Preface

Rheumatologic diseases disproportionally impact women during their reproductive years. Rheumatologists are not trained as obstetricians and many of us lack the experience of managing pregnant patients. Similarly, most obstetricians are not familiar with the intricacies of treating rheumatologic disorders. Thus, clinicians are often faced with difficult management issues that surround family planning including contraception, assisted reproductive technologies, pregnancy, and nursing.

The various rheumatologic disorders impact pregnancy outcomes differently. Some diseases such as systemic lupus erythematosus (SLE) can increase the risk of pregnancy complications. Others such as rheumatoid arthritis (RA) are less likely to do so. In turn, pregnancy itself induces immunologic changes that can either cause symptoms to improve or worsen. Competing needs of the developing fetus and the mother may limit medications typically used in disease management, compounding the challenge of disease management. Additionally, the type of contraception and method of assisted reproductive technology may need to be adjusted in women with rheumatologic disorders.

In creating this textbook, our hope was to provide information and guidance to clinicians in the area of reproduction and rheumatic disorders. What follows summarizes the current state of knowledge in this area. This textbook starts by reviewing the immunology and obstetric management of pregnancy in general. It then provides general guidelines for pre-pregnancy assessment of the rheumatology patient. In Part II, pregnancy in specific rheumatologic disorders is discussed, including SLE, Sjogren's syndrome, mixed connective tissue disease, undifferentiated connective tissue disease, antiphospholipid syndrome, RA and seronegative spondyloarthropathy, systemic sclerosis, vasculitides, and inflammatory myositis. In Part III, contraception and assisted reproductive technology methods are reviewed. Finally, the topics of neonatal lupus, medication use during pregnancy and lactation, and the long-term outcome of children of rheumatic disease patients are covered.

As rheumatologists who have been interested in this field for many years, we have faced many challenges of family planning in our patients with rheumatologic disorders. Along with these challenges have come incredibly gratifying experiences in negotiating contraception and pregnancy alongside these patients. We are grateful to them for letting us participate in these journeys. We are also indebted to our coauthors, each of whom provided invaluable expertise in an important area in this field.

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