Association of autoimmune diseases and adverse pregnancy outcomes An umbrella review

Dr Megha Singh, Mr. Steven Wambua, Dr. Siang Ing Lee, Dr. Kelvin Okoth, Professor Krishnarajah Nirantharakumar, ,Dr Francesca Crowe

Background

The prevalence of autoimmune conditions (AI) is twofold higher in women compared with men, especially during the reproductive years. Autoimmune conditions have been associated with a greater risk of adverse pregnancy outcomes, but this has not been examined before for a broad range of autoimmune conditions and pregnancy outcomes







Synthesis methods: narrative & quantitative methods, pooled OR, RR Quality assessment: AMSTAR2 Impact of overlap: corrected covered area method

Population: Pregnant women **Exposure:** 15 Autoimmune conditions **Comparator:** Presence of a control group without autoimmune conditions **Outcome**: Adverse pregnancy outcomes

Cochrane library for systematic reviews Inception-Sep., 2022

Results

33 reviews included in this review

The association of autoimmune conditions and maternal outcomes

Maternal outcomes

- 1. Miscarriage: Sjögren's syndrome RR 8.85 (95% CI 3.10-25.26); SLE OR 4.90 (3.10-7.69); thyroid autoimmunity OR 2.70 (1.00-3.65); systemic sclerosis OR 1.60 (1.22-2.22); and coeliac disease OR 1.38 (1.12-1.69).
- **2. Pre-eclampsia:** T1DM OR 4.19 (3.08-5.71); SLE OR 3.20 (2.54-4.20); systemic sclerosis OR 2.20 (2.10-4.53).

Pregnancy complication (study)	Number of studies	I-squared		OR (95% CI)
Miscarriage			i l	
Axial spondyloarthropathy (Maguire 2020)	5	88 % —		→ 0.75 (0.03 to 19.77)
Coeliac disease (Arvanitakis 2022)	7	62 %	-	1.38 (1.12 to 1.69)
IBD (Tandon 2020)	3	59 % -		1.63 (0.49 to 5.43)
Psoriasis (Xie 2021)	2	0 %	•	1.10 (1.01 to 1.20)
Psoriatic arthritis (Xie 2021)	1	0 %	1	1.35 (0.79 to 2.32)
Rheumatoid arthritis (Huang 2022)	2	68 %	•	1.16 (1.04 to 1.29)
Sjögren's syndrome (Geng# 2023)	5	53 %		→ 8.85 (3.10 to 25.26)
SLE (He W 2020)	3	66 %	· · · · ·	4.90 (3.10 to 7.69)
Systemic sclerosis (Blagojevic* 2020)	6	np	- -	1.60 (1.22 to 2.22)
Thyroid autoimmunity (TPO) (Thangaratinam 2011	30	63 %		2.74 (2.12 to 3.54)
Thyroid autoimmunity(all) (Chen 2011)	24	49 %		2.70 (1.00 to 3.65)
Gestational hypertension			1	
Psoriasis (Xie 2021)	3	32 %		1.49 (1.09 to 2.06)
Psoriatic arthritis (Xie 2021)	2	0 %		1.29 (1.10 to 1.67)
Rheumatoid arthritis (Huang 2022)	4	53 %	¦e-	1.34 (1.07 to 1.68)
Thyroid autoimmunity(TPO) (Zhang 2016)	3	78 %	-	1.29 (1.15 to 1.45)
Type 1 DM (Yu* 2017)	21	np	_	2.68 (1.85 to 3.89)
Pre-eclampsia			1. 1. 1.	
Axial spondyloarthropathy (Maguire 2020)	7	81 %	+	1.74 (0.85 to 3.54)
Coeliac disease (Arvanitakis 2022)	4	0 %	÷	1.04 (0.87 to 1.21)
IBD (Tandon 2020)	2	56 %		\longrightarrow 4 65 (0 76 to 28 35)
Multiple sclerosis (Arafa 2021)	8	0%		0.99 (0.89 to 1.09)
Psoriasis (Xie 2021) (* denotes in the reviews I ² was not calculated but the beterogen	eit R yas reported by 0 test and presented p valu	ues 60 mother ovided)	-	1 25 (1 09 to 1 42)
Psoriatic arthritis (Xie 2021)	3	0%	 	1 45 (1 13 to 1 85)
Rheumatoid arthritis (Huang 2022)	7	81 %		1 48 (1 19 to 1 83)
SI E (Dong 2020)	10	76 %	_ _	3 20 (2 54 to 4 20)
Systemic sclerosis (Blagojevic* 2020)	2	nn		2 20 (2 10 to 4 53)
Type 1 DM (Y_{14} 2017)	10	np no		4 19 (3 08 to 5 71)
Gestational diabates melitus	10	ΠÞ		4.10 (0.00 10 0.71)
Avial spondyloarthronathy (Maguire, 2020)	3	41%	1	0.88 (0.24 to 3.21)
IBD (Tandon 2020)	3	51 %		2.96(1.47 to 5.98)
BD (Tanuon 2020) Reoriasis (Xio 2021)	3	0%		2.30(1.47 to 3.30)
Psoriatic arthritis (Xie 2021)	5	0 %	1	1.19 (1.09 to 1.30)
Phoumataid arthritis (Huang 2022)	3	52.0/		1.20 (0.90 to 1.77)
	4	55 % 90 %		1.40(0.94(0.2.09))
SLE (He W 2020)	4	00 % -		0.96 (0.56 to 1.60)
	16	80 %		1.49 (1.07 to 2.07)
Caesarean section	10	70.0/	1 1 1	4.05 (4.40 += 0.00)
Axial spondyloarthropathy (Maguire 2020)	12	72%		1.85 (1.46 to 2.30)
Coeliac disease (Arvanitakis 2022)	9	0%	1	1.10 (1.03 to 1.16)
IBD (Cornish 2007 and Tandon 2020)	15	75 %	1	1.67 (1.15 to 2.41)
Psoriasis (Xie 2020)	5	92 %	H 1 1	1.26 (1.05 to 1.51)
Psoriatic arthritis (Xie 2020)	4	0%	1	1.45 (1.27 to 1.66)
Rheumatoid arthritis (Huang 2022)	11	85 %		1.39 (1.24 to 1.55)
SLE (HeW 2020 and Bundhun 2017)	8	92 %	1 -	1.62 (1.11 to 1.70)
Type 1 DM (Yu* 2017)	17	np	r <u>-</u>	3.97 (3.31 to 4.77)
		Ó	1 5	8
	Lower risk in Autoim	mune condition	Greater risk in Au	utoimmune condition

- **3. GDM:** IBD OR 2.96 (1.47-5.98); thyroid autoimmunity OR 1.49 (1.07 - 2.07).
- 4.CS:T1DM OR 3.97(3.31-4.77); AxSPa OR 1.85(1.46-2.30)

Neonatal outcomes:

- **1.Intrauterine growth restriction (IUGR):** systemic sclerosis OR 3.21 (2.21-4.54); coeliac disease OR1.71 (1.36-2.14).
- **2. Small-for-gestational age babies:** SLE OR 2.49 (1.88-3.31); and rheumatoid arthritis OR 1.49 (1.22-1.82).
- 3. Stillbirth: T1DM OR 3.97 (3.44-4.58); IBD OR 1.57(1.06-2.32), coeliac disease OR 1.57(1.17-2.10.

'*' denotes in the reviews I² was not calculated but the heterogeneity was reported by Q test and presented p values, np (not '#'denotes the study presents the summary estimates in Risk ratio provided)



Pregnant women with autoimmune conditions are at greater risk of developing adverse pregnancy outcomes. Further research is required to establish the pre-pregnancy protocols for counselling and screening to prevent or manage the complications of these conditions



Healthier pregnancy with



