



Education and Advice on the Clinical Implications of Anti-Ro/SSA Positivity on Pregnancy in SLE.

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Introduction

Anti-Ro/SSA autoantibodies are common in systemic lupus erythematosus (SLE). Transplacental transfer of maternal anti-Ro/SSA antibodies can cause neonatal lupus and foetal congenital heart block (CHB). The risk of CHB is 2-5% in anti-Ro/SSA positive pregnant women, which increases to approximately 20% with a history of foetal CHB in previous pregnancies. Anti-Ro/SSA positive women of childbearing age must be counselled on this and educated on the need for increased foetal monitoring. The use of hydroxychloroquine (HCQ) is also advised, as it has been shown to reduce this risk by 50%.

In this study, we aimed to determine if appropriate advice and counselling was documented in anti-Ro/SSA positive SLE women of childbearing age.

Methods

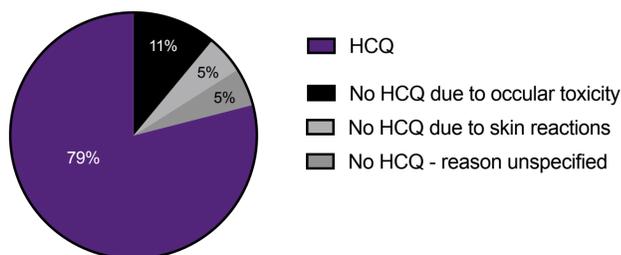
This study was conducted from Jan-Sept 2020. All female, anti-Ro/SSA positive patients attending the lupus clinic with a diagnosis of SLE as per SLICC criteria were included. Child-bearing age was considered between 16-45 years. Medical records were reviewed to determine documentation of advice regarding pregnancy planning and risk of CHB. Patients were then invited to participate in a telephone-questionnaire assessing awareness of the potential implications of anti-Ro/SSA positive serology in pregnancy.

Results

Table 1: Demographics and Characteristics of female anti-Ro/SSA+ SLE patients attending a dedicated lupus clinic (n= 57).

		Total (n=57)	
		n	(%)
Age	Mean (SD)	49.4 (13.4)	
Childbearing Age (16-45 years)	Yes	28	49%
	No	29	51%
Ethnicity	Caucasian	54	95%
	Other	3	5%
Treated with Hydroxychloroquine	Yes	45	79%
	No	12	21%

A. Hydroxychloroquine treatment in Ro+ SLE women



B. Documented CHB advice in women of child-bearing age

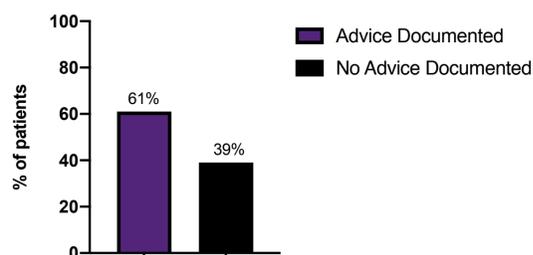


Figure A. 45/57 (79%) of anti-Ro/SSA positive women were prescribed HCQ versus 12 (21%) who were not. Reasons for those not prescribed HCQ were ocular toxicity (11%), severe skin reactions (5%), and were not documented in 5%.

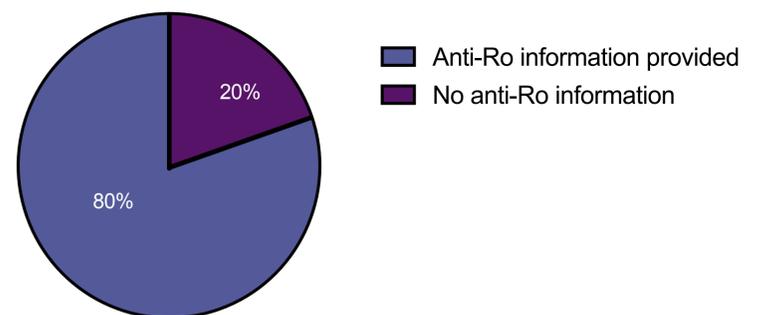
Figure B. 28 (49%) of patients were of childbearing age (16-45 years). 17/28 (61%) of these patients had documented advice on the implications of anti-Ro/SSA positive serology on pregnancy compared to 11/28 (39%) who did not.

Questionnaire Results

15 out of 28 (54%) of Ro+ SLE women of child-bearing age participated in a telephone questionnaire to assess knowledge of the implications and risks associated with positive anti-Ro/SSA serology.



C. "Have you been informed that you have the Ro-antibody and how it affects you?"



D. Advice on risks of pregnancy given to Ro+ females of child-bearing age.

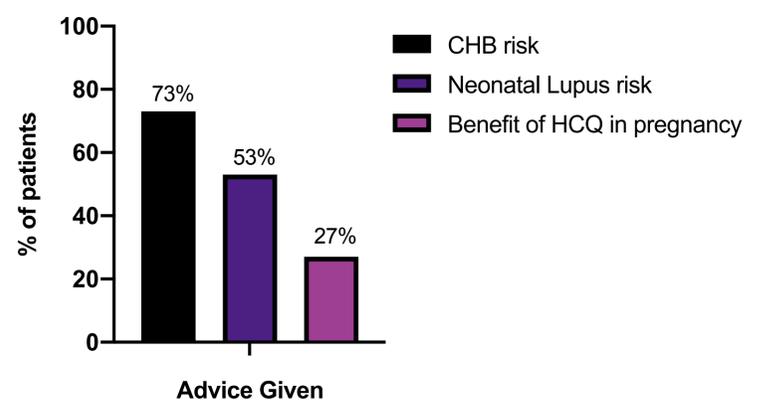


Figure C: 80% of questionnaire participants had been informed of their anti-Ro/SSA positive status and the implications of same versus 20% who were not.

Figure D: Specific advice provided to patients included the risk of foetal CHB and need for increased monitoring during pregnancy (73%), the risk of neonatal lupus (52%), HCQ use in pregnancy to reduce the risk of CHB (27%).

Conclusion

A high proportion of female SLE patients were anti-Ro/SSA positive and the majority (79%) of this patient group were prescribed HCQ. However, documented advice regarding pregnancy and risk of CHB was inconsistent. Questionnaire results to date show that specific advice outlining the need for CHB monitoring and the benefits of HCQ varied widely. This study highlights the need to standardize education and advice on pregnancy and the implications of anti-Ro/SSA positive serology in this at-risk patient cohort.