American College of Rheumatology
Empowering Rheumatology Professionals

Facilitator's Guide for Navigating Reproductive Health in Patients with Systemic Lupus Erythematosus (SLE)

Acknowledgements

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Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of GlaxoSmithKline.

ACRreprohealthinitiative.com

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Getting started

Navigating Reproductive Health in Patients with Systemic Lupus Erythematosus (SLE) was created by the American College of Rheumatology (ACR), to educate prescribing providers and their healthcare teams on how to manage and treat Systemic Lupus Erythematosus (SLE) in patients of reproductive age. Utilizing the 2020 American College of Rheumatology (ACR) Guidelines for Reproductive Health in Rheumatic Disease as the foundation, this program will explore the importance of pre-conception counseling, medications compatible with pregnancy and lactation, as well as how to educate patients on how to prepare for the best pregnancy outcomes given their disease status. Using case studies, this program will walk providers through charts in the guidelines and discuss the appropriate considerations, lab tests, and conversations that non-rheumatology and rheumatology providers should be aware of in order to best care for their patients and their growing families.

Learning objectives

At the end of this presentation, learners will be able to:

- Appreciate the impact of pregnancy on SLE disease activity and the risk of adverse pregnancy outcomes in women with SLE
- Recognize the importance of pre-conception counseling
- Identify disease specific management for pregnant SLE patients including the safety of common SLE meds in pregnancy and lactation

Length of the activity

The presentation and discussion should last approximately 60 minutes, including time for Q&A. Plan for an additional 10 minutes for attendees to complete the post-test assessment, which can also be done up to 2 weeks after the session.

What you need

- Computer and audio/visual equipment for projection of the PowerPoint presentation to the audience
- Guide for Navigating Reproductive Health in Patients with Systemic Lupus Erythematosus (SLE) PowerPoint presentation
- Facilitator's Guide
- SLE Handouts (2)

Importance of evaluation: the pre and post test

To continue to improve this education for others, it is important that we get feedback on:

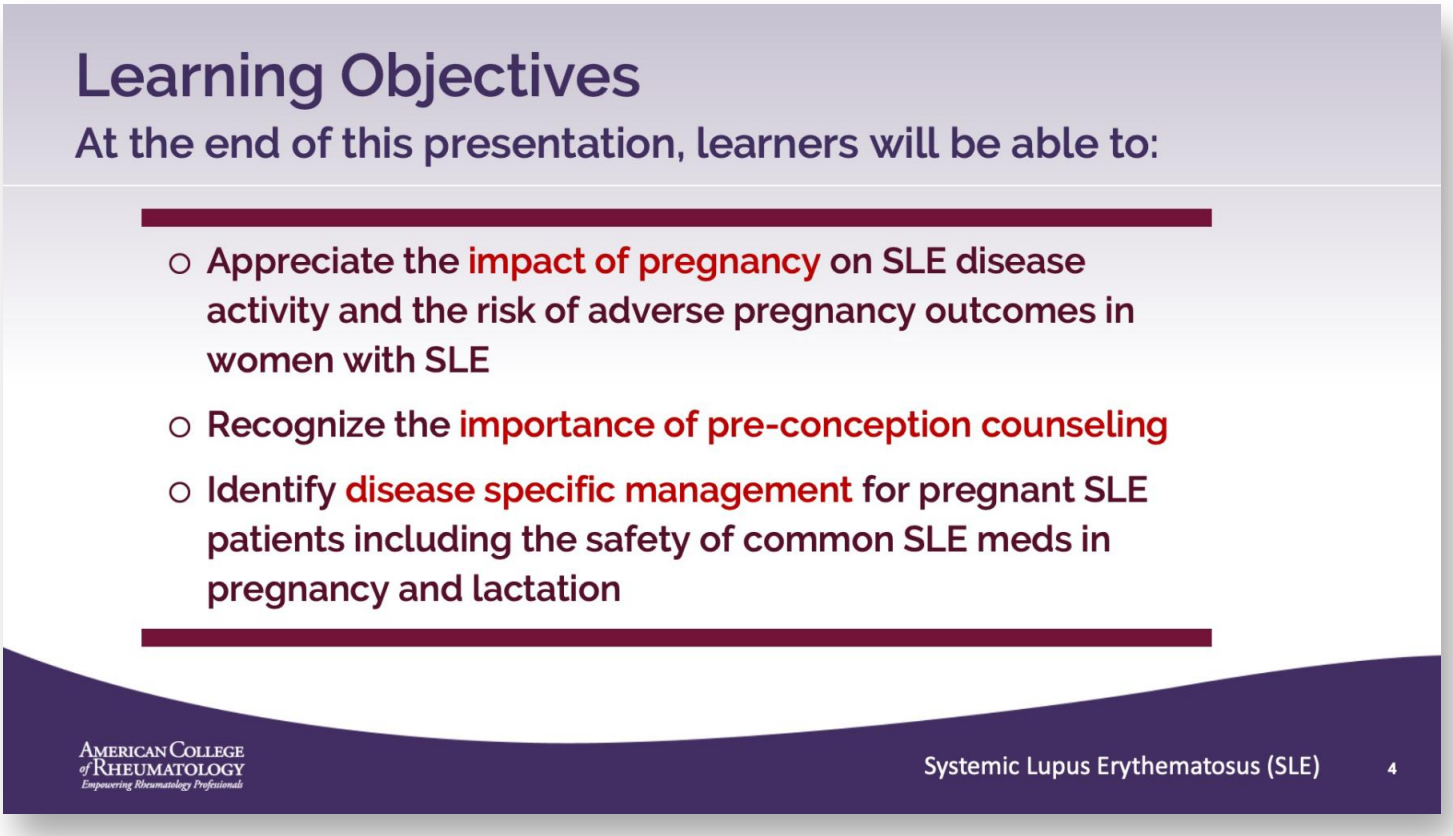
- What are the participants learning from this session?
- How can this session be improved?
- What additional information would be helpful?

Your evaluations and insight allow the ACR to identify additional learner audiences and areas of interest regarding reproductive health and rheumatic disease.

Please be sure to encourage your learners to take the pre-test prior to the session, and the post-test at the completion of the session. If you have questions, please speak with your organization's point of contact.

SLIDE 4

Learning Objectives

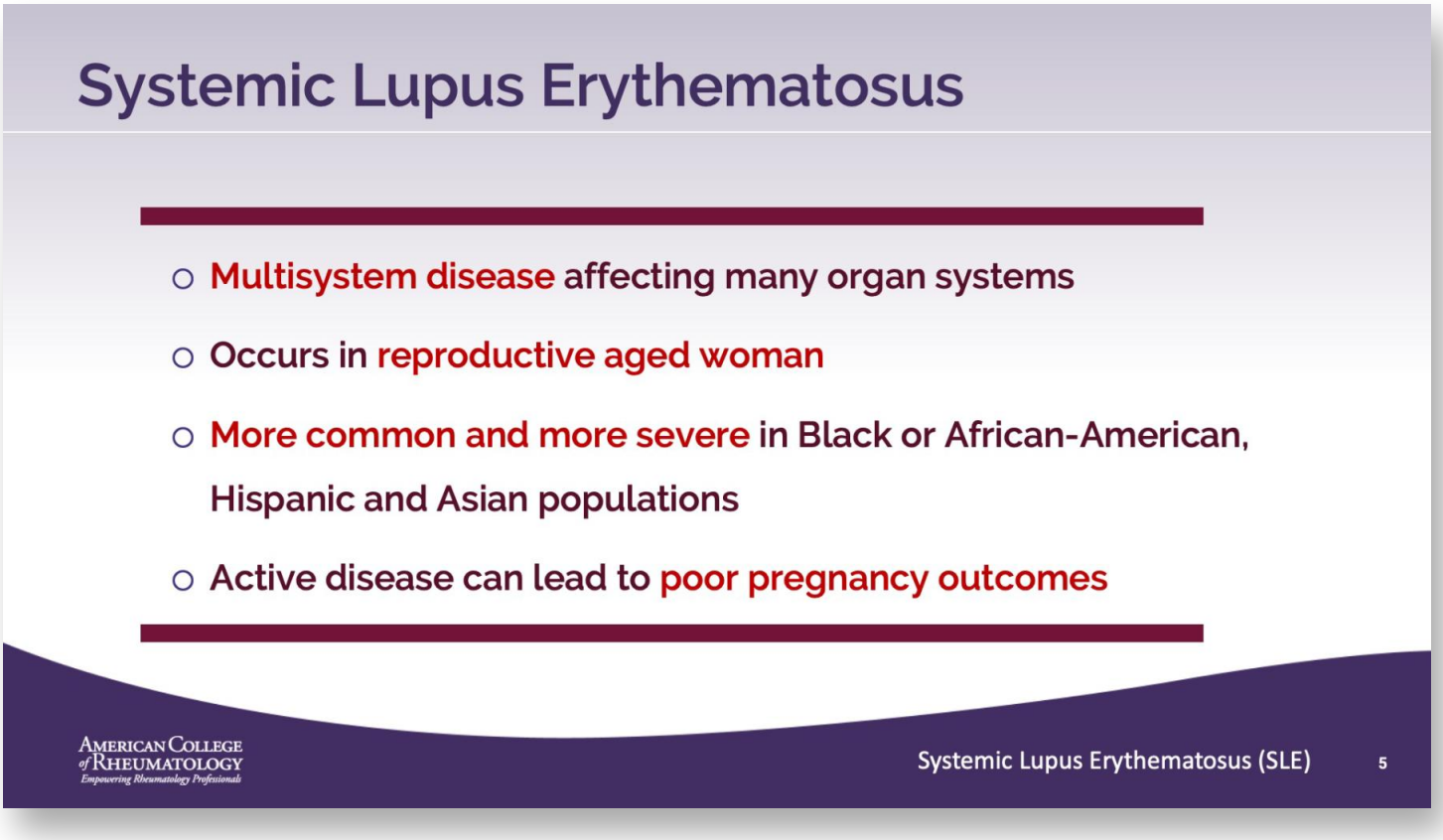


Notes

Read slide as presented

SLIDE 5

Disease Overview



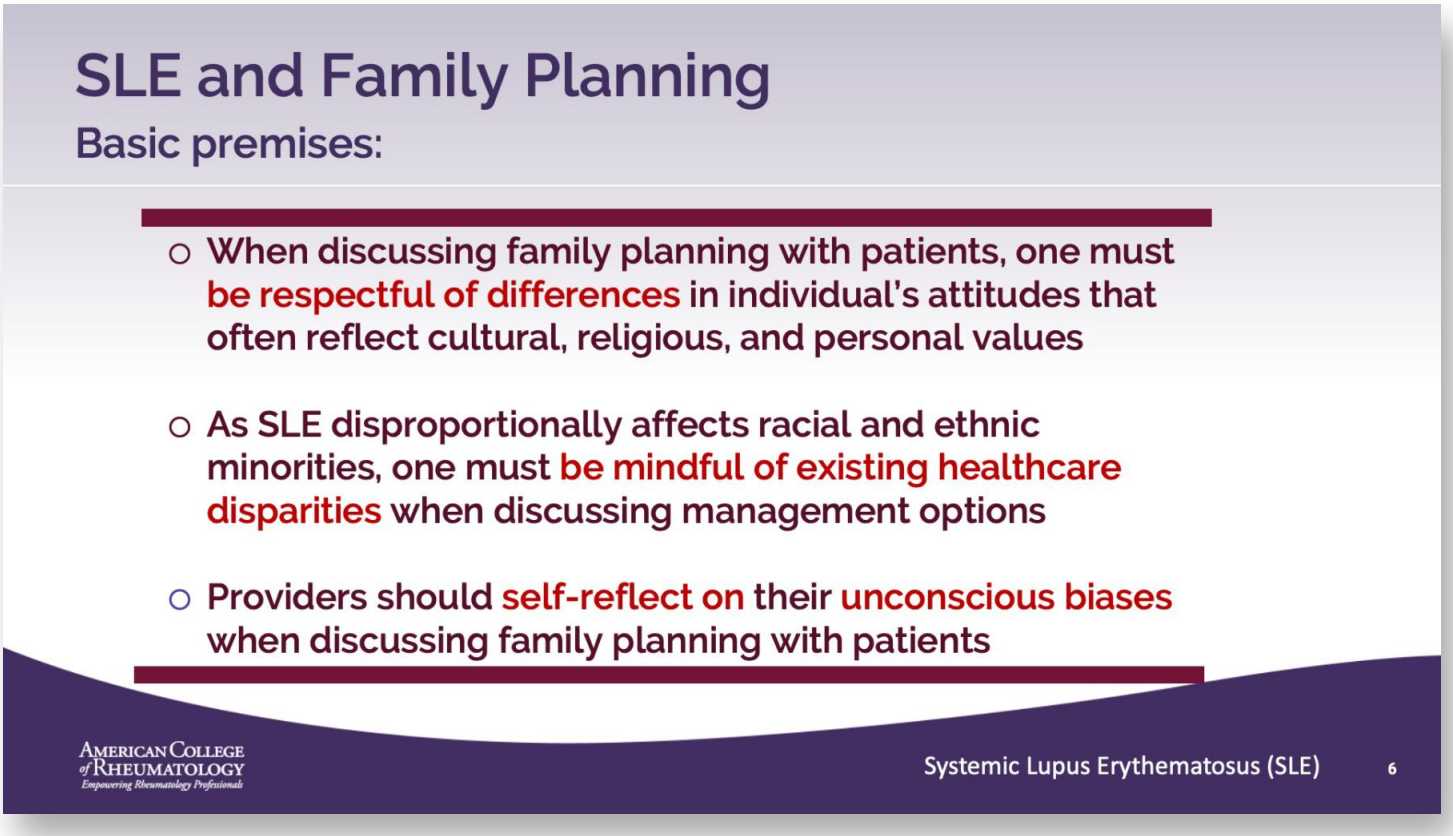
Notes

Read slide as presented

Emphasize that SLE is typically more common and more severe in Black or African-American, Hispanic, and Asian populations

SLIDE 6

Basic Premises



Notes

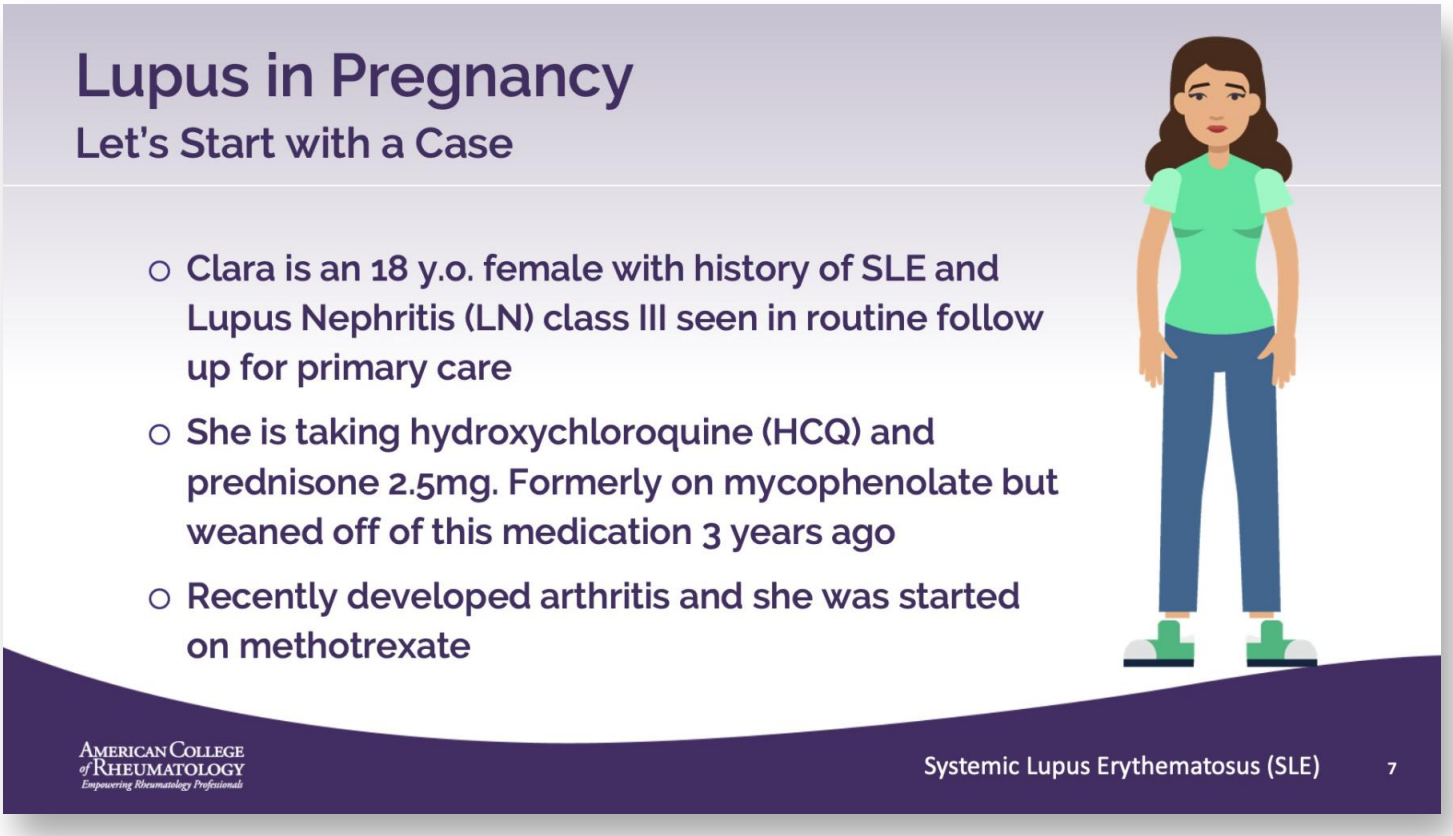
Read slide as presented

Emphasize the importance of being mindful of existing healthcare disparities when discussing management options with patients

Emphasize the importance of self-reflection on one's unconscious bias when discussing family planning with patients

SLIDE 7

Lupus in Pregnancy Case

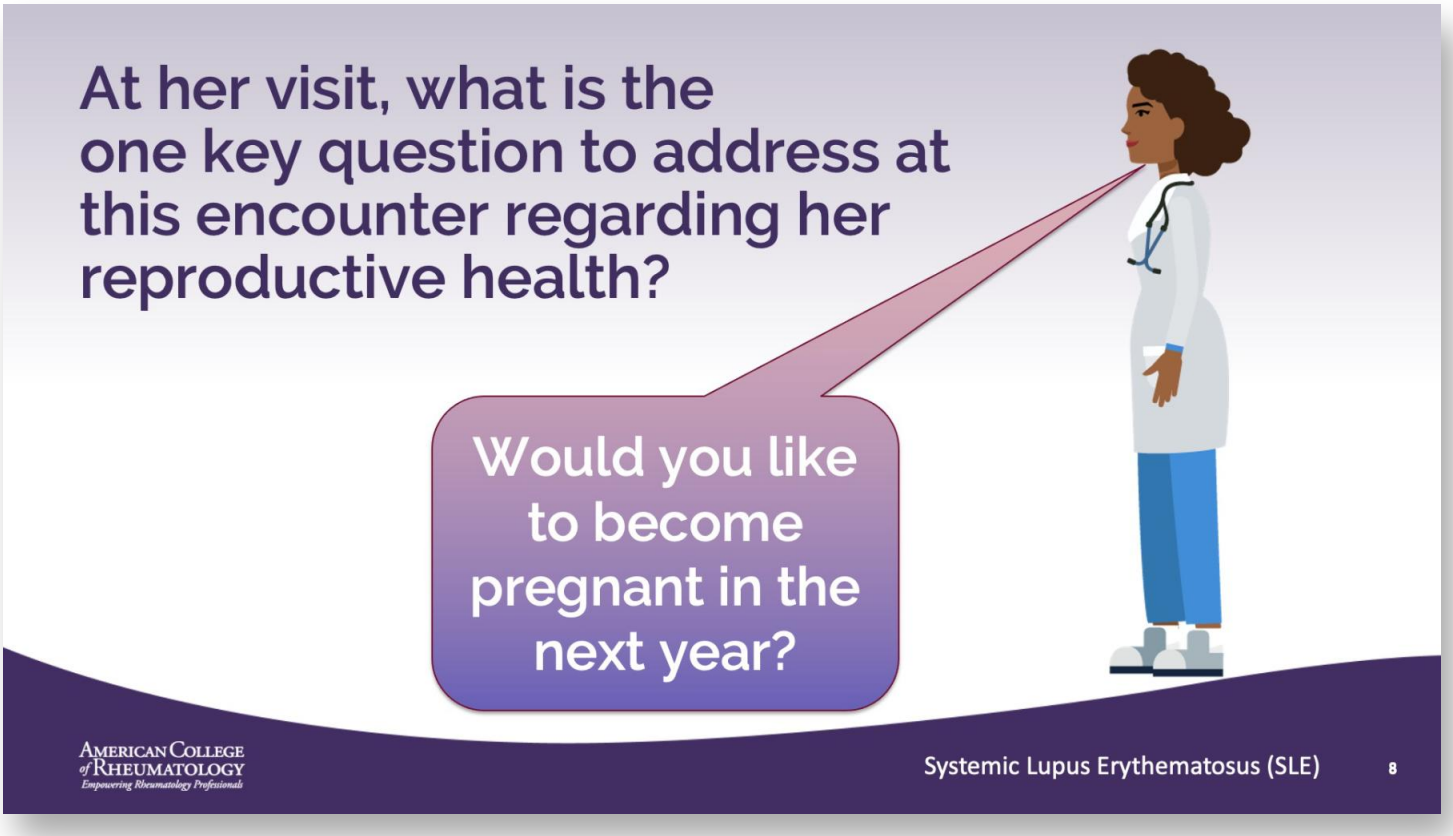


Notes

Read slide as presented

SLIDE 8

Conversation

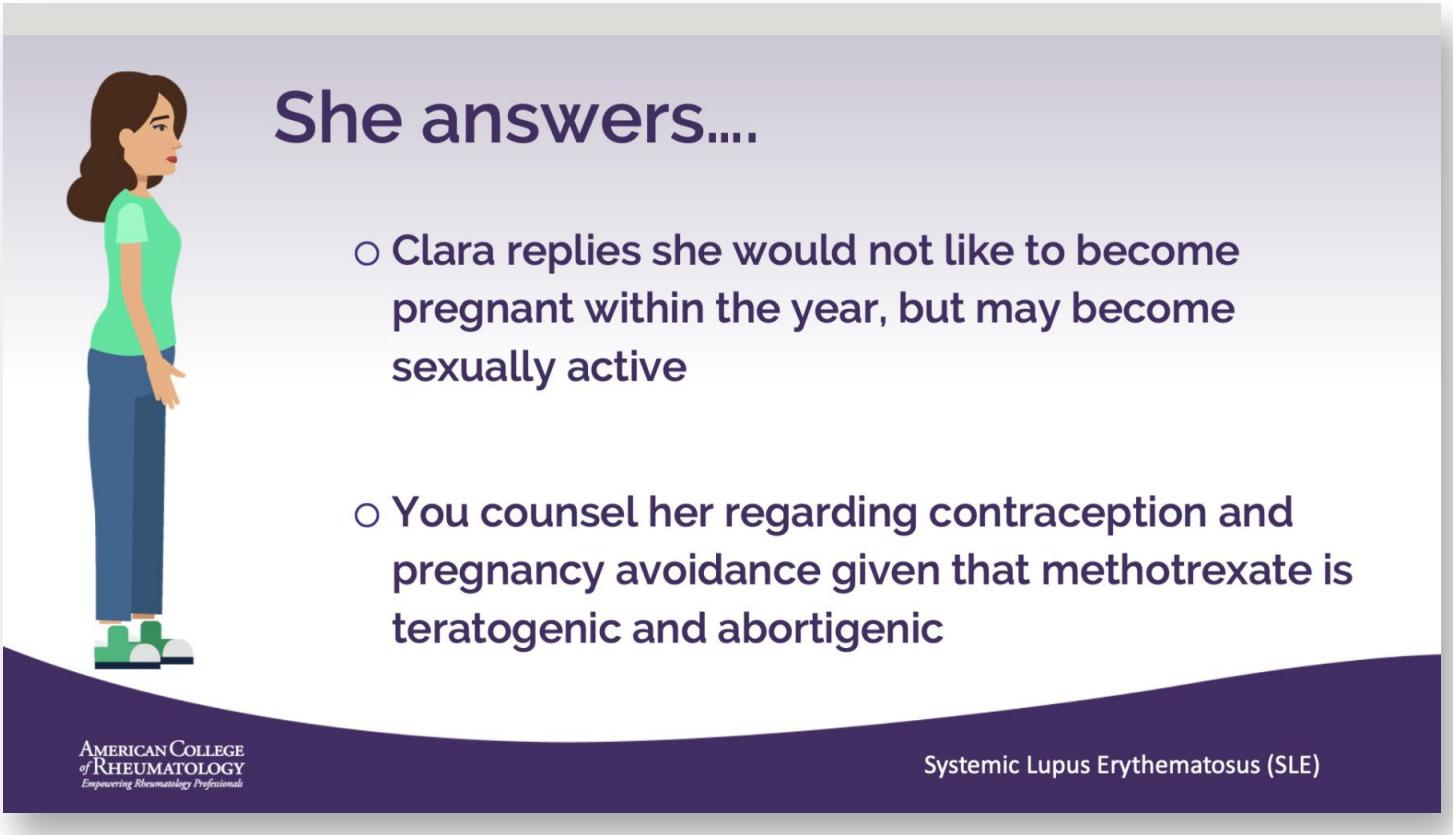


Notes

Read slide as presented

SLIDE 9

Conversation

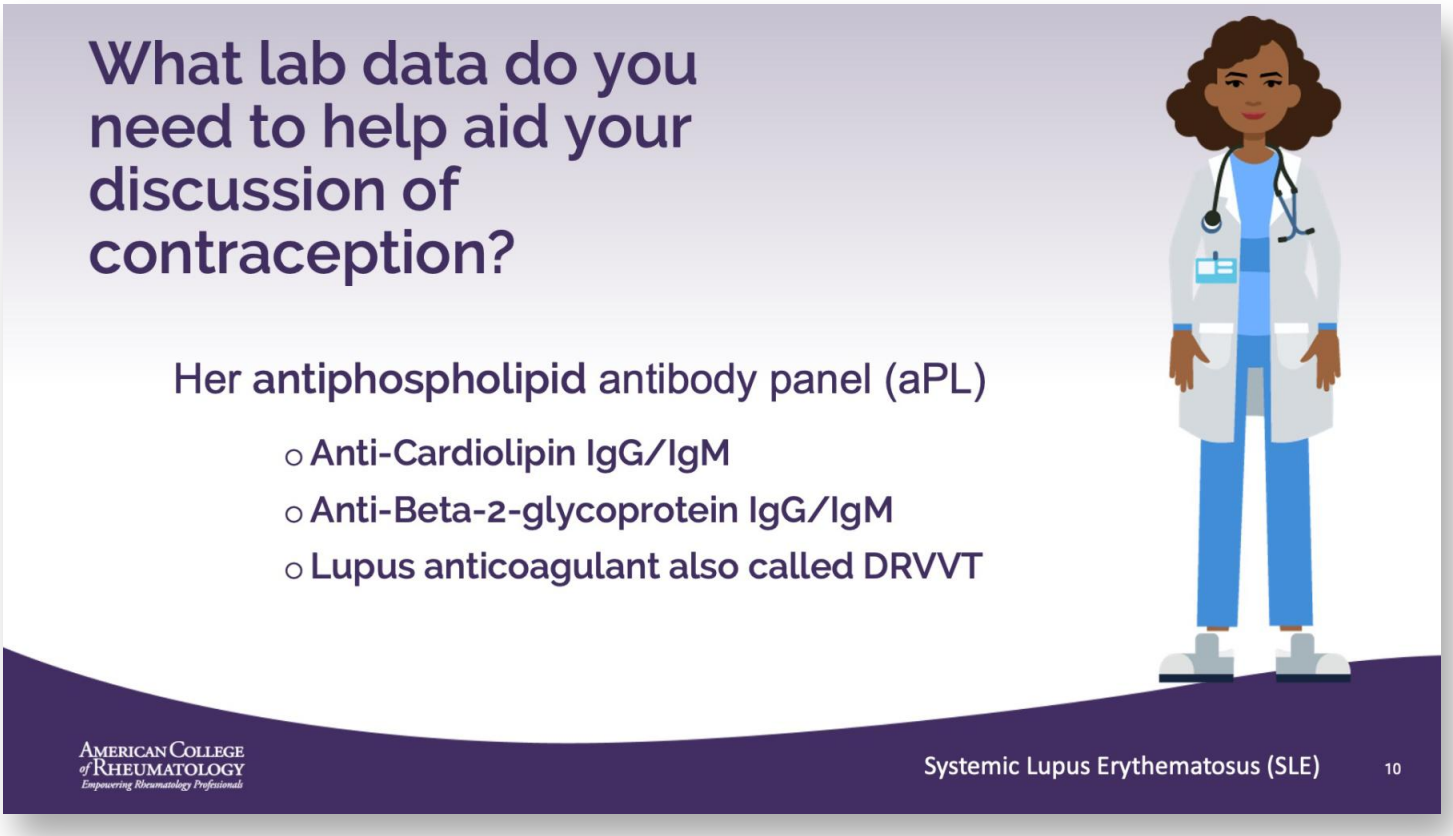


Notes

Read slide as presented

SLIDE 10

Conversation

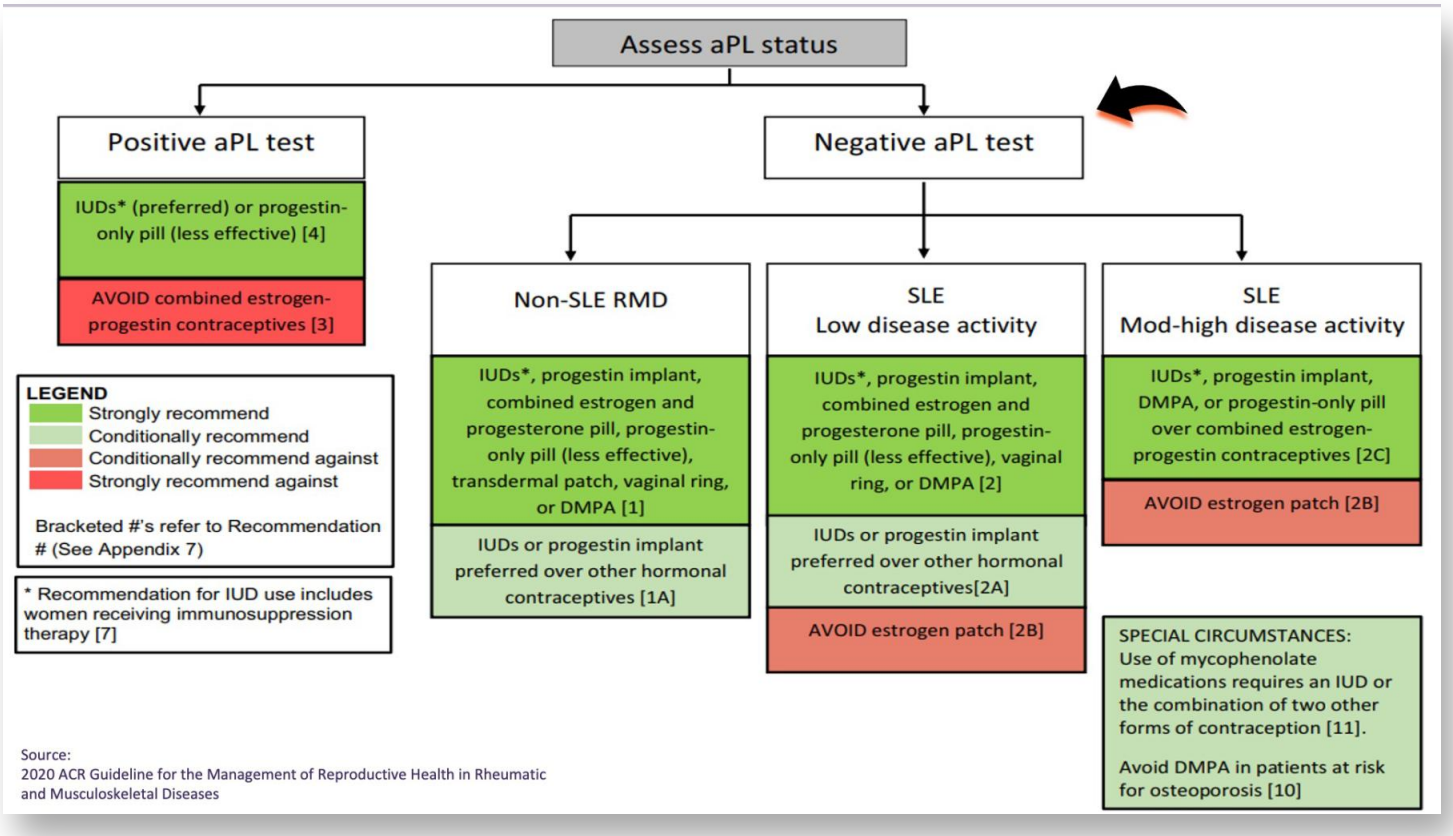


Notes

Read slide as presented

SLIDE 11

Assessing aPL Status



Notes

Say that this is a flowchart from the 2020 ACR Guideline for the Management of Reproductive Health in Rheumatic and Musculoskeletal Diseases

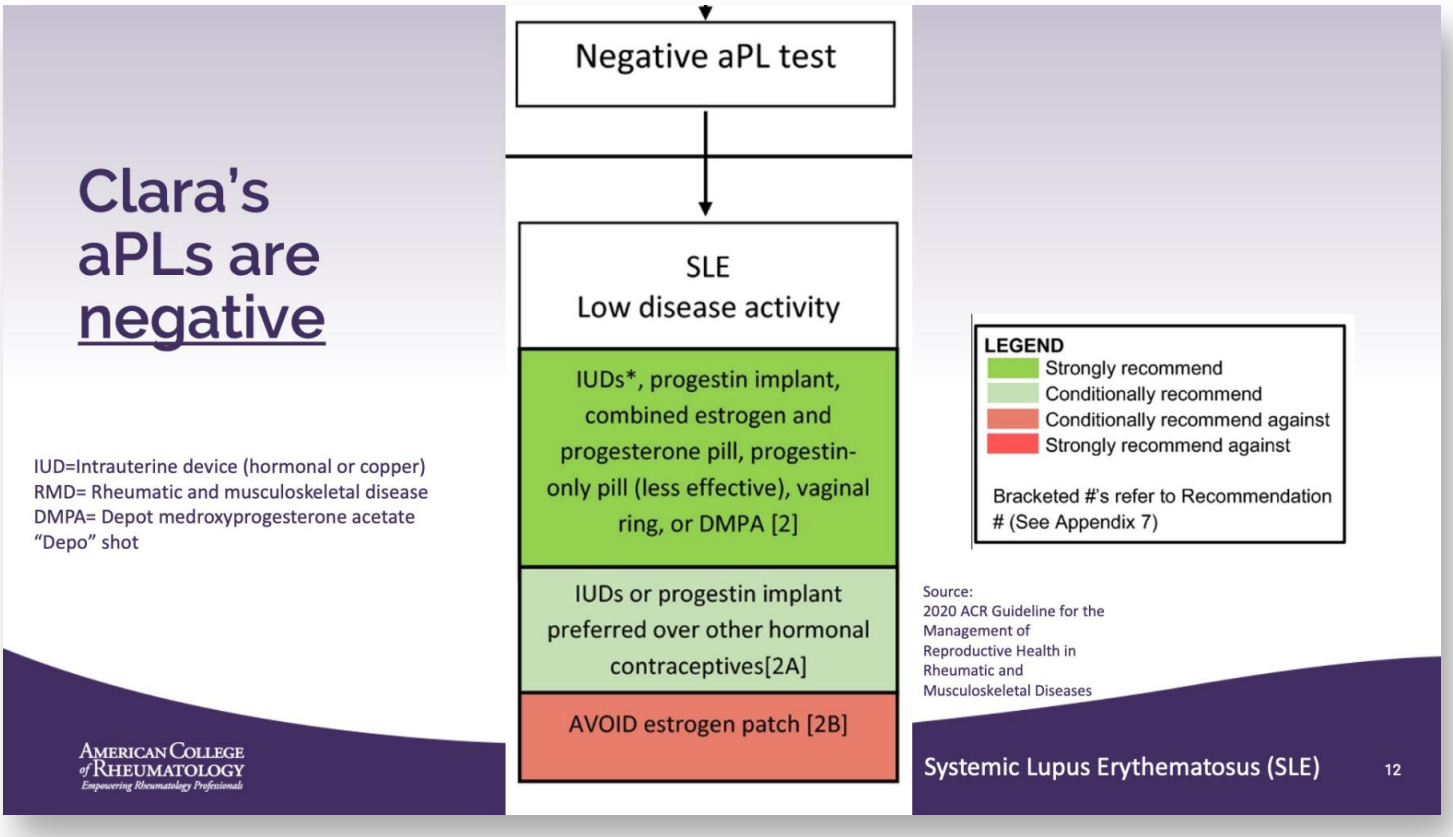
Facilitator's Note: RMD: Rheumatic and Musculoskeletal Disease

Walk the audience through the flow chart, based on whether the results were positive or negative (Clara's aPL test was negative)

Click to the next slide, and the Negative aPL section will zoom in automatically

SLIDE 12

If the aPLs Are Negative



Notes

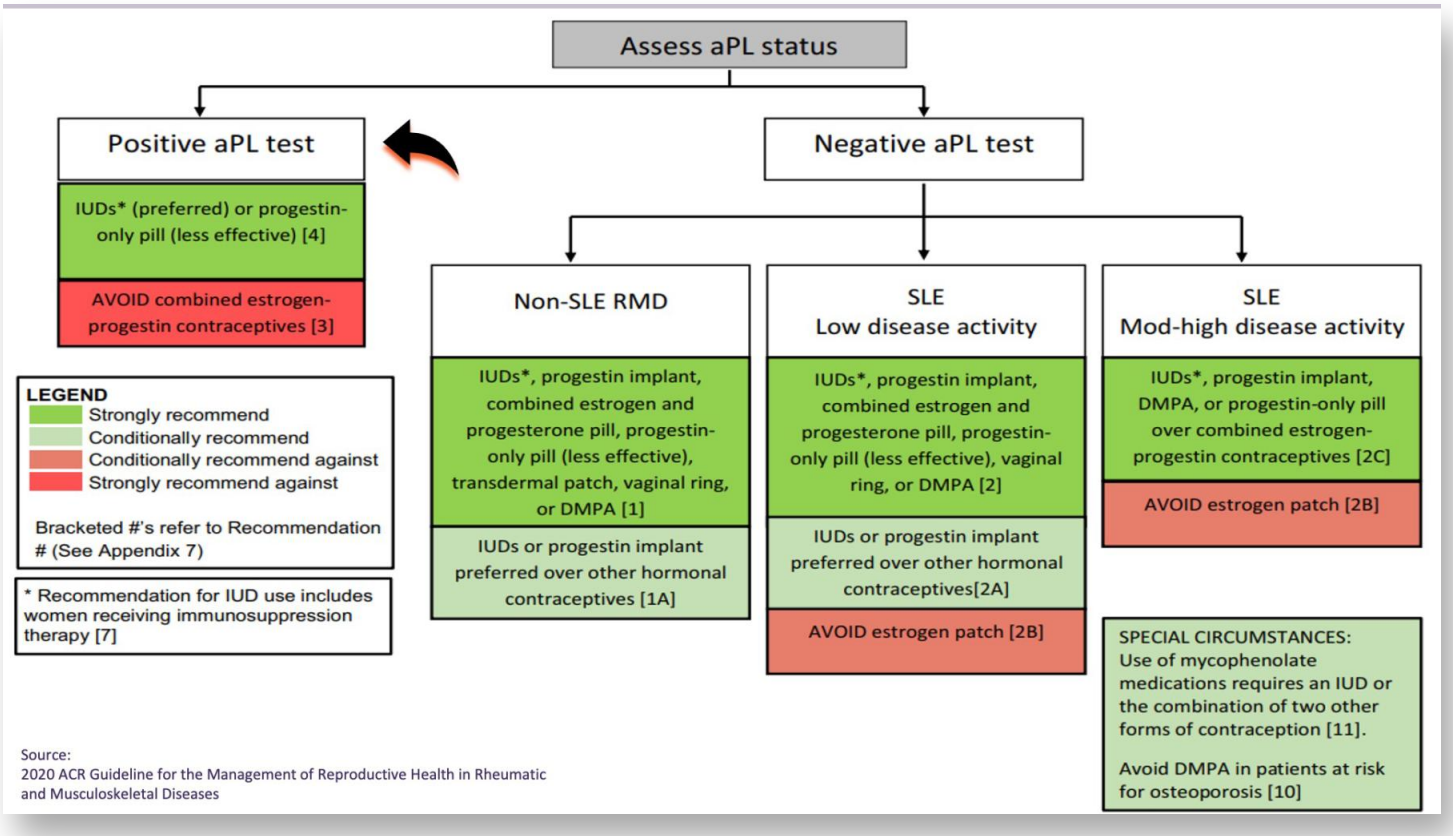
Emphasize: Clara has many options available to her since aPL's are negative.

Estrogen patch has higher levels of estrogen than COC's and thus should be avoided in patients with SLE

Read through the contraceptive options in the green box, which are strongly recommended

SLIDE 13

If the aPLs Are Positive



Notes

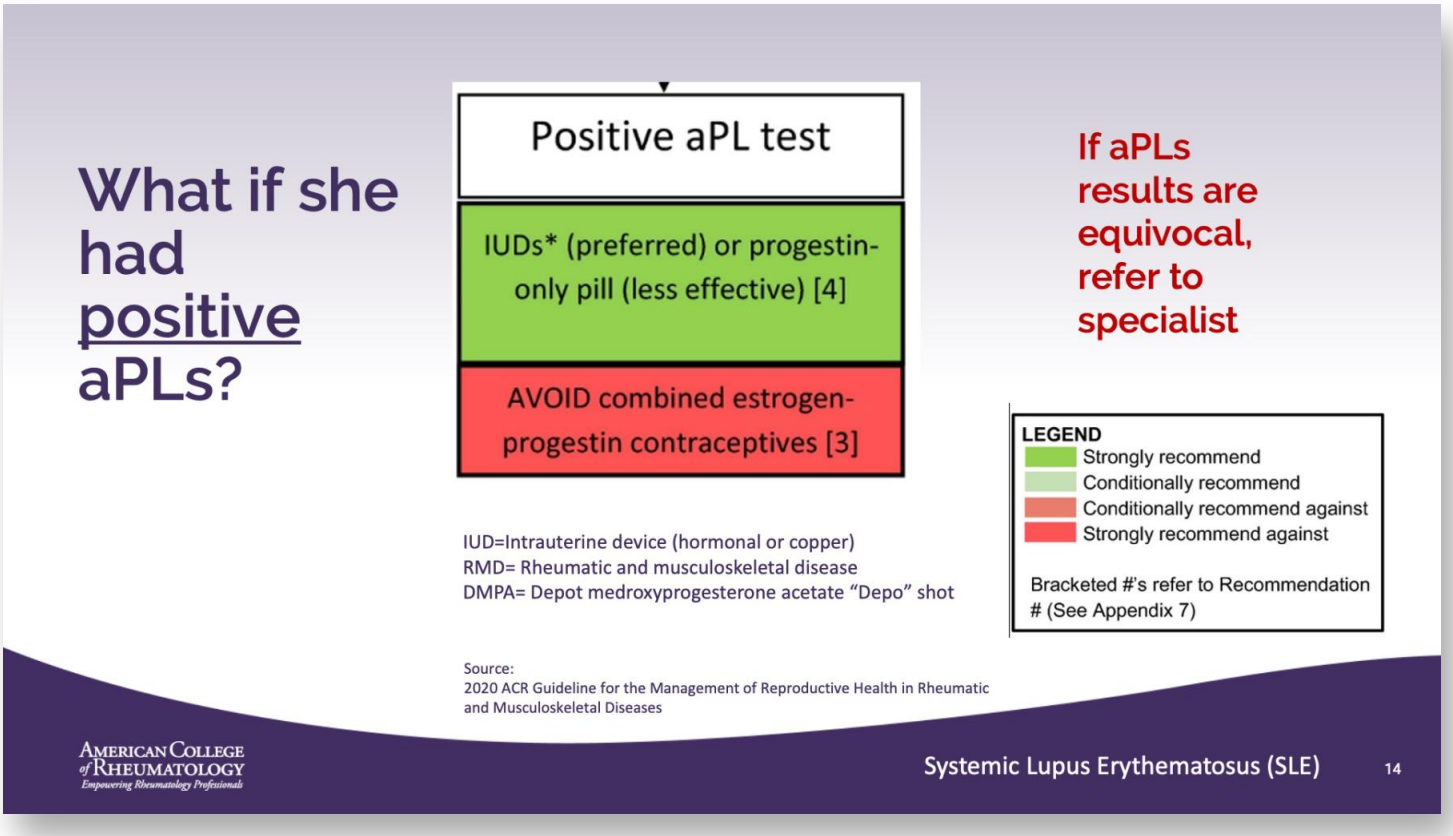
Facilitator's Note: You are now going back to the flow chart to review further, and will look at what you would have done if Clara's test came back positive – share this with the audience

Click to the next slide, and the Positive aPL section will zoom in automatically

Say "What if Clara had positive antiphospholipid antibodies?"

SLIDE 14

If the aPLs Are Positive

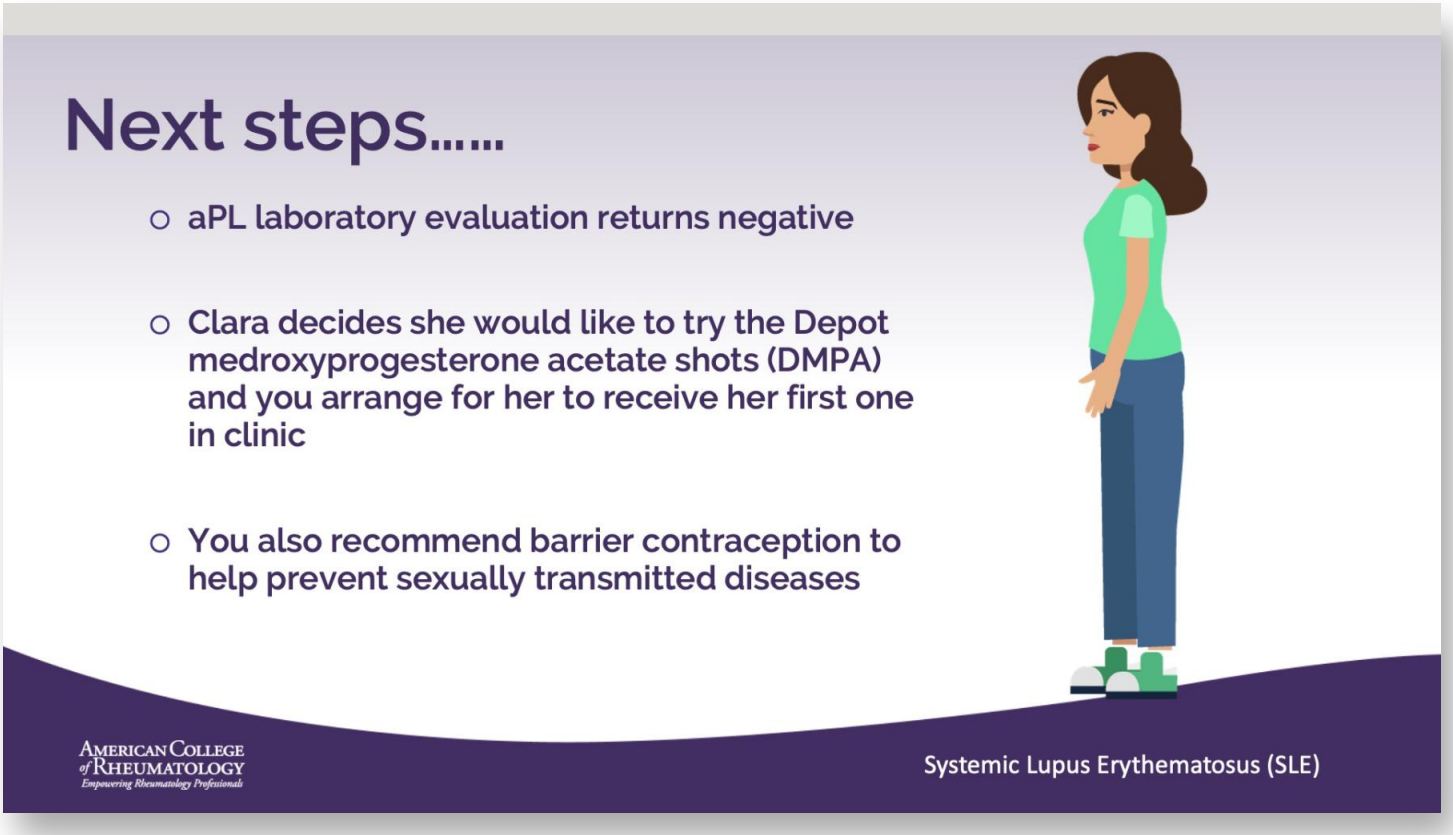


Notes

- **Emphasize:** The guidelines do not comment on new progestin implant in patients with positive aPL due to lack of data
- The guidelines recommend IUDs as the preferred form of contraception, followed by progestin-only pills, although those are less effective
- Avoid estrogen-containing contraception in these patients as estrogen increases risk of thromboembolism

SLIDE 15

Next Steps

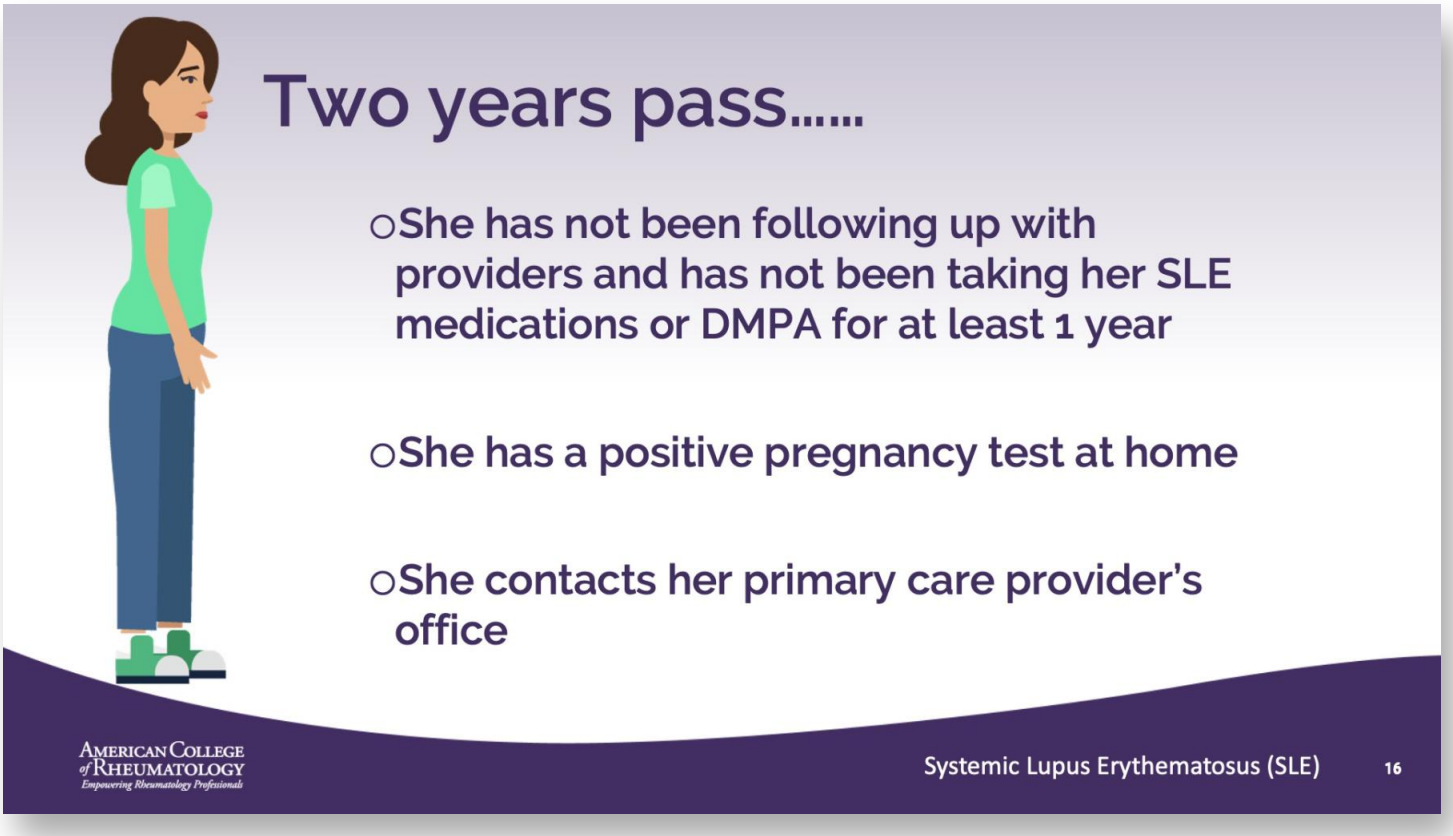


Notes

Read slide as presented

SLIDE 16

Two Years Later



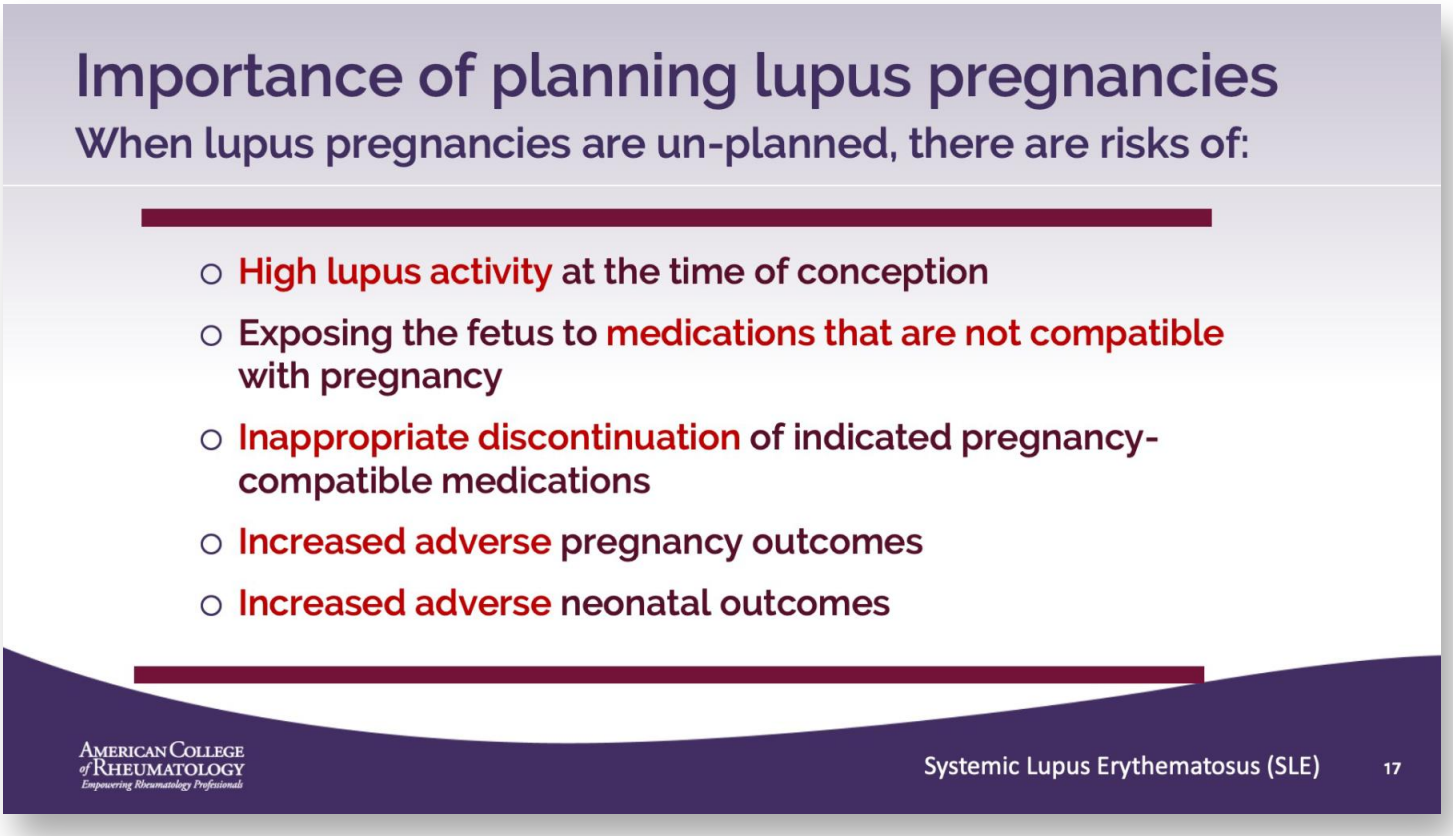
Notes

Read slide as presented

Facilitator's Note: DMPA: is the contraceptive injection, also known as "the shot"

SLIDE 17

Planning Lupus Pregnancies



Notes

Read slide as presented

Emphasize there are many risks when lupus pregnancies are un-planned

SLIDE 18

Taking Methotrexate Before Pregnancy

Notes

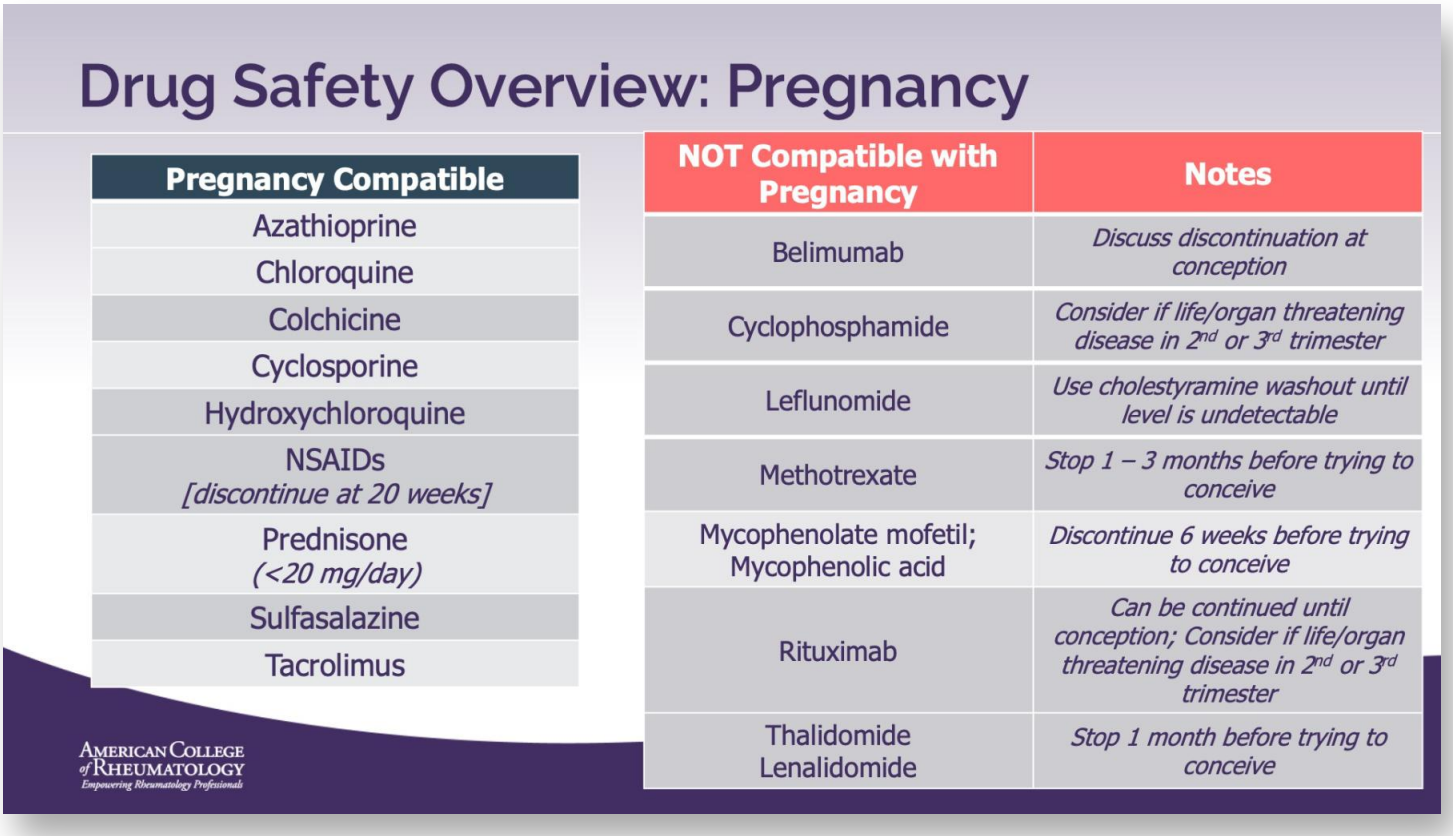
Read slide as presented

Emphasize the importance of stopping methotrexate if she becomes pregnant

Mothertobaby.org has resources for counseling her on the exposure and also tracks exposures and outcomes to collect data on medication exposures in pregnant patients

SLIDE 19

Drug Safety Overview



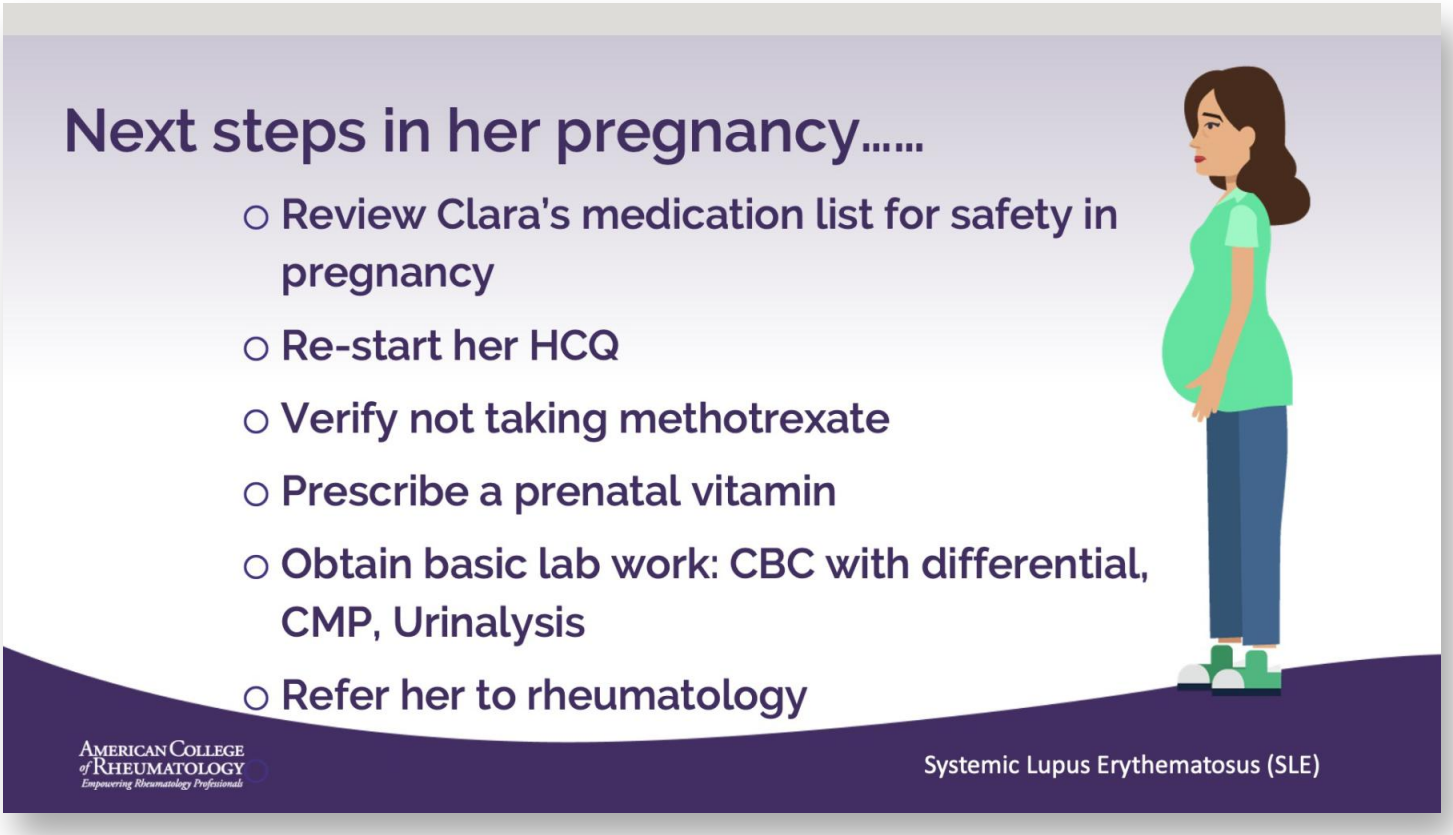
Notes

Read slide as presented

Facilitator's Note: refer audience to accompanying handout with this information

SLIDE 20

Next Steps

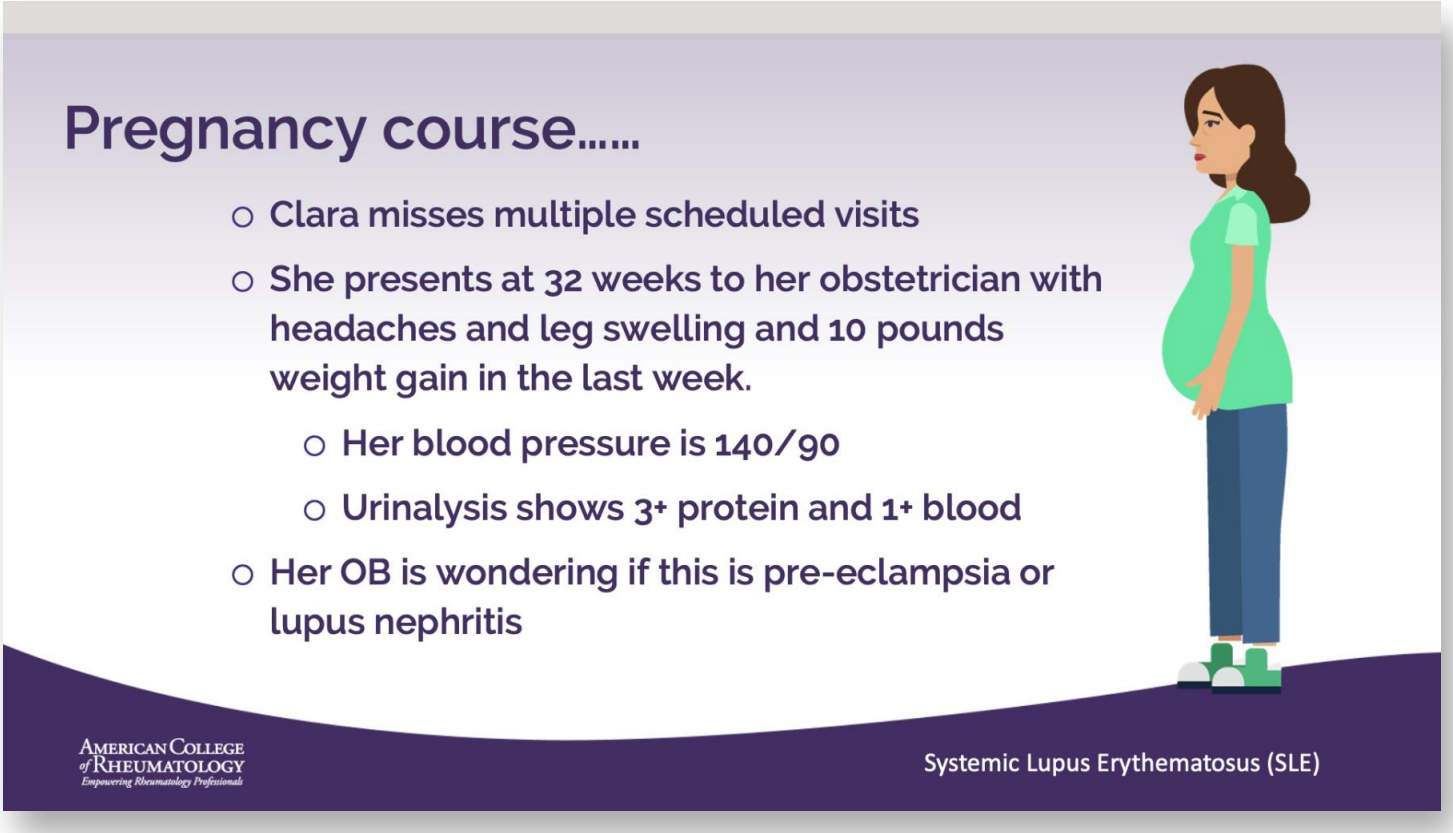


Notes

Read case slide as presented

SLIDE 21

Pregnancy Course

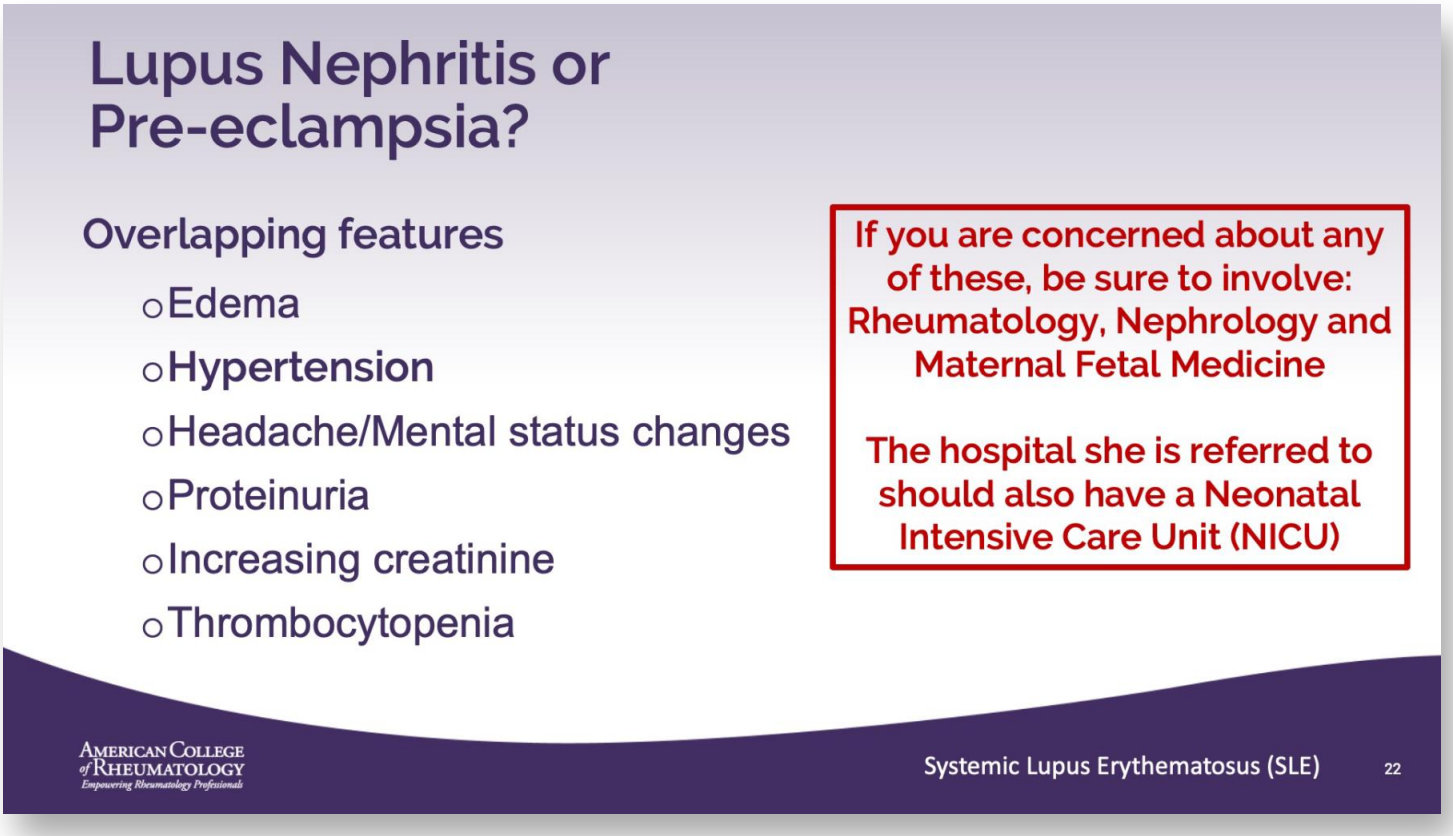


Notes

Read case slide as presented

SLIDE 22

Lupus Nephritis or Pre-eclampsia



Notes

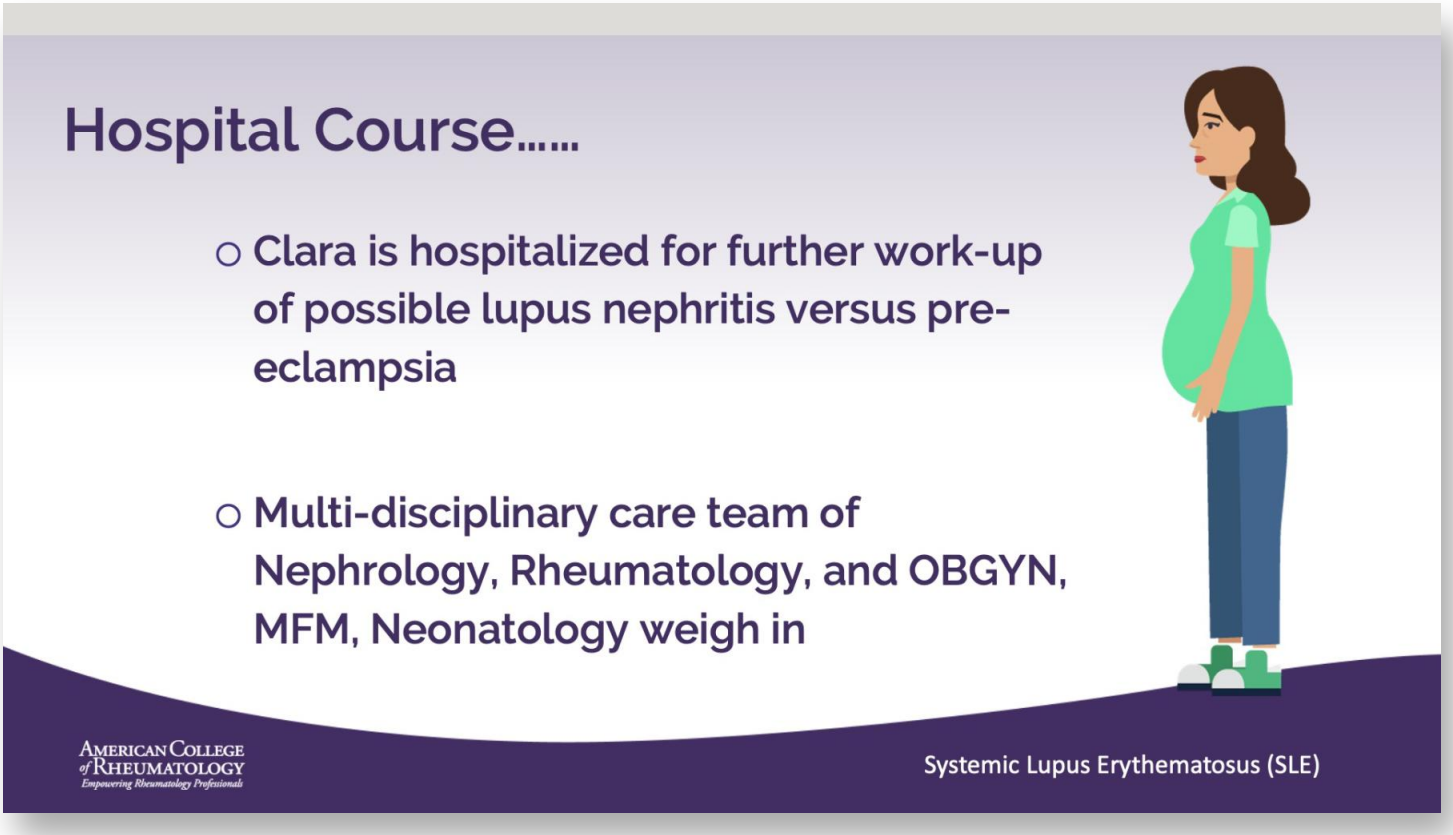
Read slide as presented

Emphasize: Lupus Nephritis and Pre-eclampsia have several overlapping features, and it can be confusing to distinguish between the two

If you are concerned about any of the features listed, be sure to involve other specialists

SLIDE 23

Hospital Course

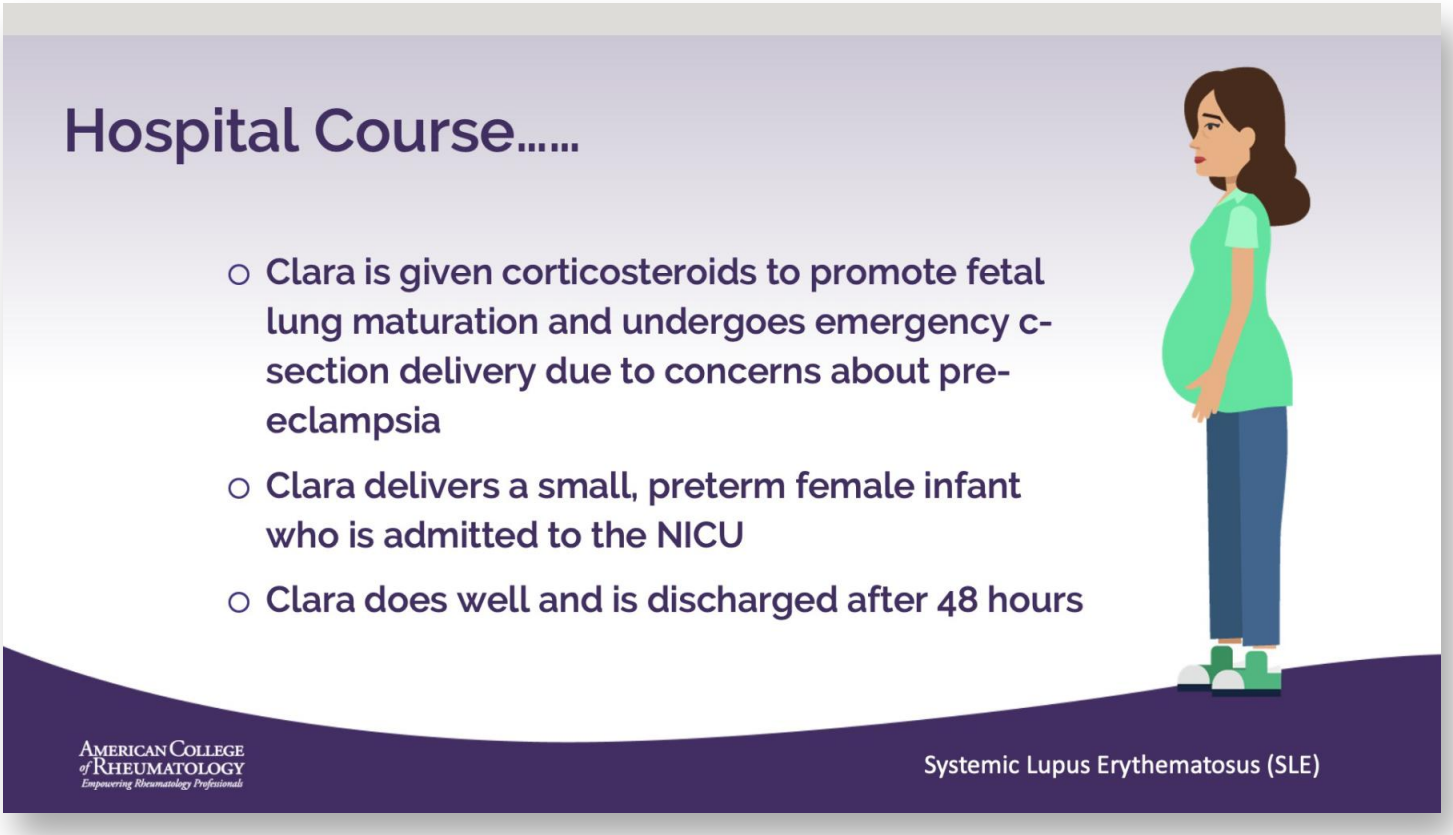


Notes

Read slide as presented

SLIDE 24

Hospital Course



Notes

Read slide as presented

SLIDE 25

Meanwhile the Baby...

Notes

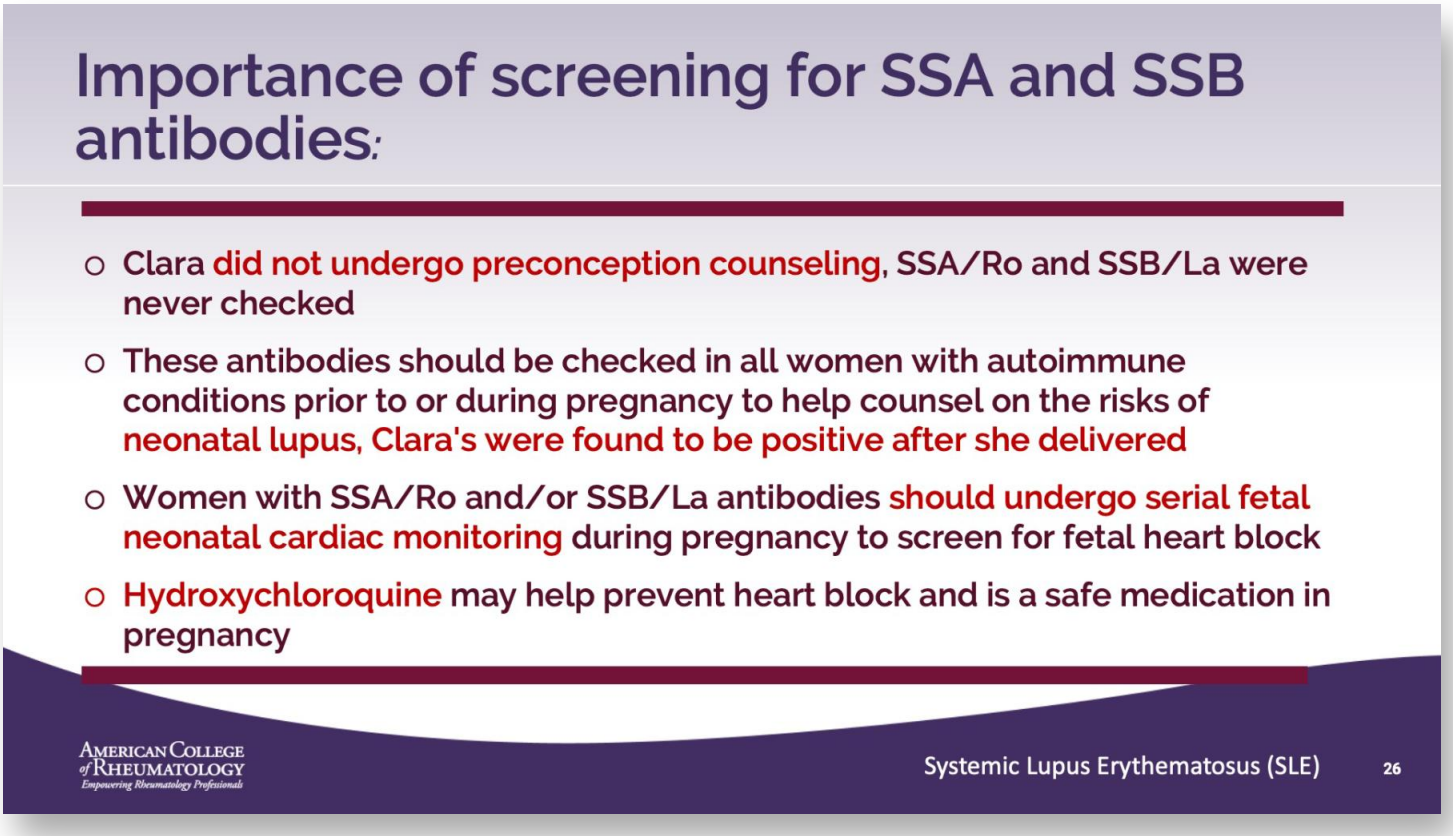
Read slide as presented

Emphasize: This skin rash (pictured) is classic for neonatal lupus

Sometimes that rash can be brought on by exposure to sunlight

SLIDE 26

Importance of Screening

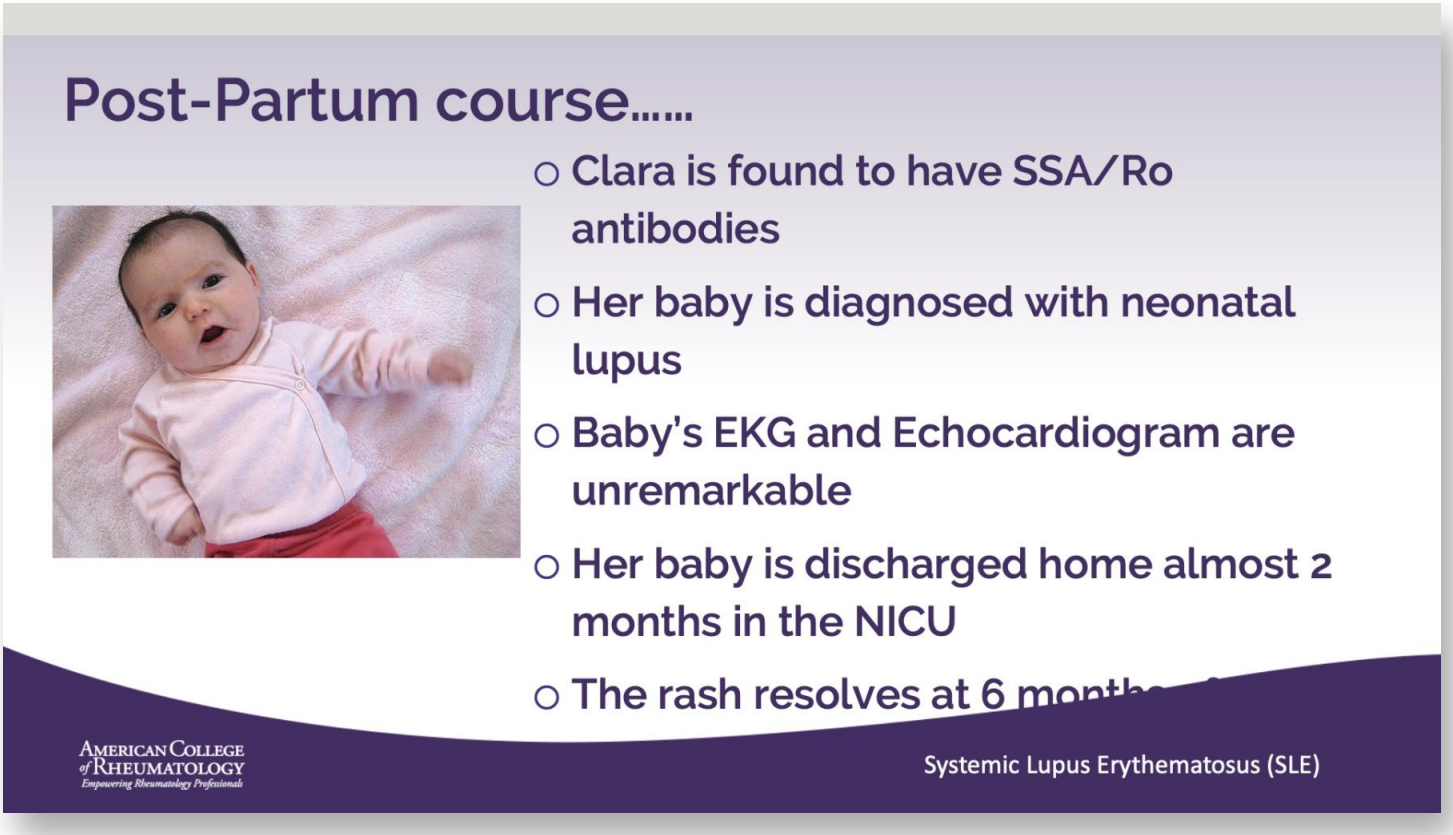


Notes

- **Emphasize:** Screening for SSA and SSB antibodies can help predict and discuss risks of developing neonatal lupus
- Unfortunately, Clara did not receive serial fetal neonatal cardiac monitoring because she did not have the appropriate antibody checked before the time of delivery

SLIDE 27

Post-Partum Course

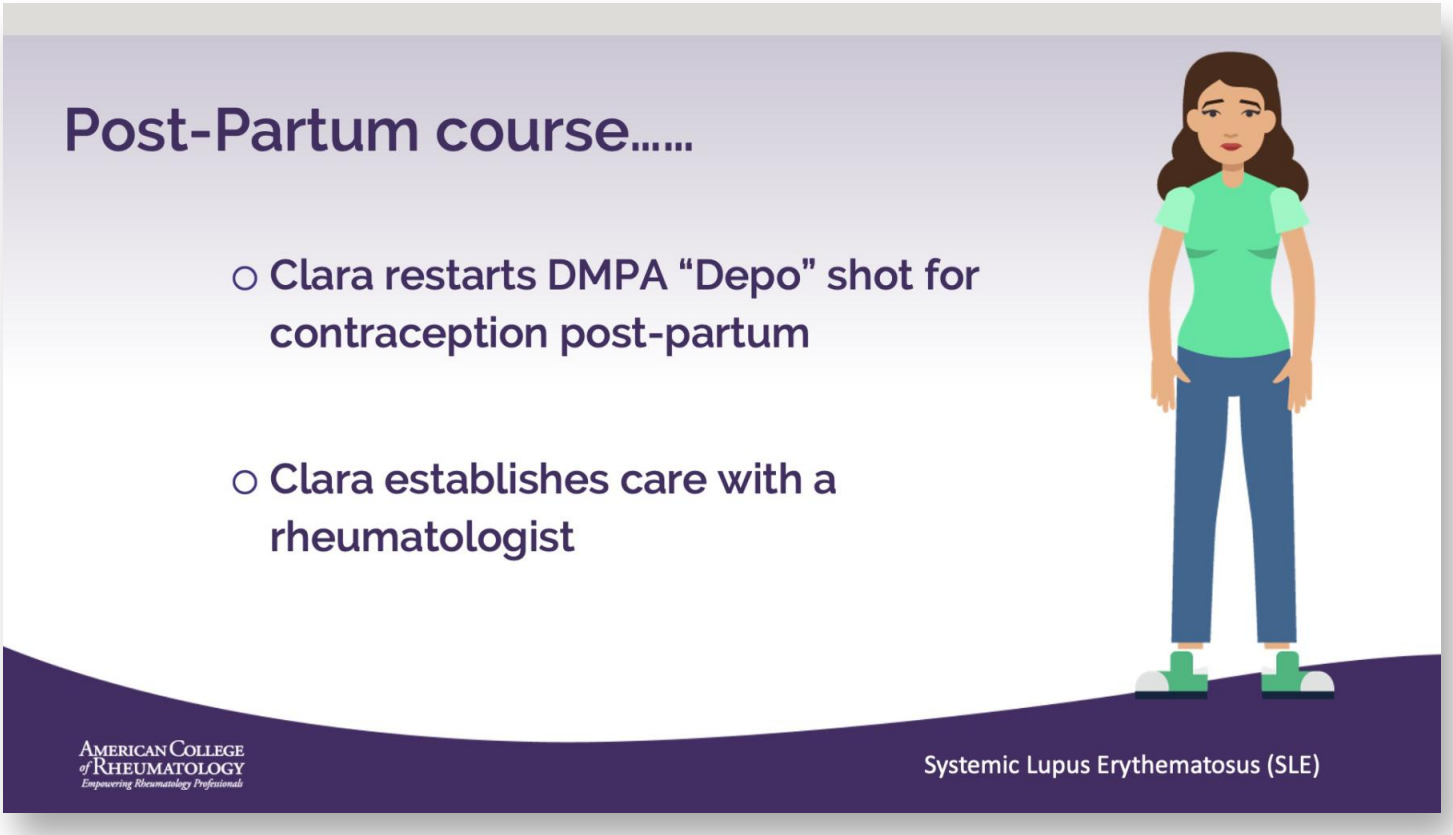


Notes

Read slide as presented

SLIDE 28

Post-Partum Course



Notes

Read slide as presented

SLIDE 29

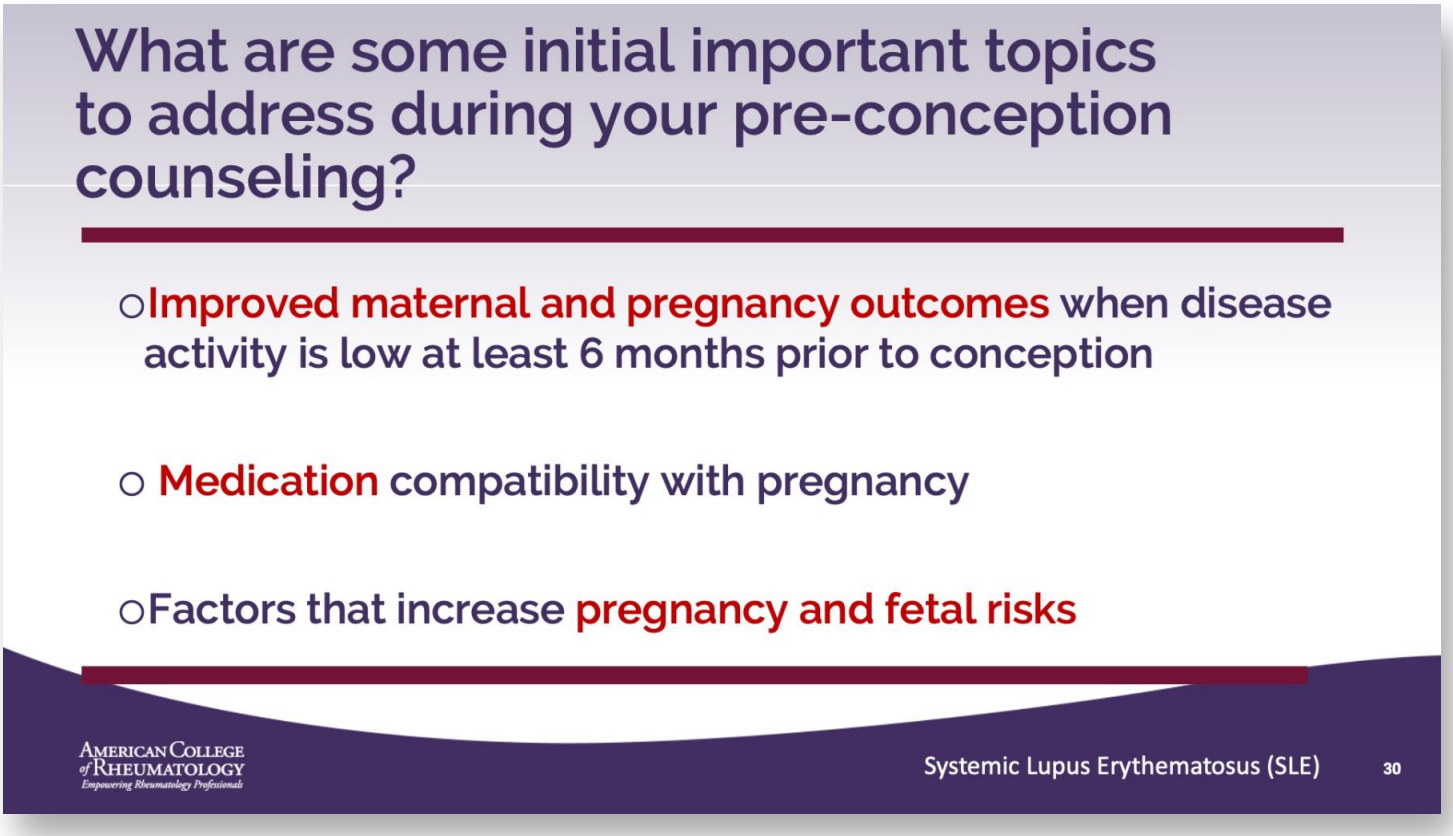
Several years later

Notes

Read slide as presented

SLIDE 30

Topics to Address



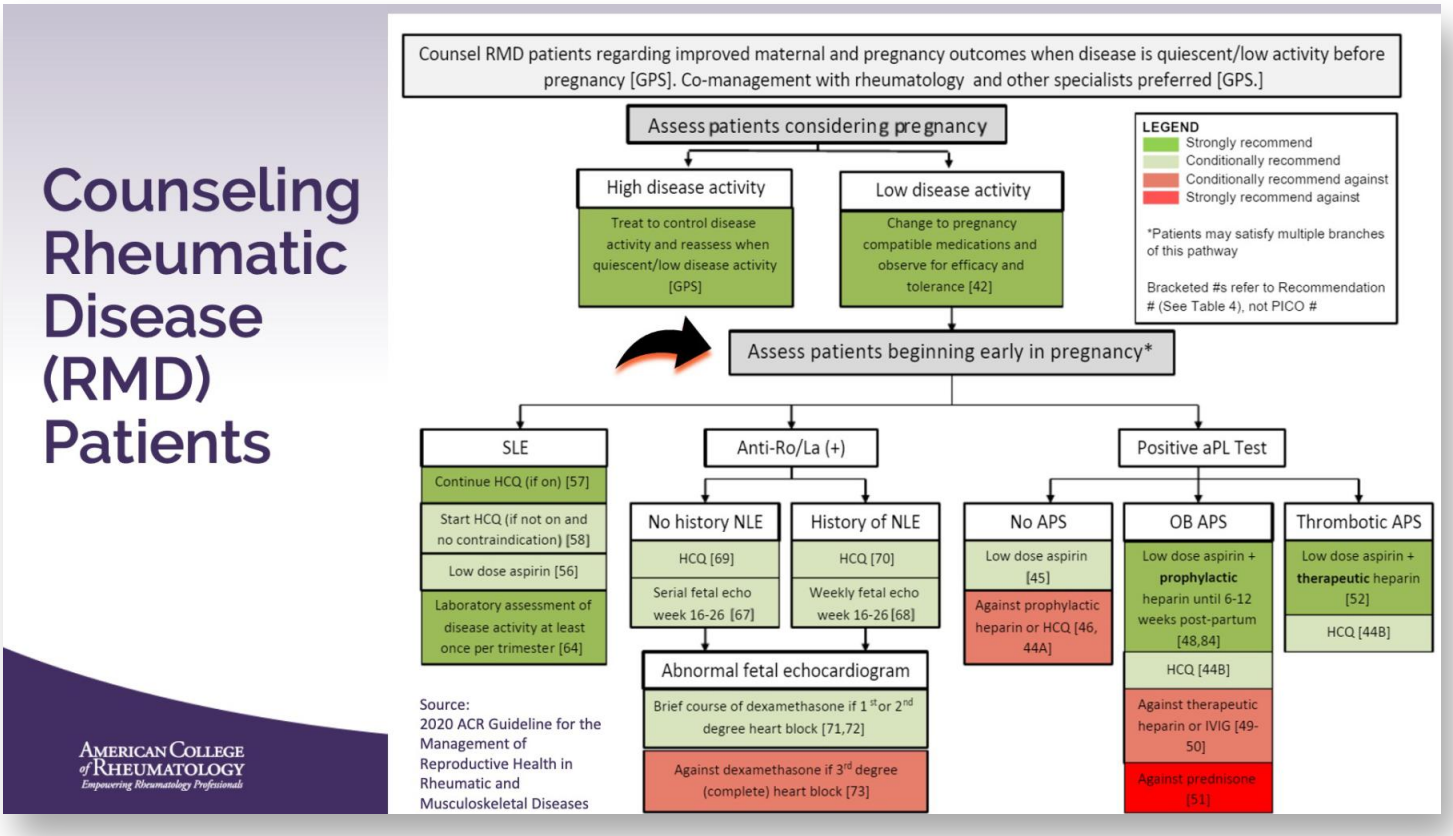
Notes

Read slide as presented

Facilitator's Note: refer audience to accompanying handout with this information

SLIDE 31

Counseling Rheumatic Disease



Notes

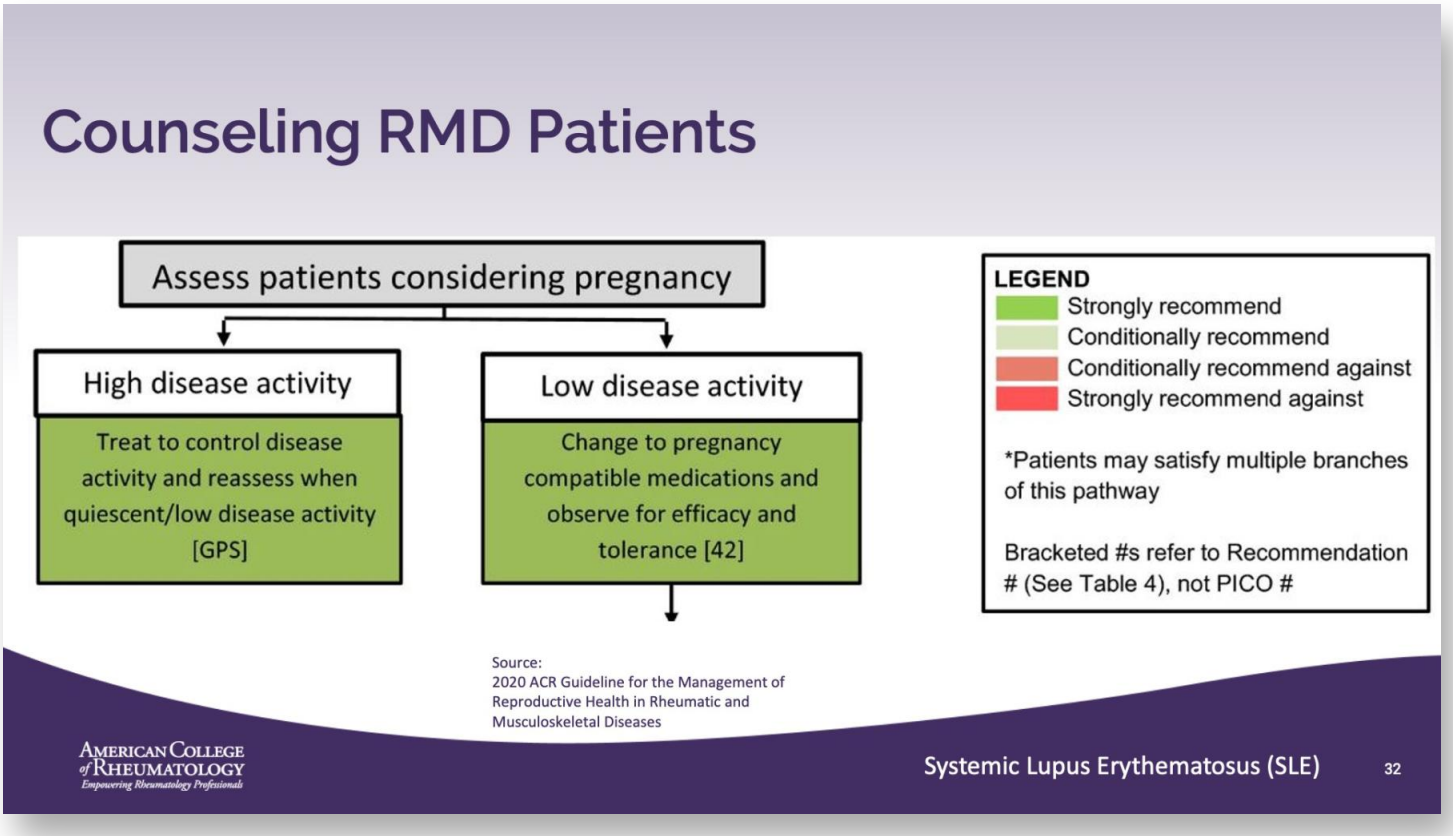
Facilitator's Note: This is a helpful flowchart to walk through when providing pre-conception counseling to RMD patients

Emphasize: First, you'll want to emphasize patient's disease activity (high or low)

Facilitator's Note: Click to the next slide, and the Assess patients considering pregnancy part of the chart will appear

SLIDE 32

Counseling RMD Patients

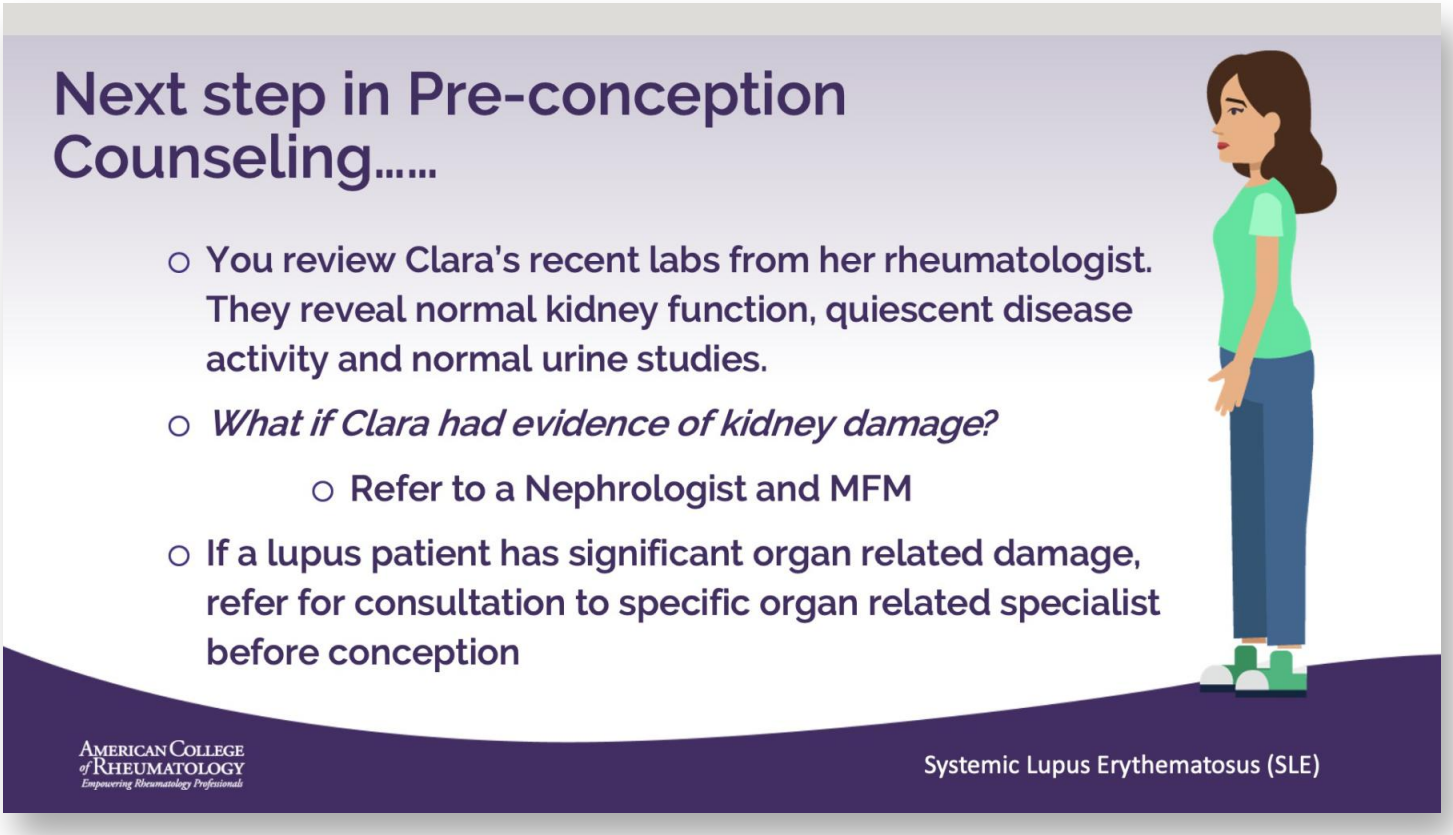


Notes

Emphasize: Discuss with Clara and get her lab results to determine whether her disease activity is high or low, as that will determine the next steps

SLIDE 33

Next Step in Counseling

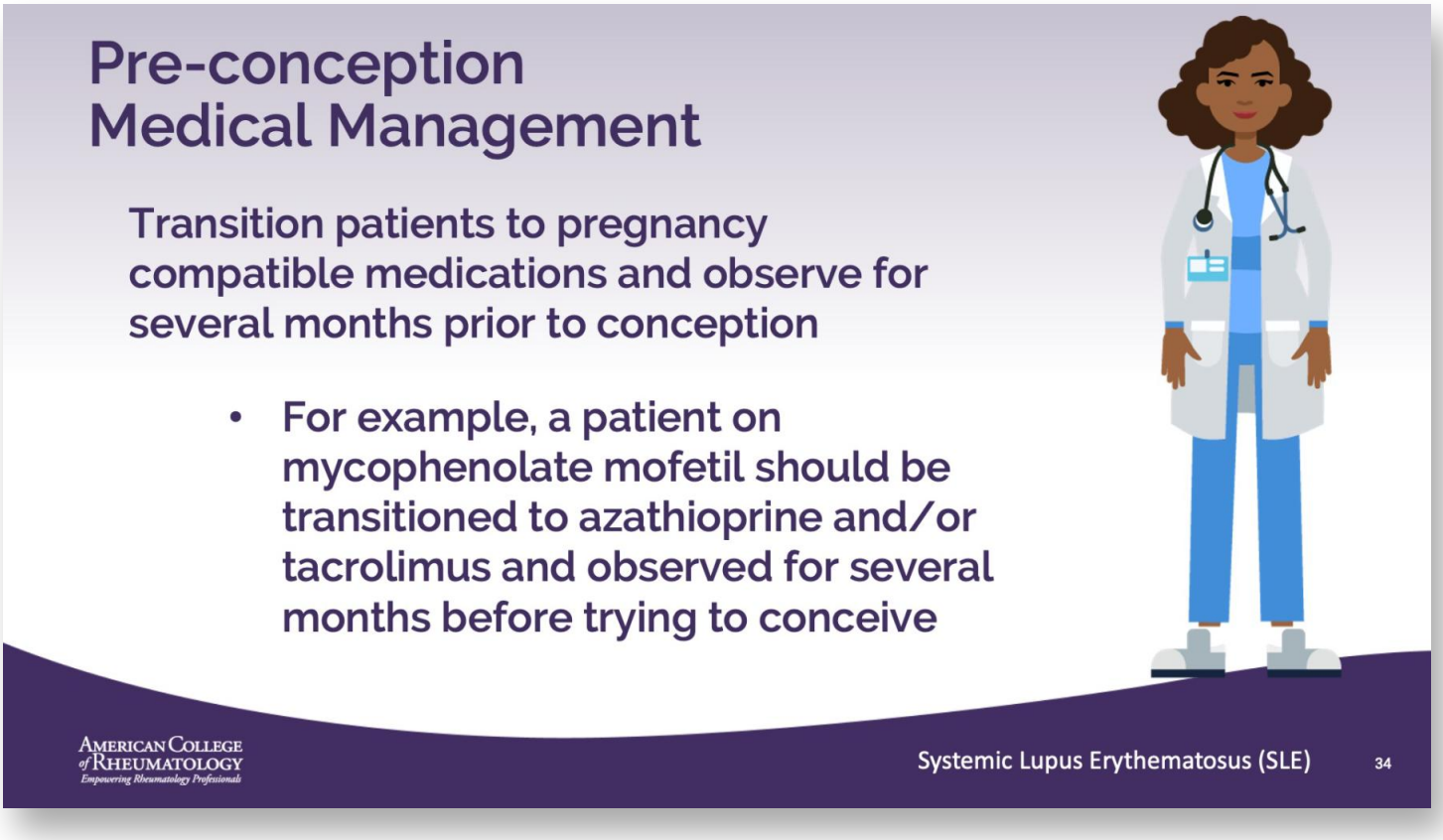


Notes

Read slide as presented

SLIDE 34

Pre-conception Medical Management



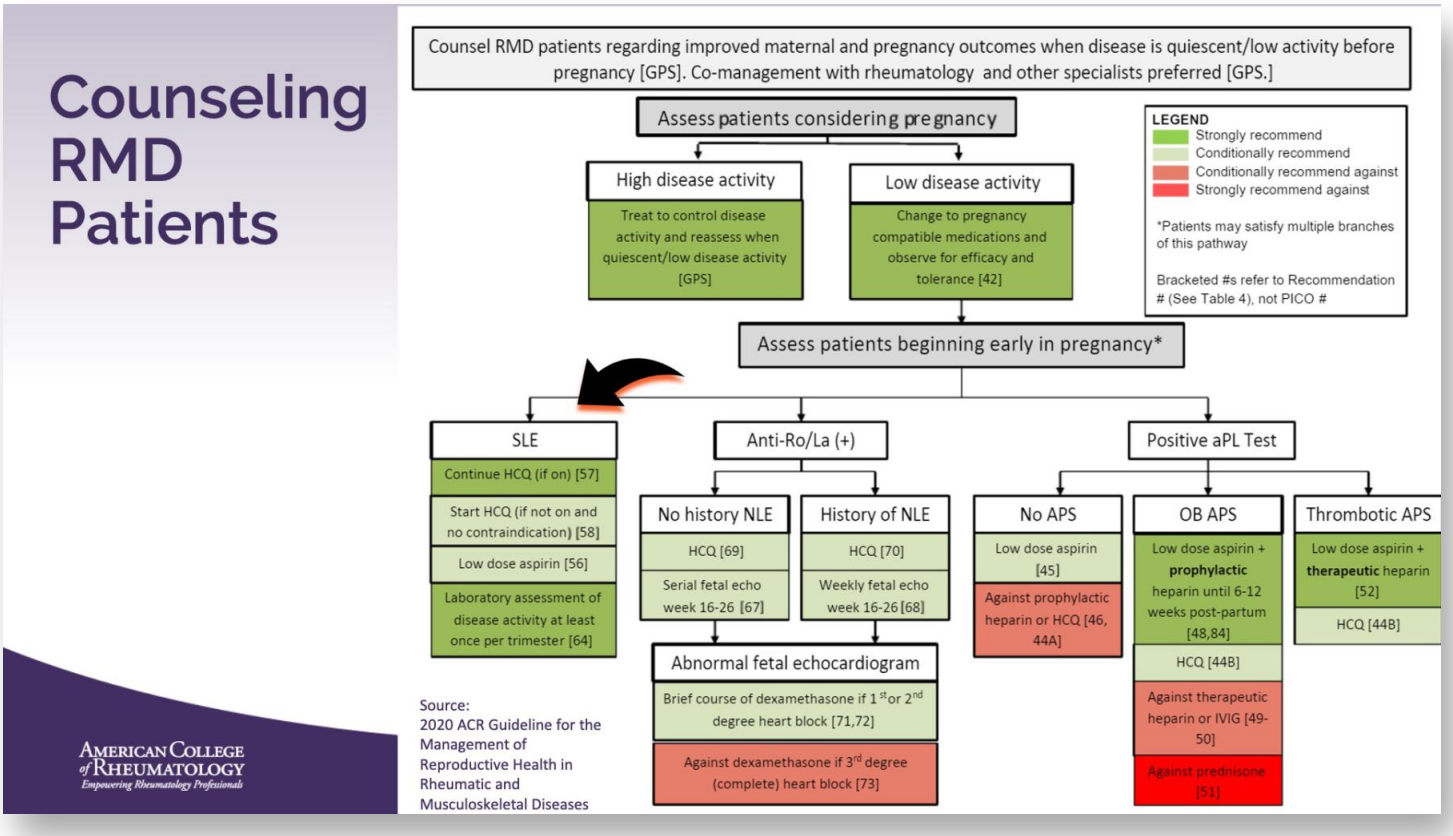
Notes

Read slide as presented

Emphasize: Remember, Clara is on mycophenolate mofetil, so she should be transitioned to azathioprine and/or tacrolimus, and observed for a couple months before trying to conceive

SLIDE 35

Counseling RMD Patients

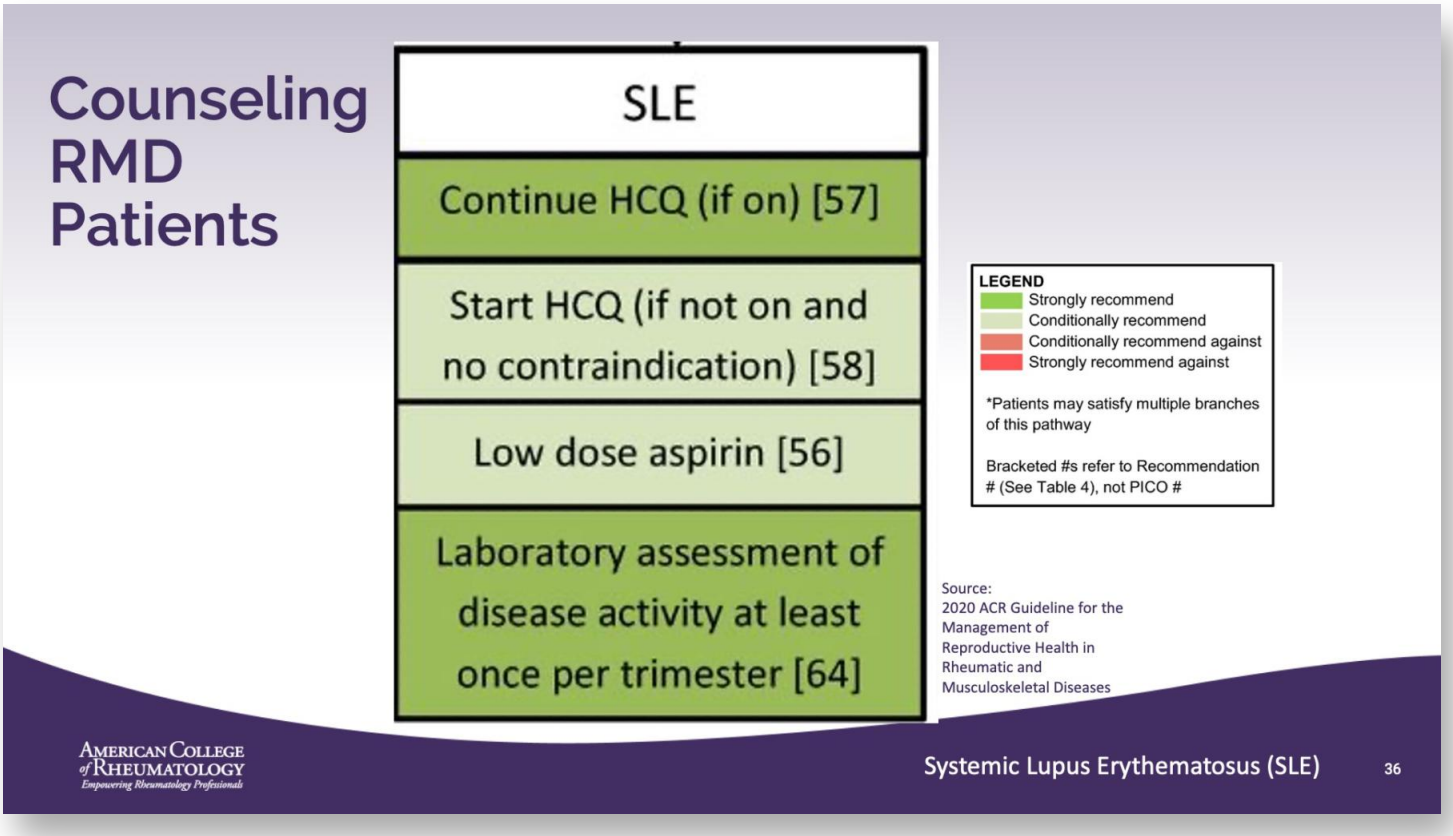


Notes

- **Emphasize:** Looking back to our flow chart, once the patient has achieved low disease activity on a pregnancy compatible regimen, and maintained low disease activity on that regimen, they can now attempt conception
- Patients may satisfy multiple branches of the next level of the flow chart
- If unknown: you would want to check the Ro/La antibody status, and the antiphospholipid antibody status
- And, because we know Clara has lupus, she satisfies the left-most branch here (SLE)
- **Facilitator's Note:** We will start by walking down the SLE branch of the flowchart to address her lupus – click to the next slide and the SLE branch will appear

SLIDE 36

Counseling RMD Patients

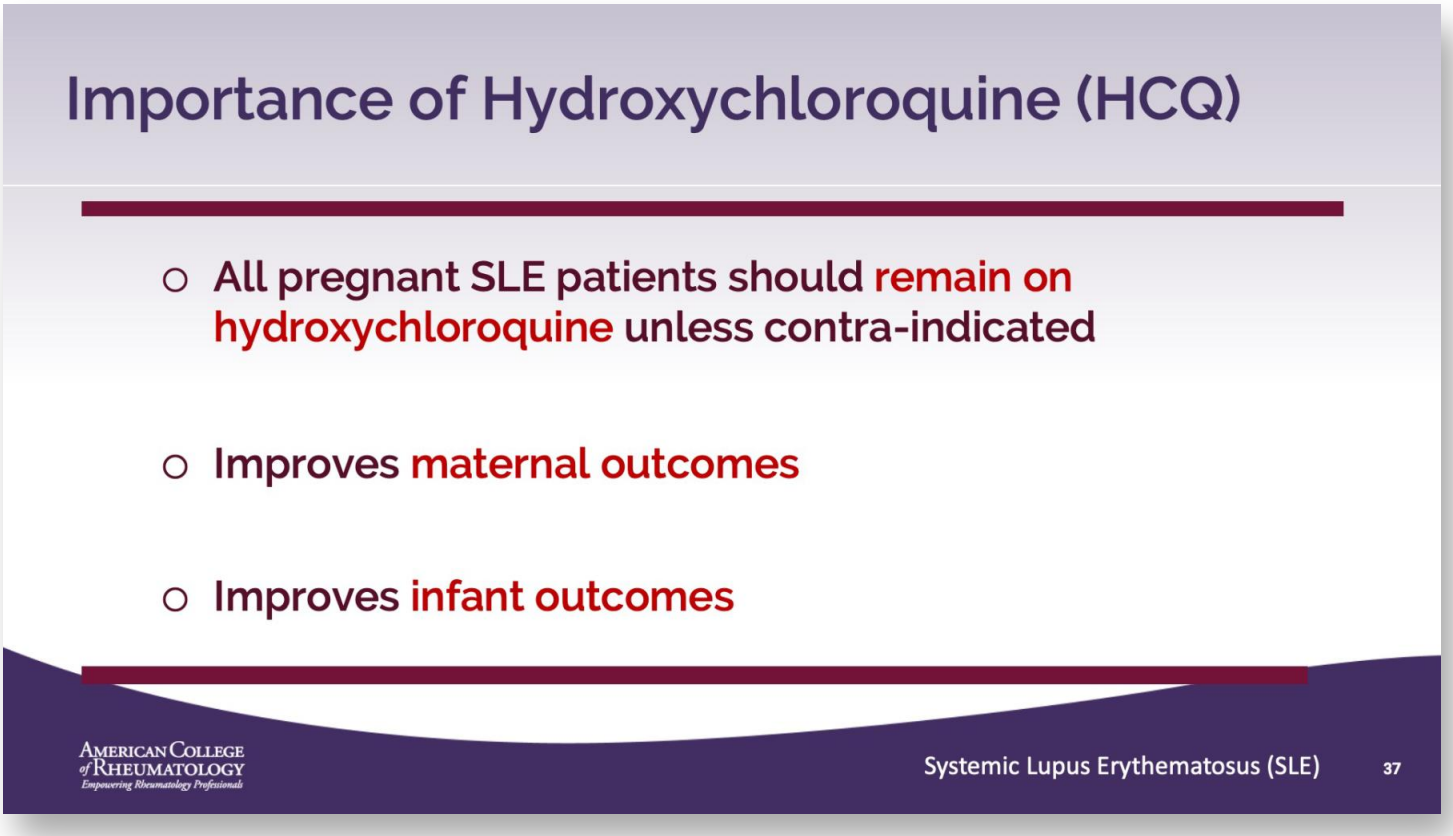


Notes

- **Emphasize:** In patients with lupus who are undergoing pre-conception counseling, you want to make sure if they are on the hydroxychloroquine, they continue it throughout the pregnancy
- Patients should also be started on a low-dose aspirin (either 81 mg or 100 mg) for pre-eclampsia prophylaxis

SLIDE 37

Hydroxychloroquine



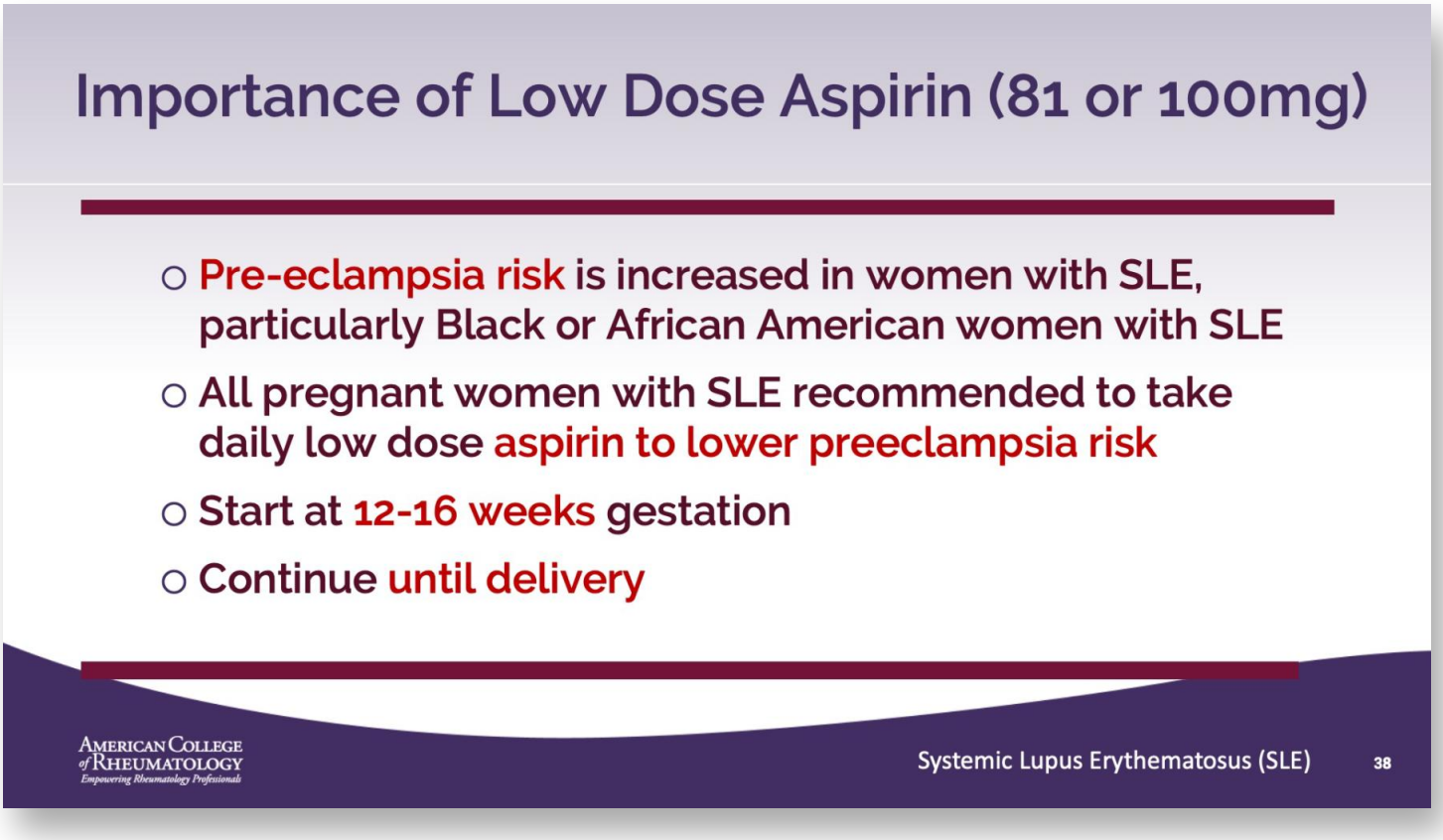
Notes

Read slide as presented

Emphasize: This is a key learning point of this presentation—all pregnant lupus patients should remain on hydroxychloroquine throughout their pregnancy, unless contra-indicated (ex: a drug allergy)

SLIDE 38

Low Dose Aspirin (81 or 100mg)



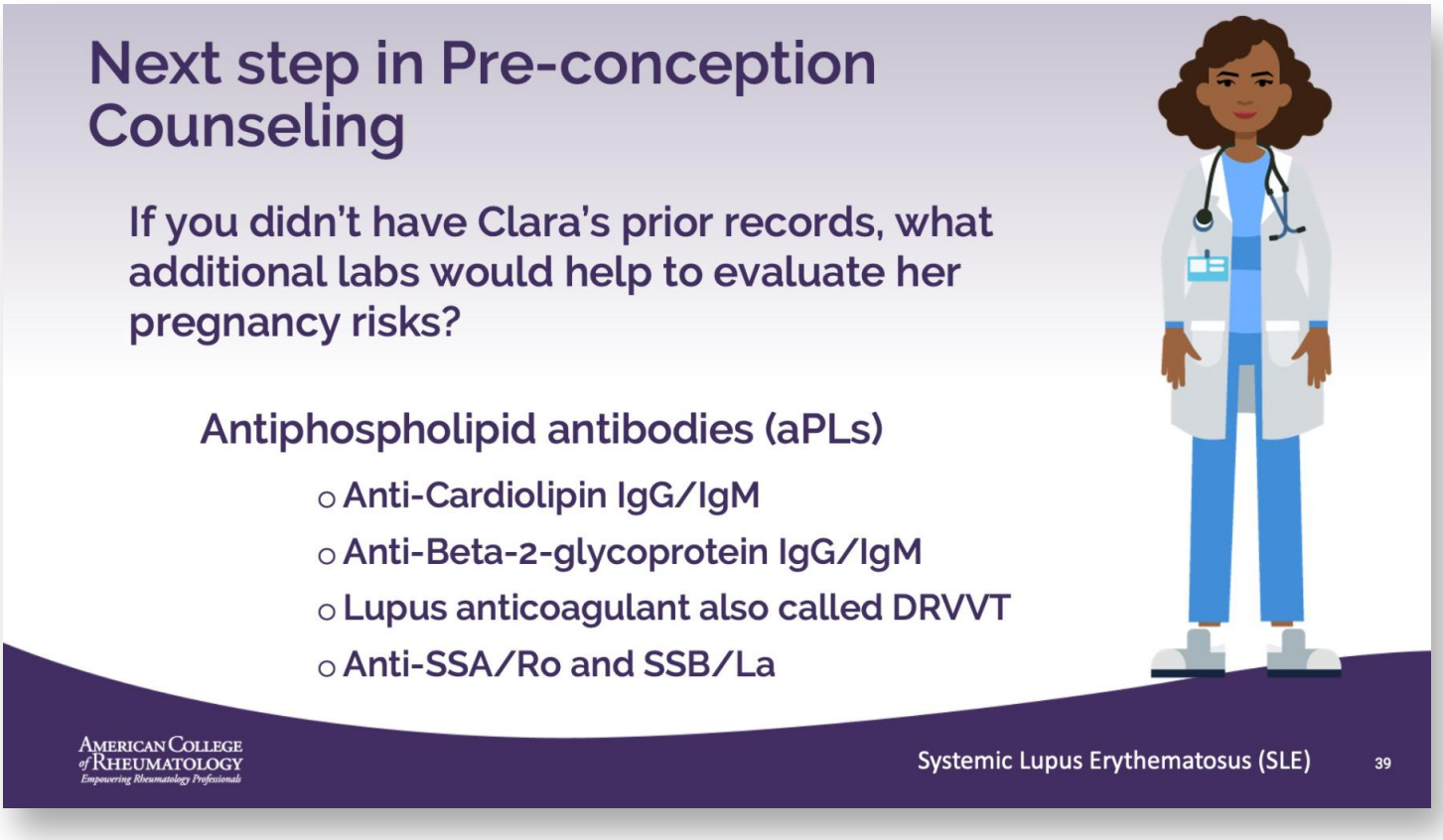
Notes

Read slide as presented

Emphasize: all pregnant women with lupus are recommended to take daily low dose aspirin to lower pre-eclampsia risk

SLIDE 39

Next Step in Counseling

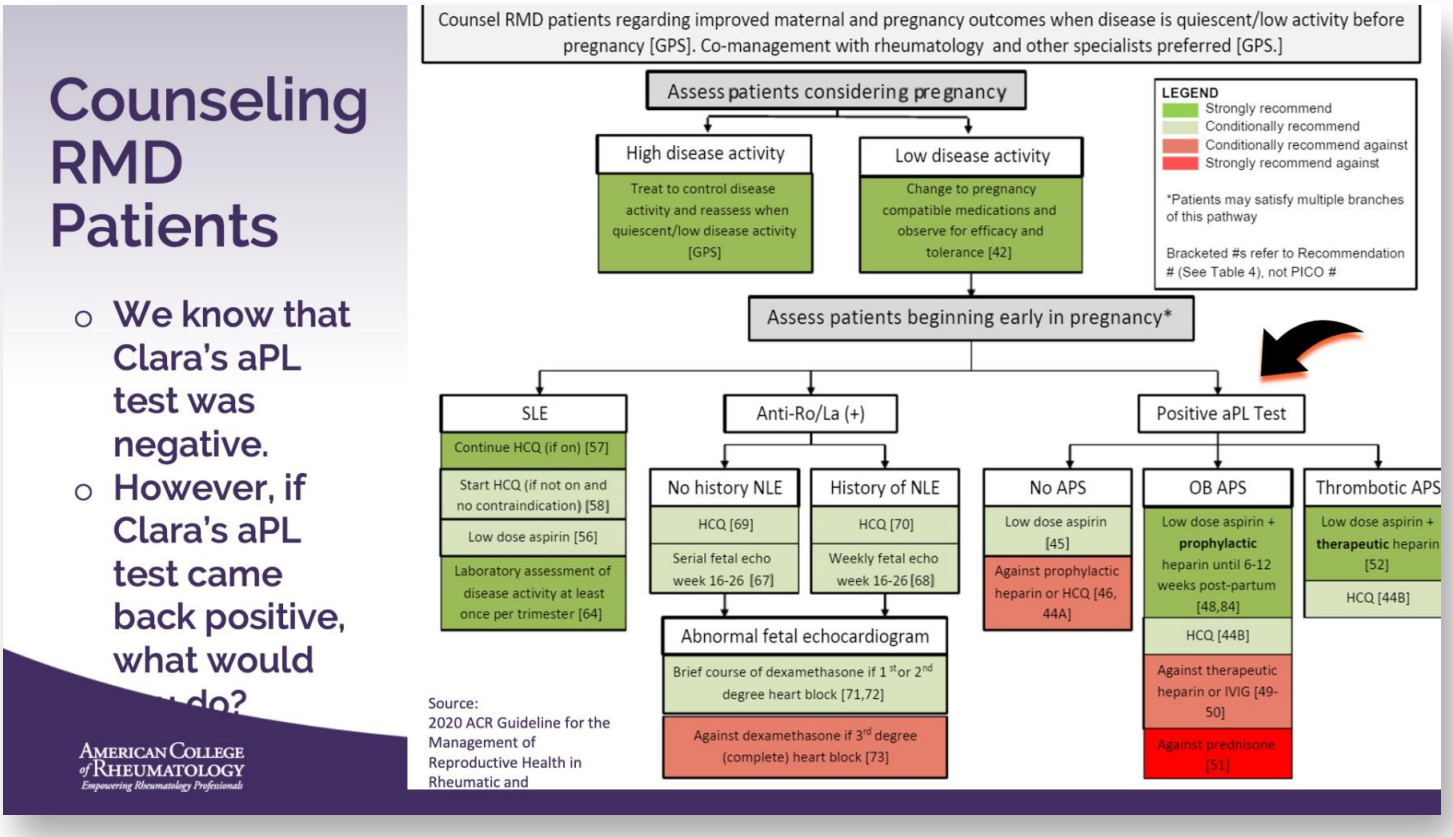


Notes

Read slide as presented

SLIDE 40

Counseling RMD Patients



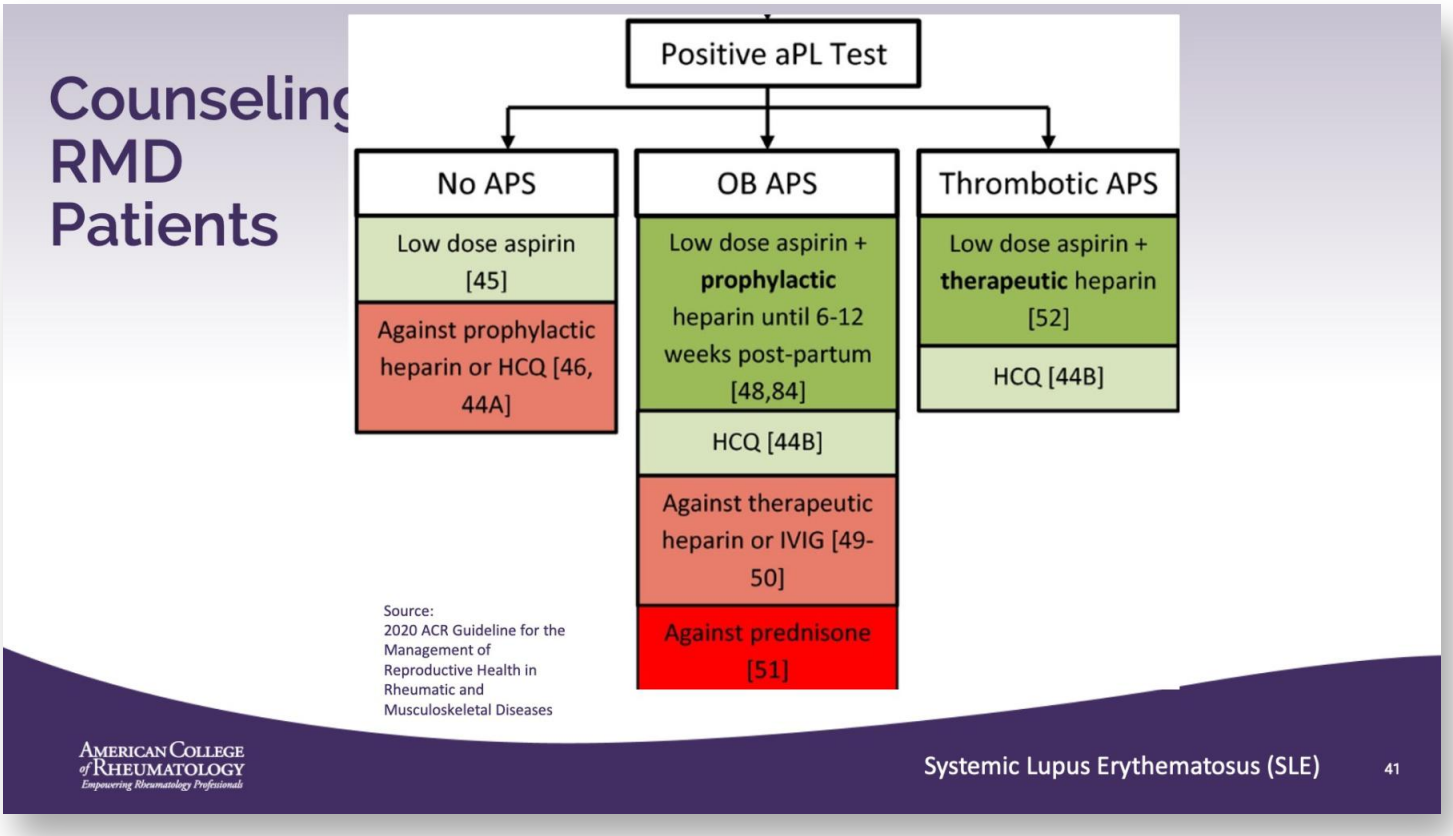
Notes

Emphasize: Looking at our flowchart again – we know Clara's antiphospholipid antibody test was negative—in her case we would NOT have to walk down the Positive aPL Test branch of the tree

Facilitator's Note: For the purpose of review, you are doing to discuss what you would do if her aPL test WAS positive—clicking to the next slide will bring you to the Positive aPL branch

SLIDE 41

Counseling RMD Patients



Notes

Emphasize: As a reminder, we know Clara's aPL is negative, but for the purpose of review, let's explore the Positive aPL test branch

For a patient with positive aPL, there are 3 scenarios:

1: the patient might have antiphospholipid antibodies, but they've never had an obstetric or thrombotic event and thus that patient would not be considered to have antiphospholipid syndrome (No APS)

2: the patient may have antiphospholipid antibodies and have had a qualifying obstetric event, this meeting criteria for obstetric antiphospholipid syndrome (OB APS)

3: the patient who had antiphospholipid antibodies and has had a thrombotic event in the past, thus meeting criteria for thrombotic antiphospholipid syndrome (Thrombotic APS)

If any antiphospholipid antibody test is positive, refer to a specialist with expertise in this area.

Facilitator's Note: This discussion is beyond the scope of this presentation.

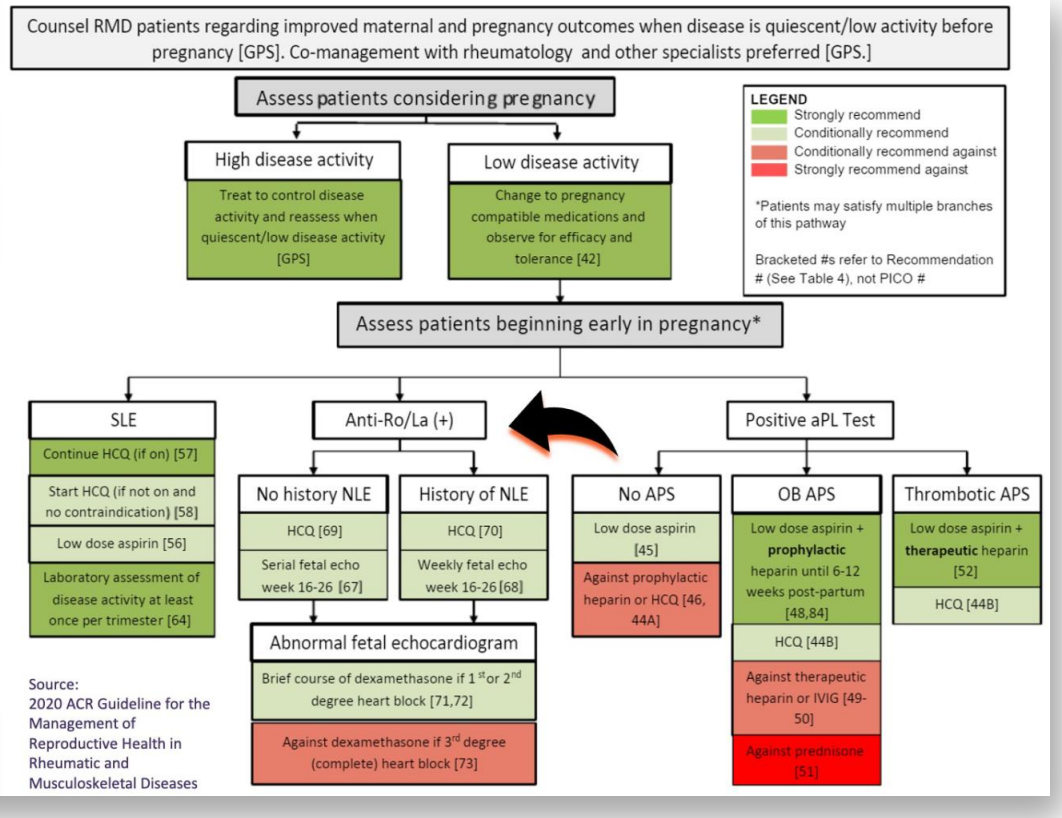
SLIDE 42

Counseling RMD Patients

Counseling RMD Patients

- Next, let's look at Anti-Ro/La
- We know that Clara's first baby had neonatal lupus (NLE)

American College of Rheumatology
Empowering Rheumatology Professionals



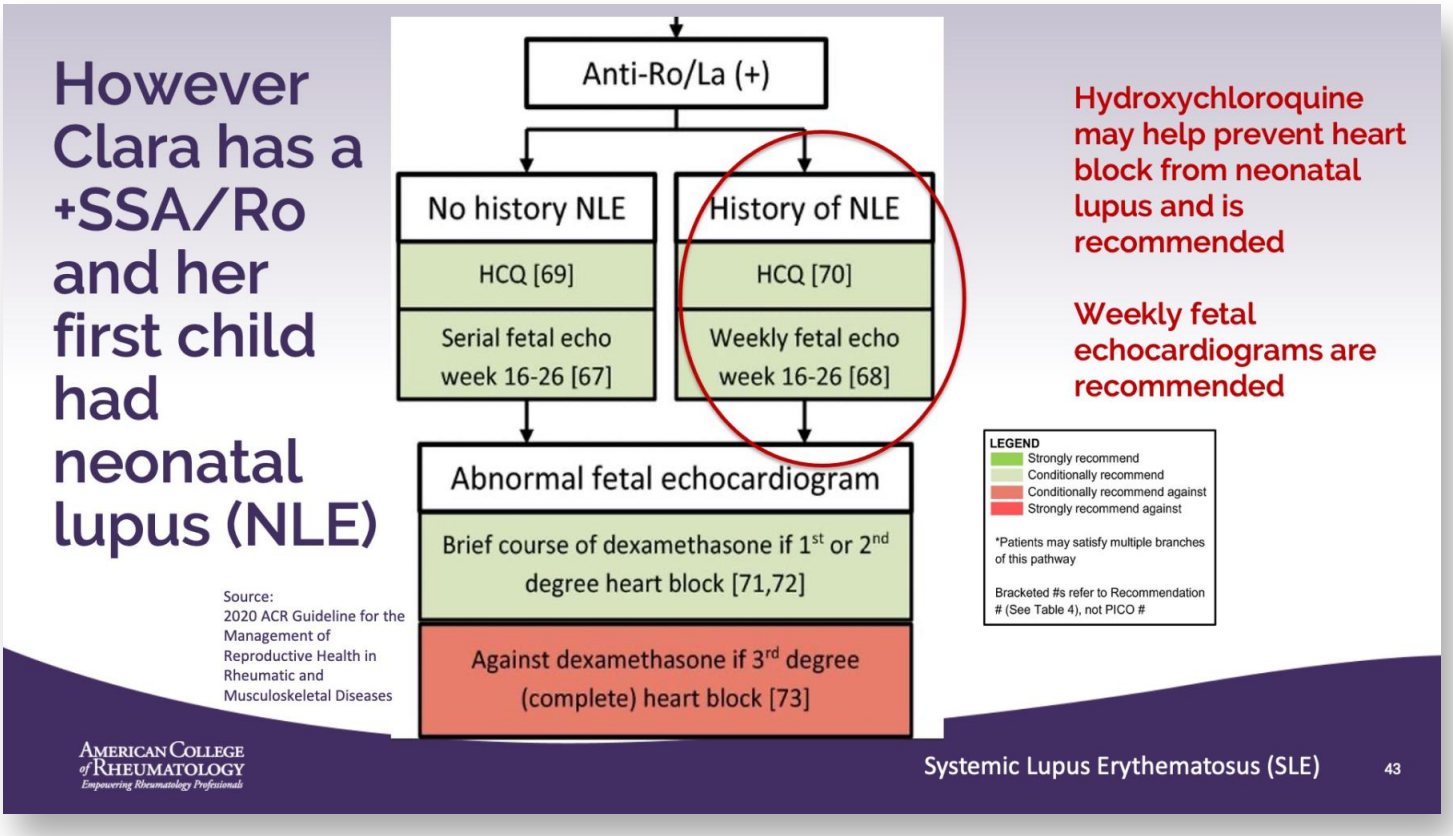
Notes

Say: Next, let's look at the Anti-Ro/La antibodies, the SSA/SSB antibodies, so we can figure out how best to counsel Clara

Facilitator's Note: Click to the next slide and the Anti-Ro/La branch of the tree will appear

SLIDE 43

Counseling RMD Patients

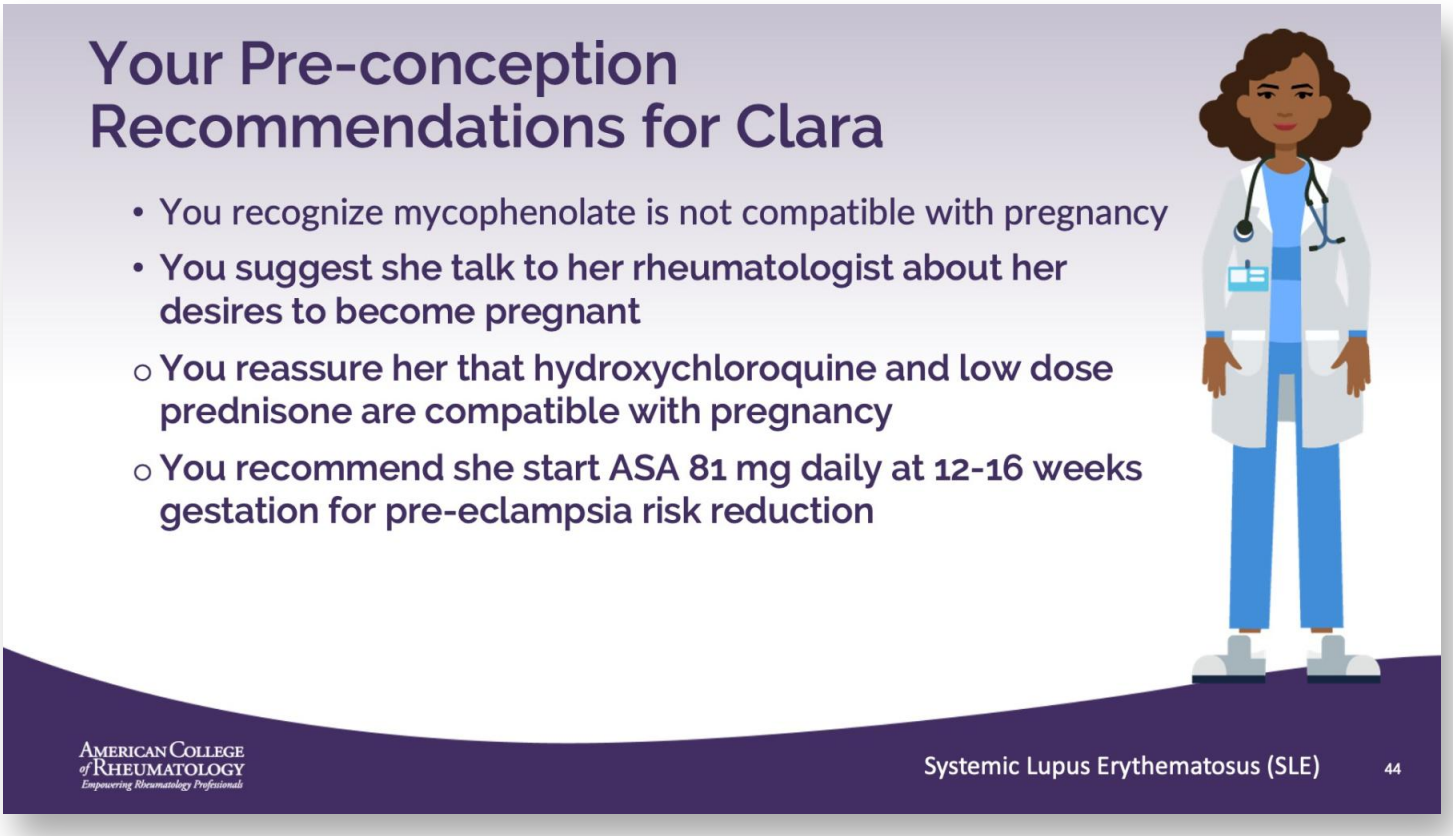


Notes

- **Emphasize:** We know that Clara's first child had a history of neonatal lupus
- She should be on hydroxychloroquine during her pregnancy, and weekly cardiac monitoring is recommended
- **Read** both categories/scenarios underneath Abnormal fetal echocardiogram as presented

SLIDE 44

Pre-conception Recommendations

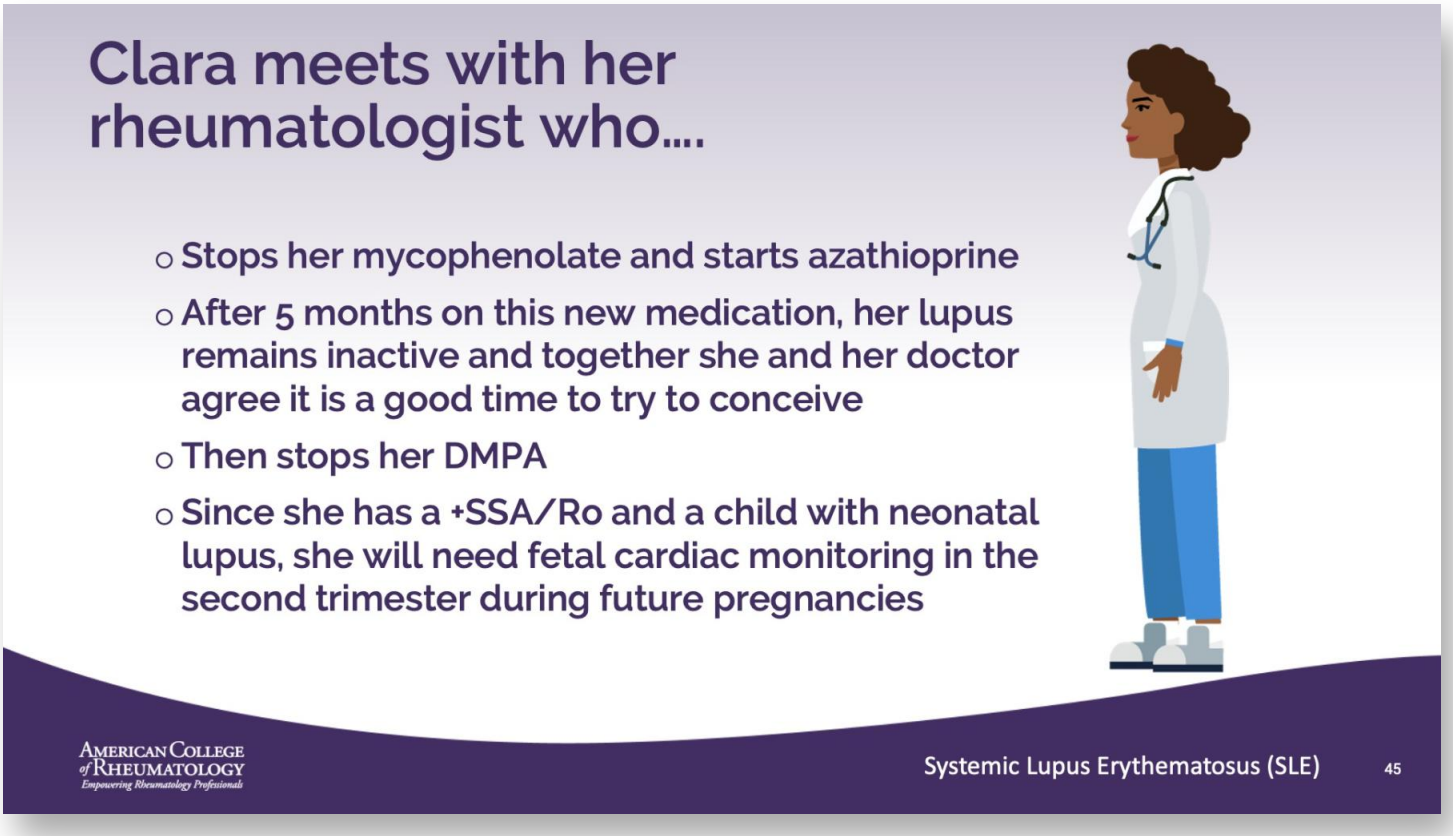


Notes

Read slide as presented

SLIDE 45

Rheumatologist Meeting

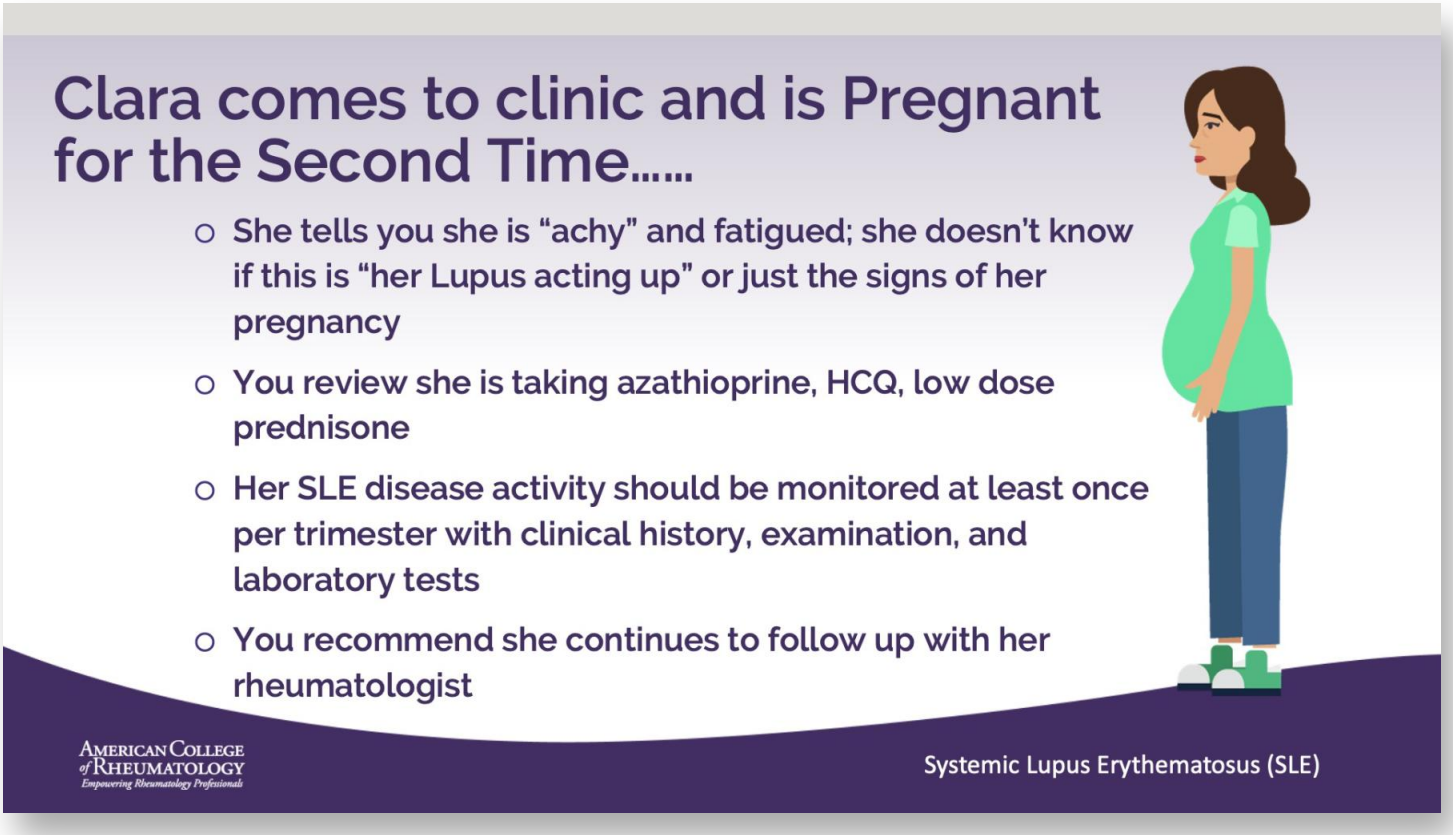


Notes

Read slide as presented

SLIDE 46

Second Pregnancy

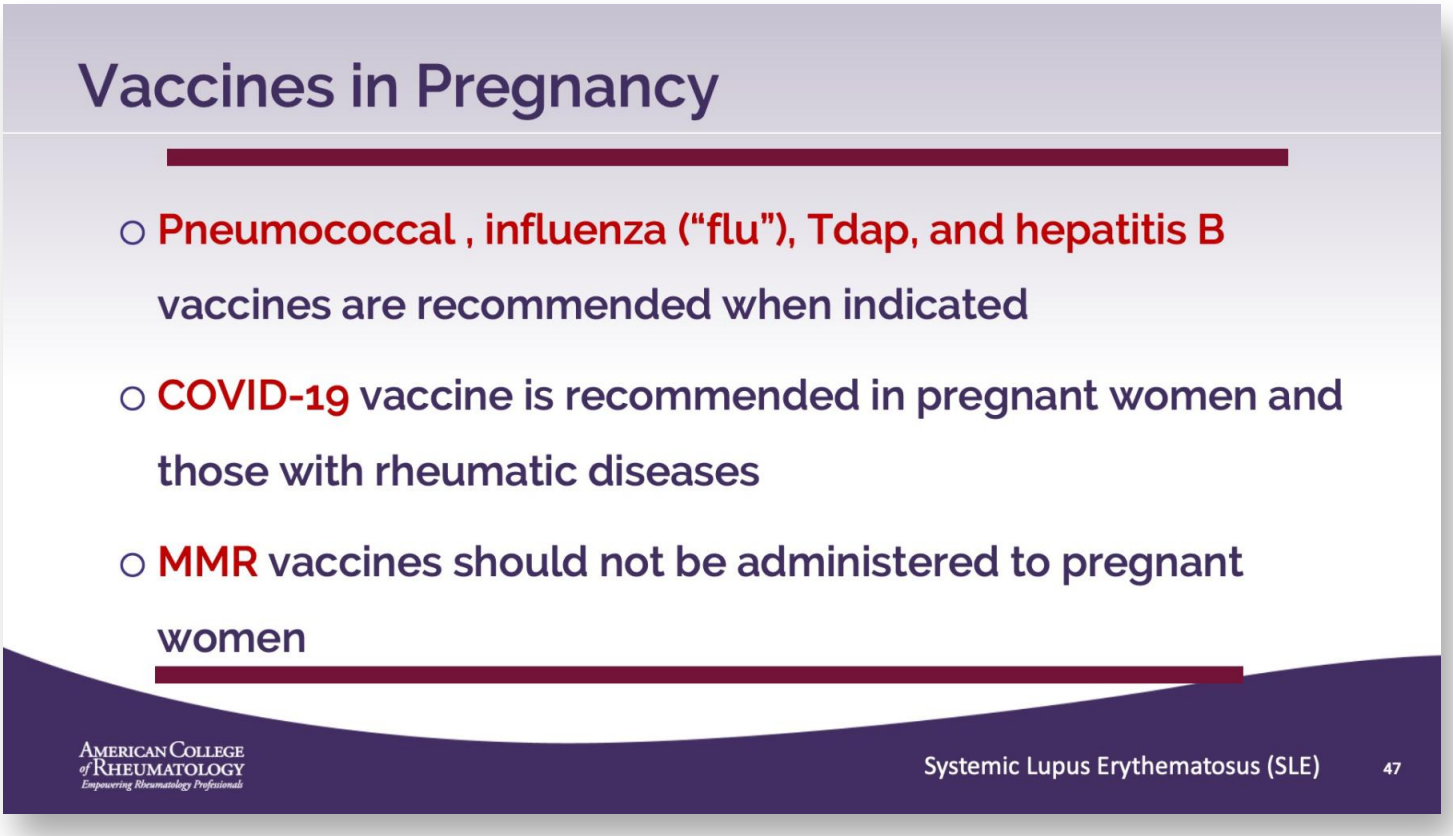


Notes

Read slide as presented

SLIDE 47

Vaccines



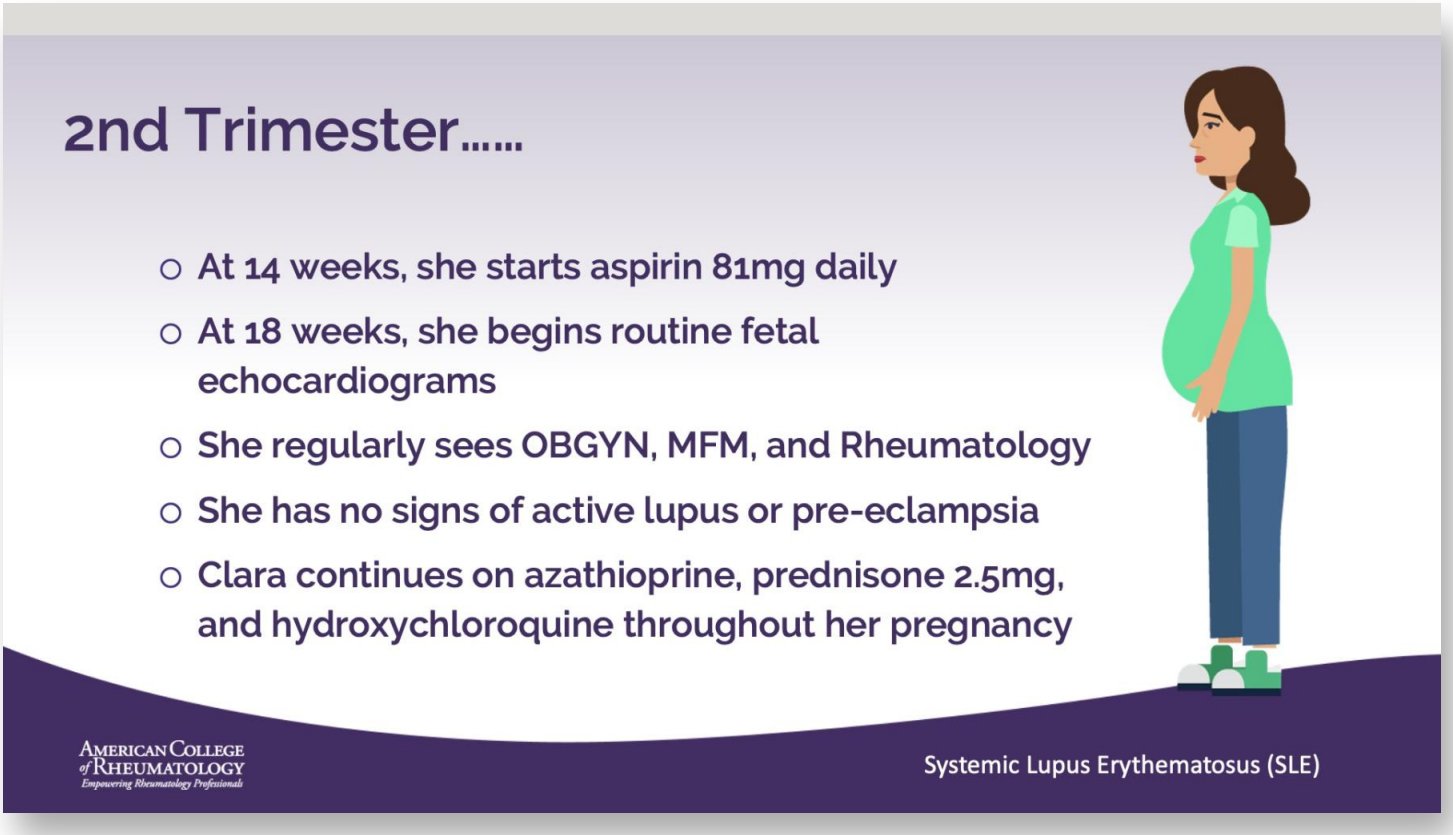
Notes

Emphasize: Additionally, you'll want to make sure her vaccinations are updated during pregnancy

Read slide as presented

SLIDE 48

Second Trimester

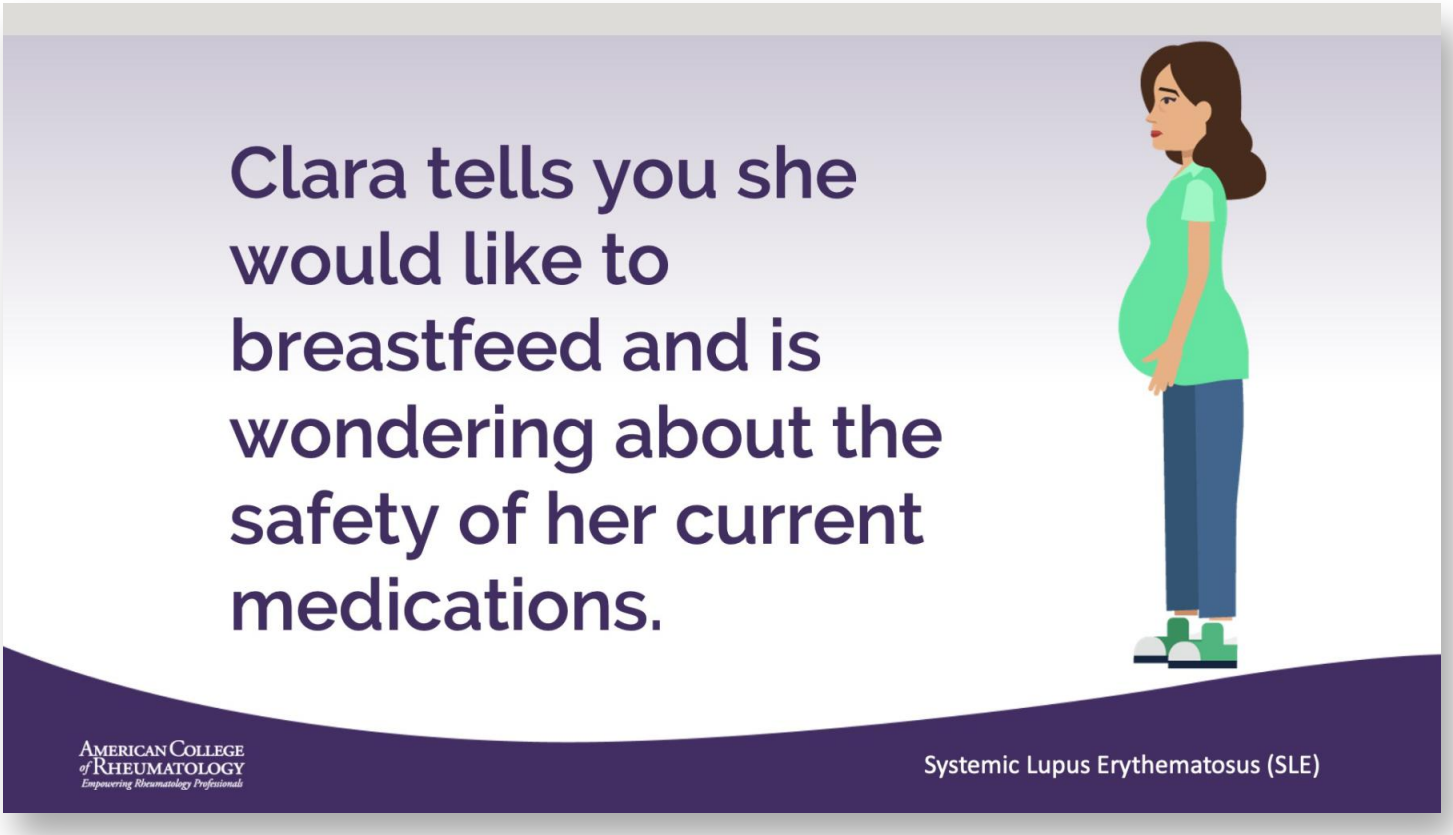


Notes

Read slide as presented

SLIDE 49

Breastfeeding

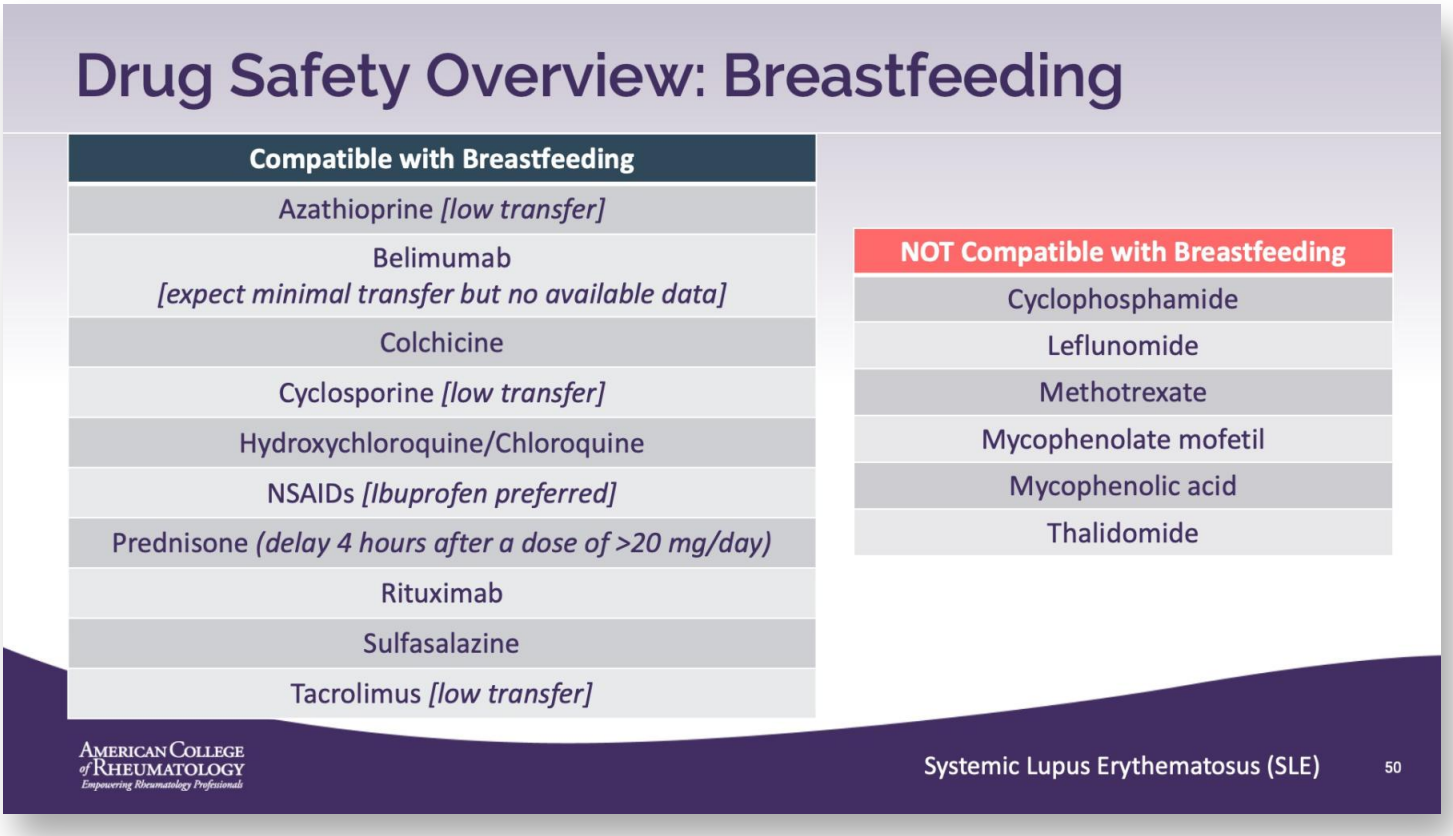


Notes

Read slide as presented

SLIDE 50

Drug Safety Breastfeeding



Notes

Emphasize: The left side includes medications that ARE compatible with pregnancy, and the right side includes medications that are used in lupus, but are NOT compatible with pregnancy

Read slide as presented

SLIDE 51

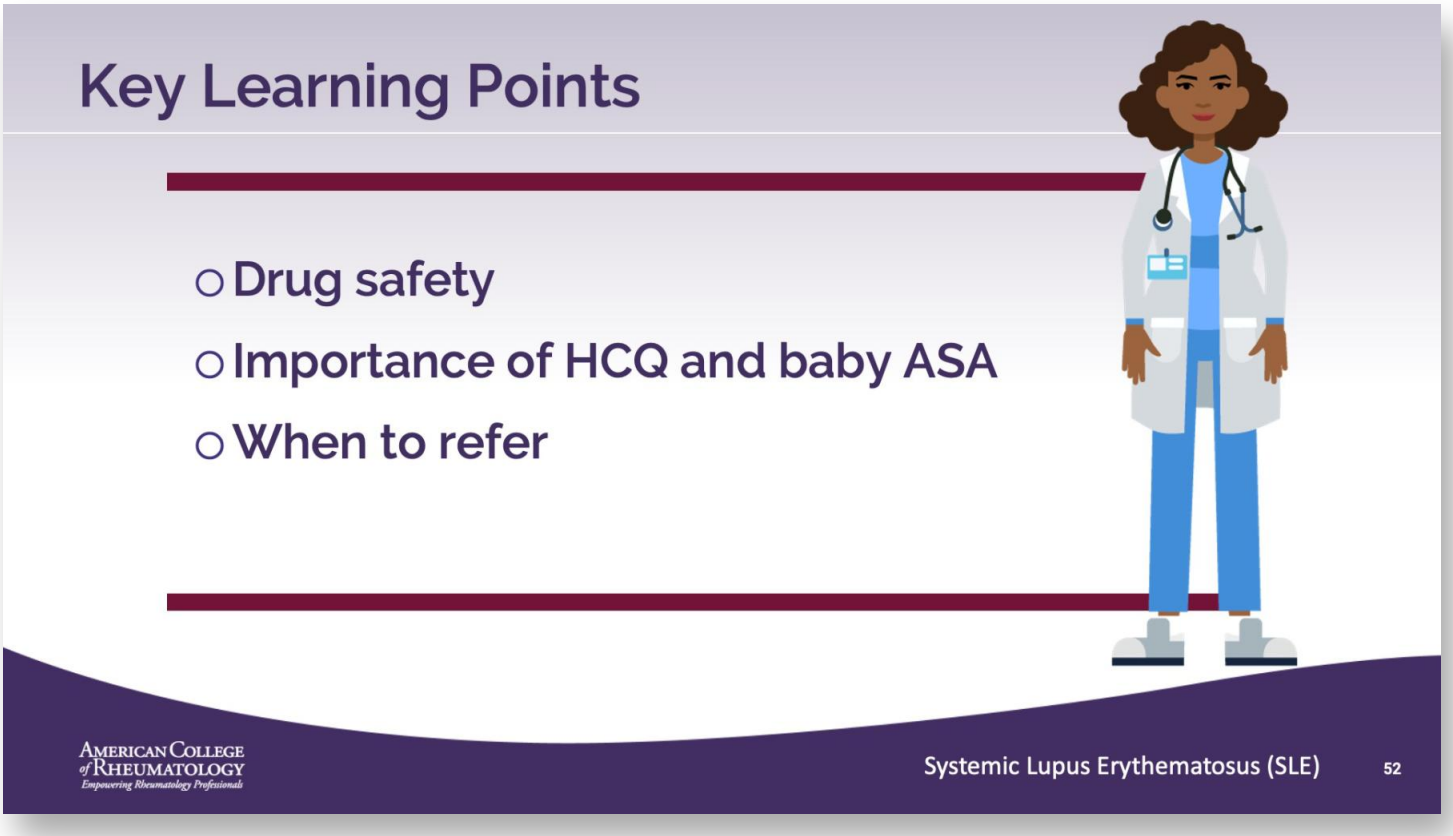
Second Delivery

Notes

Read slide as presented

SLIDE 52

Learning Points



Notes

- **Emphasize:** a key learning point is to understand medications compatible with pregnancy, and medications compatible with breastfeeding
- A key learning point is to understand the importance of hydroxychloroquine and baby aspirin in pregnant patients with lupus
- A key learning point is to know when to refer to a specialist

Pre-conception Checklist

Providers: Review this checklist when planning to discuss your patient's reproductive health plans, if they indicate a desire to become pregnant.

Lupus disease activity

- [ ] Establish care with a rheumatologist to assess disease activity
- [ ] Low lupus disease activity
- [ ] No flares within previous 6 months
- [ ] Consider evaluation by high-risk obstetrics/maternal fetal medicine
- [ ] Establish care with appropriate organ-specific specialist if needed

Pregnancy risk assessment

- [ ] Blood pressure evaluation
- [ ] Complete blood count
- [ ] Serum Creatinine
- [ ] Urine protein to creatinine ratio
- [ ] Liver Function Test
- [ ] Antiphospholipid Antibody testing
- [ ] SSA/Anti-Ro and SSB/Anti-La testing

Pregnancy medication safety

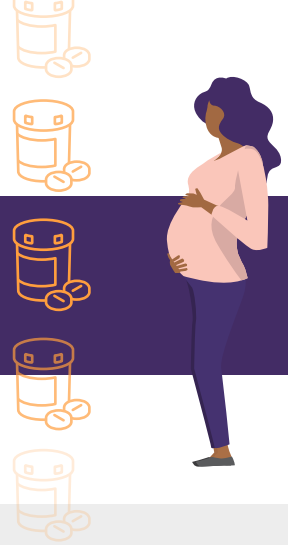
The below medications are compatible with pregnancy.

- [ ] Azathioprine
- [ ] Chloroquine
- [ ] Colchicine
- [ ] Cyclosporine
- [ ] Hydroxychloroquine
- [ ] NSAIDs (until 20 weeks)
- [ ] Prednisone, Methylprednisolone
- [ ] Rituximab up until conception
- [ ] Tacrolimus

If on other medications, need to discuss stopping or switching to medications that are compatible with pregnancy.

These educational materials were supported by a medical education grant from GlaxoSmithKline to address Systemic Lupus Erythematosus (SLE) and Reproductive Health education to support patients, educators, and clinical teams. Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of GlaxoSmithKline.

Drug Safety Overview: Pregnancy



Providers: Review the following lists of medications that are compatible with pregnancy, and those that are NOT compatible with pregnancy.

Pregnancy compatible

- Azathioprine
- Chloroquine
- Colchicine
- Cyclosporine
- Hydroxychloroquine
- NSAIDs (discontinue at 20 weeks)
- Prednisone (<20 mg/day)
- Sulfasalazine
- Tacrolimus

NOT compatible with pregnancy

MEDICATIONS	NOTES
Belimumab	Discuss discontinuation at conception
Cyclophosphamide	Consider if life/organ threatening disease in 2nd or 3rd trimester
Leflunomide	Use cholestyramine washout until level is undetectable
Methotrexate	Stop 1–3 months before trying to conceive
Mycophenolate mofetil; Mycophenolic acid	Discontinue 6 weeks before trying to conceive
Rituximab	Can be continued until conception; Consider if life/organ threatening disease in 2nd or 3rd trimester
Thalidomide; Lenalidomide	Stop 1 month before trying to conceive

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Systemic Lupus Erythematosus (SLE)

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Systemic Lupus Erythematosus (SLE)

SLIDE 55

Q&A


Q & A
Navigating Reproductive Health in Patients with Systemic Lupus Erythematosus (SLE)

SLIDE 56

Contact Information

Conclusions

- Thank participants for attending Navigating Reproductive Health in Patients with SLE
- Remind participants about the importance of their feedback and emphasize that they take the post-test assessment. Allow 10 minutes for the post-test to be completed.
- If you are comfortable, consider offering your contact information to participants in case they have questions after today's session.