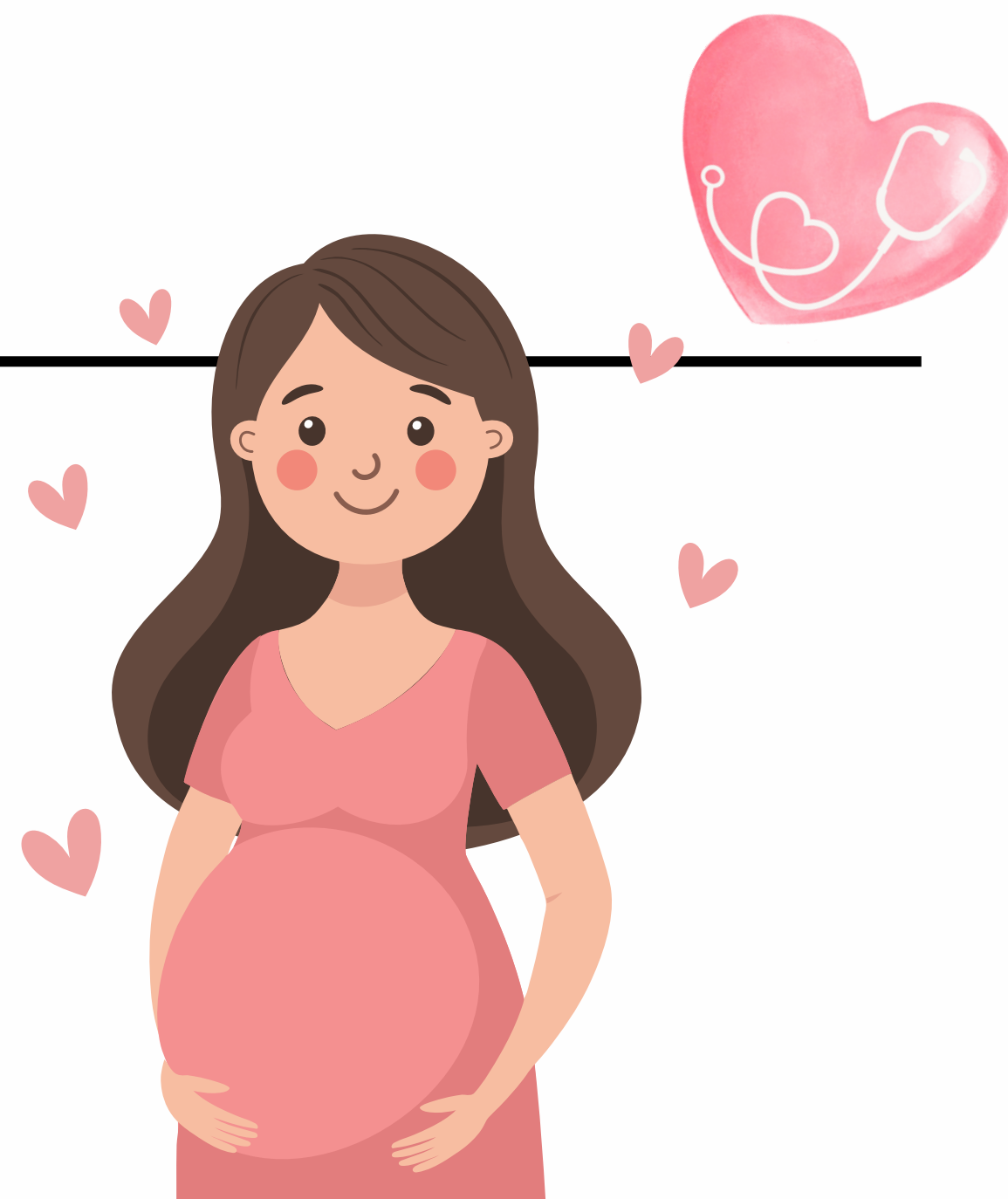


# Sjögren's and Pregnancy

## Understanding Heart Block Monitoring

If you have *Sjögren's syndrome (or lupus)* and test positive for SSA (Ro) or SSB (La) antibodies, your doctor may recommend special heart monitoring for your baby during pregnancy.

**Here's what you need to know.**



## Why does this matter?

Sjögren's syndrome is often thought of as just "dry eyes and dry mouth." But some people with Sjögren's have SSA (Ro) or SSB (La) antibodies. These antibodies can cross the placenta and, in rare cases, affect a baby's heart rhythm.

## What is Congenital Heart Block?

"Heart block" means the electrical signals from the top chambers of the heart (atria) to the bottom chambers (ventricles) are slowed or blocked.

- First-degree: signal slowed
- Second-degree: some beats blocked
- Third-degree (complete): signals don't get through (may require a pacemaker after birth)

## How Common Is It?

- Risk of congenital heart block is about 1–2% in babies of mothers with SSA/SSB antibodies.
- If you've had one affected child, the risk is higher (15–20%).
- This means 98–99% of babies are not affected.

## How is it checked?

Your doctor may recommend fetal echocardiograms (heart ultrasounds) during pregnancy:

- Usually between 16–26 weeks
- Sometimes weekly or every 2 weeks
- Doctors measure the PR interval (the "timing" between heartbeats)



## Can It Be Treated?

- If early changes are seen, steroids (like dexamethasone) may sometimes be used.
- If complete heart block develops, it usually does not reverse before birth.

## Reassurance

- Most pregnancies with Sjögren's go smoothly.
- Monitoring is there to protect your baby and bring peace of mind.
- The vast majority of babies are healthy and unaffected.

