

Planning Your Pregnancy with Mixed Connective Tissue Disease (MCTD)

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A healthy pregnancy starts before conception. Because MCTD can affect the heart, lungs, kidneys, placenta, and immune system, we build a plan before you stop birth control. The goal is a safe pregnancy for you and your baby.

Why Preconception Planning Matters

Pregnancy causes major changes in blood volume, heart work, lung reserve, kidney function, and immune balance. If MCTD is active when you conceive, the risk of a flare and pregnancy complications is higher.

We recommend reliable birth control until your MCTD has been quiet for at least **6 continuous months** on pregnancy-compatible medications. With careful planning, published MCTD pregnancy series report live birth rates around **72%**.

Tests You Need Before Getting Pregnant

Area	Why it matters
Heart and lungs	Echocardiogram and pulmonary function testing. We must rule out pulmonary arterial hypertension (PAH), which can make pregnancy unsafe.
Kidneys	Blood and urine testing, including creatinine/eGFR and a urine protein-to-creatinine ratio. Kidney disease raises the risk of preeclampsia and maternal kidney decline.
Blood antibodies	Antiphospholipid antibodies (aPL), Anti-Ro/SSA, and Anti-La/SSB. These results determine medication and fetal surveillance plans.

Your Medications: What to Keep and What to Stop

Medication review is one of the most important steps. Do not wait for a positive pregnancy test to ask about your prescriptions. Some medications must be stopped well before conception.

Medication	Status	Plan
Hydroxychloroquine (HCQ)	Continue	Continue throughout pregnancy; it helps reduce flares.
Azathioprine	Continue	May be used as a steroid-sparing medication at appropriate doses.
Low-dose prednisone	Continue	Use the lowest effective dose.
Tacrolimus / Cyclosporine	Continue with monitoring	Monitor blood pressure and kidney function closely.
Methotrexate	Stop	Stop 1-3 months before trying to conceive.
Mycophenolate mofetil	Stop	Stop at least 6 weeks before trying to conceive.
Cyclophosphamide	Avoid	Avoid because of severe fetal and fertility risks.

What to Expect During Pregnancy

- **Low-dose aspirin, usually 11-14 weeks:** MCTD raises the risk of preeclampsia. We may recommend 150 mg nightly depending on your individualized plan.
- **Growth ultrasound monitoring, usually from 24 weeks:** We will check your baby's growth and placental blood flow.
- **Fetal echocardiography, 16-28 weeks if Anti-Ro/SSA or Anti-La/SSB positive:** These antibodies can rarely affect the baby's heart rhythm, so we monitor closely when they are present.

After Delivery: Postpartum Planning

The risk of an MCTD flare can increase after delivery. We will create a postpartum medication and follow-up plan before birth so your health remains protected while you recover and care for your baby.

Your Preconception Checklist

- **6 months of remission:** Use reliable birth control until MCTD has been quiet for 6 continuous months.
- **Heart and lung tests:** Complete echocardiogram and pulmonary function testing to rule out PAH and assess lung reserve.
- **Kidney tests:** Check blood and urine markers before pregnancy.
- **Antibody blood tests:** Test aPL, Anti-Ro/SSA, and Anti-La/SSB.
- **Medication review:** Stop unsafe medications before stopping birth control.
- **Team coordination:** Meet with MFM, Rheumatology, and lung or kidney specialists as needed.

This handout is for education and does not replace individualized medical advice. Your final plan should be made with your MFM physician and rheumatology team.