the remaining. In 5 pregnancies (1.7%) a third-degree CHB was diagnosed. In all these 5 pregnancies, anti-SSA/Ro positivity was established after CHB detection and the mothers were initially labeled as SSA/Ro carriers.

Conclusions Even if the incidence of CHB as a whole was comparable to that reported in previous studies, none of the pregnancies prospectively followed before and during pregnancy developed CHB. These data suggest that a strict follow up and proper treatment of anti-SSA/Ro positive patients with an established autoimmune disease before and during pregnancy can reduce the risk.

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LOW DOSE ASPIRIN TO PREVENT PRE-ECLAMPSIA IN SLE PREGNANCIES – COUNSELLING HELPS TO REALIZE OUR FULL POTENTIAL

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Background Women with Systemic Lupus Erythematosus (SLE) face a higher risk of pre-eclampsia, especially those with

additional risk factors. Low dose aspirin (LDA) is known to protect against pre-eclampsia in non-autoimmune patients. Consequently, the EULAR recommends starting LDA in those women at risk preconceptually or latest until gestational week 16. We sought to examine the use of LDA in a real-world cohort in relation to different risk factors and the provision of preconception counselling.

Methods Pregnancies of women with SLE from an outpatient pregnancy clinic were evaluated before and throughout pregnancy. Clinical characteristics including pre-eclampsia risk factors, disease activity (SLEDAI) and medication use were analysed. Association of Aspirin use (latest from week 16 on) with different risk factors or preconception counselling was analysed using χ^2 tests.

Results We enrolled 201 pregnancies in 136 women. 57.8% of pregnancies showed a high-risk profile for pre-eclampsia (history of pre-eclampsia, multifetal gestation, chronic hypertension, lupus nephritis or aPL), another 26.6% had at least one moderate risk factor (nulliparous, body mass index >30 or age >35). LDA was administered in 43.3% of pregnancies. LDA use was significantly higher in those with a high-risk profile (63.5% vs. 16.7%) [OR 8.59 (95%-CI: 4.19–18.62), $p < 0.001$], but not in those with a moderate-risk profile. Still, 36.5% of those at high risk and 83% of those at moderate risk did not receive

Abstract P76 Table 1

	All pregnancies (n=201)	No LDA therapy (n=114)	LDA therapy (n=87)
Patient characteristics at conception			
Age (years), median (IQR)	31 (28–34)	30.5 (27–34)	31 (29–33)
Age >35, n (%)	42 (20.9%)	27 (23.7%)	15 (17.2%)
BMI, median (IQR)	23 (22–24)	23 (22–25)	23 (22–24)
BMI >30, n (%)	12 (6.1%)	6 (5.4%)	6 (7.0%)
Chronic Hypertension, n (%)	34 (16.9%)	17 (14.9%)	17 (19.5%)
CKD III ^{*1} or higher, n (%)	4 (2.2%)	2 (1.9%)	2 (2.5%)
Preconception counselling, n (%)	131 (65.2%)	65 (57.0%)	66 (75.9%)
Year of preconceptional visit			
1995–1999, n (%)	23	19 (82.6%)	4 (17.4%)
2000–2004, n (%)	49	34 (69.4%)	15 (30.6%)
2005–2009, n (%)	49	31 (63.3%)	18 (36.7%)
2010–2014, n (%)	58	25 (43.1%)	33 (56.9%)
2015–2019, n (%)	22	5 (22.7%)	17 (77.3%)
Obstetrical history and characteristics			
Nulliparous, n (%)	123 (61.2%)	60 (52.6%)	63 (72.4%)
Previous fetal loss, n (%)	40 (19.9%)	14 (12.3%)	26 (29.9%)
Previous pre-eclampsia, n (%)	16 (8%)	7 (6.1%)	9 (10.3%)
Multifetal gestation, n (%)	8 (4.2%)	1 (0.9%)	7 (8.5%)
SLE characteristics			
Disease duration (years), median (IQR)	6.4 (2.7–10.8)	6.0 (2.2–10.13)	7.0 (3.0–11.0)
SLEDAI, median (IQR)	2.0 (0–4.0)	2.0 (0–4.0)	2.0 (2.0–4.0)
Lupus nephritis, n (%)	58 (28.9%)	24 (21.1%)	34 (29.1%)
Anti-dsDNA antibodies, n (%)	111 (55.5%)	57 (50.4%)	54 (62.1%)
Prednisolone therapy, n (%)	100 (49.8%)	57 (50.0%)	43 (49.4%)
Prednisolone (mg/d), median (IQR)	5.0 (5.0–7.25)	5.0 (5.0–8.0)	5.0 (5.0–5.0)
Antiphospholipid status			
APS, n (%)	31 (15.4%)	3 (2.6%)	28 (32.2%)
Any positive aPL, n (%)	48 (24%)	7 (6.2%)	41 (47.1%)
LAC, n (%)	31 (15.5%)	3 (2.7%)	28 (32.2%)
ACL, n (%)	33 (16.5%)	5 (4.4%)	28 (32.2%)
β 2-GPI1, n (%)	28 (14%)	4 (3.5%)	24 (27.6%)

BMI = body mass index, aPL = Antiphospholipid antibody, LAC = Lupus anticoagulant, ACL = Anticardiolipin antibody, β 2-GPI1 = β 2-Glycoprotein I antibody, CKD = chronic kidney disease, IUGR = intrauterine growth restriction; *1 eGFR (MDRD) <60 ml/min/1.73 m², *2 <36 weeks of gestation

Aspirin. In a descending order, aPL, multifetal gestation, lupus nephritis and nulliparity were associated with a higher LDA use, whereas the other risk factors were not.

Preconception counselling significantly increased Aspirin administration [OR 2.36 (95%-CI: 1.23–4.63), $p < 0.01$], especially in those at high risk [OR 4.12 (95%-CI 1.72–10.16), $p < 0.001$]. Overall, LDA use increased from 1995 to 2019 (χ^2 test for trend in proportions, $p < 0.001$).

Conclusions We found a high prevalence of pre-eclampsia risk factors and infrequent use of aspirin in pregnant SLE patients. Preconception counselling increases the LDA use and thereby can improve pregnancy outcomes.

P77 EVALUATION OF DISEASE ACTIVITY AT CONCEPTION IN A PROSPECTIVE COHORT OF SLE PREGNANCIES

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Background/Purpose Systemic lupus erythematosus (SLE) is an autoimmune disease, mostly affecting women during their childbearing age. Disease remission before conception is pivotal for a favorable pregnancy outcome. The aims of our study were: 1) to evaluate maternal and fetal complications in a cohort of pregnant SLE patients; 2) to compare Systemic Lupus Erythematosus Disease Activity Score (SLE-DAS) and Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) in the 6 months before conception as predictors of maternal/fetal complications.

Methods All SLE pregnancies were prospectively included until August 2019 at our Unit (Rheumatology Department, University of Padova). All women were monthly followed throughout gestation and at least in one occasion in the 6 months before conception. Disease activity was assessed before pregnancy by SLEDAI-2k and SLEDAS. During gestation, we evaluated SLE activity by the Systemic Lupus Erythematosus Pregnancy Disease Activity Index (SLEPDAI) and the SLEDAS index adapted to pregnancy (SLEPDAS). At conception, we considered 'active': 1) patients with a SLE-DAS > 2.08 ; 2) clinically active patients according SLEDAI-2k treated with ≥ 5 mg/day of prednisone (immunosuppressants and antimalarials were allowed). Statistics were performed with SPSS (V.24.0).

Results We enrolled 115 pregnancies in 76 patients (table 1). We found 29 (25.2%) pregnancies with at least one maternal complication and 39 (33.9%) with at least 1 fetal adverse outcome. Positive anti-dsDNA and active disease according SLE-DAS (SLEDAS > 2.08) at conception resulted to be predictors of maternal complications ($p = 0.036$, OR = 2.71, CI 95% 1.07–6.87; $p = 0.008$, OR = 4.46, CI 95% 1.48–13.49, respectively). Conversely, active disease according SLEDAI-2k did not result predictive of maternal complications ($p = 0.255$, OR = 2.16, CI 95% 0.57–8.16). No predictors of fetal complications were observed.

Conclusions SLE-DAS > 2.08 and positive anti-dsDNA are risk factors of maternal complications while active SLE according to SLEDAI-2k does not seem to be a predictor of such complications.

Abstract P77 Table 1 Demographic, clinical and serologic features of 115 SLE pregnancies

Age at conception, yrs, mean $\pm$ SD	33.3 $\pm$ 4.6
Disease duration at conception, yrs, mean $\pm$ SD	11.0 $\pm$ 0.6
Previous organ involvement, N (%)	
articular, N (%)	87 (75.7)
cutaneous, N (%)	74 (64.3)
hematological, N (%)	37 (32.2)
NPSLE, N (%)	11 (9.6)
renal, N (%)	45 (39.1)
serositis, N (%)	10 (8.7)
systemic, N (%)	43 (37.4)
vasculitis, N (%)	3 (2.6)
sicca syndrome, N (%)	10 (8.70)
SLE activity within 6 months before conception	
Active disease at conception according SLEDAI-2k, N (%)	15 (13.0)
Active disease at conception according SLEDAS, N (%)	17 (14.8)
SLEDAI-2k within 6 months before conception, median (IQR)	2.0 (2.0; 4.0)
SLEDAS within 6 months before conception, median (IQR)	1.3 (1.1; 2.1)
Delivery	
Live births, N (%)	99 (86.1)
Week of delivery, median (IQR)	38 (36.7; 39.0)
Antibodies profile at conception, N (%)	
anti-dsDNA, N (%)	56 (49.1)
anti-RNP, N (%)	20 (17.4)
anti-Sm, N (%)	13 (11.3)
anti-SSA, N (%)	38 (33.0)
anti-SSB, N (%)	13 (11.3)
LAC, N (%)	12 (10.4)
anti- β 2PI (IgG/IgM), N (%)	12 (10.4)
anti-aCL (IgG/IgM), N (%)	14 (12.2)
triple aPL positivity, N (%)	3 (2.6)

Legend to Table 1: SLE: systemic lupus erythematosus; NPSLE: neuropsychiatric SLE; SLEDAI-2k: Systemic Lupus Erythematosus Disease Activity Index 2000; SLEDAS: Systemic Lupus Erythematosus Disease Activity Score; SLEPDAI: Systemic Lupus Erythematosus Pregnancy Disease Activity Index; SLEPDAS: Systemic Lupus Erythematosus Pregnancy Disease Activity Score; anti-dsDNA: anti-double stranded DNA; LAC: lupus anticoagulant; anti- β 2PI: anti- β 2-glycoprotein; anti-aCL: anti-cardiolipin; aPL: anti-phospholipid antibodies.

P78 OUTCOMES OF SYSTEMIC LUPUS ERYTHEMATOSUS PREGNANCIES AND ASSOCIATED FACTORS IN SUB-SAHARAN AFRICA: A SYSTEMATIC SCOPING REVIEW

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Background We have previously observed increased morbidity and mortality in Native sub-Saharan Africans with systemic lupus erythematosus (SLE). Herein, we report a survey of the literature on outcomes of SLE pregnancies and associated factors in sub-Saharan Africa.

Methods We searched PUBMED, EMBASE and African Journals Online to identify relevant studies published between January 1, 2000 and October 28, 2019. We then conducted a qualitative synthesis.