# Clashing Advice About Arthritis Therapy Confuses Pregnant Women

Moms-to-be who stop arthritis treatment during and after pregnancy may experience premature births or low birth weight babies.

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Many pregnant women are concerned about the effects of prescription drugs on their unborn children. But findings published in ACR Open Rheumatology show that mothers-to-be with inflammatory arthritis who discontinue drug treatment for the autoimmune condition may damage their health as well as harm their babies before birth, according to a press release from CreakyJoints.org.

Rheumatoid arthritis is a type of inflammatory arthritis that commonly attacks joints in the hands, wrists, and knees. The condition is characterized by inflammation in the lining of the joint tissue, which can trigger chronic pain, stiffness and swelling of the joints, affect balance and cause deformities and lung, heart and eye problems.

For the study, researchers surveyed women with inflammatory arthritis. The women were 40 years old on average and had become pregnant after being diagnosed with the condition at least once. Results showed that at least 80% of the participants stopped drug treatment either prior to becoming pregnant or during pregnancy or lactation based on advice from their doctors that prompted concerns about medication safety. (The women said the information from these health professionals frequently conflicted.)

As a result, women became distrustful and decided to discontinue taking the drugs, known as tumor necrosis factor inhibitors, prescribed to treat their inflammatory arthritis. (Previous studies have shown that these meds are safe for use during pregnancy.)

“We know that some women who discontinue inflammatory arthritis treatment during and after pregnancy may experience health consequences beyond impairments to their own physical functioning and quality of life, ones that may lead to worse fetal outcomes, such as prematurity or low birth weight [babies],” said Mehret Birru Talabi, MD, PhD, a researcher from the division of rheumatology and clinical immunology in the department of medicine at the University of Pittsburgh and the lead study author.

“Women do not need to choose between their baby and their body,” stressed Megan E.B. Clowse,

MD, MPH, an associate professor at the Duke University School of Medicine, another investigator on the research team. “Instead, their rheumatologists, pediatricians and obstetricians need to be reassuring that they can safely treat their arthritis and breastfeed at the same time.”

Talabi also emphasized that clinicians must properly explain to women the potential risks and benefits of maintaining arthritis therapy while pregnant or breastfeeding, in addition to addressing their questions and concerns.

“We also need to make sure that we convey this same information to high-risk ob-gyns, primary care physicians and other clinicians on the healthy team to ensure that our messages are consistent and accurate,” Talabi added.

To learn more about rheumatoid arthritis, read “What Does Weight Have to Do With Rheumatoid Arthritis?” and “Black Arthritis Patients Less Likely to Get Potent Drugs.”

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