Abstract P69 Table 2 Demographic data of APO (+) and APO (-) groups, comparison of conventional risk factors, cumulative clinical, serological and laboratory features

	APO (-) (n=111)	APO (+) (n=57)	p
Age	35.1±6.7	34.9±5.9	NS
Age at conception	30.6±5.6	28.9±4.2	NS
Disease duration (months)	141.6±70	166.9±87.9	<0.05
Smoking, n (%)	26 (23.4)	5 (8.8)	<0.05
Chronic hypertension, n (%)	6 (7)	11 (19.6)	<0.05
Gestational diabetes, n (%)	3 (3.5)	6 (10.9)	NS
Photosensitivity, n (%)	86 (77.5)	43 (75.4)	NS
Malar rash, n (%)	66 (59.5)	38 (66.7)	NS
Discoid rash, n (%)	8 (7.2)	1 (1.8)	NS
Oral ulcer, n (%)	11 (9.9)	6 (10.5)	NS
Arthritis, n (%)	77 (59.4)	42 (73.7)	NS
Serositis, n (%)	17 (15.3)	13 (22.8)	NS
Renal, n (%)	39 (35.1)	30 (52.6)	<0.05
Hematologic, n (%)	78 (70.3)	40 (70.2)	NS
Thrombocytopenia, n (%)	37 (33.3)	30 (52.6)	<0.05
AIHA, n (%)	16 (14.4)	14 (24.6)	NS
Neurologic, n (%)	7 (6.3)	9 (15.8)	<0.05
Anti-dsDNA n (%)	63 (56.8)	35 (61.4)	NS
Anti-Ro n (%)	43 (37.7)	21 (36.8)	NS
Anti-cardiolipin IgG, n(%)	28 (25.2)	18 (32.1)	NS
Anti-cardiolipin IgM, n (%)	18 (16.2)	18 (32.1)	<0.05
Lupus anticoagulant, n (%)	26 (23.4)	28 (49.1)	<0.001
Antiphospholipid syndrome, n (%)	28 (25.2)	30 (52.6)	<0.001

(NS=not significant, APO=adverse pregnancy outcome, AIHA=autoimmune hemolytic anemia)

Conclusion Although an important proportion of SLE pregnancies result in live birth, active disease, especially renal and NP involvement, and damage increase the risk of complications. Furthermore, the presence of APS or antiphospholipid antibody positivity are important risk factors for APO. In conclusion, patients, especially with damage, should be pre-counselled to be made aware of the risks. Pregnancy should be allowed after disease activity is controlled and a close monitoring with O&G clinics is essential.

P70

INCREASED WORK LOSS DURING PREGNANCY IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS COMPARED TO MATCHED HEALTHY CONTROLS

^{1,2}Birgit Blomjous, ^{1,3}Marieke ter Wee, ²Carolien Abheiden, ¹Alexandre Voskuyl, ²Johanna de Vries, ¹Irene Bultink. ¹Dept. of Rheumatology, Amsterdam Rheumatology and Immunology Center, Amsterdam Infection and Immunity, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam; ²Dept. of Obstetrics and Gynecology, Amsterdam Reproduction and Development, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam; ³Dept. of Epidemiology and Biostatistics, Amsterdam Public Health, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands

10.1136/lupus-2020-eurolupus.115

Background Women with Systemic Lupus Erythematosus (SLE) might be more vulnerable to reduce or stop working during pregnancy because of the increased risk of pregnancy complications compared to the general population. Therefore, we

aim to assess differences in work participation during pregnancy and thereafter between pregnant women with SLE and matched controls.

Methods A case-control study on employment was performed in pregnant women with SLE and matched controls. Matching criteria were age, year of delivery, and number of living infants. Employment was defined as having ≥8 hours/week of paid work before conception. Interruption or reduction of work for >1 week during pregnancy, complete cessation of work for >1 week until delivery, and the time in weeks to return to work after maternity leave were assessed.

Results A total of 42 women were included (21 SLE patients, 21 matched controls). Mean SELENA-SLEDAI before pregnancy in SLE patients was 2.6 (SD 2.3). Interruption of work for >1 week and/or completely stop working during pregnancy occurred in more women with SLE compared to matched controls (OR=9.0, 95% CI [1.1–71.0], p=0.04) and the duration of sick leave was longer (p=0.004). After delivery, no difference in return to work after maternity leave was found between women with SLE and controls (OR=1.0, 95% CI [0.25–4.0], p=1.0).

Conclusion Pregnant women with SLE more frequently stopped working compared to matched controls. These findings warrant improved counseling of these women as well as extra attention of healthcare providers, including company doctors.

P71

SYSTEMIC LUPUS ERYTHEMATOSUS AND PREGNANCY – 10 YEARS' EXPERIENCE FROM A PORTUGUESE TERTIARY CENTER

¹António Braga, ¹Jorge Braga, ²Carlos Vasconcelos. ¹Obstetrics Dept., Centro Materno Infantil do Norte, Centro Hospitalar Universitario do Porto, Oporto; ²Clinical Immunology Unit, Centro Hospitalar Universitario do Porto, Oporto, Portugal

10.1136/lupus-2020-eurolupus.116

Background Systemic Lupus Erythematosus (SLE) is an autoimmune disease that affects women in childbearing age, so its association with pregnancy is not a rare event. With the analysis of our cohort over the past 10 years, we seek to clarify the clinical characteristics, evolution, impact of the treatment and evaluation of the outcomes of those pregnancies in our institution.

Methods Retrospective descriptive study of all SLE pregnancies supervised in the Autoimmune Disorders and Pregnancy Consultation Unit of our center, from January 2009 to October 2019.

Results 120 pregnancies were included in 91 patients with a mean age of 32.0 years. 36.0% were primiparous and 26.8% had history of miscarriage. In 31.2% of cases, SLE was associated with other autoimmune diseases and in 14.1% it was associated with anti-phospholipid antibody syndrome. 11.7% of patients had history of renal involvement. 95% of all pregnant women continued the previous medication during pregnancy.

Hydroxychloroquine was the most commonly used drug (58.3% of cases). 14.2% had clinical or analytical worsening during the course of pregnancy and 11.9% at postpartum and all of those cases were controlled with adjustment of the medication. 17.0% of cases had a preterm delivery, of which