

Exploring Reproductive Health Experiences in SLE and RA/JIA: A Survey-based Study

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Abstract

Systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), and juvenile idiopathic arthritis (JIA) are autoimmune disorders that affect women of childbearing age. Hispanic women with these conditions have poorer disease outcomes than their Caucasian counterparts [2]. Unintended pregnancies are also more prevalent among some Hispanic populations [3]. When contrasted to healthy immunocompetent populations, immunocompromised patients have a significantly greater chance of an adverse pregnancy outcome (APO) [4]. Hence, medical professionals must be mindful of strategies to optimize results for both the mother and baby. Accordingly, an accurate description of reproductive health experiences in the Hispanic SLE/RA/JIA patient community is imperative. To provide more effective treatment for these patients, we conducted a survey-based investigation at the Los Angeles General Medical Center (LAGMC) Rheumatology clinic focused on this population's prior experiences with reproductive health management pertaining to contraception, preconception, pregnancy, and the postpartum period. The SLE study consists of 120 patients, 80 of whom are English-speaking and 40 of whom are Spanish-speaking. The RA/JIA study, however, is still in its early stages, with only 19 patients surveyed, 6 of whom are English-speaking and 13 of whom are Spanish-speaking.

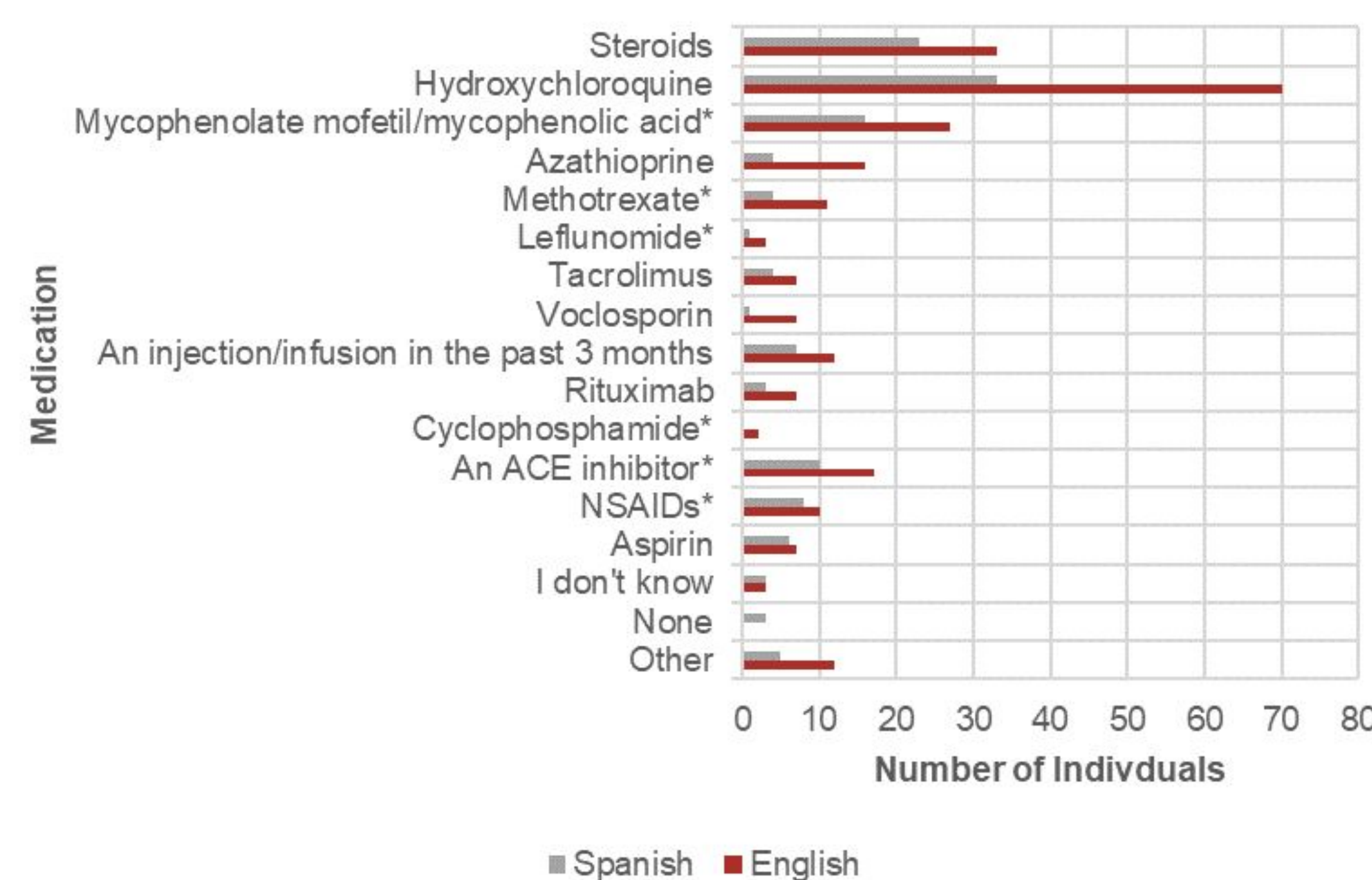


Objective

Detailing the preconception, pregnancy, and postnatal experiences of LAGMC's distinct population would offer a valuable set of data that could be used to improve the reproductive health of SLE/RA/JIA patients. We anticipate that the findings of this research will shed light on critical reproductive health outcomes that have not yet been addressed for rheumatic disease patients, with an emphasis on those of Hispanic ethnicity. Subsequently, our survey results will provide the framework and rationale for a prospective intervention aimed at enhancing maternal-fetal outcomes. The American College of Rheumatology (ACR) put forth the 2020 American College of Rheumatology (ACR) Reproductive Health Guideline, which serves as a clinical care plan for facilitating ideal pregnancy outcomes in chronically ill patients [1]. This guideline has aided rheumatologists in their efforts to manage reproductive and maternal-fetal health in the setting of rheumatic disease. Thus, our objective is to administer a survey based on this guideline to collect patients' experiences with contraceptives, conception, and postpartum discussions in a female Hispanic SLE/RA/JIA group between the ages of 18 to 50 (child-bearing age).

SLE Survey: Medication Data

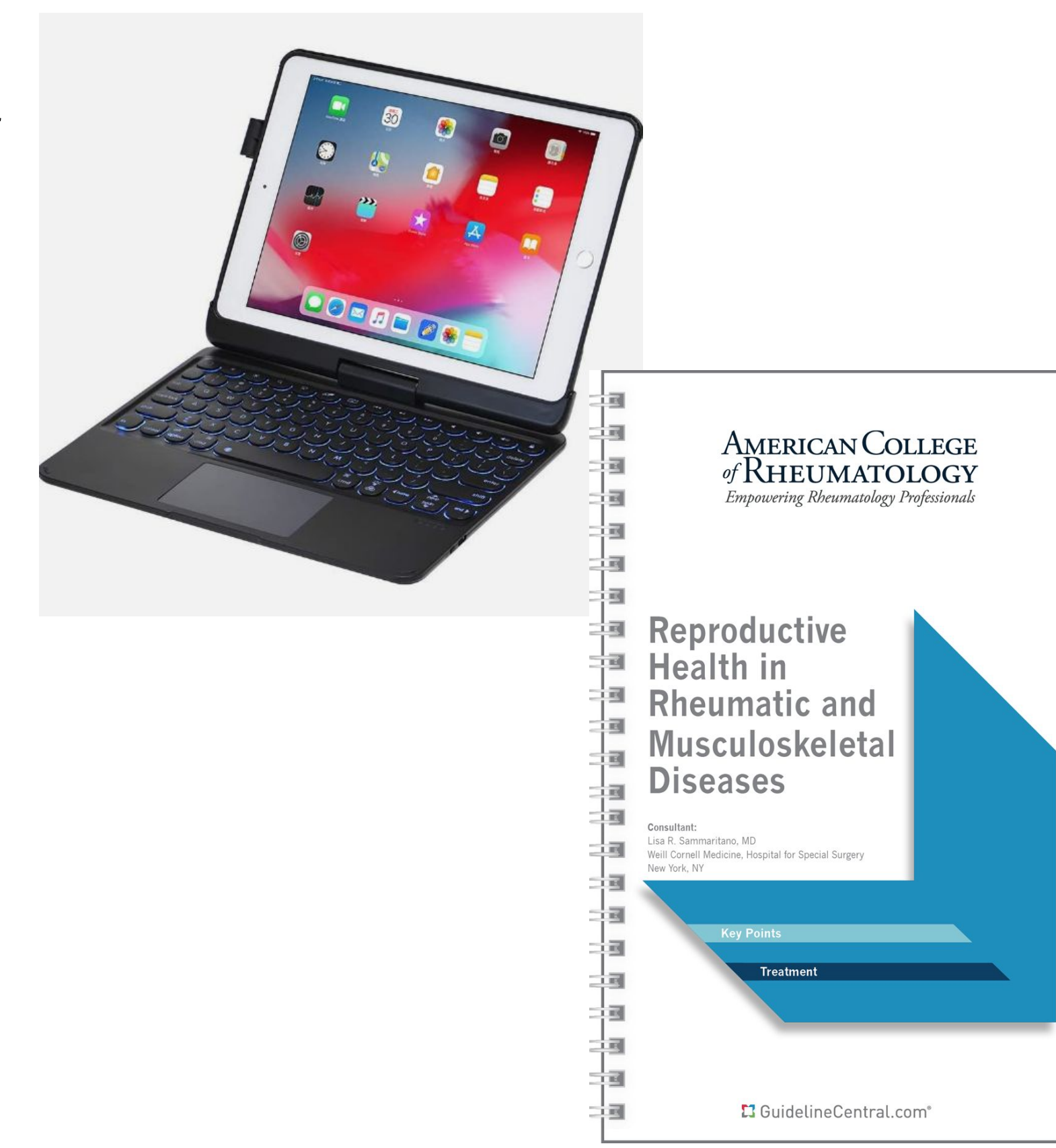
Which of the following medications are you currently taking?



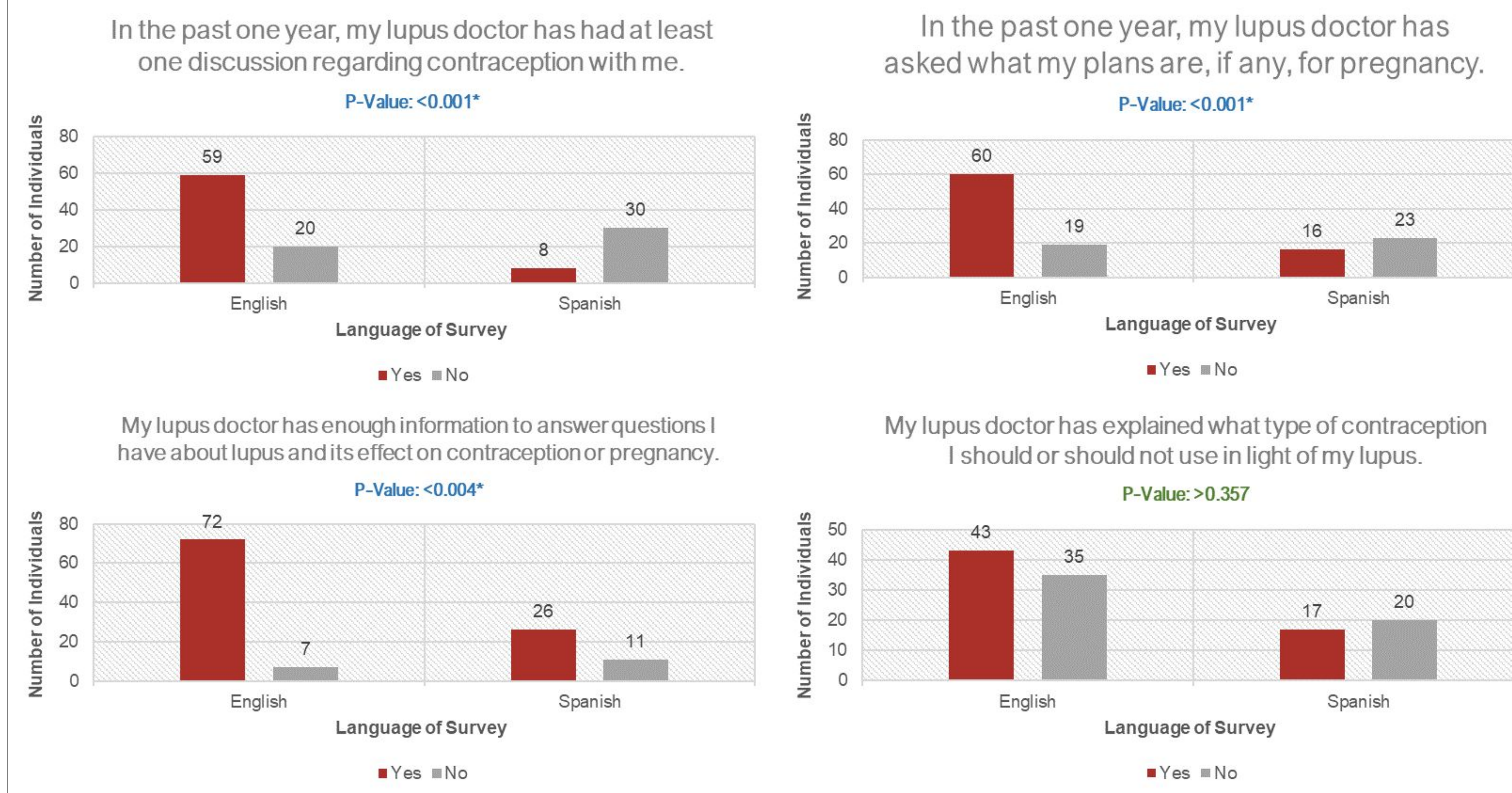
*Teratogenic medications (substances that can harm a developing fetus).
 **Multiple answers may be selected for this question, which is why the number of individuals per medication is greater than the total number of respondents.

Materials and Methods

- We collected data through an anonymous survey, in both English and Spanish, on an electronic tablet based on the ACR Reproductive Health Guideline, which was distributed to women between the ages of 18 to 50 with SLE/RA/JIA. Patients must have been diagnosed with SLE/RA/JIA by a rheumatologist.
- Before initiating the study, both surveys were pilot-tested by four members of the intended study population for clarity, acceptability, and length. Dr. Wise tested the SLE surveys prior to my arrival; I tested the RA/JIA English survey; and Sara Madrigal, the Division of Rheumatology research coordinator, tested the RA/JIA Spanish survey.
- Ms. Madrigal, a bilingual Spanish and English speaker, and I would speak to these patients to gauge their interest in participating in the study. If the patient indicated interest in participating, we would obtain consent and deliver the survey on that day in a confidential area.
- In Ms. Madrigal's absence from the clinic, Dr. Wise and I would converse with patients in English or in Spanish through licensed medical interpretation services.
- Patients were permitted to skip questions that they did not understand or were uncomfortable in offering a response. Following the completion of the survey, the patients were compensated \$30 for their time.
 - Branching logic was applied for certain questions based on patients' clinical self-reported reproductive health history. As a result, not all inquiries were available to all patients because some questions were only applicable to certain groups of patients.



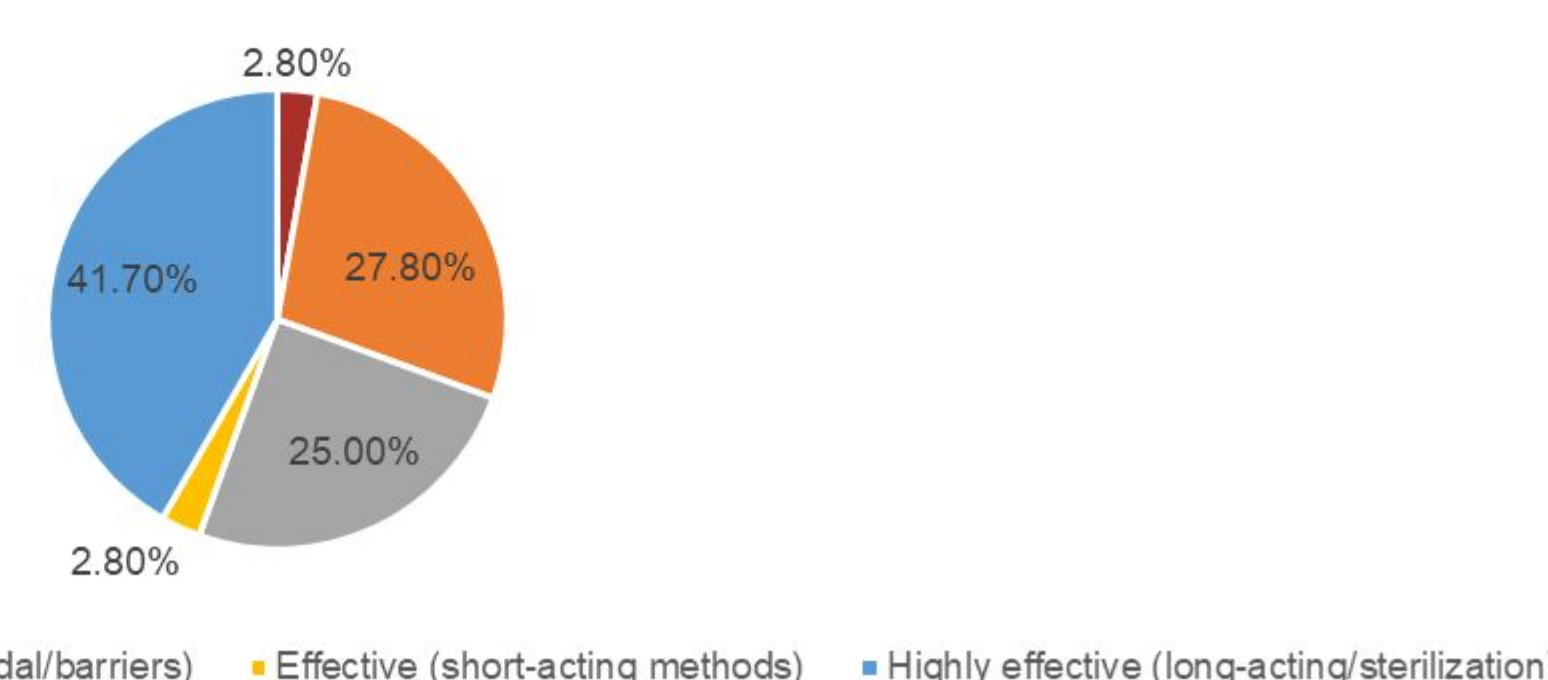
Results of SLE Survey



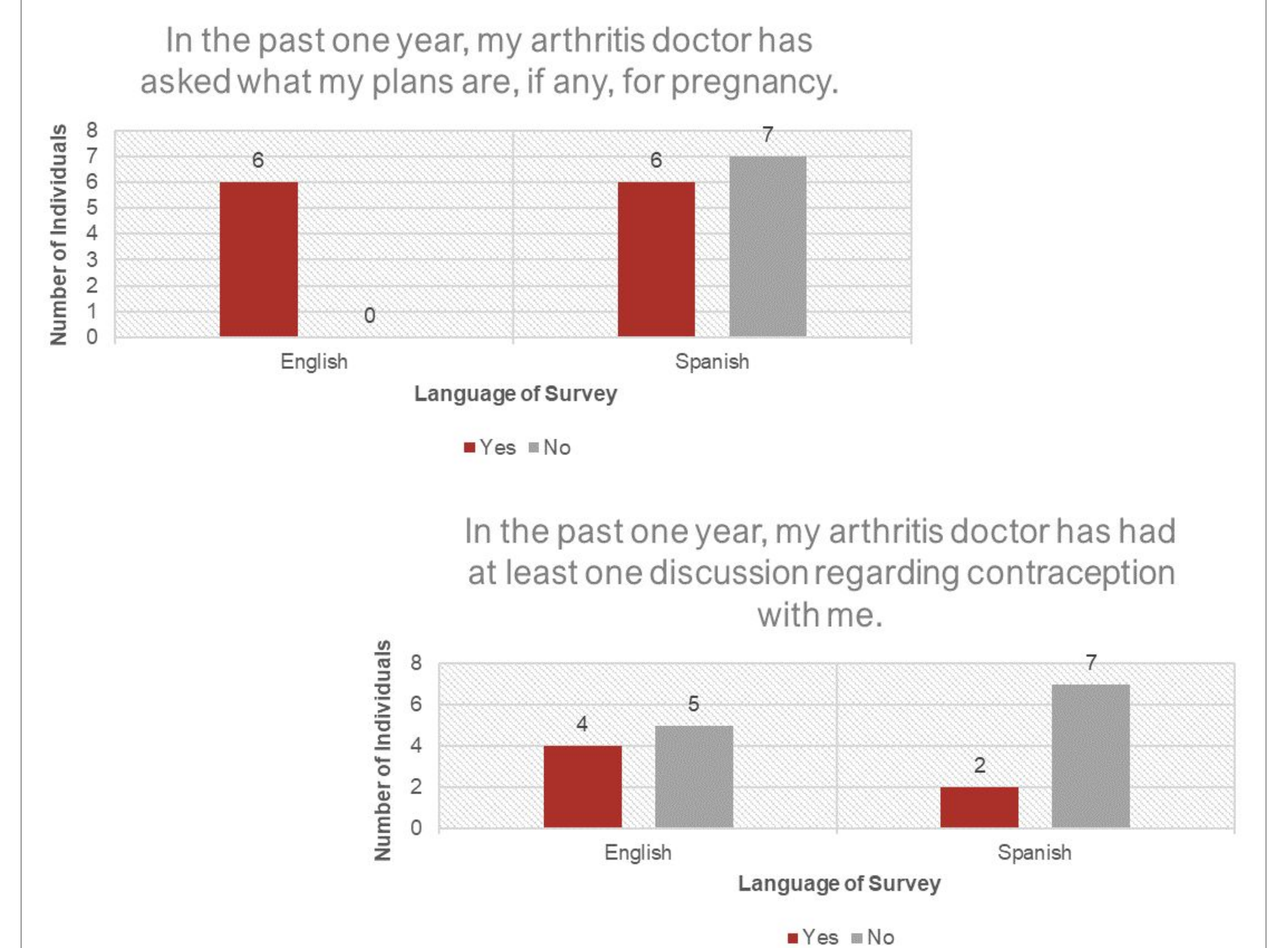
*Significant at p<0.05, which means that the data qualifies as statistically significant, indicating that the observed results are highly unlikely to have occurred by chance alone.

SLE Survey: Effectiveness of Contraception

Contraception methods of individuals that are currently taking teratogenic medication and are sexually active.



Recent Data from the RA/JIA Survey



Conclusion

- The majority of sexually active women with SLE on teratogenic medications are not using effective methods of contraception.
- Spanish speakers with SLE do not receive the same attention to reproductive healthcare as do English speakers with SLE. In particular, there are fewer comprehensive discussions about the significance of having an autoimmune disease and its relationship to pregnancy among Spanish-speaking groups and their doctors than among English-speaking groups.

Summary

We plan to implement an intervention at the clinic to address the issues we have found. We intend to distribute brochures in both English and Spanish that provide easily accessible services and information for women of child-rearing age on how to manage their SLE or RA/JIA during pregnancy. In doing so, we seek to foster better reproductive health discussions for patients and providers, particularly in the context of Spanish-speaking patient care. Overall, these findings emphasize the fact that there is a barrier in reproductive healthcare for chronically ill populations, specifically for those that are Spanish-speaking. This obstacle must be resolved to facilitate a safer reproductive future for these women.

Acknowledgements

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