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Autoimmune diseases predominately affect women and commonly occur during the child-bearing years. Importantly, the diagnosis of an autoimmune disease should not preclude the opportunity to live a complete, fulfilling life—including family life. Fifty years ago, women with lupus were told by their doctors not to become pregnant for fear of maternal health. Now researchers know differently: women with lupus can and do have healthy pregnancies. However, pregnancies in women with lupus do have higher rates of complications than do those of women without lupus. Many of these risks can be minimized by careful management of the disease and medication use prior to becoming pregnant as well as during pregnancy.

While much has been describe regarding the possible complications of pregnancy in women with lupus, including flares of disease and preterm delivery, pregnancies in women with other underlying autoimmune diseases such as rheumatoid arthritis and multiple sclerosis have been less well studied. This is, in part, due to reports that these underlying diseases tended to improve during pregnancy, only to flare in the first few months after delivery. However, further studies have shown that more women with rheumatoid arthritis had active disease during pregnancy than had been previously thought, and that active disease during pregnancy may increase risks of preterm delivery and lower birthweight infants.

Because pregnancy leads to inherent changes in the immune system to allow for the growth of a foreign body (the baby), it seems natural these changes are likely to affect underlying autoimmune diseases. We are studying the immunological changes of normal pregnancies as well as those in women with autoimmune diseases, in order to gain insight into the immune system itself, as well as autoimmune diseases. We strongly believe that strategies can be developed to improve the outcomes of all pregnancies, especially those in women with underlying autoimmune diseases.