



PREGNANCY AND SYSTEMIC SCLERODERMA

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WILL I BE ABLE TO HAVE CHILDREN?

Yes. Fertility in women with systemic scleroderma is generally comparable to that of women without the disease. Overall, the risk of miscarriage is also not increased compared to the general population.



On the other hand, pregnancy is not recommended in patients with the following conditions due to the high risk of complications:

- ▶ pulmonary arterial hypertension;
- ▶ progressive pulmonary fibrosis;
- ▶ kidney failure or severe high blood pressure;
- ▶ heart failure;
- ▶ a recent diagnosis of diffuse systemic scleroderma.

Pregnancy is also to be avoided in patients using medications that pose a risk to the babies (e.g., certain immunosuppressants). It is therefore important to use effective contraception and to discuss the desire for pregnancy with your doctor before becoming pregnant.

WHAT ARE THE RISKS ASSOCIATED WITH PREGNANCY IN THE CONTEXT OF SYSTEMIC SCLERODERMA?

If systemic scleroderma is well controlled and there is no cardiac, pulmonary, or renal involvement, there is a good chance of an uncomplicated pregnancy. Approximately 70-80% of women will have a successful pregnancy.

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The risks associated with pregnancy in the context of scleroderma are

- ▶ premature birth (2-3 times more common);
- ▶ intrauterine growth retardation and/or low birth weight (3-4 times more common);
- ▶ renal failure, especially in patients with baseline renal failure;
- ▶ a difficulty in case of general anesthesia due to the limited opening of the mouth; local or epidural anesthesia is to be preferred.

A consultation with a gynecologist specializing in high-risk pregnancies is essential to ensure adequate follow-up in the context of scleroderma.

WHAT ARE THE POSSIBLE EFFECTS OF PREGNANCY ON SYSTEMIC SCLERODERMA?

In general, pregnancy does not appear to have any effect on the overall course of systemic scleroderma. However, pregnancy may worsen gastroesophageal reflux disease (GERD), with more heartburn and shortness of breath, especially if these problems were present before pregnancy. On the other hand, Raynaud's phenomenon may improve in about 30% of patients, due to increased body temperature and blood supply to the extremities in the context of pregnancy.

Rare cases of scleroderma renal crisis occurring in late pregnancy or after delivery have been reported in patients with a recent diagnosis of diffuse scleroderma (within the first 4 years). Pregnancy is therefore not recommended at this time in these patients but could be planned at a less progressive stage of the disease.

WILL SCLERODERMA AFFECT MY BABY?

The majority of babies are not affected by their mother's diagnosis of scleroderma. However, if the mother has anti-Ro or anti-La autoantibodies, these antibodies can cross the placenta and occasionally cause inflammation in the baby's heart, leading to heart block (heart rhythm disorder) in 1-2% of pregnancies. Serial fetal echocardiograms are then necessary during pregnancy to quickly detect a heart problem in the fetus. Also, the presence of anti-phospholipid autoantibodies

in the mother is associated with an increased risk of miscarriage and preeclampsia. Ongoing monitoring of high-risk pregnancies is essential to ensure adequate assessment according to the level of risk.

WILL I BE ABLE TO BREASTFEED?

Yes, breastfeeding is possible and encouraged even in women with scleroderma. Some medications that can be passed into breast milk should be avoided. Scleroderma patients with active Raynaud's phenomenon in the post-pregnancy period may experience Raynaud's disease in the nipples, especially after breastfeeding or with any exposure to cold, which causes pain and discomfort. The use of heating pads to improve blood circulation before breastfeeding may be beneficial. A breast pump can also be used when Raynaud's is most active.

WHAT ABOUT MEN?

Few studies have looked at the fertility of men with Systemic Scleroderma. However, scleroderma can cause erectile dysfunction, possibly due to reduced blood flow to the penis. Some immunosuppressive drugs can also decrease fertility in men, most often reversibly.

IN SUMMARY

The majority of women with systemic scleroderma can become pregnant and have healthy children. Close collaboration between the patient, the rheumatologist and the gynecologist specializing in high-risk pregnancies is essential to minimize the risk of complications.

