

Pregnancy, birth and beyond

A resource for patients, by patients

So now that you are pregnant, you may be wondering if your arthritis will feel better, worse or the same. Everyone is different but there are a few studies that tell us a little bit about what to expect.

- If you have Rheumatoid Arthritis, various studies ([De Man et al](#) & [Barrett et al](#)) have concluded that disease activity decreases during pregnancy though perhaps not as much as originally thought.
- In contrast to the experience of women with Rheumatoid Arthritis, some studies ([Ostensen](#)) have shown that the overall disease for women with Ankylosing Spondylitis stays the same or worsens during pregnancy.
- If you have Psoriatic Arthritis, some studies ([Ostensen](#)) have shown that disease activity improves or went into remission in 80% of the pregnancies.

“During my first pregnancy my arthritis went to remission. I thought it was almost guaranteed to do the same during my second pregnancy, but it was the complete opposite. I wish I had been better prepared mentally for the fact that my arthritis may not go away as it did with my first.”

Although we can remain hopeful of an improvement in your arthritis’s activity during pregnancy, it is important to plan for the possibility that the disease may not improve. You may wish to consider what medications might be an option, what adjustments you may wish to make to your lifestyle and what additional support you may need from your partner, family, and friends.

If you have joint damage to your spine, you may also feel additional pressure and pain in the spine throughout pregnancy. This may become a problem during the later stages of pregnancy where the baby / fetus is getting larger.

Labour and delivery

You have made it – you’re almost there and baby is on the way! You are likely thinking about how you will manage through labour and delivery. There are some joints that may cause problems during labour and delivery, such as the spine, sacroiliac joints (found in the lower right and left parts of the pelvis) and the hips. If you have arthritis in any of these joints, they may cause additional pain or limitations during labour and delivery. Here are a few things to consider to prepare for labour and delivery:

- Work with your obstetrician, midwife and/or doula (a person who is trained to assist another woman during childbirth) in advance of the birth to identify ways to address pain in problem areas
- Discuss what medications are available to manage pain during labour and delivery. In some situations, your doctor may advise against the use of an epidural for people with arthritis in their spine
- Read up about different ways to manage pain during labour and delivery, such as labouring on a ball, using a bath and meditation. You may wish to limit any pressure on the spine or sacroiliac joints (found in the lower right and left parts of the pelvis) during labour and so may want to avoid lying down or sitting during labour.

In some situations, your doctor or obstetrician may recommend a caesarian section (C-section) for the birth. Read through the resources provided below for further information about the surgery and to guide you in the early days after the birth.

- [Kids Health](#)
- [Mayo Clinic](#)

After the birth

Often women will experience a flare of their inflammatory arthritis within three months of the birth of the baby. Studies ([Ursin](#), [Ostenson](#)) have shown that disease activity is increased after the birth and six months after the baby was born. While there is no way to predict your health, you should prepare yourself for a possible flare after the birth. Here are some considerations in planning for after the baby is born:

- Do you intend to breastfeed your baby? If so, what medications are compatible with breastfeeding?
 - Will you restart the same medications (if they were stopped during pregnancy) after the birth?
 - Do these medications pass through breast milk to the baby? If they do, what are the effects on the baby?
 - How long do you intend to breastfeed your baby?
 - What additional support will you need from your partner, family, friends, and health care team immediately after and in the months following birth?
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Immunizing your baby

If you decide to keep taking medications during pregnancy and breastfeeding, it is important to ask your rheumatologist about the impact it may have on your baby's immunization schedule. Each province or state has their own [timetable](#) for immunizations and what is reimbursed so it's important to know what applies in the province you live or receive health care.

All vaccines should be routinely administered to babies of mothers with inflammatory arthritis except the rotavirus vaccine as noted in [Canadian guidelines](#). In North America, live vaccines like the rotavirus vaccine are usually not given to babies until they are twelve months of age, with rare exceptions. Speak with your rheumatologist to assess your situation and the impact on you and your baby.