

# Pregnancy outcomes greatly improved in lupus patients

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Historically, pregnancy in patients with systemic lupus erythematosus (SLE) was considered so risky that physicians counseled women to avoid becoming pregnant and recommended that women carrying a child terminate their pregnancy. Now, a new study published July 8 in the *Annals of Internal Medicine* demonstrates that pregnancy outcomes in the last two decades have drastically improved for patients with this disease.

"The biggest take-home message from this study is that more lupus [patients](#) are attempting [pregnancy](#), most of the physicians are not recommending against it, and [women](#) are having successful deliveries," said lead study author Bella Mehta, MBBS, MD, MS, an assistant attending physician at Hospital for Special Surgery and an instructor in clinical [medicine](#) at Weill Cornell Medicine, in New York City.

SLE is a systemic autoimmune disease, which affects 241 per 100,000 people in North America; it is predominantly diagnosed in women of childbearing age. Years ago, women with SLE were advised to avoid having children due to high rates of complications, including pre-eclampsia and eclampsia. In more recent years, studies have shown that pregnancy in women with SLE carries a higher maternal and fetal risk than does pregnancy in healthy women, but this is improving. Between 1960 and 2003, rates of miscarriages and other pregnancy loss decreased from 40 percent to 17 percent in women with lupus. In the last two decades, a new understanding of the pathophysiology of SLE, new medications, and guidelines for risk assessment and management of

patients with lupus have improved outcomes in patients, but just how this has impacted pregnancy in these women was unclear.

To shed light on this issue, researchers from HSS, the Icahn School of Medicine at Mount Sinai, Weill Cornell Medicine and New York-Presbyterian/Weill Cornell Medical Center, all in New York City, turned to the National Inpatient Sample (NIS) database. The NIS contains discharge data from approximately 20 percent of all [community hospitals](#) in the United States. It is the largest all-payer inpatient database in the United States focusing on adult pregnant hospitalized women with and without SLE. Using this database, the investigators examined data for all [pregnant women](#) from 1998 through 2015, focusing on in-hospital [maternal mortality](#), fetal mortality, preeclampsia/eclampsia, c-section, non-delivery related admission, and length of stay.

Among the findings, the researchers identified a dramatic decline in in-hospital mortality in SLE patients, 442 per 100,000 admissions for the years between 1998 and 2000 compared with

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