



Embracing Motherhood: Guide for Women with Psoriatic Disease

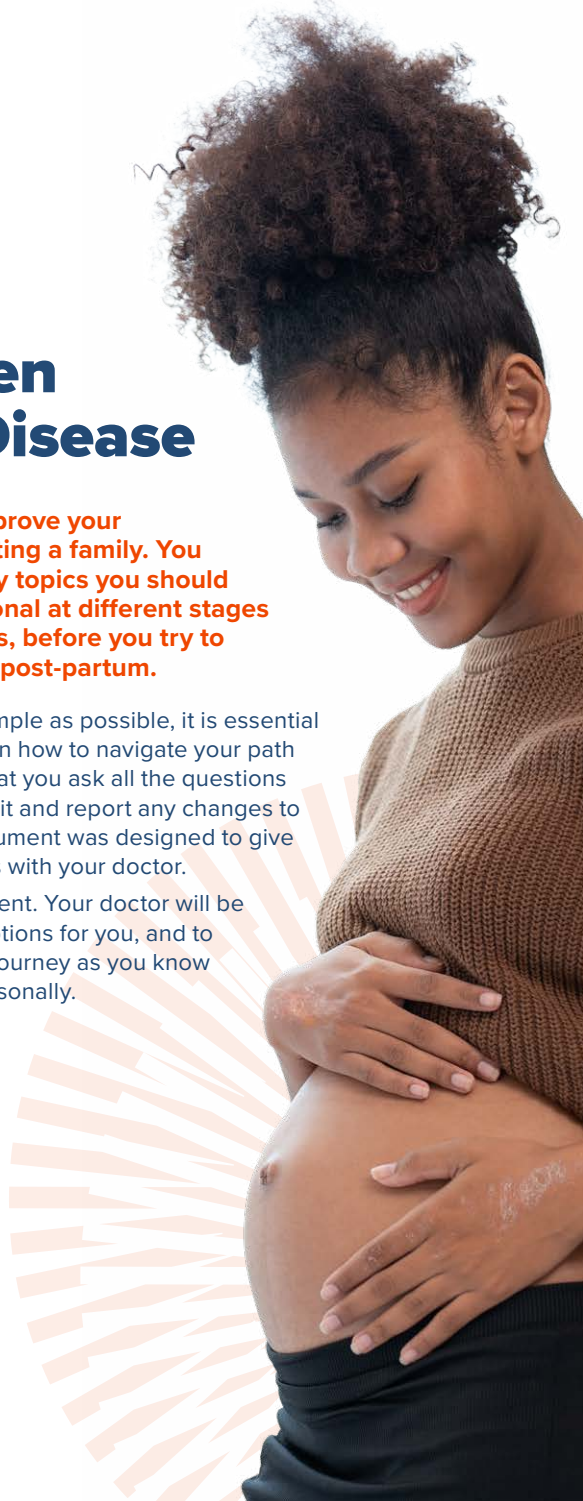
The checklist below is designed to improve your experience if you are considering starting a family. You will find important information and key topics you should discuss with your healthcare professional at different stages of the journey: from fertility awareness, before you try to conceive, during your pregnancy, and post-partum.

To make your family planning journey as simple as possible, it is essential that you and your doctor decide together on how to navigate your path to parenthood. It is in your best interests that you ask all the questions you have, ask for extra support if you need it and report any changes to your symptoms or general health. This document was designed to give you some guidance in key points to discuss with your doctor.

Remember that everyone's journey is different. Your doctor will be able to advise you on suitable treatment options for you, and to help you make an informed choice in your journey as you know your body best and what works for you personally.

Name

Date





Before you begin

If you are being treated for psoriatic disease and you do not want to have children at this moment, discuss with your doctors what your options are.

It is important to be aware that if you take certain medications, you must not become pregnant, regardless of your desire to start a family. Certain medications are teratogenic, meaning that they are very toxic to the embryo, causing malformations, delayed mental development, and other problems. Other medications are not recommended either because they may have associated risks or there may be limited studies and knowledge on their effects during pregnancy or to the unborn child. At the same time, some options are safe and can be taken while you are trying to become pregnant, during pregnancy and breastfeeding.¹

With regards to birth control, there are generally no contraindications to using contraception by women with psoriatic disease. It is still necessary to discuss contraception options with your doctor, since there may be some interactions with your psoriasis medication that can decrease the treatment efficacy or safety or require extra monitoring (e.g. blood pressure).

What information do I take with me for the visit?

Write down everything you use to treat your psoriatic disease, including over the counter treatments, prescription medications, and any vitamins/supplements. Take them to your appointment and discuss:

- contraception and treatment options to prevent pregnancy or
- treatment options for psoriatic disease that are safe in pregnancy and can be taken previously to starting a family.

Involve your partner in your family planning decisions.

Are you in a romantic relationship with someone who will co-parent your future child? Have open conversations with them about both your expectations before and after conception.

Before trying to conceive

As soon as you decide you wish to try to get pregnant, it is important to visit your doctor – General practitioner, Dermatologist, Rheumatologist, Obstetrician/Gynecologist, or other healthcare provider to discuss suitable treatments for your psoriasis.

Some treatments need to be stopped several months before conceiving, and in extreme cases up to several years, so it is important that you talk about your desire to become a parent with your doctor early on. Your doctor will know how to best adjust, if needed, your psoriasis treatment plan, or help you get to a point where you can safely conceive.

Certain lifestyle choices are not recommended, such as smoking and drinking. It is particularly important that you avoid these at this stage of your life. A healthy lifestyle, regular exercise, and good sleep hygiene can reduce flares and improve pregnancy outcomes.

What do I do before my first appointment?

Book an appointment with your doctor.

Write down the list of creams and ointments, over the counter and prescription medications and vitamins/supplements that you take. Take them with you to the visit.

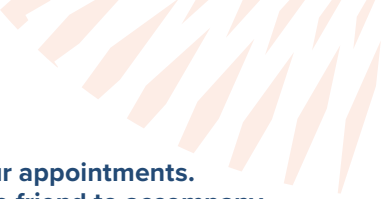
Write down all your symptoms. Be open and write down symptoms even if you think they are not related to your psoriatic disease. Psoriatic disease may occur in different forms and places in the body that you may not expect. Your doctor will be able to guide you and diagnose the symptoms you may have.



Psoriatic disease can run in families. If one parent has psoriasis there is a 16% risk your child may have psoriasis. If both parents live with the disease the risk your child may have it increases to 50%². Do you have concerns about your children having the disease? Write them below to discuss them with your doctor.

Living with psoriatic disease increases the risk of developing other diseases such as cardiovascular disease, diabetes, hypertension, obesity, and others. Write below any family history you are aware of to discuss with your doctor how to monitor the risks during and after pregnancy.





Should I take someone with me to the appointment?

It may be a good idea to take someone with you to your appointments. You could ask your partner, a family member, or a close friend to accompany you to the appointments. They are important for moral support, ask questions that you may forget to ask, and take notes from the appointments. Make sure you invite someone you can trust.

If you do have to go alone, ask your doctor to summarize the appointment and write it down for you to take home.

Invite the person in good time before the appointments. Explain if you would like them to be in the doctor's office with you, or if you would prefer they stay in the waiting room.

Do you need them to take notes? Do you want them to ask questions as well? Make sure you share your needs before the appointment.

If you want them to be in the doctor's office with you, explain your expectations, needs, and intentions ahead of time, so that they can prepare themselves. Write them to avoid forgetting anything.





What should I ask?

This is your opportunity to ask questions about your disease, available treatments, how to best prepare ahead of pregnancy, what to expect during and after pregnancy, and discuss your concerns.

Some medication must be stopped months before conceiving, others can be taken safely throughout pregnancy and beyond. It is important that you ask if you need to adjust your treatment plan accordingly.

Take your list of medications with you. Ask if your current treatment needs to change. Remember it is important for your doctor to consider the risks and benefits of the treatment plans available to you. If you become pregnant and your psoriasis is not under control, you may be advised to take medication that may have some risks for the embryo.

Fill in the table below with your doctor

Treatment	Need to stop treatment?			
	NO	If yes, when?		
		BEFORE becoming pregnant	AFTER becoming pregnant	WHEN to start again





What will be the next steps?

Ask how your treatment may or may not change, take notes on if and how it will impact your psoriatic disease. If yes, it will need to change, how soon will you notice changes?

What tests or screenings should you do?

Tests and screenings may be different for each person. Your doctor can help you do the necessary tests and assessments needed. Ideally, women should start taking folic acid approximately 3 months before getting pregnant. It is also recommended to take vitamin D or other supplements, but taking an excess of vitamin D can affect fetal growth and affect development. Ask your doctor what you need to do and if you should make any changes to your diet. If you do any tests (for example, blood tests), ask when you should expect the results.



Discuss what your experience may be during pregnancy.

During pregnancy, the majority of women experience an improvement of their symptoms (55%), some do not see any changes (21%) and others experience worsening of the symptoms (24%). Post-partum flares are, however, experienced by about 65% of the women.³ Discuss any concerns and what can be done to improve your well-being during and after pregnancy if you feel worse.

Ask your doctor for more information on the topic, for example brochures or websites, that you can use to read at your own pace. Get in contact with your local psoriasis patient organization. Sharing your experiences with others that are also going through the same, or that have lived experience, can be comforting and help you feel more at ease.



During pregnancy

For many, this is usually a fantastic time in the life of those who have planned to have children. But living with a chronic disease can make this experience more challenging. Talk to your doctor, monitor your symptoms and report back if you notice any changes.

Fill in the table below and talk about it with your healthcare professional. During your pregnancy, your healthcare professional can be your dermatologist, midwife, or other.

Fill in the table below

	First trimester	Second trimester	Third trimester
Monitor how you are feeling			
Write what your healthcare professional advised, what to watch for and what needs to be done next			



Third trimester

You are now entering the last stage of pregnancy. Do you feel ready for the delivery?

Psoriatic disease rarely prevents a safe delivery, but it may be important to discuss symptoms such as plaques in genital area/lower abdominal area or joint pain and what can be done to minimize them.

Write down any concerns or questions you may have and discuss them with your doctor

Discuss with your doctor pain management and your delivery preferences

Post pregnancy

After childbirth, you may experience a mix of joy and doubts with the upcoming challenges. While this is a blissful time to bond with your newborn, you may notice changes in your skin or joint symptoms, which can fluctuate due to postpartum hormonal shifts. You may also experience postpartum depression, so it is important that you look for help from your doctor, mental health services or support groups such as patient organizations.

Support from healthcare providers can help navigate both the delights and the difficulties of this stage with confidence.

Support from your birth partner, family members, or close friends can give practical help caring for the baby, cooking, cleaning, and other routine tasks. Family and friends can also give important emotional support and help manage medications and appointments. Those closer to you often have an important role in seeing subtle changes to your overall health, especially mental health and well-being, and can help you discuss those changes with your doctor.

Discuss with your doctor what medications are safe to take while breastfeeding.
What is the plan if you experience a flare up?

Keep track of your symptoms and if you experience flare ups or worsening of your disease.



Psoriasis flares in the nipples, for example, can have a big impact on your ability to breastfeed. Some topicals that could alleviate the flare may not be recommended if you are planning to continue breastfeeding. Are there any other treatments you can try? Ask your doctor what can be done to manage the flare. Look for antenatal/breastfeeding classes to seek support and reassurance from health professionals and other new mums.

Be mindful of your mental well-being and if you are sleeping enough. Even though it is expected that your sleep amount and quality will change with a newborn, it is important to be mindful that flare ups can occur if you are not resting enough. Report changes in sleep, pain, and fatigue and discuss them with your doctor.

Talk about long-term health and family planning. Do you want more children? How soon? Do you need help with nutrition and physical activity advice?





Welcoming a new baby is a wonderful and transformative moment, and while psoriatic disease can bring extra considerations, it should not overshadow the happiness of becoming a parent. With compassionate care and the right information and guidance, you can feel reassured and supported through each stage of this journey. Remember, you are not alone!

We hope this checklist serves as a guide to help you navigate the different stages of motherhood, so you can focus on what matters most, cherishing your journey with your little one.

References

1. <https://www.guidelines.edf.one/guidelines/psoriasis-guideline>
2. Gupta, R. et al. Genetic Epidemiology of Psoriasis. *Curr Derm Rep.* 3:61-78 (2014)
3. Rademaker, M. et al. Psoriasis in those planning a family, pregnant or breast-feeding. The Australasian Psoriasis Collaboration. *Australas. J. Dermatol.* 59, 86-100 (2018)



IFPA strongly believes that the best way to find information and further resources is to get connected to a patient association.

Our priority is to connect IFPA's global members all around the world. Visit IFPA's members page for a list of member associations: ifpa-pso.com

We encourage you to contact local associations for support in living with psoriatic disease – IFPA continues to stress the importance of the patient-provider relationship when making any treatment decisions and that the patient should remain at the center of decision-making processes. The decision to switch between treatments should be made on an individual basis and only with the full, informed consent of both patient and provider.

IFPA

IFPA is a non-profit organization uniting national and regional associations from around the globe.

At IFPA, we envision a world without suffering from psoriatic disease. To achieve this, we focus on empowering our members, improving living conditions for people living with psoriatic disease and raising awareness.

Find out more about World Psoriasis Day, an IFPA-promoted annual advocacy campaign where members and supporters organize activities to raise awareness on psoriasis and psoriatic arthritis.

Visit: ifpa-pso.com



www.ifpa-pso.com

| info@ifpa-pso.com