Supplementary Table S4. Assessment of disease activity during pregnancy in women with SLE

| Consider the physiologic changes that may occur during pregnancy | • Fatigue
• Arthralgias, myalgias
• Soft tissue edema
• Melasma / facial and palmar erythema
• Anemia due to haemodilution or iron deficiency
• Gestational thrombocytopenia
• Increase in ESR
• Increase in serum C3/C4 concentrations
• Low-grade proteinuria (UPCR <0.3)
• Increase in GFR (reduced blood urea and serum creatinine levels) |
| Consider possible pregnancy-related complications | • Pre-eclampsia
• Infection |
| Assessment of SLE activity | • Physician global assessment (scale 0–3) in conjunction with at least one of the validated activity instruments
• Pregnancy-specific SLE activity indices (SLEPDAI, LAI-P, BILAG2004-P, modified SELENA-SLEDAI flare index) may be preferred
• Monitoring frequency: on every visit (every 2 to 8 weeks) |
| Assessment of renal function | • Blood urea and serum creatinine levels, urinalysis, 24-hr or spot UPCR (if urine dipstick positive)
• Monitoring frequency: every 4 to 8 weeks, or in suspected SLE flare |
| Serological markers (serum C3/C4, anti-dsDNA titres) | • Serial changes (i.e., declining serum C3/C4 levels [especially by ≥25%, even within the normal range] and/or increasing anti-dsDNA titres) have greater prognostic value
• Increased predictive value when interpreted in the context of clinical disease activity
• No evidence for benefit of pre-emptive treatment of isolated serologic activity
• Monitoring frequency: every 4 to 8 weeks, or in suspected SLE flare |