

# Rheumatoid Arthritis

---

This sheet is about rheumatoid arthritis in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

## ***What is rheumatoid arthritis?***

Rheumatoid arthritis (RA) is a type of arthritis that mainly affects the joints, but can also affect other parts of the body. It is an autoimmune condition, meaning the immune system doesn't work the way it should, causing inflammation (swelling). Symptoms can include swelling, stiffness, discomfort, pain, and may cause limited movement. Many people with RA might also have some symptoms that don't involve the joints like fatigue, loss of appetite, and low-grade fevers (temperature above normal, but below 100.4).

## ***I have rheumatoid arthritis and am thinking of getting pregnant. Is there anything I need to know?***

People with RA can have a higher chance for problems during a pregnancy. If the RA is well controlled for 3-6 months before becoming pregnant, the chance for pregnancy complications is usually lower than in people with more active RA. Since most people with RA take medication to control the inflammation and prevent or reduce joint damage, it is important to talk with your healthcare providers about your medications and the best treatment options before trying to get pregnant.

## ***I have rheumatoid arthritis. Can it make it harder for me to get pregnant?***

For some people with RA it might take longer to become pregnant. It is not clear if this is related to the RA itself, the severity of the disease, the medications used for treating RA, or the choices people with RA make about having children (for example, waiting until they are older to have children). In some studies, people with RA took longer to get pregnant than those without RA; however, many experts believe that the ability to conceive is not different from people without RA.

## ***Will pregnancy affect my RA symptoms?***

For many people, symptoms of RA improve over the course of pregnancy. However, this is not the case for everyone and it is not possible to predict how a pregnancy will affect a person's symptoms.

## ***Does having rheumatoid arthritis increase the chance for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Most studies have found that rates of miscarriage for people with RA are similar to rates for people without RA.

## ***Does having rheumatoid arthritis increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. There is no evidence that having RA will increase the chance of having a baby with a birth defect. While most medications used to treat RA do not increase the chance for having a baby with a birth defect, some might. This is why it is best to review your medications with your prescribing healthcare provider before you become pregnant, if possible.

## ***I just found out that I am pregnant. Should I stop taking my medication(s)?***

Talk with your healthcare providers before making any changes to how you take your medication(s). Because pregnancies are more successful when RA is well controlled, staying on a medication that works for you is important for your health and the health of the pregnancy. Because some medications used to treat RA might be avoided during pregnancy, it is important to contact your healthcare provider as soon as possible to discuss your treatment options.

## ***Does having rheumatoid arthritis increase the chance of other pregnancy complications?***

People with poorly controlled RA have a higher chance for preterm delivery (delivery before 37 weeks of pregnancy) and for babies to have low birth weight or be smaller than usual. Earlier delivery and lower birth weight increase the chances for health problems in a newborn. RA flares and inflammation can also increase the chance for pregnancy complications like preterm delivery and preeclampsia (a dangerous rise in blood pressure and increase of protein in

the urine). C-sections have also been reported more often among those with moderate to high disease activity at time of delivery.

***Does having rheumatoid arthritis in pregnancy affect future behavior or learning for the child?***

There are a limited number of studies regarding long-term problems for children born to people with RA. Some studies have suggested a possible association with neurodevelopmental disorders, hematologic malignancies (blood cancer), and autoimmune conditions. Future studies are needed to better understand if RA could cause long-term problems for exposed children.

***Breastfeeding while I have rheumatoid arthritis:***

Many medications that are used to treat RA can be used when breastfeeding. It is important to find out about your specific medications. To find out more about specific medications, you can view MotherToBaby Fact Sheets at <https://mothertobaby.org/fact-sheets-parent/> or contact a MotherToBaby specialist. Be sure to talk to your healthcare provider about all your breastfeeding questions.

***If a male has rheumatoid arthritis, can it make it harder to get a partner pregnant or increase the chance of birth defects?***

There are very few studies looking at the outcomes of pregnancies when a male has rheumatoid arthritis. The limited information available has not found an increased chance of birth defects or miscarriages in pregnancies where males had been taking medications for RA. Some medications used to treat RA might affect male fertility, making it harder to get a partner pregnant. Most medications a father or sperm donor takes are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

*MotherToBaby is currently conducting a study looking at rheumatoid arthritis and the medications used to treat RA in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972 or sign up at <https://mothertobaby.org/join-study/>.*

**Please click here for references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm. Copyright by OTIS, July 1, 2022.