

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 wellbeing, 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.

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.

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.

