Supplemental file

Table SI. Pre-pregnancy counselling content of SLE/APS pregnancies in pathway cohort

Pregnancies (N)	**SLE (+/- secondary APS)** *N = 16*	**Primary APS (thrombotic + obstetric)** *N = 25*
Timing of pregnancy		
Pregnant at first presentation *	3 (18.8)	1 (4.0)
Advised to postpone pregnancy at first presentation	4 (25.0)	0 (0.0)
Conceived against medical advice	1 (6.3)	0 (0.0)
Medication		
Switch anticoagulants to LMWH	2 (12.5)	9 (36.0)
Switch immunosuppressants	5 (31.3)	0 (0.0)
Switch antihypertensives	2 (12.5)	1 (4.0)
Acetylsalicylic acid pre-eclampsia prophylaxis	16 (100.0)	25 (100.0)
Health Center (follow-up after counselling)		
Second line health center	1 (6.3)	8 (32.0)
Third line health center	15 (93.8)	17 (68.0)
Ultrasounds		
20-week anomaly scan	16 (100.0)	25 (100.0)
Fetal growth monitoring	16 (100.0)	25 (100.0)
Fetal heart frequency		
Weekly screening (18-26 weeks)	11 (68.8)	1 (4.0)
Postpartum		
Consultation of pediatrician	16 (100.0)	25 (100.0)

Data depicted as number of pregnancies (% of cohort).
* Patients were referred by their treating physician to the clinical pathway after conception and did not receive preconception counselling in the clinical pathway

Table SII. LMWH policy in the clinical pathway

Disease characteristics	**LMWH policy**
SLE (+) aPL (-) thrombosis (-)	No indication for LMWH
SLE (+) aPL (+) thrombosis (-)	Postpartum period[α]
SLE (+) provoked thrombosis (+)	Postpartum period[α]
SLE (+) unprovoked thrombosis (+)	Pregnancy and postpartum period[α]
Obstetric APS: ≥3 consecutive miscarriage <10wks (+)	Pregnancy and postpartum period[α]
Obstetric APS: 1 or more premature birth ≤34 weeks due to placental insufficiency (+) / 1 or more fetal death ≥ 10 weeks (+)	Postpartum period[α]
Thrombotic APS (+) anticoagulants use pre-pregnancy (-)	Pregnancy and postpartum period[α]
Thrombotic APS (+) anticoagulants use pre-pregnancy (+)	Therapeutic LMWH dose depending on weight, kidney function and anti-Xa blood level during pregnancy and postpartum period

LMWH = Low-Molecular-Weight Heparin. SLE = systemic lupus erythematosus. aPL = antiphospholipid antibodies, APS = antiphospholipid syndrome.
[α] Standard prophylactic LMWH dose is 2850 IU nadroparin. Postpartum period consists of 6 weeks. When a patient's weight was >100 kg, a dose of 5800 IU nadroparin was prescribed.

Table SIII. Disease characteristics at first presentation of all SLE/APS patients in pathway cohort compared with historical cohort

	SLE patients		**Primary APS patients**	
Patients (N)	*Pathway N = 37*	*Historical N = 33*	*Pathway N = 25*	*Historical N = 15*
General characteristics				
Caucasian	21 (56.8)	22 (66.7)	16 (64.0)	9 (60.0)
BMI (kg/m^2) at first presentation [β]	24.1 (21.9-28.1)	23.5 (21.4-25.7)	26.2 (21.7-31.4)	26.0 (21.7-29.4)
Specific APS history				
Thrombotic APS	6 (16.2)	1 (3.0)	8 (32.0)	6 (40.0)
Obstetric APS	1 (2.7)	1 (3.0)	14 (56.0)	5 (33.3)
Thrombotic *and* obstetric APS	0 (0.0)	0 (0.0)	3 (12.0)	4 (26.7)
History of thromboembolic events	10 (27.0)	5 (15.2)	11 (44.0)	10 (66.7)
Lupus anticoagulant	8 (21.6)	3 (9.1)	16 (64.0)	10 (66.7)
Anticardiolipin antibodies	2 (5.4)	0 (0.0)	13 (52.0)	11 (73.3)
Anti-ß2-glycoprotein-I antibodies	3 (8.1)	0 (0.0)	12 (48.0)	5 (33.3)
Triple positive	0 (0.0)	0 (0.0)	3 (12.0)	3 (20.0)
Specific SLE history				
SLICC damage index [β]	0 (0-2)	0 (0-1)	..	..
EULAR/ACR criteria [β]	21 (14-29)	18 (11-22)	..	..
Secondary APS	7 (18.9)	2 (6.1)	..	..
History of LN	17 (45.9)	15 (45.5)	..	..
ANA	33 (89.2) *	21 (63.6)	..	..
Anti-Ro/SS-A	15 (40.5)	16 (48.5)	..	..
Anti-La/SS-B	6 (16.2)	8 (24.2)	..	..
Anti-dsDNA	14 (37.8)	13 (39.4)	..	..

Data depicted as number of patients (% of cohort). SLE = Systemic Lupus Erythematosus. APS = antiphospholipid syndrome. BMI = Body Mass Index. Triple-positive = positivity for LAC + ACA + Anti-ß2-GP1. SLICC = Systemic Lupus International Collaborating Clinics. LN = lupus nephritis. ANA = Anti-Nuclear Factor.
[β] Median (IQR)
*Shows a significant difference with 2 sided $\alpha<0.05$.

Table SIV. Crude and adjusted odds ratios comparing the pathway to the historical cohort

		SLE and/or primary APS patients		
Pregnancies (N)	*Pathway n/N*	*Not in pathway n/N*	*Crude OR (95% CI)*	*Adjusted OR (95% CI)*
Disease outcomes composite	3/41 (7.3)	20/71 (28.1)	0.20 (0.06-0.73)	0.20 (0.06-0.75) *
SLE flares *(SLE pregnancies)*	2/16 (12.5)	17/43 (39.5)	0.22 (0.05-1.05)	0.22 (0.04-1.09) [µ]
TEEs *(APS pregnancies)*	1/25 (4.0)	3/28 (10.7)	0.26 (0.03-2.22)	..[¶]
Maternal outcomes composite[¥]	22/41 (53.7)	36/71 (50.7)	0.98 (0.40-2.42)	0.91 (0.38-2.17) *
Fetal outcomes composite[β]	15/41 (36.6)	21/71 (29.6)	1.20 (0.53-2.71)	1.26 (0.55-2.88) *

Data depicted as number of pregnancies (% of cohort). SLE = systemic lupus erythematosus. TEEs = thromboembolic events
*GEE model adjusted for predefined confounders: history of lupus nephritis, thromboembolic events, pre-eclampsia, and the number of miscarriages.
[µ] GEE model adjusted for predefined confounders: lupus nephritis and EULAR/ACR criteria.
[¶] The small number of events did not allow adjustment for confounders in the separate analysis of the primary APS patients.
[¥] Composite outcome including miscarriage, gestational hypertension and severe hypertensive disease.
[β] Composite outcome including perinatal death, fetal growth restriction, preterm birth<37 weeks, NICU admission.