Pregnancy

Pregnancy can influence sarcoidosis in different ways. For some women, symptoms of sarcoidosis may improve during pregnancy due to natural changes in the immune system. However, in a minority of cases, sarcoidosis can worsen or flare up during pregnancy.

Women with sarcoidosis, especially those with significant lung or heart involvement, may require closer monitoring during pregnancy and sometimes referral to high-risk pregnancy units.

Monitoring includes regular check-ups to ensure both the mother's and baby's well-being, and to make any necessary adjustments in treatment.

Most women can expect to have a normal delivery. After giving birth, some women may experience a flare-up of their sarcoidosis, so it's important to continue monitoring and treatment as necessary after delivery.

Breastfeeding

Women with sarcoidosis may breastfeed.

While many medications used in the treatment of sarcoidosis are safe for breastfeeding, some can be passed to the baby through breast milk.

For this reason, it is advised to avoid breastfeeding if you are taking mycophenolate or methotrexate.

It's important to discuss the safety of medications during breastfeeding with a healthcare provider.

Who We Are

SarcoidosisUK is the UK Sarcoidosis Charity. We're here to provide support, information and to fund research. We run support groups across the UK – please contact us for information on your nearest group.

How You Can Help:

Donate:

www.sarcoidosisuk.org/donate

Get involved in medical research:
www.sarcoidosisuk.org/research/get-involved-sarcoidosis-research/

Thanks to:

Dr. K. Bechman and **Dr. J. Galloway,**
Rheumatology, Kings College Hospital, London.

Past authors: Sarcoïdose Belangenvereniging Nederland (SBN), The Dutch Sarcoidosis Society; Dr. J.C. Grutters, St. Anthony Hospital, Nieuwegein.

Contact Us

020 3389 7221
info@sarcoidosisuk.org

www.sarcoidosisuk.org
Charity number: 1204750

Facebook: facebook.com/uk.sarcoidosis
Twitter: @sarcoidosisuk
Instagram: instagram.com/sarcoidosisuk

SarcoidosisUK

SARCOIDOSIS
PREGNANCY AND FERTILITY

SarcoidosisUK

Sarcoidosis and fertility and pregnancy

Sarcoidosis is most common in people aged 20 to 40 years. This leaflet examines sarcoidosis and its effect on fertility and pregnancy.

Fertility

Sarcoidosis can potentially affect fertility in both men and women, though the extent and nature of its impact can vary.

In men, sarcoidosis can involve the reproductive system. This is caused by neurological involvement and hypothalamic-pituitary involvement (see leaflet: Sarcoidosis and the Endocrine System). This can lead to hormonal imbalances, reduced sperm production or quality, and potentially erectile dysfunction. It is important to note that not all men with sarcoidosis will experience these problems.

In women, sarcoidosis is less commonly reported to affect fertility. However, if the disease disrupts hormonal balance by hypothalamic-pituitary Involvement, it could potentially lead to fertility issues. Additionally, chronic illness and the stress associated with managing a long-term condition can indirectly impact fertility.

Fertility and medications

Most medications used to treat sarcoidosis do not affect fertility.

However, in very severe disease a medicine called cyclophosphamide is sometimes used. Cyclophosphamide is known to have possible effects on fertility in both men and women.

In men, cyclophosphamide can cause oligospermia (low sperm count) or azoospermia (absence of sperm in semen), leading to temporary or permanent infertility. In women, cyclophosphamide can cause ovarian toxicity, leading to premature ovarian failure or early menopause. If people are younger when they are treated, they have a better chance of full recovery.

For patients who need treatment with cyclophosphamide and are concerned about fertility, it is important to discuss fertility preservation options with their healthcare provider. Options for men may include sperm banking before starting treatment, while for women, possibilities include freezing eggs or embryos.

Preconception Planning:

Ideally, women with sarcoidosis who wish to become pregnant should have a preconception consultation. This allows for optimal management of sarcoidosis and an opportunity to make any necessary adjustments to medication.

Pregnancy and medications

It's crucial for women with sarcoidosis to discuss their medication regimen with their healthcare provider if they are planning a pregnancy or become pregnant.

Many medications used in the treatment of sarcoidosis are safe in pregnancy. This includes corticosteroids, hydroxychloroquine, and azathioprine. Women taking corticosteroids during pregnancy should be on the lowest dose possible to control their sarcoidosis and should have regular monitoring of their blood pressure and blood glucose levels.

Anti-TNF therapy e.g., infliximab is considered safe throughout pregnancy, although if safe to do so, your doctor may consider stopping infliximab during the second trimester (at 20 weeks) so that the baby can have a normal vaccination schedule. If stopped in pregnancy, your doctor will restart infliximab as soon as practical after delivery in the absence of infections or surgical complications.

Other drugs, such as methotrexate and mycophenolate, are not safe in pregnancy and should be stopped 6 weeks prior to conception. Cyclophosphamide is also not considered safe in pregnancy.