Results Four studies were included, out of 2693 records. One hundred and thirty-seven pregnancies were recorded in 102 women with mean age ranging from 27.2 years to 39.9 years in 1992–2018. At conception, the predominant organ manifestations were renal and cutaneous, whereas disease activity measures were generally unavailable. Livebirths occurred in 57%–82% of pregnancies and pregnancy loss in 18%–43%. Other major adverse pregnancy outcomes (figure 1) were: SLE flare mainly presented as nephritis, pre-eclampsia (9%–33%), pre-term birth (up to 56% of livebirths), and low birthweight (14%–85% of live births). No study clearly reported risk factors for adverse pregnancy outcomes. Rather, the factors likely associated with adverse obstetric, fetal and neonatal outcomes included SLE flare (especially nephritis), maternal serological status during pregnancy and hypertensive disorders of pregnancy.

A. Obstetric complications

B. Neonatal complications

Abstract P78 Figure 1 Main complications of systemic lupus erythematosus pregnancies in sub-Saharan Africa in 1992–2018.

Conclusions Contemporary available literature reports overall low rates of livebirth in sub-Saharan African women with SLE. The main adverse pregnancy outcomes reported are : SLE flare, pregnancy loss, pre-eclampsia, pre-term birth and low birthweight. Although no risk factor has been clearly mentioned, SLE flare presented as nephritis is the major factor likely associated with adverse pregnancy outcomes. Thorough investigation is warranted.

Acknowledgements None.

P79

PREDICTORS OF ADVERSE NEONATAL OUTCOME DURING THE PREGNANCY OF WOMEN WITH ANTIPHOSPHOLIPID SYNDROME IN THE FRENCH GR2 PROSPECTIVE STUDY

¹Anne Murarasu, ¹Gaëlle Guettrot-Imbert, ¹Véronique Le Guern, ²Francois Maurier, ³Patrick Jegou, ⁴Estibaliz Lazaro, ⁵Alban Deroux, ⁶Maëlle Le Besnerais, ⁷Odile Souchaud-Debouverie, ⁸Pauline Orquevaux, ⁹Catherine Deneux-Tharaux, ¹Nathalie Costedoat-Chalumeau, the GR2 study group. ¹Internal Medicine Dept., Hôpital Cochin AP-HP, Paris; ²Internal Medicine Dept., Hôpital Belle-Isle, Metz; ³Internal Medicine Dept., CHU de Rennes, Rennes; ⁴Internal Medicine Dept., CHU de Bordeaux, Bordeaux; ⁵Internal Medicine Dept., CHU de Grenoble, La Tronche; ⁶Internal Medicine Dept., CHU de Rouen, Rouen; ⁷Internal Medicine Dept., CHU de la Milétrie, Poitiers; ⁸Internal Medicine Dept., CHU Robert Debré, Reims; ⁹EPOPé Team, University of Paris, Epidemiology and Statistics Research Center/CRESS, INSERM, INRA F-75004, Paris, France

10.1136/lupus-2020-eurolupus.124

Introduction Data about the predictors of adverse neonatal outcome in pregnant women with antiphospholipid syndrome (APS) are sparse. The main study on this subject is the prospective American study PROMISSE on 144 carriers of antiphospholipid antibodies.¹ We report the first results of the French study, GR2.

Methods Inclusion criteria were: (1) an ongoing pregnancy at 12 weeks of gestation (WG), (2) conceived before May 2018, (3) of a woman with APS.² Exclusion criteria were proteinuria (ratio >1 g/g), serum creatinine >100 µmol/L, and multifetal pregnancy.

The composite primary outcome included an intrauterine fetal death (IUFD), a neonatal death, placental insufficiency (fetal growth restriction, preeclampsia, HELLP syndrome, and/or placental abruption) leading to a delivery ≤34 WG, and/or a small for gestational age (SGA) ≤3rd percentile.

Results We analysed 119 pregnancies in 119 patients: 53% thrombotic and 47% obstetric only APS; 60% had lupus anticoagulant (LA) and 26% associated SLE. Treatment included aspirin (99%), heparin (98%, in the therapeutic range for 50%), and hydroxychloroquine (62%).

The primary outcome was observed in 14% of pregnancies: 3% IUFD, 8% delivery ≤34WG due to placental insufficiency and/or 5% of SGA (and no neonatal death). It was observed in 20% of the pregnancies with LA compared with 7% for women negative for LA ($P=0.09$). This outcome did not differ according to anticardiolipin or antiβ2GPI antibody status, or prior thrombosis (14%, versus 14% for women with only obstetric APS). There was a trend toward more adverse neonatal outcomes in case of prior arterial thrombosis (29% versus 12%, $P=0.07$). The rate of adverse neonatal outcomes did not differ among the women with or without associated SLE (29% versus 26%, $P=0.77$).

In multivariate analysis, independent features associated with pregnancy failure were: in a serological model, LA positive status ($ORa=8.5$, 95%CI[1.0–71.5]) and in a serological and clinical model, ‘non-white’ skin colour ($ORa=6.1$, 95%CI [1.1–34.7]).

Conclusion The rate of adverse neonatal outcomes tended to be lower than in the PROMISSE study (14% versus 19%), although the women included here were theoretically more severe (definite APS). One potential explanation might be that our patients were all treated. In keeping with the PROMISSE study, LA and skin colour were the main predictors of neonatal outcome.

Acknowledgement Fondation pour la Recherche Médicale (M2R201806006403)