

## Sexuality and family planning

A resource for patients, by patients

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Are you considering a step into parenthood? You probably have a few questions about what this means for you if you live with inflammatory arthritis. For example, how will my arthritis be affected? What will parenting be like while living with inflammatory arthritis?

As a first step, it is important to speak with your family doctor and rheumatologist as early as possible regarding any plans on becoming a parent. Your family doctor may recommend several things to prepare for a possible pregnancy such as ensuring immunizations are up to date and recommending a prenatal vitamin with folic acid.

Your rheumatologist may review the medications with you to ensure they are safe to take during pregnancy. Some medications may be considered teratogenic which is the medical term for when a medication is known to affect the development of the fetus / baby. Men also need to review medications before trying to conceive. These first steps are important as it is recommended that inflammatory arthritis be in a state of low or no disease activity before attempting to become pregnant.

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## Sexuality and intimacy

There are so many **'medical'** items to address that sometimes we lose sight of how we are actually going to have a baby! Living with inflammatory arthritis can affect intimacy including how you see yourself and self-confidence. Fatigue can also get in the way of actually having sex. There are limited resources on sexuality and intimacy, and they are highlighted below:

- The [Chronic Sex website](#) has resources on sexuality and illness and disability. There are trustworthy resources on self-confidence, relationships and talking to your partner.
- The Arthritis Society has an [intimacy resource](#) that includes information on how arthritis affects intimacy, physical and emotional challenges, and comfortable positions.
- Help is available through a sexuality educator, counsellor, or therapist. The American Association of Sexuality Educators, Counsellors and Therapists has a [referral directory](#) if you want to learn more.

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## Fertility

You may be wondering if arthritis will affect your fertility or ability to have children. Research ([Jawaheer, Zhu, Nohr & Olsen](#)) has shown that the length of time to become pregnant is slightly longer for women with rheumatoid arthritis. For example, this study showed that if a woman has rheumatoid arthritis, up to 25% may take more than a year to conceive compared to 16% in women without RA.

There are some specific conditions associated with rheumatic disease that may impact fertility such as [antiphospholipid syndrome](#) that can cause high blood pressure and miscarriages. Speak to your rheumatologist to see whether you are at risk and to screen for this or other conditions.

Some studies have shown ([Katz, Provost, Eaton & Clowse and Ostensen](#)) that women with rheumatoid arthritis tend to have fewer children than the average woman. This may be due to disease activity, personal choices, pain, and medications especially Non-Steroidal Anti-Inflammatory Drugs (NSAID's) that can affect ovulation. Here are a few things to consider when deciding on the size of your family:

- What changes might you need to make to care for a newborn baby? A preschool aged child? A school aged child? (Check out the Parenting resource for more information)
- Is your partner willing to take on more parenting responsibilities (e.g., getting up more in the night) to allow you to manage your arthritis?
- What other social support is available to you and your partner to deal with the demands of parenting? [Research](#) has shown that social support, e.g., family or friends to help with caregiving, can help parents living with Rheumatoid Arthritis.
- What are you and your partner's expectations of parenthood? How might inflammatory arthritis impact day to day life such as managing arthritis flares?

## Talking to your partner

You may be in a situation where your partner was aware of your arthritis when you met or maybe it was something that came along once you had an established relationship. Either way, your partner is an important part of your life, management of your disease and any decisions regarding parenthood. Some things to consider are:

- What will my life look like as a parent?
- What additional things might I need to do or consider because of inflammatory arthritis?
- Will I need to take on certain responsibilities if my partner has a flare or other limitations (e.g., waking up at night with the baby because of partner's fatigue, taking on more physical tasks like lifting and carrying children)?
- How will I support my partner and their disease throughout pregnancy and in their role as a parent?

**“My biggest advice is to rally your supports. This is true for all new parents but living with a chronic condition, such as arthritis, throws more complexities into the scenario...not knowing what your pain and coping will be like after baby arrives is anxiety-provoking. Having someone to voice your concerns to is helpful and having people in your life that are aware of what you're dealing with is crucial so they can offer support.”**