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.