

A comparative study on pregnancy outcomes and contraceptive use in patients with systemic lupus erythematosus and those with rheumatoid arthritis or no chronic illness

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Abstract :

Introduction: Systemic Lupus Erythematosus (SLE) influences pregnancy outcomes.

Objectives: To compare the pregnancy outcomes and contraceptive practices in SLE with rheumatoid arthritis (RA) and women with no chronic illness (WNCI).

Methods: Patients with SLE and history of pregnancies were identified from University lupus clinic. Age matched women with history of pregnancy and RA were obtained from rheumatology clinic and WNCI from a surgical clinic. Comparisons between live birth rates (LBR), pregnancy losses, contraceptive use and planned pregnancies in the three groups were done using chi square test.

Results: In 78 patients with SLE, 59 pregnancies occurred before and 20 after diagnosis. In 32 patients with RA, 72 pregnancies occurred before and 8 occurred after diagnosis. The mean age at diagnosis was higher ($p < 0.01$) in RA (35years) than in SLE (26 years) using student t test. LBR after diagnosis was significantly lower ($p < 0.01$) in SLE (9/20, 45%) compared to RA (6/8, 75%) and WNCI (77/85, 91%). Adverse pregnancy outcomes (fetal loss, pre-maturity, low birth weight) and assisted deliveries were more ($p < 0.01$) in SLE than in WNCI. Unplanned pregnancies were more ($p < 0.01$) in SLE (80%) than in RA (25%) and in WNCI (9.4%). Contraceptive usage was lower in patients with SLE (25.6%) compared to WNCI (56.4%). Disease exacerbations occurred in 20% in SLE during pregnancy and no babies developed neonatal lupus.

Conclusions: Unplanned pregnancies and adverse pregnancy outcomes need to be addressed more in SLE than in RA or in WNCI.