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 livebirths). 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. 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 livebirths). 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.

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.

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