

# Discontinuing TNFi before gestational week 20 is feasible

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34.1 percent did not use a TNFi during pregnancy. Disease activity was low to minimal in 72.9 percent of women at enrollment. No clinically important worsening of patient-reported outcome measures at the third trimester was associated with discontinuation of TNFi. Women using TNFi beyond week 20 were more likely to experience improved disease activity scores at the third trimester in univariate, but not multivariate, analysis.

"Discontinuing a TNFi before gestational week 20 seems feasible in women with RA and JIA who enter pregnancy with well-controlled disease," the authors write.

Several pharmaceutical companies provided funding for the study.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Discontinuing tumor necrosis factor inhibitors (TNFi) before gestational week 20 in women with well-controlled rheumatoid arthritis (RA) or juvenile idiopathic arthritis (JIA) is not associated with disease worsening in late pregnancy, according to a study published online Jan. 21 in *Arthritis & Rheumatology*.

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Frauke Förger, M.D., from the University of Bern in Switzerland, and colleagues used data from 490 [women](#) with RA (397 women) and JIA (93 women) participating in the Organization of Teratology Information Specialists Autoimmune Diseases in Pregnancy Project (2005 to 2017) to determine whether the discontinuation of TNFi during pregnancy is associated with any changes of the disease course. Medication and disease activity information were collected before gestational week 20 and at gestational week 32.

The researchers found that 24.9 percent of women discontinued a TNFi before gestational week 20, while 41 percent used a TNFi beyond week 20 and

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