Abstract PS4:81 Table 1 Quality of life in woman with SLE and RA achieving pregnancy (AP) and not achieving pregnancy (NAP), reported as mean (SD)

Domain	SLE AP n = 47	SLE NAP n = 6	P-value	Change score	RA AP n = 130	RA NAP n = 50	P-value	Change score
Physical function	90.2 (13.5)	80.8 (21.1)	0.33	- 9.4	80.1 (19.8)	78.9 (22.1)	0.74	- 1.2
missing	5	0			19	6		
Physical Role	65.2 (40.7)	45.8 (40.1)	0.28	- 19.4	58.9 (40.4)	57.4 (45.0)	0.85	- 1.5
missing	5	0			19	6		
Bodily Pain	72.5 (23.6)	79.0 (31.6)	0.55	+ 6.5	61.8 (24.0)	65.4 (25.4)	0.42	+ 3.6
missing	5	0			19	6		
Global Health	60.3 (26.1)	56.0 (13.9)	0.55	- 4.3	57.5 (21.9)	57.0 (24.1)	0.90	- 0.5
missing	5	0			20	6		
Vitality	50.7 (22.4)	42.5 (27.2)	0.42	- 8.2	48.0 (19.9)	50.1 (21.0)	0.56	+ 2.1
missing	5	0			19	7		
Social function	75.0 (24.4)	64.6 (27.9)	0.34	- 10.4	80.6 (22.8)	80.4 (21.3)	0.95	- 0.2
missing	5	0			19	6		
Role emotional	79.4 (36.8)	50.0 (46.0)	0.082	- 29.4	81.7 (32.3)	77.3 (35.1)	0.46	- 4.4
missing	5	0			19	6		
Mental health	74.9 (14.7)	68.7 (12.8)	0.53	- 6.2	77.7 (13.7)	80.2 (15.4)	0.33	+ 2.5
missing	5	0			19	7		

(MCID) in all domains except for bodily pain, which was higher. Women with RA had generally lower QoL than women with SLE in the domains physical role, bodily pain and global health whether or not conceiving. The women with RA not achieving pregnancy had higher QoL-scores on bodily pain and lower scores on emotional role, but not differences in scores of clinical relevance in the other domains of QoL compared to RA-women achieving pregnancy (table 1).

Conclusions Reduced quality of life may contribute to not achieving pregnancy in both women with SLE and women with RA.

PS4:82 LUPUS PREGNANCY: ACHIEVEMENTS AND OPEN ISSUES IN THE MULTIDISCIPLINARY MANAGEMENT

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Purpose To analyse the pregnancy outcome of patients with Systemic Lupus Erythematosus (SLE):

Abstract PS4:82 Table 1 General and SLE-correlated risk factors in 'APO' and 'without APO' groups

General risk factors	APO %	Without APO %	P value
Age >35 years	35,3	30,5	0,491
Hypertension	17,6	16,1	0,722
Diabetes mellitus	0,0	0,8	1,000
Obesitiy	11,7	5,9	0,712
Thyroid disease	0,0	5,9	1,000
Cigarettes smoking	41,2	20,3	0,187
SLEDAI>0	86,7	83,9	1,000
SLEDAI>6	14,3	14,8	1,000
dsDNA	84,6	62,6	0,172
Lupus nephritis	52,9	33,0	0,167
Low C3 and/or C4	50,0	54,6	0,790
Ro and/or La	53,8	41,9	1,000
aPL	64,6	51,6	0,278
Triple aPL	23,5	11,8	0,244
LAC	23,5	21,2	0,760
Previous thrombosis	0,0	3,4	1,000
Previous APO *	35,3	21,2	0,221

*APO were defined as premature miscarriage (<10^ weeks), fetal death (>10^ weeks), preterm delivery (<34^ weeks) with or without preeclampsia, HELLP Syndrome, perinatal death (<30^ day).

1. by comparing the outcome of prospectively–followed pregnancies (PFP) and anamnestic pregnancies (AP);
2. by comparing the outcome of PFP with the general obstetric population (GOP);
3. by evaluating the disease features, maternal risk factors and treatment of pregnancies with adverse pregnancy outcome (APO) in PFP.

Methods A monocentric, retrospective and observational study of 94 SLE patients with a total of 135 pregnancies followed prospectively by multidisciplinary team. In addition, 33 AP in the same SLE patients and 3939 pregnancies among GOP were evaluated. Clinical and serological data were obtained from medical records.

Results The comparison between PFP and AP showed lower frequency of premature miscarriage (6,7% vs 27,3%, p value 0,0021) and fetal death (3,7% vs 36,4%, p value<0,0001) and higher frequency of live birth (88,9% vs 36,4%, p value<0,0001) in the first group. As compared with GOP, SLE-PFP displayed similar rate of early miscarriage (9,0% vs 6,7%) and fetal loss (5,0% vs 3,7%) but higher frequency of preeclampsia (1,0% vs 5,0%, p value 0,0029), preterm birth (7,0% vs 18,4%, p value<0,0001) and Caesarian section (31,0% vs 41,7%, p value 0,0288).

APO occurred in 17 (12.6%) of the 135 PFP. Despite the lack of statistical significance, there was a tendency toward higher frequency of anti-dsDNA positivity (84,6% vs 62,6%), history of lupus nephritis (52,9% vs 33,0%) and triple anti-phospholipid antibody (aPL) positivity (23,5% vs 11,8%) in pregnancies with APO (table 1). Analysing treatment during pregnancy, the group with APO received higher doses of prednisone (without significant p value) and required higher use of immunosuppressants (64,7% vs 31,3%, p value 0,032).

Conclusions The outcome of PFP in SLE has dramatically improved as compared to AP, thanks to pregnancy planning, multidisciplinary management and close monitoring during pregnancy. The occurrence of APO was restricted to a minority of PFP (12,6%). SLE-PFP had similar rates of pregnancy losses as compared to GOP, but there are still open issues on some pregnancy complications that affect SLE patients more frequently.

PS4:83 FOLLOW-UP OF NEWBORN BABIES FROM MOTHER AFFECTED BY SYSTEMIC AUTOIMMUNE DISEASE

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Introduction Most autoimmune systemic diseases affect more frequently females in reproductive age, suggesting the need to consider the possible effect on some important aspects of women's life such as fertility and pregnancy, but above all possible outcomes on the newborn and, subsequently, on the child.

Topic of this study is the analysis of the neonatal and long-term paediatric outcomes, until school age, of a group of paediatric subjects born from mother affected by systemic autoimmune disease, in care at the Department of Neonatology and Paediatrics of the Mauriziano Hospital of Turin, in order to identify any associations with pregnancy and the type and activity of maternal disease.

Materials and methods From October 2016 all women in care at the Department of Immunology of the Mauriziano Hospital, aged between 25 and 45, who had one or more pregnancies hesitated in the birth of alive baby during January 2002 and October 2015, have been enrolled in this study.

We have considered, for each pregnancy (n=48): type of maternal disease (with antibody dosage), obstetric outcomes (type of delivery, indication to caesarian section, gestational age at birth), neonatal outcomes (Apgar score, low neonatal weight, fetal growth restriction, neonatal complications), clinical-diagnostic management of babies (hematologic and other examinations required) and long-term paediatric outcomes (psychomotor development alterations, chronic diseases, hematologic alterations, hospital admissions).