

Management of anti-SSA (Ro) or anti-SSB (La) Positive Pregnant People

Known maternal anti SSA and/or SSB positivity

***If unknown SSA/SSB status, do not recommend screening solely to inform pregnancy management**

History of prior pregnancy affected by neonatal SLE or congenital heart block?

**Note, all individuals with a prior pregnancy with CHB/NLE should be tested for SSA/SSB (2)*

Yes

No

- Hydroxychloroquin (HCQ) 400 mg daily starting preconception or initial prenatal visit until delivery (1)
- Doppler fetal heart tones once per week 18-26 weeks (1)

- Offer HCQ (min 200 mg daily) if active disease* or continue current HCQ dosage (2)
- Doppler fetal heart tones once every two weeks 18-26 weeks (3)

***If quiescent SLE, provider may offer HCQ (2)**

FHR < 100 anytime between 18-26 weeks

Yes

No

Emergent referral to Maternal Fetal Medicine, Pediatric Cardiology, and fetal echocardiography; Dexamethasone and IVIG are **not** recommended for treatment of diagnosed congenital heart block or prevention of progression (2)

Routine SLE Care after 26 weeks (2)

If CHB confirmed:

- Maternal Fetal Medicine Consultation
- weekly US (risk of hydrops, IUFD)
- delivery 37-39 weeks, sooner if hydrops
- Delivery at a center with specialty pediatric services
- If care and delivery at UNC, referral to Center for Maternal Infant Health (CMIH)
- cesarean delivery recommended

References

1. Izmirlly P. *et al*, Hydroxychloroquin to prevent recurrent congenital heart block in fetuses of anti-SSA/Ro Positive Mothers. JACC 2020.
2. SMFM Consult Series #64. Management of systemic lupus erythematosus in pregnancy, 2022.
3. ACOG Clinical Updates in Women's Healthcare. Systemic Lupus Erythematosus July 2020.

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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