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