What You Need to Know About Pregnancy With Rheumatoid Arthritis

by MARIAH LEACH

Understanding Rheumatoid Arthritis and Pregnancy

I've always known that I wanted to be a mom. When I was diagnosed with rheumatoid arthritis (RA) at the age of 25, one of my first concerns was how the disease might impact my ability to start a family. Since then, with the guidance and support of my rheumatologist, I've had two healthy pregnancies — my little boys are now two and four!

RA can certainly make pregnancy a bit more complicated. Whether you are thinking about your first pregnancy or considering expanding your family, if you've been diagnosed with RA you probably have a lot of the same questions that I had.

Will I Have to Stop My Medications?

If you have RA and are considering pregnancy, the very first thing you should do is talk to your rheumatologist about your medications. Some of the medications used to treat RA are not safe for women to take while pregnant, and some may need to be discontinued for several months before it is safe to conceive.

For example, methotrexate can cause birth defects or fetal death (in fact, it is sometimes prescribed to purposefully terminate ectopic pregnancies). Methotrexate can also stay in your system for months even after you stop taking it.

Each medication used to treat RA will have its own impact on the health of your pregnancy, so it is important to discuss your desire to start a family with your rheumatologist so you can make sure your treatment plan is compatible.

Will I Be Able to Conceive While Dealing With Untreated RA?

Unfortunately, stopping certain rheumatoid arthritis medications may impact the severity of your everyday RA symptoms — which can make conception more difficult.

To deal with increased pain and fatigue, it's important to plan ahead and communicate honestly with your partner. Try to avoid the use of non-steroidal anti-inflammatory drugs (NSAIDs), even the over-the-counter variety, as they can actually inhibit ovulation.

And while artificial lubrication is generally a great option to make sex with RA easier, many sources agree that lube can slow sperm and make conception more difficult — so you may want to consider a "fertility friendly" lubricant.

You can also improve your odds by figuring out when you ovulate and scheduling sex accordingly. I used an app on my phone to track my periods and predict my ovulation date, but you can also chart your basal body

temperature or buy an ovulation predictor kit.

Try to be patient, stay optimistic, and maintain a sense of humor!

Will I Go Into Remission While Pregnant?

It is true that many women with RA experience reduced symptoms while they are pregnant. However, it is also important to recognize that the percentage is actually less than previously thought.

The initial report from about 30 years ago suggested 70-75 percent of women with RA achieve remission while pregnant, but a 2008 prospective study has dropped this number to 48 percent.

While this may seem a bit discouraging, I think it's important for women with RA to have appropriate expectations so they can be better prepared to deal with potential disease activity during pregnancy.

As medication options will be more limited while pregnant, things like Epsom salt baths and pre-natal massage can be good options for pain relief.

Will I Pass RA to My Baby?

The short answer to this question is no — you can't pass RA directly to your children. Scientists do think that there is a genetic component to RA that influences susceptibility, but that is not the same as a disease being hereditary.

While scientists don't know exactly what causes RA, they do know that it is a complicated interaction of multiple genes and environmental factors. This means that for a baby to be genetically susceptible to developing RA, they need to inherit several different genes from their parents — and even having those genes will not necessarily lead to developing RA due to the impact of environmental factors.

According to a study done by Harvard Medical School, one out of 100 people will develop RA in the general population. But out of 100 people with a first-degree relative (meaning mother, father, sister, or brother) with RA, only four will be likely to develop RA. Thus, the risk of susceptibility is only slightly increased.

How Can I Prepare for Baby's Arrival?

Bringing home a new baby is a difficult transition for any parent, but the likelihood of a post-birth flare makes it even more important for moms with RA to have a plan in place to ease the transition.

For example, I asked my friends and family to set up a meal train for the first few weeks and had my freezer filled with healthy meal options too. If you plan to breastfeed, make sure you discuss your treatment options with your rheumatologist and child's pediatrician in advance.

There are also some items of RA-friendly baby gear that can make your life significantly easier. A few of my favorites include: a co-sleeper (bassinet that attaches securely to parent's bed, allowing more rest for mom), a lightweight stroller (particularly one where you can attach your infant car seat), a nursing pillow (to assist with proper positioning), and a comfortable carrier for wearing your baby (to take strain off hands and arms; check with your local Babywearing International chapter if you need help finding the right carrier).

While having RA did make pregnancy and the newborn period more challenging, I can say that it was worth it to have my boys! Hopefully my experiences and recommendations can provide some guidance to those of you living with RA and considering pregnancy.