

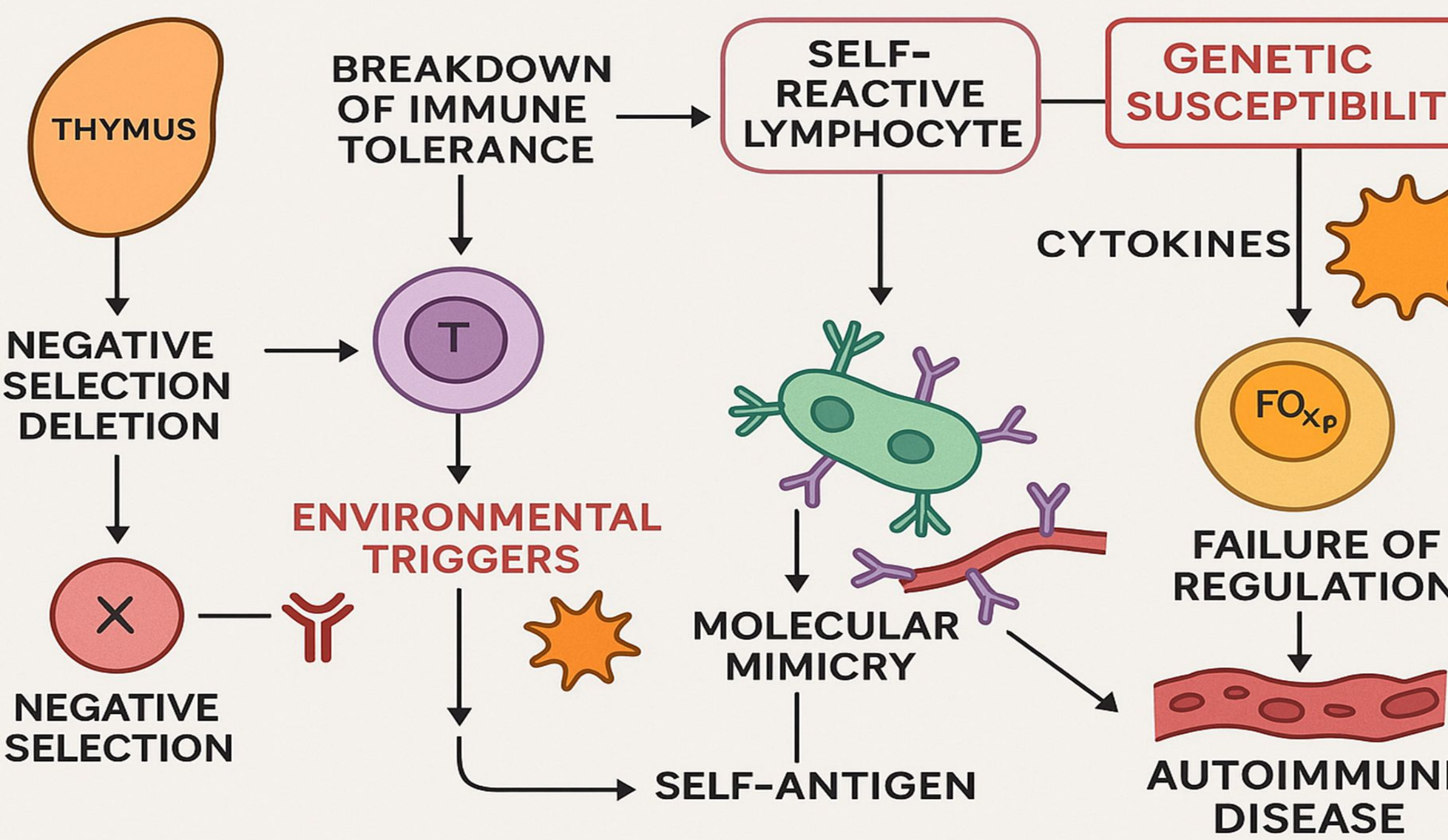
Dr ADITI GODSE (OBG), Dr GAYATHRI KARTHIK (OBG), DR ABHISHEK PATIL (Rheumatologist), DR PRITI VENKATESH (Fetal Medicine), DR NIRUPAMA (OBG), DR RANGANATH (Neonat), DR AISHWARYA (OBG), DR KARTHIK NAGESH (Neonat)

- Autoimmune disorder – result due to an aberration in the process of recognising self from non self.
- Incidence – 7% world wide, with a high female preponderance especially in the reproductive age group.
- MILES – Michigan lupus epidemiology and surveillance program – peak age 25-29 years in black and 30-34 years in white population.
- Differ across population and not one diseases has similar epidemiology

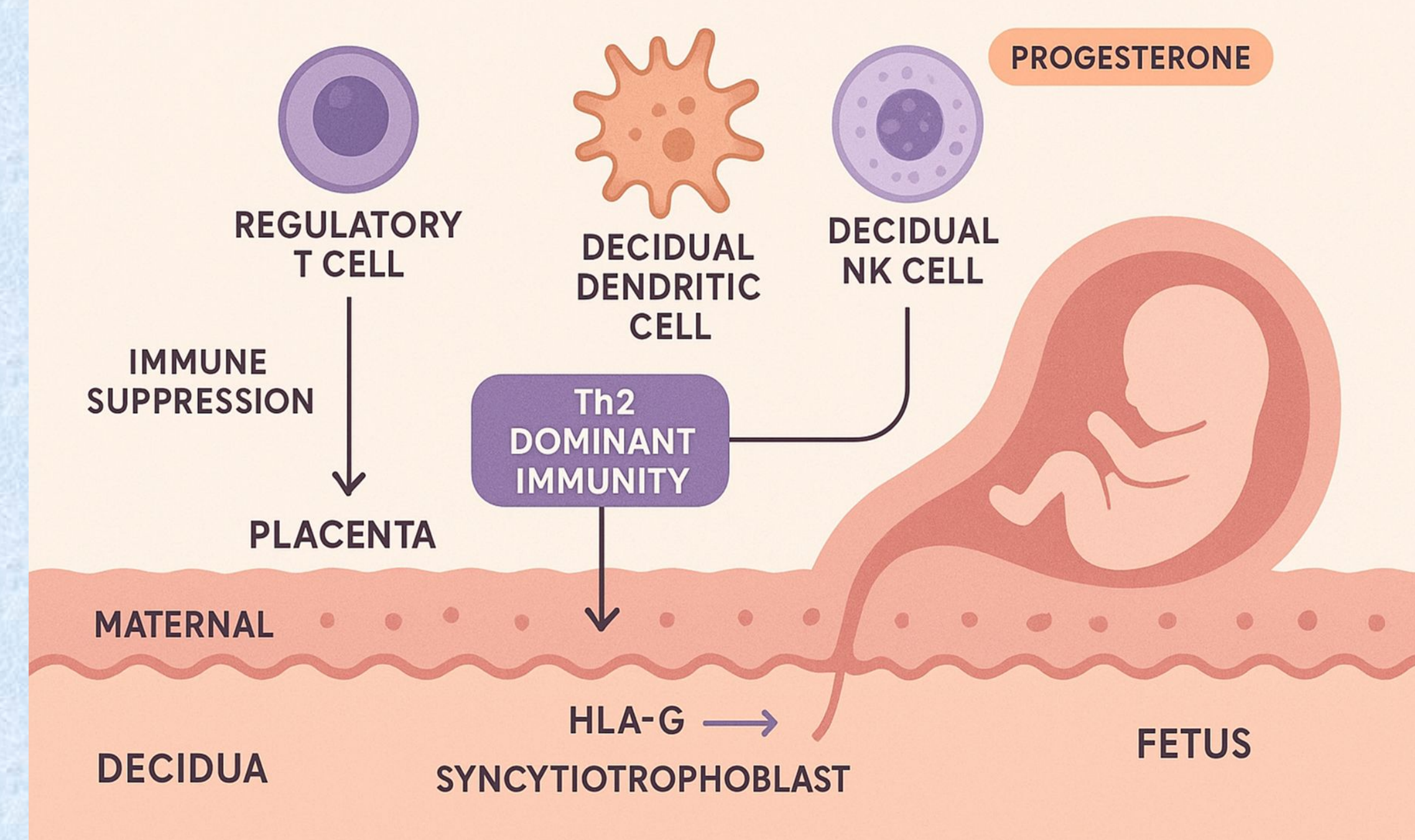
Objective - To study the perinatal outcome in women with autoimmune disorders.

Methodology - The current study has been undertaken at a tertiary care centre between 2020-2024. All women who were diagnosed (at our centre or referred) with autoimmune disorder either prior to conception or during the antenatal period were included in the study. We have included 57women in the study . Most common age group – 26 – 30 years. 9 % had pregnancies with IVF.

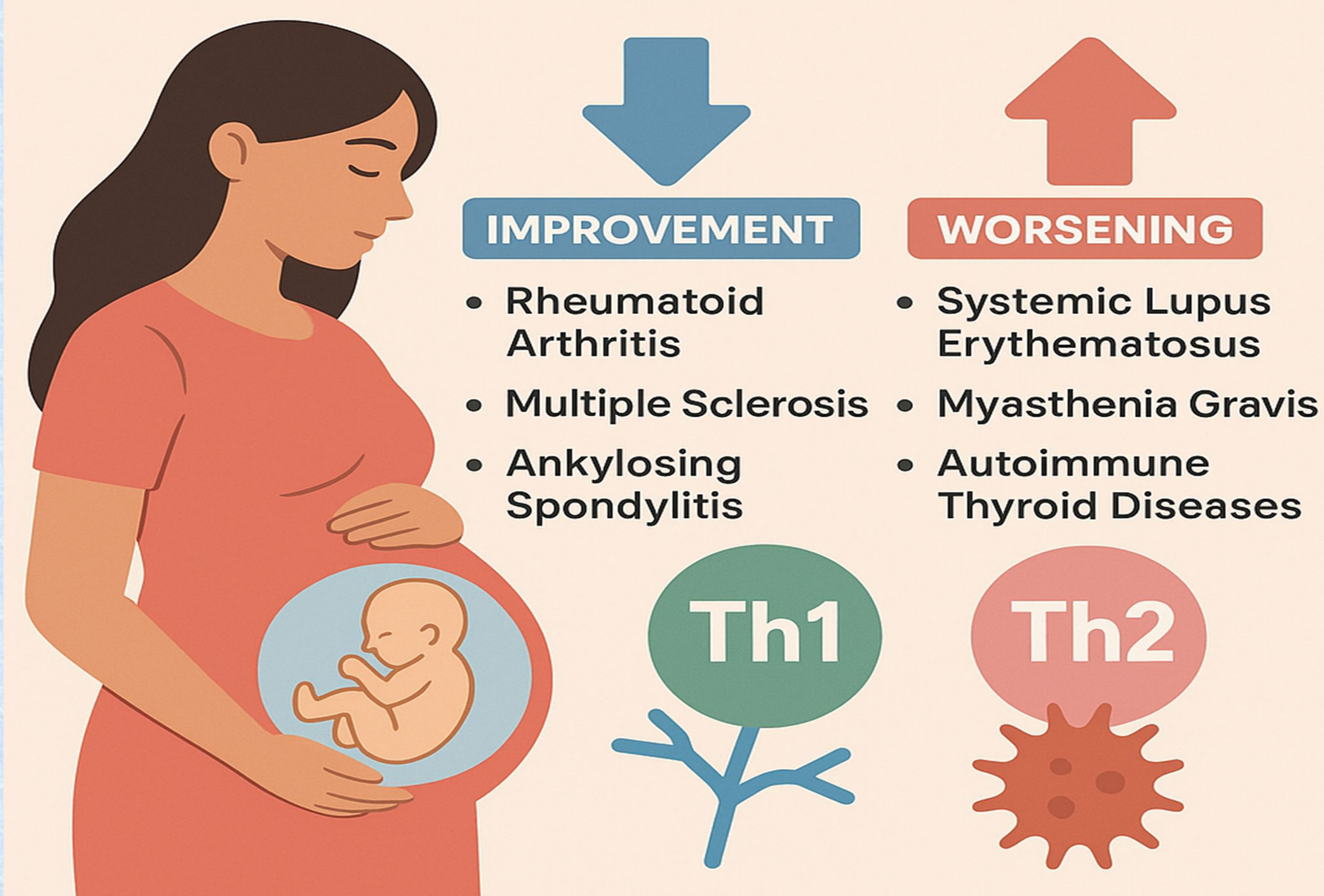
MECHANISMS OF AUTOIMMUNITY



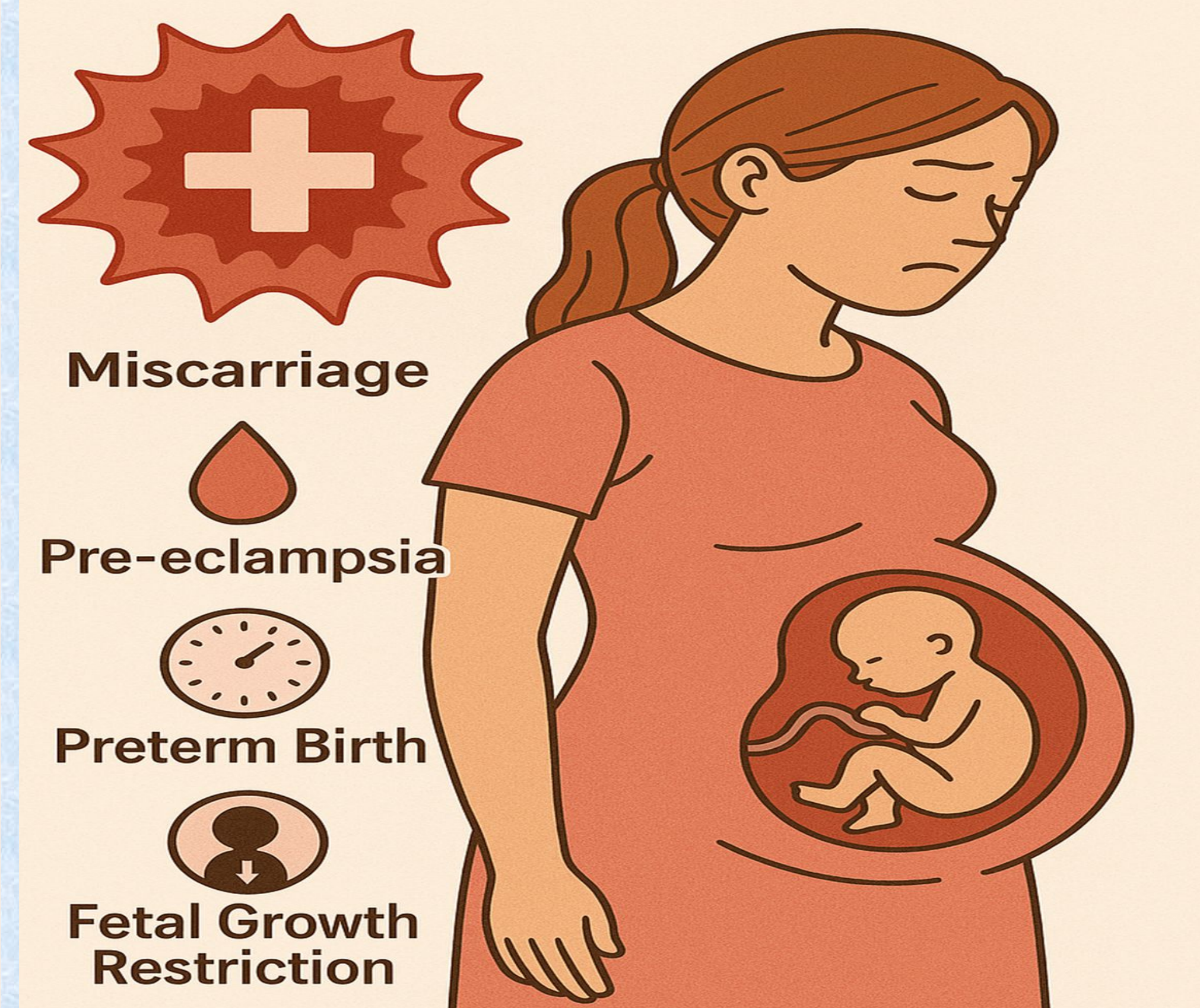
IMMUNE TOLERANCE IN PREGNANCY



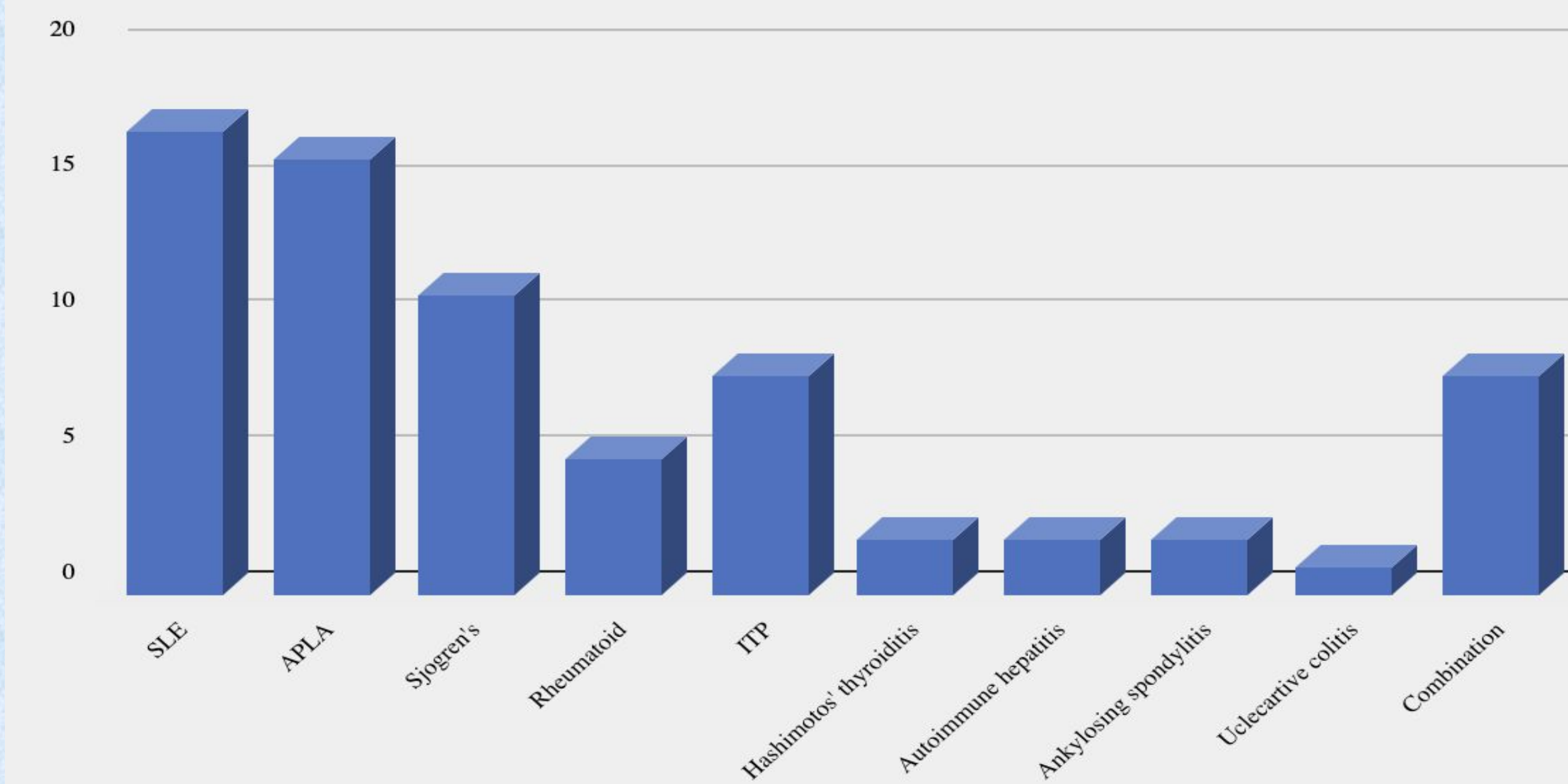
EFFECT OF PREGNANCY ON AUTOIMMUNE DISEASE



EFFECT OF AUTOIMMUNE DISORDER ON PREGNANCY

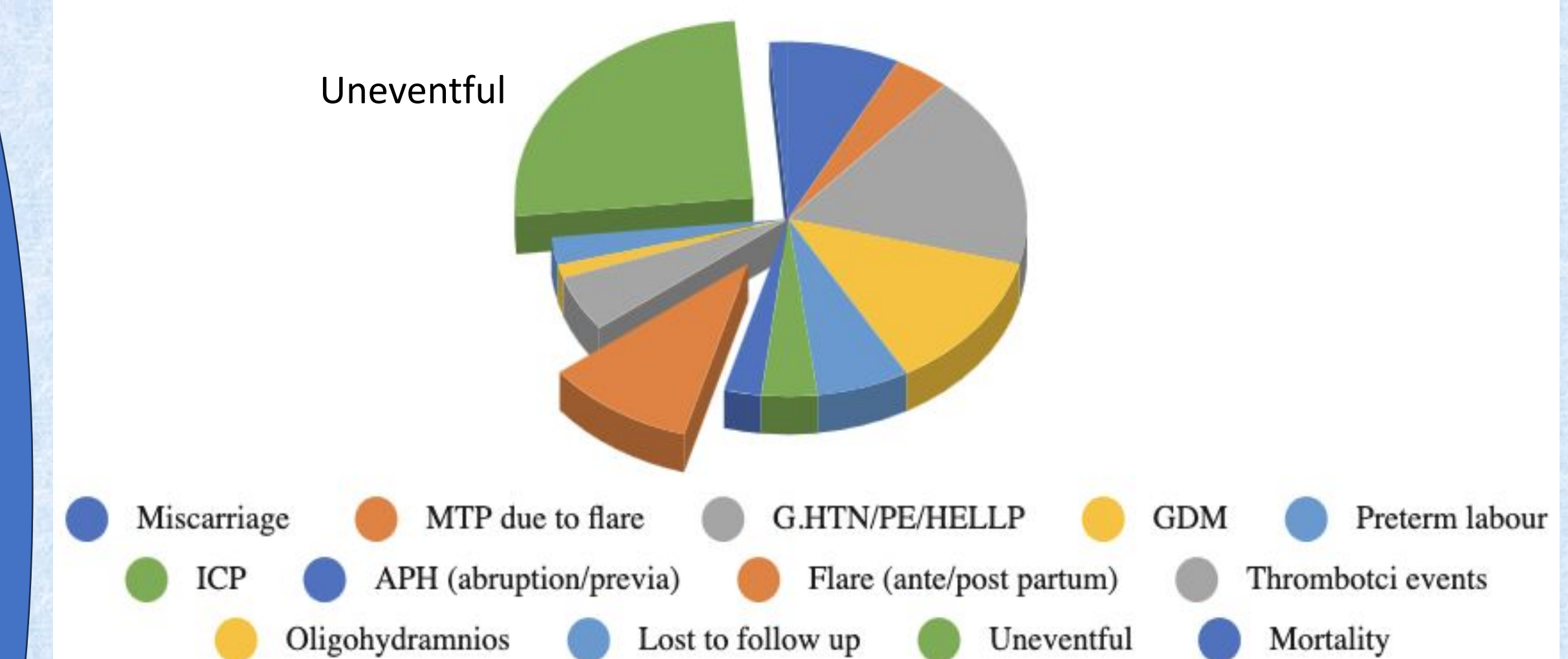


Disease distribution

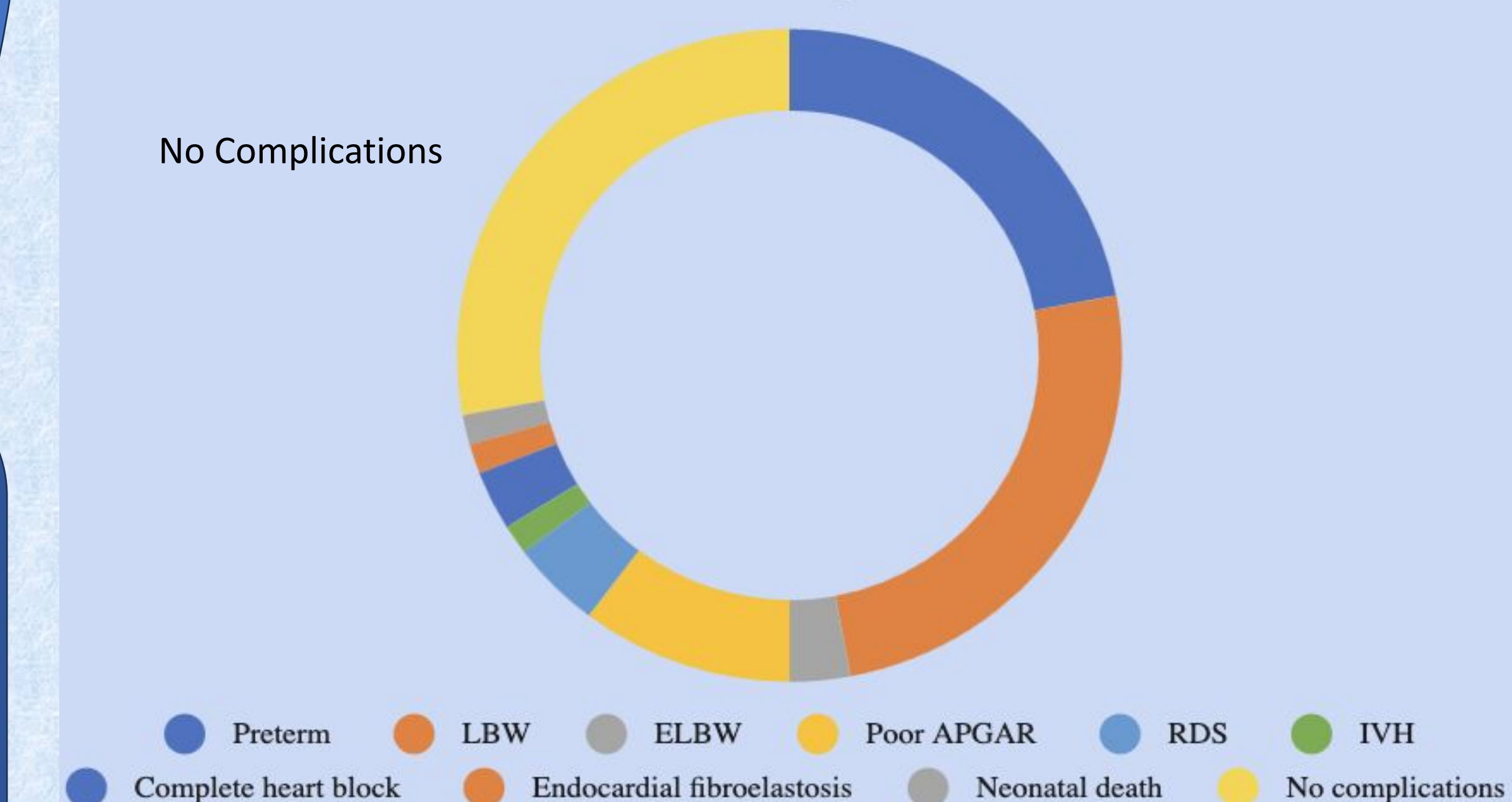


Success is POSSIBLE

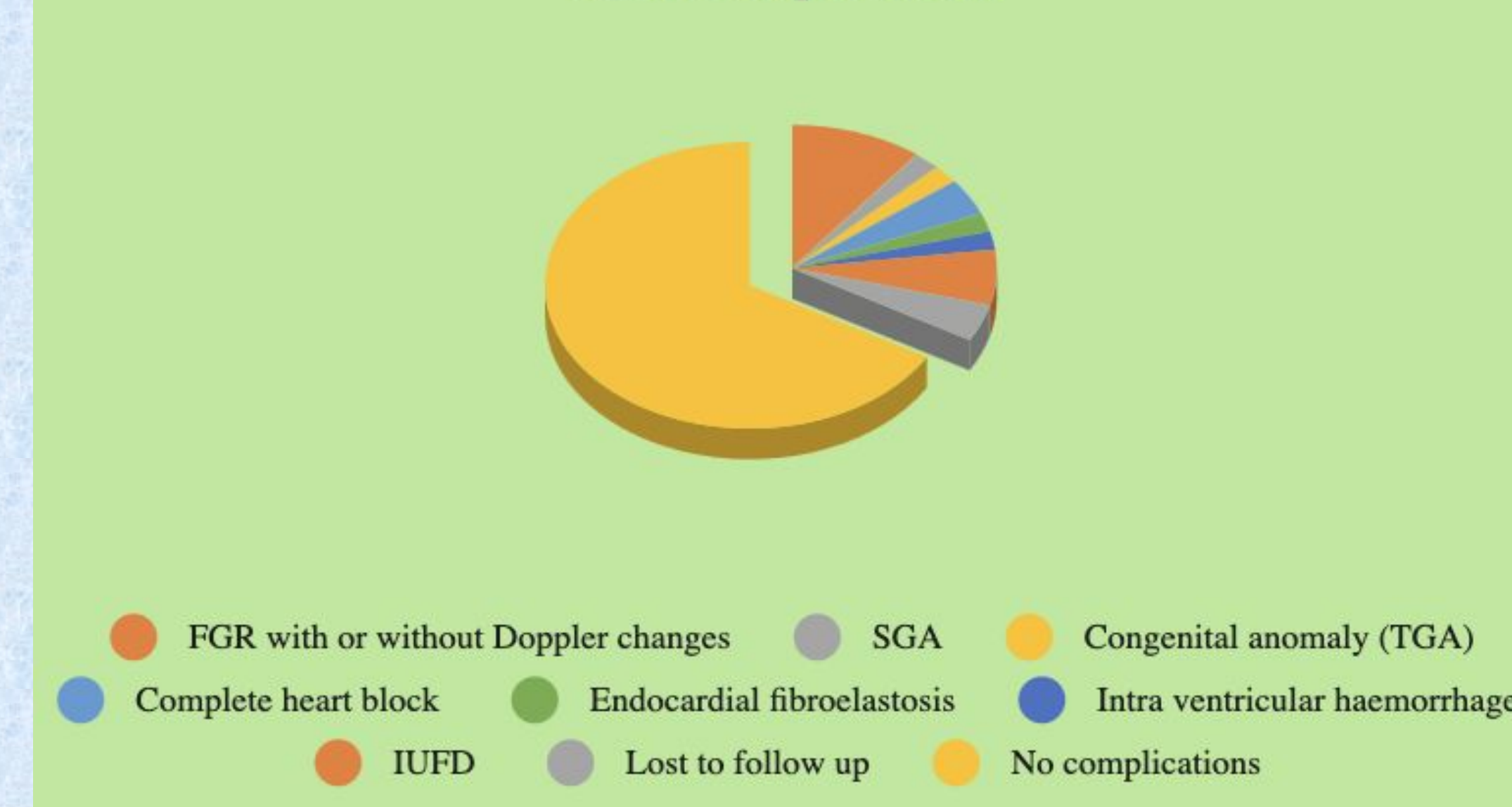
Maternal complications



Neonatal complications



Fetal complications



ALL FLARES NEED NOT BE TERMINATED

- 2 patients IV Ig - 2 doses, 3 weeks apart before 26 weeks for CHB,EFE
- Favourable outcome(improved fibroelastosis on USG)
- no adverse effects
- CHB, EFE – babies only on follow up,
- appropriate milestones achieved.

Preconceptional counselling –

- Optimise disease, remission at least 6 months prior
- Discontinue teratogenic medications
- Need for vigilant monitoring

MULTIDISCIPLINARY UNIT IS THE KEY TO SUCCESS

Antenatal care

- High pregnancy unit
- FHR monitor – 16-18 weeks
- PR interval – in SSA and or SSB +, aids is considering IV immunoglobulins, steroids, albutamol
- Aspirin, LMWH – in APLA, improves outcome