to supporting people living with arthritis – to having a positive effect on your quality of life. That includes investing in research to find a cure, as well as advocating on your behalf with policy makers and politicians.

This publication is just one aspect of our work. We understand how important it is to be able to access trustworthy information about your health from a reliable source. That is why we work with healthcare professionals and other experts in producing these materials.

There are lots of other supports also available to you, including our:

- award-winning self-management programme, Living Well with Arthritis;
- helpline for practical information and emotional support;
- extensive branch network all around the country.

If arthritis is affecting your life or the life of someone you love, call or connect with us online. Working together we can help build that better world for people living with arthritis today and a world without arthritis tomorrow.

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Introduction

Deciding to start a family is an exciting time in your life. However, when you have arthritis there may be extra challenges which are usually overcome. Your arthritis may affect your pregnancy and conversely, your pregnancy may affect your arthritis. Therefore, it is most important that you discuss family planning with your rheumatology team to ensure you have a safe conception, pregnancy and delivery.

Sometimes it is necessary to stop or alter some of your medication, but your healthcare team will advise you on this. As every pregnancy is different, a plan of care will be developed in partnership with your rheumatology and obstetric teams which will be specific for you.

If you have recently been diagnosed with arthritis and plan on starting a family either immediately or in the future, it is imperative that you have a conversation with your healthcare team about the importance of family planning with arthritis.

This booklet has been made possible with the valuable assistance of Louise Moore, Registered Advanced Nurse Practitioner (Rheumatology)

Planning a Pregnancy

Before you start trying to conceive, it is important to talk with your healthcare team about your choices to ensure you have a safe pregnancy and a healthy baby. Your GP, obstetrician, rheumatologist, nursing and midwifery team, occupational therapist and physiotherapist can work together to achieve the best outcome for you and to support you through your pregnancy. If you have lupus or scleroderma, it is especially important that you talk to your specialist as it may present some additional complications which can arise during pregnancy.

As each pregnancy is different, and the effects of arthritis vary greatly from person to person, you should discuss with your healthcare team whether you may need to adjust or discontinue your treatment before you get pregnant. Some drugs, such as methotrexate, cyclophosphamide or leflunomide should not be taken if you are trying to conceive or are planning to breastfeed, as they can be harmful to the baby. While some medicines can be stopped abruptly, it is worth remembering that you may experience a flare-up when you discontinue them, however your healthcare team will discuss alternative, safer drugs, that you can take during this period.

The best time to plan a pregnancy is when your arthritis is in remission or not active. This will improve your chances of conceiving and may also ensure your arthritis remains inactive during pregnancy.

Take control of your pregnancy by initiating discussions with your rheumatology team on the importance of planning. Communicating effectively with your team will allow you to share information and work together to make the best decisions for your health.

Fertility

Can I have a baby if I have arthritis?

This is the first question people with arthritis ask before trying for a baby. The answer is YES; however for some, conceiving a child might take a little longer than it would for someone without arthritis. Research has shown that women with rheumatoid arthritis (RA) can take up to 12 months to conceive a child, however experts don't have an exact answer as to why that is.

Recent studies on taking non-steroidal anti-inflammatory drugs (NSAIDs) during conception, have shown that it can be difficult to conceive and may increase the risk of miscarriage. Although most other drugs don't have severe effects on fertility, the effects of some can remain in the body for a period after you stop taking them.





Dads with Arthritis

While many women remember to talk to their doctors about starting a family, men may not consider it as relevant to them. However, certain arthritis drugs can impact a man's ability to father a child. Doctors recommend that men stop taking cyclophosphamide three months before trying to conceive, but may continue to take sulfasalazine and methotrexate. However, if you have been trying to father a child for more than a year and have been taking sulfasalazine you should consult your doctor.

Your sperm count can be improved. Boost your chances of conceiving by eating a healthy diet, quit smoking and reducing your caffeine and alcohol intake.

The Arthritis Gene?

Whilst most forms of arthritis have a genetic base, in the majority of cases the likelihood of passing it on to your baby is not very high. However, there are some risks associated with arthritis which are outlined for you below. It is always best to discuss with your healthcare team the risks associated with your arthritis on your pregnancy.

Osteoarthritis

Nodal osteoarthritis is a form of arthritis that has strong family links and affects mainly women, causing knobbly swellings at the base of the thumb, fingers and just above the wrist. There is a 50% chance that a woman can pass this onto her daughter, but it generally doesn't appear until around the time of menopause. Other forms of osteoarthritis are generally not genetic.

Rheumatoid arthritis

The chance of a child inheriting RA from a parent isn't very strong, with only 1 in 30 being diagnosed; however, research is still being carried out in this area as several individuals from the same family can be affected by RA.

Ankylosing spondylitis

If a parent has the gene HLA-B27, the chances of a child inheriting ankylosing spondylitis is 1 in 6; if the parent doesn't have this gene, the chances are 1 in 10. If AS affects an individual from a family where AS is already present, it tends to be less severe than those affected by AS with no direct connection. It is important to note the way AS runs in families is unpredictable, so we recommend you discuss this with your rheumatologist.

Psoriatic arthritis

The chances of a child inheriting PsA is like RA, 1 in 30; however your child is at greater risk for developing psoriasis.

Lupus (SLE)

The risk of a child developing lupus in later life from a parent (1 in 100) is a lot less than a relative developing it – female sibling is 1 in 33, although the risk for a male sibling is much lower.

Whilst the chances of your child developing arthritis from you are low, if it did happen, you are best placed to ensure your child gets a prompt referral and an early diagnosis, resulting in a well-managed disease.

Lupus and Pregnancy

If you have lupus and are planning a pregnancy, it is vital that you speak with your rheumatology team beforehand as there are many things to consider. Depending on the severity of your lupus, a pregnancy can put your heart, lungs and kidneys under extra pressure. Whilst lupus pregnancies are considered high risk, healthcare developments have meant that lupus patients have had successful pregnancies during quieter periods of their disease, under the supervision of their healthcare team.

Tiredness and joint pain are common for pregnant women with arthritis, but for those with lupus, it can be hard to tell if it's the pregnancy or your arthritis. Your team can determine if special attention will be required by taking blood even before you conceive to check for the presence of anti-Ro and antiphospholipid antibodies.

Anti-Ro antibodies will be present in about a third of lupus patients and there is a 1 in 50 chance that this antibody could affect your baby. This small cohort of babies may develop a rash that clears within the first few months of their lives or their heartbeat may become slow in-utero around the 18-week mark that may continue after delivery. Should the latter occur, your obstetrician will monitor your baby's heartbeat as closely as possible throughout the pregnancy. Several babies affected by this may need to have a pace-making device inserted after birth but generally do quite well.

Babies affected by anti-Ro may have neonatal lupus syndrome, however this doesn't mean they will get lupus as adults. It's important to note that if you have a child with this syndrome the chances are quite high that any future children will also contract it.

Antiphospholipid antibodies, like anti-Ro, will be present in around a third of individuals with lupus. Your doctor will carry out two tests (the anticardiolipin and the lupus anticoagulant tests) to determine if you have antiphospholipid antibodies in your blood and only one test needs to be positive to determine its presence.

Some women won't be affected by the presence of the antibody, but other women may be required to see an obstetrician who specialises in high risk pregnancies due to the risk of miscarriage or slowing the baby's growth in-utero. For those that will experience problems, you'll most likely be prescribed a low dose of aspirin that will be taken orally daily and you may be asked to inject heparin daily to help thin the blood – please note this drug does not affect the baby.

It is advisable to try for a baby during a quiet phase of your disease, therefore your doctor can try and avoid the usage of drugs. However, it is ok to take certain drugs as it's important to keep your lupus under control to avoid any potential risks for the baby. It's fine to use steroids, hydroxychloroquine and azathioprine throughout pregnancy in consultation with your doctor.

A pregnant woman with lupus may be monitored closely, depending on the severity of the disease, as the risk of miscarriage is quite high – up to the 24-week mark if you have antiphospholipid syndrome (APS). If your lupus has affected your kidneys or you suffer with high blood pressure, it is likely to increase during your pregnancy. If it occurs around or after the 20-week mark, you may be at risk of pre-eclampsia, so careful monitoring will be required. Certain women will be required to see their obstetrician more frequently for ultrasounds, blood and urine tests, but they will work closely with your specialist lupus team.

It is common for women with lupus to produce smaller than average babies, and some can go into early labour, so it may be recommended that you deliver your baby in a facility that can accommodate your baby should any problems occur during delivery. Should your labour start early, your obstetrician may try to stop it with medication to allow more time for your baby's lungs to develop. In certain circumstances your doctor may recommend that the baby is delivered by caesarean section if s/he believes it's the safest option, however this is generally discussed in advance. It is not uncommon for premature babies to spend some time in the neonatal unit to assist their breathing, the more premature the baby is, the longer they'll need assistance.



Medication

Most women would hope for a drug-free conception, pregnancy and delivery; however, if you have arthritis you should discuss this with your medical teams. Remember, certain medications may be required for good disease control, to prevent flare-ups of your arthritis, to ensure a safe delivery and to enable you to care for your baby with minimal disease-associated pain as possible.

In the section below, several arthritis-related medications and their impact on a pregnancy based on the British Society for Rheumatology's (BSR) guidelines are listed. It is important to remind you that all medication and treatment options should be discussed with your healthcare team prior to planning a baby or as soon as possible if you unexpectedly become pregnant.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs (including aspirin, naproxen, meloxicam, etodolac, ibuprofen and indomethacin) can reduce the levels of fluid surrounding the baby, but won't affect the baby.

Certain studies claim that taking NSAIDs can reduce your chance of getting pregnant and increase the risk of miscarriage when taken around the time of conception, consequently the BSR advises users to be cautious during early pregnancy. It's possible that you'll be prescribed the lowest dose of NSAIDs and your doctor may request you terminate their use completely at the 32-week period as it can extend the labour and cause excessive bleeding.

Corticosteroids (steroids)

If steroids (including prednisolone and methylprednisolone) are part of your treatment plan and you'd like to try for a baby, talk to your doctor; it's quite common for the continued use of these drugs during pregnancy. There is no evidence that the use of steroids could harm your baby, in fact doctors often prescribe steroids at the 34-week mark to help the baby's lungs mature. Women who continue taking steroids throughout their pregnancy are often advised to take vitamin D and calcium supplements to help prevent osteoporosis. Regular use of steroids may increase your chances of developing gestational diabetes during your pregnancy, so a glucose tolerance test at the 26/28-week mark may be required. If you take high doses of steroid, an extra dose may be required to help your body manage the stress associated with labour.

Disease-modifying anti-rheumatic drugs (DMARDs)

Azathioprine

According to the BSR guidelines, azathioprine can be taken during pregnancy, however the dose must not exceed 2 milligrams per 1 kilogram of body weight. Azathioprine does not affect fertility in either sex.

Ciclosporin

Ciclosporin can also be taken during pregnancy with many women having successful pregnancies.

Cyclophosphamide

Cyclophosphamide has been known to reduce fertility in both sexes. It is therefore advisable to medically store sperm and/or ovarian tissue before you start this treatment. Ideally you should stop taking cyclophosphamide at least three months before trying to conceive and it should be avoided during pregnancy to decrease the risk of harming your unborn baby.

Hydroxychloroquine

Hydroxychloroquine may be taken during pregnancy at the dose recommended for arthritis users. Research has shown that women with lupus who stop taking this drug before pregnancy have had worse pregnancy outcomes than those who continued to use it.

Leflunomide

If you'd like to try for a baby and are taking leflunomide, it is important that you speak to your doctor straight away. The use of leflunomide before or during a pregnancy is not recommended as it may cause birth defects. Leflunomide can remain in the body for a long period after you stop, so women planning a pregnancy are advised to have a special treatment to wash this medication out of the body at a faster rate. Your doctor will advise you of more suitable treatments that can be taken before and during your pregnancy.

Should you unexpectedly become pregnant, stop taking leflunomide and consult your doctor as soon as possible about having the wash-out treatment. If you follow these two steps it is unlikely that your leflunomide will cause your baby harm. The BSR's guidelines note that men can take leflunomide without the need of a wash-out treatment before trying to conceive.

For individuals who need to strictly plan their pregnancy it is extremely important to avail of reliable contraception when using this treatment.

Mycophenolate mofetil

Mycophenolate should be stopped at least 6 weeks before trying to conceive and should not be taken whilst pregnant. If you become pregnant whilst taking mycophenolate, contact your doctor as soon as possible.

Methotrexate

Women should stop taking methotrexate at least three months before trying to conceive and it should not be taken whilst pregnant. However, the BSR guidelines specified that men can continue taking methotrexate whilst trying to conceive a child. Studies in the past believed methotrexate could affect sperm and therefore a fertilised egg; however, recent studies believe this is not the case. If you become pregnant whilst taking methotrexate, contact your doctor as soon as possible.

Sulfasalazine

Sulfasalazine can be taken whilst trying to conceive and for the duration of your pregnancy. However, it must be taken with 5 milligrams of folic acid per day, which your doctor will prescribe. Continuing to use sulfasalazine throughout your pregnancy decreases the risk of flare-ups. Sulfasalazine may negatively impact a man's fertility, but the outcome is reversed if treatment is stopped, however it is not recommended that males stop taking sulfasalazine unless you have been trying to father a child for over one year.

Biological therapies

Biological therapies are new drugs so there has been less research conducted on their effects, before and during pregnancy, compared to older treatments. Increasing numbers of women taking biological drugs such as adalimumab, etanercept and infliximab have had successful pregnancies and no concerns breastfeeding; however, these types of drugs remain in the body for different periods of time so there is a concern that they may increase the risk of infection in new-borns.

The BSR have advised that babies born to women who have taken biological therapies throughout their pregnancy, should not be given live vaccines until they reach 7 months old. They also recommend that where possible, biological therapies should be stopped at different times in pregnancy.

There is even less research and experience of women taking anakinra, abatacept, rituximab and the newer biological therapies such as tocilizumab and golimumab. It is therefore important that reliable contraception is used when taking these therapies.

Cimzia has been studied in pregnancy and has shown no/very little transfer of the drug across the placenta to the baby as well as in breast milk. This information supports using this medication if required during your pregnancy as well as the breastfeeding period.

For more information see Arthritis Ireland's booklet "Drugs and Complementary Therapies" or visit the Arthritis Ireland website.

Paracetamol

Paracetamol is a form of pain relief used by most women throughout their pregnancy without causing any harm. The normal dose of paracetamol can be taken during pregnancy; however, if you have issues with your liver and kidneys, please consult your doctor and a lower dose may be prescribed.

Folic Acid

Folic acid is hugely important for every woman who wants to get pregnant as it will reduce the risk of having a baby with a defect in the spinal canal. The standard dose of 0.4 milligrams should be taken daily from before conception until the twelfth week of pregnancy. This is also the recommended dose for who women who have stopped taking methotrexate more than three months before conceiving.

For women who stopped taking methotrexate less than three months before conception, your levels of folic acid will have been reduced and it is therefore

recommended that you take a higher dose of 5 milligrams per day for the entire duration of the pregnancy and until your baby turns 12 weeks old.

For women who are required to take sulfasalazine throughout their pregnancy, a recommended daily dose of 5 milligrams of folic acid is also required, for the duration of the pregnancy and until the baby turns 12 weeks old.

Except for folic acid and iron supplements you should avoid all other supplements unless a specific deficiency is found, your doctor will advise you on this.

For some, medication is necessary to ensure your disease remains controlled. Your healthcare team will inform you which medications are safest to use whilst trying to conceive, during pregnancy and after the birth.



The Importance of Exercise

Most people with arthritis already have an exercise programme that they may want to continue to keep their joints in the best possible condition. However, it's important that you discuss this programme with your healthcare team if you become pregnant, especially if you have heart problems, phlebitis, high blood pressure or you have a high-risk pregnancy, bleeding from the uterus or problems with the foetus.

Strengthening the muscles and working on your flexibility before pregnancy can help support your joints throughout the pregnancy. During the pregnancy you may wish to consult your obstetric consultant and physiotherapist about the type of exercise you wish to engage in, as too much of the wrong type can reduce the blood flow to the baby.

Walking, swimming and water-based exercises will increase your endurance, keep your muscles strong and generally keep yourself and the baby safe.

Arthritis Ireland run exercise programmes across the country called “Be Active with Arthritis”. Programmes can be water- or floor-based and are delivered by a chartered physiotherapist. For further information please visit the Arthritis Ireland website or see the Arthritis Ireland booklet “Physical Activity and Arthritis”.





Nutrition

A balanced diet is important for all people, but even more so if you are pregnant. Food not only fuels the body, it provides us with vitamins and minerals and has an impact on your general health and the baby's. It will be beneficial if you can develop healthy eating habits before, during and after pregnancy, especially if you plan on breastfeeding. Doctors suggest the average pregnancy will result in a weight gain of 20-30 pounds (9-13 kilograms), therefore a balanced diet and exercise are important for a healthy pregnancy.

For some people, arthritis can affect their ability to stick to a healthy diet as eating and preparing food can be painful. Speak to your healthcare team in advance of your pregnancy, they can show you easier ways to prepare your food and refer you to a dietitian or nutritionist to help you plan your food.

For more information see Arthritis Ireland's "Healthy Eating and Arthritis" booklet or visit the Arthritis Ireland website.

A good balanced diet can also assist in alleviating problems such as nausea, vomiting, heartburn and constipation, that can affect most pregnant women. To reduce nausea, you should eat small meals but frequently, avoid anything greasy or fried, practice eating slowly and chew your food thoroughly. Dry toast or crackers for breakfast can help and avoid drinks that may affect your stomach, such as fruit juice or coffee. To help reduce heartburn choose an antacid that is low in sodium, eat small meals but frequently, decrease your caffeine intake, avoid greasy, spicy foods and carbonated drinks. To relieve constipation, ensure that your diet is rich in high fibre foods, drink at least 8 glasses of water per day and exercise if possible.



For further information visit the Arthritis Ireland website.

Stress Management

For some women, pregnancy can be a positive experience, however for a lot of women carrying a child can be quite stressful. This can be especially true for pregnant women with a chronic health condition. Stress not only impacts the mother, but it can have an effect on the unborn child.

Arthritis Ireland delivers a nationwide programme called “Living Well with Arthritis”; this award-winning programme was developed by Stanford University to enable individuals living with a chronic health condition to better manage their disease. This 6-week course is practical, easy-to-follow, enables you to set and achieve goals, and covers all aspects of self-management.



Arthritis during Pregnancy

Some women find that their arthritis remains unchanged or even improves during pregnancy, while others with osteoarthritis of the hips and knees may find that it worsens as they gain weight during pregnancy. If needed, it's best to try to lose some weight before you get pregnant, this will help your joints, aid conception and make for a less complicated pregnancy.

First Trimester (Weeks 1-13)

Congratulations! You're expecting a child! Over the next nine months you will see your body change significantly as it prepares for your new arrival. During the first trimester, the baby's vital organs are forming, and it is during this time that medications and other lifestyle habits (such as smoking, drinking, diet and drug use) can affect that development.

Pregnant women, regardless if you have arthritis or not, are recommended to have an ultrasound around the 12-week mark. This scan will confirm dates and can check for minor abnormalities.

If you need medication to help control your disease, your healthcare team may recommend some medications that can reduce arthritis inflammation that do not cross the placenta. It's during the first trimester that many women find the symptoms of their pregnancy are most pronounced e.g. fatigue, morning sickness, heartburn and dizziness. If it's all getting too much for you, remember that you're not superwoman and take some time out to look after you and your baby.

Now would be a good time to talk to your occupational therapist. They can help you prepare your home for your baby's arrival, offer advice on equipment you may need and give you tips that will make parenting easier.

Second Trimester (Weeks 14-27)

This is one of the most exciting times of pregnancy. Many women share the news of their pregnancy with others, and their bump starts to show. In addition, those first kicks and movements can take your breath away, literally!

Luckily, some of the more unpleasant symptoms of the first trimester fade and energy levels usually return to normal. In fact, approximately 70% of women with RA experience an improvement in arthritis symptoms beginning in the second trimester and lasting until after the baby is born. It is not known exactly why some improve and others don't, but research suggests that the father's genetic contribution may play a role. Unfortunately, your arthritis symptoms will usually return once the baby is born.

A second ultrasound scan is required around the 20-week mark that will provide a more in-depth assessment of your baby's development. Additional scans for women with arthritis may be required if you have taken certain medications during the pregnancy that may cause complications. Don't be alarmed if a second or third scan is required for your doctor to see your baby more clearly, it can simply mean the baby is hiding certain parts of their body. However, if a problem is found at your 20-week scan, your obstetrician and midwife will discuss it with you, highlight the implications and talk through the options available to you.

Third Trimester (Weeks 28-40)

The final trimester can prove especially difficult for women with arthritis. During the last 12 weeks, the joints and muscles may be affected during pregnancy. Problems with weight-bearing joints (hips, knees, ankles and feet) may become worse due to increased weight. Muscle spasms in the back can happen as the uterus grows and the spine curves slightly to support it, leading to pain, numbness and tingling in the legs.

In the last 12 weeks, breathing can be difficult, especially if your arthritis affects your lungs or rib joints and you may experience shortness of breath – if this occurs, you should rest whenever you can.

Delivery

The big day has arrived! Having concerns about labour pain, pain relief and the pregnancy's outcome is natural, however women with arthritis may have additional concerns. Many women with arthritis can have a normal labour, and there are many different positions in which you can give birth so if, for example, you have difficulty because you cannot move your legs enough in one position, the midwife will discuss with you some other suitable positions. In some cases, women with arthritis will be advised to deliver their baby by C-section, but this is not common.

If your arthritis affects your spine, getting an epidural may not be possible. This is a procedure in which pain medication is injected between the vertebrae directly into the outer layer of the spinal canal. In this instance, you should discuss alternative pain relief methods with your doctor before delivery and, if a C-section is necessary, it may need to be done under general anaesthetic.



After the Birth

Caring for a New-Born

So, the hard work is done now, right? Not quite. Many women do feel a sense of relief after the birth, however adjusting to the demands of a new born is exhausting and some women may experience the “baby blues” in the first few weeks after giving birth. You might feel teary, overwhelmed, irritable and highly sensitive, which is completely normal, but these feelings should pass after a week or two. However, if you have any concerns about the severity of your feelings, have trouble sleeping or eating, or the feelings last longer than two weeks, please talk to your doctor. Support from your partner, family and friends is crucial when you’ve just had a new baby, especially if you have other small children at home, don’t be afraid to ask or accept this help.

Join Arthritis Ireland’s pregnancy and/or parenting online forums by visiting www.arthritisireland.ie

Now is the perfect time to put into practice what you discussed with your occupational therapist at the beginning of your pregnancy.

Changing, feeding and even holding your baby can cause stiffness and pain and therefore induce stress, both physically and emotionally. Here are a few tips that will help when caring for a new baby:

Nappy changing: look for changing stations on wheels so they can be moved throughout the house or set-up changing stations in different rooms if your mobility is limited. It will help if your changing stations are at a height that doesn't require you to bend over and therefore put unnecessary strain on your joints. Buy products that are easy to open to take pressure off your hands and wrists.

Bathing: some baby baths are made on wheelable trolleys or look for baths that can be easily filled and drained using the sink or bathtub. If you are using the bathtub, avail of supports that can be used to support the baby to relieve you of any unnecessary pressure.

Dressing: avoid items of clothing with buttons and zips, there are a lot of options for babies that are elasticated that can be easily put on or taken off. Jumpsuits are a good choice if you have trouble putting on socks and shoes.

Baby equipment: when it comes to cots, prams, highchairs etc., look for pieces that are adjustable in height, lightweight and have wheels. Test the item's mechanisms to ensure that they are easy to fold and put away. Consider using a backpack as your baby bag when out and about to spread the weight of the contents.

Listen to your body: it is so important that you are gentle with yourself after having a baby, as the exhaustion can impact you physically and emotionally. Chores can wait if you need to rest, make use of online shopping and don't forget to ask for help.

If you have RA you may experience a flare-up in the weeks following your pregnancy, at the same time as you are adjusting to your new role as a parent. In a bid to prevent flare-ups both during and after pregnancy, it is important that you don't stop your approved safe treatment, even during breastfeeding.

Other diseases including scleroderma may become more active after delivery too, but there is not enough research to determine why.

If you are on medications that suppress your immune system, it is important that you are extra vigilant for infection, as you may be more prone to it than others, but most of these infections can be cleared up quickly and easily with antibiotics.

Good disease control is essential at all stages of reproduction (conception, pregnancy and after the birth) to ensure a successful pregnancy and the delivery of a healthy baby.

Breastfeeding

There is lots of research showing how beneficial breastfeeding is, not only for the baby but for the mother also. However, we recommend that you discuss the possibility of breastfeeding with your medical and nursing teams during the planning process, and again before the baby is born, to ensure that you are on medication that is safe for you and your baby.

Your doctor will try their best to keep you on medication that won't affect your baby; however, it is possible for small amounts of medication to pass to your baby through your breastmilk, so it's best to take as few drugs as possible.

It is important to note that not all women will have the capacity to breastfeed and some may choose not to. Adjusting to life with a new baby can be overwhelming, so choose the option that works best for you.

Arthritis Ireland's online shop offers a range of products to make day-to-day living with arthritis easier.

For further information on breastfeeding visit www.breastfeeding.ie.

Conclusion

There are no guarantees of a smooth pregnancy or a healthy baby whether you have arthritis or not but remember that the odds are on your side! In the past, women with chronic diseases were often advised not to get pregnant, but thankfully it is less of a concern today. With adequate precautions and proper medical care, most women with arthritis-related diseases can have successful pregnancies and healthy children.

Remember, that Arthritis Ireland's helpline is available to provide you with information and support before, during and after your pregnancy on

**LoCall 1890 252 846 or
01 6618188.**





Help manage the pain of arthritis

Become a friend Arthritis Ireland

Not everyone knows about arthritis. About the pain, the frustration. Not everyone can see past the invisibility of arthritis.

Not everyone knows that arthritis affects all types of people. That it does not discriminate. It affects young and old, male and female, and people from every type of background. Arthritis attacks the human condition!

With your help we can change this. With your help we can build a better world for people living with arthritis today, and a world without arthritis tomorrow.

With your help we aim to:

- Help anyone looking to understand their arthritis;
- Support anyone living with arthritis to live well, and to live as full and active a life as possible;
- Advocate for improved and accessible services;
- Ensure that arthritis is diagnosed as early as possible.

But we can't do it without you, without your help. As a friend of Arthritis Ireland you can change the balance. You can help win the fight against arthritis - for as little as €3 per month.





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€3 per month

And we want to recognise your involvement, your generosity and your commitment. As a friend and a part of Arthritis Ireland you'll receive:



- > An Arthritis Ireland **Affinity** card, providing access to great discounts. (Only available to friends of Arthritis Ireland);
- > Regular updates on events and activities, developments and stories from our community in **The Story**;
- > The latest news on research and new treatments (by email);
- > Access to our friend's **special offers** at the Arthritis Ireland webstore.

Best of all, as a friend of Arthritis Ireland you will be part of a strong and vibrant community. Part of a team which is pulling together to fight - and beat - the pain and limitations of arthritis.

Welcome to Arthritis Ireland

Arthritis Ireland
1 Clanwilliam Square
Grand Canal Quay
Dublin 2

Helpline LoCall 1890 252 846
Landline 01 661 8188
Email info@arthritisireland.ie
Web www.arthritisireland.ie



Inspired by **patients.**
Driven by **science.**

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