

## The Impact of Lupus on Pregnancy

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### DESCRIPTION

Women with lupus can safely become pregnant, and the majority of their pregnancies will result in healthy babies. All women with lupus who become pregnant, on the other hand, are regarded to be having a "high risk pregnancy." This indicates that lupus patients are more prone to have complications during pregnancy. It doesn't rule out the possibility of issues. Doctors used to advise people with lupus not to get pregnant because of the hazards to both mother and child. While pregnancy with lupus has its own set of dangers, most women with the disease can safely become pregnant and give birth to healthy children. Women of reproductive age are disproportionately affected by Systemic Lupus Erythematosus (SLE). The condition does not appear to affect fertility in SLE individuals.

SLE, or Systemic Lupus Erythematosus, is a type of autoimmune disease that affects women during their reproductive years. Spontaneous abortion, intrauterine foetal mortality, preeclampsia, intrauterine growth retardation, and premature birth are all risks associated with SLE. Antibodies against SSA and SSB can cause foetal heart block and newborn lupus. When SLE has been stable for at least 6 months prior to pregnancy and the mother's underlying renal function is normal or near normal, the prognosis for both mother and child is the best.

### Lupus effect on pregnancy

Lupus is a chronic inflammatory disease caused by a faulty immune system. To keep us healthy, the immune system is designed to recognize and kill bacteria and viruses). In the case of lupus, however, the immune system assaults one or more types of body tissue, such as the skin, joints, muscles, nerves, kidneys, heart, or lungs. For these reasons, it's critical and a woman should carefully plan for pregnancy. During pregnancy,

lupus symptoms may be reduced in certain situations. If lupus was stable before pregnancy, it's more likely to stay stable during pregnancy.

**During pregnancy:** A maternal-fetal medicine expert can collaborate with rheumatologist and other specialists to keep a woman well during pregnancy. Make sure a woman knows how often she needs to see the doctor during her pregnancy and that she never miss an appointment. These sessions are crucial because the doctor will test the blood and urine for symptoms of pregnancy complications.

**After pregnancy:** Some women develop preeclampsia or HELLP syndrome shortly after giving birth. Although developing these issues after leaving the hospital is uncommon, if a woman experiences signs of these disorders after giving birth, seek medical care right once. 2 to 3 months after baby is born, she should schedule a follow-up appointment with her rheumatologist. The Doctor will examine lupus symptoms and discuss medication options.

### CONCLUSION

When pregnant with SLE, the risk of problems is higher than when pregnant with a healthy woman. Preterm labour, unplanned caesarean birth, foetal growth restriction, preeclampsia, and eclampsia were all shown to be two to four times more common in women with SLE. Thrombosis, infection, thrombocytopenia, and transfusion were all significantly greater in SLE patients. Women with SLE had a greater maternal death rate; however, mortality among SLE patients who were not pregnant was significantly higher. Women with SLE had higher incidence of hypertension during pregnancy, preterm birth, unexpected caesarean delivery, postpartum haemorrhage, and maternal venous thromboembolism than women without SLE.

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