

Patient information

Contraception and Rheumatology Conditions

Rheumatology department

Why Family Planning Matters in Rheumatology conditions

If you have a rheumatological condition and are a woman, it is important for you to think about contraception and family planning. Getting pregnant when your rheumatology condition is active or if your rheumatology condition has caused problems with your kidneys, heart and lungs can lead to complications for both you and your baby and can lead to poorer outcomes.

Also, some medicines used to treat rheumatology conditions can harm a developing baby. These may cause birth defects, miscarriage, or mean that ending the pregnancy is necessary. That's why using reliable contraception is essential if:

- Your rheumatology condition is active.
- You're taking medicines that aren't safe in pregnancy.
- You do not want an unplanned pregnancy.

Medicines That Are Unsafe During Pregnancy

Some medications to treat your rheumatology condition may harm a baby if taken during pregnancy. These include:

- Anakinra (only used in rare cases).
- Belimumab (only used in rare cases).
- Bosentan
- Cyclophosphamide (only used in rare cases).
- Leflunomide
- Mepacrine
- Methotrexate
- Mycophenolate Mofetil
- Mycophenolic Acid (Myfortic).
- Rituximab (only used in rare cases).
- Secukinimab (only used in rare cases).
- Tocilizumab (only used in rare cases).
- Ustekinimab (only used in rare cases).

There may be other medicines you take that are also not safe in pregnancy.

Never routinely stop your medication without speaking to your rheumatology team first.

- If you're planning a pregnancy, talk to your rheumatology team before stopping any medication.
- If you become pregnant unexpectedly while on these medicines, stop the medication and contact your rheumatology team immediately. The contact details are at the bottom of this leaflet.

Planning a Pregnancy

To give yourself and your baby the best chance of a healthy pregnancy:

- Plan ahead with your rheumatology team — ideally six to 12 months before trying to conceive.
- Talk to your rheumatology team to make sure your condition is stable.
- Your rheumatology team may need to change your medications to ones that are safe in pregnancy and this can take time.

Contraception Options for Women with Rheumatology Conditions

Using contraception helps prevent unplanned pregnancies. There are safe and effective options for women with rheumatology conditions. Your rheumatology team can help you choose what's best for you.

The effectiveness of contraceptives varies, and depending on how your rheumatology condition affects you, might affect how safe certain methods are.

Best options for most women with a rheumatology condition: Long-Acting Reversible Contraception (LARC)

These do not rely on daily use and the chance of becoming pregnant with these methods are less than 1% per year which make them the best options and the most reliable:

Contraceptive Implant (Sub-dermal Implant)

- A small rod placed under the skin of your upper arm.
- Releases a hormone called progestogen.
- Works for three years.
- No vaginal exam needed.
- May change your bleeding pattern (e.g., irregular or no periods).
- Will need replacing at three years.
- Can be removed before three years if planning a pregnancy – can take three months for menstrual cycle (periods) to return to normal.

Intrauterine Devices (IUDs or Coils)

- Placed inside the womb.
- Two types:
 - **Copper Coil** (non-hormonal).
 - **Hormonal Coil** (e.g., Mirena, Levosert, Kyleena, Jaydess).
- Fitted during a simple procedure with a speculum and inserter.
- Works for up to four years.
- Will need replacing at year four.
- May affect your bleeding pattern (periods).
- Can be removed before four years if planning a pregnancy – fertility returns to normal the first menstrual cycle (period).

Other Options

- **Progesterone-Only Pill (Minipill)**
 - Taken daily.
 - Suitable for women with rheumatology conditions, does not contain oestrogen.
 - Slightly less effective than LARC with a 4% to 8% chance of becoming pregnant per year with typical use.
 - Can be affected by missed doses, illness (e.g., vomiting), or other medications.
- **Combined Contraceptive pill**
 - Taken daily for 21 days with seven-day break.
 - Will have a withdrawal bleed (period).
 - Suitable for some women with rheumatology conditions, however, does contain oestrogen so not suitable for all women with rheumatology conditions.
 - Slightly less effective than LARC with a 4% to 8% chance of becoming pregnant per year with typical use.
 - Can be affected by missed doses, illness (e.g., vomiting), or other medications.
- **Contraceptive Injection**
 - Requires an injection into a muscle every 13 weeks by a healthcare professional to maintain protection.
 - Not suitable for women who are at risk of osteoporosis.
 - Not suitable for all women with rheumatology conditions.

- Slightly less effective than LARC with a 6% chance of becoming pregnant per year with typical use.
- Not suitable for women who want to become pregnant in the next year as can take a year for fertility and periods to return to normal after the injections wears off.

- **Oestrogen and Progesterone Patch**

- Patch that sticks to your skin, releases oestrogen and progesterone.
- Not suitable for a number of people in general – please check with your sexual health clinic.
- Contains oestrogen so not suitable for all women with rheumatology conditions.
- Change the patch every week for three weeks, then have a week without a patch to have a withdrawal bleed.
- Less effective than LARC with a 9% chance of becoming pregnant per year with typical use.

Barrier and Natural Methods

- **Condoms:** Least effective (15–20% chance of pregnancy per year) but protect against Sexually Transmitted Infections.
- **Fertility awareness methods (monitoring menstrual cycle):** Not reliable enough for women with rheumatology conditions.

Lupus and Antiphospholipid Syndrome

Oestrogen-containing contraceptives are **not recommended** for women with **lupus or antiphospholipid syndrome**, as it can cause lupus flares, increase the risk of developing blood clots and other complications. These include:

- Combined contraceptive pill.
- Contraceptive injection.
- Contraceptive patch.

Choosing the Right Method

The best contraception for you depends on:

- Whether you have antiphospholipid antibodies (which increase blood clot risk) or lupus.
- Your rheumatology condition activity level.
- Your medical history and current medications.
- Your personal preferences.

Talk to your rheumatology team to find the safest and most effective option for you. For further detailed contraception information please check out the sexual health clinics websites below

Where to access Contraception

Check with your GP surgery as some offer contraceptive implant and intrauterine device fitting and contraceptive injections. Progesterone-only pill (Minipill) and combined contraceptive pill are also available from your GP surgery.

Your local sexual health clinic can offer you the following:

- Coil fittings
- Implant fittings
- Contraception
- Emergency contraception.
- Sexually transmitted Infection testing.
- Pregnancy testing.
- Vaccines

Sexual Health clinics

Axess Service Merseyside and Cheshire - <https://www.axess.clinic/>

- Clinics in Liverpool, Knowsley, East Cheshire, Warrington, Runcorn, and Widnes.

Sefton Sexual Health Services - <https://seftonsexualhealth.nhs.uk>

- Clinics in Bootle, and Southport.

St Helen's Sexual Health Services - <https://www.sexualhealthsthelens.nhs.uk/>

- Clinic in St Helen's.

Wirral Sexual Health Services - <https://www.sexualhealthwirral.nhs.uk>

- Clinics in Birkenhead, Eastham, and Wallasey.

Chester and Cheshire West Sexual Health Services -

<https://www.thesexualhealthhub.co.uk/services-near-you/cheshire-west-and-chester/>

- Clinics in Chester, Ellesmere Port, Winsford, Neston, and Northwich.

- Lancashire and West Lancashire Sexual Health Services –

<https://lancashiresexualhealth.nhs.uk/find-nearest-centre/>

- Wigan and Leigh Sexual Health Services - <https://sectrum-sexualhealth.org.uk/our-clinics/wigan-leigh-clinic/>

Further information

Rheumatology Nurse Team: Monday – Friday

If your treatment is at Broadgreen Hospital (Rheumatology):-

Vasculitis Adviceline Tel: 0151 282 6052 or 0151 706 3244

Lupus Adviceline Tel: 0151 282 6047 or 0151 706 3244

Rheumatology Nurse Adviceline Tel: 0151 282 6060

Text phone number: 18001 0151 282 6060

If your treatment is at Aintree Hospital (Rheumatology):-
Vasculitis/Behcet's Adviceline Tel: 0151 529 8123
Rheumatology Nurse Adviceline Tel: 0151 529 3034
Text phone number: 18001 0151 282 3034

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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