Methotrexate and Pregnancy

The Organization of Teratology Information Specialists (OTIS) has published an information sheet regarding the use of methotrexate during pregnancy. According to OTIS, methotrexate is a medicine that can stop the growth of cells and can interfere with the immune system. Methotrexate is prescribed to treat many conditions, such as cancers and autoimmune conditions like rheumatoid arthritis and psoriasis.

According to OTIS, women who are actively trying to become pregnant should not be taking methotrexate. Also, taking methotrexate in pregnancy has been found to cause birth defects. The use of methotrexate in the first trimester has been associated with a specific pattern of birth defects. This pattern of birth defects includes malformations of the infants head, face and bones. Poor growth and developmental delay have also been described. For other birth defects, like heart defects and oral clefts, the evidence is currently not strong enough to show that methotrexate is the cause.

OTIS reports that there is some limited evidence to suggest that a pregnant woman will be at risk for having a baby with methotrexate-related birth defects if she takes 10 mg or more of methotrexate per week between 6 and 8 weeks after conception (8 to 10 weeks after the first day of her last menstrual period). More information regarding the risks with specific timing and dose of methotrexate are needed to draw firm conclusions. OTIS reports that one review paper found no increase in birth defects or miscarriage rates in 101 women with rheumatoid arthritis who were exposed to 5-25mg/week of methotrexate in the first trimester. OTIS notes that this finding does not mean there is no risk for low dose methotrexate exposure in the first trimester.
If a woman becomes pregnant while taking methotrexate, she should contact her health care provider right away. The health care provider can discuss specific risks, as well as suggest prenatal testing. This testing may involve a blood or amniotic fluid test for neural tube defects (such as spina bifida) and a detailed ultrasound to look at the growth and development of the baby.

For further information regarding this article, please see “Methotrexate and Pregnancy” from the Organization of Teratology Information Specialists. You can view this information at www.OTISpregnancy.org or call OTIS at 1-866-626-6847. Or, contact Karen Kuehn Howell, Ph.D., at the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, 1256 Briarcliff Road, N.E., 309W, Atlanta, Georgia, 30306. You can also phone us at 404-712-9829 or visit our website at http://www.emory.edu/MSACD.

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