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 newborns 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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