Family Planning for Women with Psoriasis
Psoriasis is a common, chronic inflammatory disease that can have a **significant impact on patients’ physical and psychological well-being**. This burden can be even greater for women.

While both men and women are affected, psoriasis seems to have a greater negative impact on women.  

Research shows that they often feel less happy, more lonely and isolated, and more ashamed of their psoriasis than men. Women are also more likely to feel an impact of psoriasis on their self-esteem and relationships. Women are typically diagnosed at an early age (average age is 28); therefore, psoriasis may impact them during a critical time when many are planning for families.

If you have been diagnosed with moderate to severe plaque psoriasis and are planning to start a family, you should be aware of the potential effect your pregnancy may have on your symptoms and what it means for your disease management plan.

Many women in this situation would benefit from a clearer understanding of the impact treatment can have on their baby, flare management during pregnancy and breastfeeding, and whether to restart treatment after pregnancy.

Treatment needs vary from woman to woman, so it’s important to talk to your care team early to make sure you find a disease management plan that works for you as you’re thinking about getting pregnant and throughout the stages of your pregnancy. Your care team may include your dermatologist, OB/GYN and perinatal specialist, among others.

**DID YOU KNOW?**

About 75% of psoriasis cases in women may occur before the age of 40. Women of childbearing age with psoriasis are more likely to stop treatment before or earlier on in their pregnancy than women with other chronic inflammatory diseases, according to the recent Autoimmune Motherhood Survey of over 1,000 women in the U.S., Europe and Japan. In fact, doctors are more likely to recommend that women with psoriasis stop their treatment early on in the family planning process.

Almost half of all pregnancies in the general population are unplanned, so it’s important to talk to your doctor early on to make sure you’re informed and prepared.

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* Findings from the AIM Patient Survey represent patient recall, not confirmed physician diagnosis. No information about type of psoriasis, level of disease activity, or treatment plan was confirmed outside of patient reported data.
As you navigate your family planning journey, you should think about how your psoriasis and treatment needs may vary before, during and after pregnancy.

Not sure how to start the conversation with your doctor? Check out these discussion questions to get you started.

Discussion Questions for Your Doctor

- Will I need specific screenings or prenatal tests?
- What are the potential challenges for me and my baby if I get pregnant?
- What are the chances of my passing my psoriasis on to my baby?
- What treatment options are compatible with my pregnancy journey?
- Which of my doctors should I include in the discussion?
- Will I need specific screenings or prenatal tests?
- What treatment options are compatible with my pregnancy journey?
- Which of my doctors should I include in the discussion?

A recent survey conducted by the National Psoriasis Foundation (NPF) found:

- **33%** of patients with psoriasis and/or psoriatic arthritis delayed informing their specialist about their pregnancy.
- **20%** did not tell them at all.

The same survey found that the majority of family planning conversations between women and their specialists are initiated by patients and their partners (only 7% of these conversations are initiated by HCPs).

So women should feel empowered and equipped to proactively start this discussion.
DURING

- **Maintain a healthy lifestyle while you’re pregnant** – eat a balanced diet, exercise when possible and make sure to get enough sleep.

- While you will need the same checkups as any other woman during pregnancy, **consider visiting your doctors and specialists more frequently than usual**, so you can keep them appraised of your pregnancy and symptoms. It’s important to check in with your healthcare team about what related health issues may arise during pregnancy.

- As you prepare for the birth of your baby, **start planning ahead with your healthcare team about what you need to know after delivery**. You should align on a delivery plan in advance, and talk to your healthcare team about vaccinations for both you and your baby.

A disease management plan

22% of mothers who stopped treatment during pregnancy were advised to wait until they experienced a postpartum flare before re-starting treatment. This can be confusing, since few have a plan for managing flares, so it’s important that women talk to their doctors early on in the pregnancy to design a personalized disease management strategy.

- NPF Survey

AFTER

- **Talk to your care team about whether breastfeeding is right for you and your baby**. Breastfeeding offers many potential benefits for both mother and child, including reduced risk of infection, postpartum depression and certain cancers. Whether you decide to breastfeed depends on several factors, including personal choice, your treatment plan and your level of disease control.

- **Do your research and talk to your healthcare team about planning for the possibility of flares after delivery**, since 41% of women experience a worsening of disease postpartum. Find the right plan for you, which may include medication and/or lifestyle changes.

Managing stress

- **Facing psoriasis can be isolating and, at times, stressful**. Combine this with planning for a family or caring for a newborn, and it can be overwhelming. Always talk to your doctor first before starting any type of exercise program. Here are some tips to help manage stress:

  - Meditate
  - Do yoga

  - Take time for self-care! Indulge in a massage or go for a walk
  - Talk to a friend
References:


