

About the Author: Laura K. Hummers, M.D., ScM, is co-director of Johns Hopkins Scleroderma Center, and assistant professor at Johns Hopkins University School of Medicine in Baltimore, Md. Dr. Hummers responds to patient questions in this issues Q&A.

PREGNANCY CONCERNS

Q: My husband and I are expecting our first child. I am only two months along, but as a scleroderma patient, I know I may face some added difficulties with this pregnancy. What are the main concerns I should watch for?

A: First, I would like to offer my congratulations, and wish you and your husband all the best.

There are some issues in pregnancy that are of special concern in scleroderma. The overall success of pregnancy in scleroderma is actually quite good. On average, however, we find that scleroderma patients have babies born slightly earlier and smaller compared to other pregnant women. Despite being a little smaller, these babies do quite well.

Raynaud Phenomenon may get a little better with the improved blood flow in pregnancy, but gastroesophageal reflux (GERD), or heartburn, may get worse as your uterus expands.

It is also very important that your doctors understand the full extent of your scleroderma, particularly with regard to possible lung disease to ensure that this particular complication does not affect the fetal development. In some women with significant lung disease, they may require additional attention or may need to use oxygen during a pregnancy to ensure adequate oxygen delivery to the fetus.

The other significant concern is the development of hypertension, or high blood pressure, during a pregnancy. This could be due to one of two problems that are often very difficult to distinguish. One is scleroderma-related kidney disease, also known as scleroderma renal crisis. The second complication of pregnancy is preeclampsia. Both of these conditions can cause sudden onset of high blood pressure and decline in kidney function. However, the treatments are very different for each. The important thing for you to do about this is monitor your blood pressure regularly at home during the pregnancy. Take your blood pressure one to two times per week in first and second trimesters, and three to four times per week in the third trimester. Notify your physicians immediately if you develop high blood pressures.

In addition, because of all of these issues, it is very important that you follow-up with a high-risk obstetrician, and work closely with your rheumatologist during your pregnancy.