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

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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

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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

53.8% were iatrogenic preterm deliveries. There was an incidence of pre-eclampsia of 11.9% and 10.7% of the pregnancies were complicated by fetal growth restriction. The percentage of caesarean delivery was 40.5%. 10.7% of neonates had criteria of neonatal lupus, and there was one case of congenital complete heart block, which required a neonatal cardiac pacemaker. There were no cases of neonatal deaths or asphyxia.

Conclusions In SLE pregnant patients, to ensure the best maternal and fetal outcomes, it is crucial that the pregnancy occurs in a period of immunological stability as well as an adequate surveillance by a multidisciplinary team prepared to control all the complications that may arise.

P72 KNOWLEDGE AND USE OF CONTRACEPTIVE METHODS IN PORTUGUESE WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Systemic lupus erythematosus (SLE) affects women of childbearing age. Therefore contraceptive/family counselling are crucial to avoid unintended pregnancies. Our aim was to identify unmet needs for contraceptive/family counselling in women with SLE.

Methods Cross-sectional study including women aged 18–45 year-old fulfilling ACR 1997/SLICC criteria. All patients signed an informed consent and fulfilled a questionnaire with 15 short answers questions evaluating 4 domains: brief obstetric history; knowledge about the relationship between pregnancy and SLE, contraceptive/family counselling, contraception use and type of medical care offered. A descriptive analysis was used to summarize demographic/clinical data; possible predictors of contraceptive use (age, previous spontaneous abortion, level of knowledge about SLE, contraceptive/family planning) were tested by multiple regression analysis using SPSS Statistics, V.21; $p<0.05$ was considered statistically significant.

Results We enrolled 108 women (mean age 34.4±7.1 years; mean disease duration 10.3±7.3 years). About 65% of the included patients received information about family planning (mostly from rheumatologists (62.9%)) and 81% received information about contraception (mostly from gynaecologists (56.3%)). Only 38% was considered informed about SLE and its influence in pregnancy. In this cohort, 23.1% wanted to get pregnant in the next 6 months; the rest of them already had the number of children they wanted or wanted to get pregnant later. Contraceptive use was reported by 79.6% of the patients and the most commonly used was oral contraceptive pills. Of those who had no contraception method, 60% admitted having unprotected sex. No statistically significant predictors of contraceptive use were identified.

Conclusion In this tertiary Lupus Clinic, most patients received effective contraceptive/family counselling and use contraceptive methods. Quality of the given information can still be improved.

P73 THE RELATIONSHIP BETWEEN PREGNANCY, DISEASE ACTIVITY AND ADVERSE PREGNANCY OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective SLE can present with disease flares during pregnancy and postpartum period resulting in adverse pregnancy outcomes (APO). Herein we aimed to determine the effects of pregnancy on disease activity and the correlation of disease flares and APO.

Methods A total of 168 pregnancies involving 136 patients were included. Clinical and laboratory findings were described and disease activity was calculated using SLEDAI-2K (in the preconceptional period, all trimesters and postpartum). Flares and patients with low lupus disease activity scores(LLDAS) during each of these periods were identified. Fetal/neonatal death, premature birth due to preeclampsia, eclampsia or HELLP syndrome, neonates small for gestational age were described as APO and its relation to disease activity was studied

Results Mean SLEDAI-2K scores was 1.3±2.2 (0–16) in the preconceptional period, 1.7±3.2 (0–22) in the first trimester, 1.4±2.7 (0–16)in the second, 1.5±3.3 (0–20) in the third and 3.5±5.4 (0–26) in the post-partum period. Mean postpartum SLEDAI-2K score was higher compared to the mean pregnancy SLEDAI-2K score ($p<0.05$). 79% of all pregnancies sustained LLDAS and%19 percentage of pregnancies resulted in flares of which 42% were serious and 58 mild-moderate in severity. 49% of severe flares occurred during postpartum period, significantly higher compared to all trimesters ($p<0.05$). Most of the flares had mucocutaneous(%37), renal(35%) and haematologic (25%) involvement.

APO emerged in 34% of pregnancies. APO (+) group had significantly longer disease duration compared to APO (-) group (142±70 vs 170±88 mn, $p<0.05$) and higher disease activity during all periods.% of patients with severe disease activity was significantly low in APO (-) GROUP (% 18 vs 35, $p<0.05$) and% with LLDAS was much higher (% 88 vs 70).

Conclusion Postpartum period has the highest risk for disease during SLE pregnancies. Active disease during pregnancy increases the risk of APO. Patients with sustained LLDAS have significantly lower APO rates. For a positive pregnancy outcome control of disease activity both during pregnancy and postpartum is required.