Outcome of Pregnancy in Asian Women with Systemic Lupus Erythematosus: Experience of a Single Perinatal Centre in Singapore

L K Tan,*FAMS, MRCOG, M Med (O&G), H K Tan,**FAMS, MRCOG, M Med (O&G), C T Lee,***SSN, A S A Tan,****FAMS, MRCOG, M Med (O&G)

Abstract

***Objective**: To study maternal and fetal outcomes in women with systemic lupus erythematosus (SLE). **Materials and Methods**: Retrospective study of 27 pregnancies in 18 women with SLE in a single centre. **Results**: The mean age was 30 years and most patients were nulliparous. Twenty-six of 27 pregnancies were in disease remission at the time of booking. Renal impairment was present in 7 pregnancies (6 women), of whom 2 were in end-stage renal disease on dialysis. Gestational diabetes developed in 4 pregnancies. There were 6 cases of pre-existing hypertension and 5 with superimposed pre-eclampsia. One woman developed intrapartum eclampsia. Two women had secondary antiphospholipid syndrome (APS) and suffered late fetal losses; in addition, they also developed SLE flares in the form of autoimmune haemolytic anaemia in the postpartum period. There was no maternal mortality. There was one termination of pregnancy for severe renal disease. The median gestational age at delivery was 38 weeks (range, 24 to 40 weeks) and the mean birth weight was 3047 g; the median Apgar scores were 8 and 9 at 1 and 5 minutes of life, respectively. There were 5 cases of intrauterine growth restriction (IUGR), 4 of which occurred in women with renal impairment. There were no cases of congenital heart block or neonatal lupus. There was a late fetal loss at 24 weeks in a woman with secondary APS. There were 2 preterm deliveries (7.4%) due to intervention for IUGR. **Conclusion**: Good pregnancy outcomes can be expected in women with SLE in remission. Pre-pregnancy counselling is crucial to achieve this. All pregnancies should still be considered high risk and be managed jointly between the obstetricians, the perinatologists and the physicians. In particular, those with renal impairment are at increased risk of IUGR, superimposed pre-eclampsia and preterm births. Co-existing APS augurs a poorer prognosis for pregnancy outcome, and may present atypically as autoimmune haemolytic anaemia in the postpartum period.*

***Ann Acad Med Singapore* 2002; 31:290-5**

Key words: Pregnancy, Renal impairment, Secondary antiphospholipid syndrome, Systemic lupus erythematosus flare, Systemic lupus erythematosus

* *Associate Consultant*
** *Consultant*
*** *High Risk Obstetric Coordinator*
**** *Senior Consultant*
Department of Obstetrics and Gynaecology
Singapore General Hospital
Address for Reprints: Dr Tan Lay Kok, Department of Obstetrics and Gynaecology, Singapore General Hospital, Outram Road, Singapore 169608.