Arthritis Foundation®

Inflammatory Arthritis and Family Planning

Thinking about having a baby is a big and exciting decision. If you live with inflammatory arthritis, you may be wondering how your disease might affect your plans for a family. The good news is that with planning and care, most people with inflammatory arthritis can have healthy pregnancies.

Fertility and Conception

Most women with arthritis can get pregnant as easily as anyone else. But a few issues might play a role in your ability to conceive or maintain a pregnancy:

- **Disease activity.** If your arthritis is active, it might be harder to conceive. Keeping your disease well-controlled helps fertility and gives you the best chance at a healthy pregnancy.
- **Medications.** Some medications can affect fertility. For example, certain drugs may lower sperm counts in men, and others could be dangerous to a developing fetus. Even common medications like nonsteroidal anti-inflammatory drugs (NSAIDs) might make it a little harder to get pregnant or raise the chance of miscarriage. That's why it's important to talk to your rheumatologist before trying to conceive. They can adjust your treatment so it's safer for pregnancy.
- **Other health conditions.** When you have inflammatory arthritis, you may have other health conditions too. In some cases, those other conditions may affect your ability to get or stay pregnant. Talk to your doctor about any particular risks you might face.

Planning for Pregnancy

Planning should begin several months before you start trying to get pregnant. During this time, you should:

- **Use effective birth control.** If you're not ready to get pregnant — especially if you take a medicine that's dangerous for pregnancy — you may need to use two forms of birth control.

QUESTIONS TO ASK YOUR DOCTOR

Ask these questions to ensure you're getting the best care and doing all you can to have a healthy pregnancy.

For your OB/GYN:

- Do you have experience working with women with arthritis? If not, can you refer me to a doctor who does?
- How will you know if my pregnancy will be high risk?
- Do you feel comfortable working closely with my rheumatologist?

For your rheumatologist:

- Can I continue my current medications if I decide to get pregnant?
- What are the safest alternatives for me and my baby?

For both:

- Is now a good time for me to plan a pregnancy? If not, what can I do to prepare?
- How often will I need to see you during pregnancy?
- Will I need any special tests or need to see other specialists?
- Are there symptoms I should watch for? What symptoms are serious?
- Do you think I will be able to have a vaginal delivery?

For More Information

Family Planning, Pregnancy & Parenting
arthritis.org/familyplanning

Family Planning & Parenting Connect Group
connectgroups.arthritis.org

Arthritis Foundation Helpline:
800-283-7800

Family Planning

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- **Work with your doctor to control your arthritis.** Aim to minimize disease activity three to six months before trying to get pregnant.
- **Discuss medications with your doctor.** Many medicines are safe to use during pregnancy, but some may affect fertility or raise the risk of birth defects. Your doctor will recommend something safer.
- **Adopt a healthy lifestyle.** Eat nutritious food, maintain a healthy weight, stay active and take prenatal vitamins if your doctor recommends them.
- **Choose your OB/GYN.** They should be comfortable working with women who have inflammatory arthritis and open to working with your rheumatologist. Some women may need to see a high-risk OB/GYN.

Pregnancy and Delivery

Being pregnant can be physically draining. Self-care is important. This includes pacing your activities and finding ways to manage stress, like deep breathing or meditation. It's also important to follow your doctor's advice about getting proper nutrition and the best ways for you to stay active.

Your arthritis symptoms might improve or worsen during pregnancy. Keep an eye out for warning signs of a flare. Let your doctors know if you experience:

- Morning sickness that makes it hard to take your arthritis medicine or keep it down.
- Pain or stiffness in your spine or hips that might make delivery difficult.
- More disease activity and symptoms. Your doctor might increase or change your medications if you have more or new symptoms.

Becoming a New Parent

Life with a newborn can be rewarding and exhausting, so it's a good idea to make a plan for the six months after delivery. Get your partner, friends and family engaged in your post-delivery arthritis plan. Be sure to consider these points, too:

- Some forms of arthritis tend to flare after delivery, and your doctor might need to change your medications again. Make sure to ask about medications that are safe while breastfeeding.
- Prepare for caregiving. If arthritis affects your shoulders, elbows or hands, ask your doctor or an occupational therapist about comfortable ways to hold, dress and feed your baby.
- Take care of yourself. It's important that you continue to eat healthfully, stay active, get enough sleep and minimize stress to keep your arthritis under control so you can also care for your baby well.

FAQs

Will my baby have arthritis?

Many autoimmune diseases are partly genetic, so there is a chance. However, most women with autoimmune diseases have babies that don't have arthritis or other autoimmune diseases.

Will my arthritis improve during pregnancy?

It's impossible to tell in advance, but some women do get a break from arthritis symptoms during pregnancy. If you are among them, enjoy the break. If you're not, keep working with your rheumatologist to keep your disease controlled. Arthritis often flares after delivery. Have a treatment plan in place with your doctor in case yours does.