North Central London Health and Care
Integrated Care System

NHS

1st October 2025

Dear colleagues,

Subject: Biologic Choice in Women Planning Pregnancy or Who Are Pregnant

Please find below important guidance on the use of TNF inhibitors in women who are planning pregnancy or are currently pregnant, based on the British Society for Rheumatology (BSR) guideline on prescribing in pregnancy and breastfeeding.

TNF Inhibitor Use in Pregnancy

Women with no or low disease activity established on a TNF inhibitor with known placental transfer (infliximab, adalimumab, golimumab) do not need to be switched to an alternative TNF inhibitor with established minimal placental transfer (certolizumab) either before or during pregnancy (GRADE 1B, Strength of agreement 100%). All TNF inhibitors: Infliximab, Adalimumab, Etanercept, and Golimumab are compatible with all trimesters of pregnancy.
While Certolizumab is compatible with all three trimesters of pregnancy, has no to minimal placental transfer compared with other TNF inhibitor, and does not require any alteration to the infant vaccination schedule (GRADE 1B, Strength of agreement 100%), it is recommended that best value TNF inhibitors are used as standard unless certolizumab pegol is clinically deemed essential and appropriate based on individual patient circumstances.

Certolizumab Pegol

Certolizumab pegol does not require any alteration to the infant's vaccination schedule due to reduced placental transfer.

Infant Vaccination Considerations

For women with a low risk of disease flare, the infant can follow a normal vaccination schedule, including rotavirus vaccination, if the TNF inhibitor is stopped prior to delivery as follows:

Infliximab: by 20 weeks gestation
Adalimumab: by 28 weeks gestation
Golimumab: by 28 weeks gestation
Etanercept: by 32 weeks gestation

If treatment is continued throughout pregnancy to maintain disease control, live vaccines should be avoided in the infant until 6 months of age.

Timing Around Delivery

All TNF inhibitors should be stopped approximately two weeks before the expected delivery date and restarted once the patient has fully recovered from any birth-related trauma or surgical procedure.
If delivery occurs earlier than anticipated, the TNF inhibitor should be withheld and restarted post-recovery.

Breastfeeding

All TNF inhibitors are considered safe for use while breastfeeding.

This guidance is based on the British Society for Rheumatology guideline and may differ from the individual product SmPCs. For further detail on other biologic or DMARD choices during pregnancy and breastfeeding, please consult the full BSR Guideline

See Summary of drug compatibility in pregnancy and breastmilk exposure in appendix one.
Treatment decisions should be made on an individualised basis, in consultation with the patient's Consultant Rheumatologist, Dermatologist and Obstetrician.

Please cascade this information to all relevant teams.

For all your enquiries, please contact nclicb.ncl.hcd@nhs.net

Kind regards,
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Appendix one [British Society of Rheumatology]

Table 1. Summary of drug compatibility in pregnancy and breastmilk exposure

	Peri-conception	First trimester	Second/third trimester	Breastfeeding	Paternal exposure
Corticosteroids					
Prednisolone	Yes	Yes	Yes	Yes	Yes
Antimalarials					
Hydroxychloroquine (≤400 mg/day)	Yes	Yes	Yes	Yes	Yes
Conventional synthetic DMARDs					
Methotrexate (≤25 mg/week)	Stop ≥1 month pre-conception	No	No	No	Yes
Sulfasalazine (with folic acid 5 mg/day in first trimester)	Yes	Yes	Yes	Yes[a]	Yes[b]
Leflunomide	No: Cholestyramine washout	No	No	No	Yes
Azathioprine	Yes	Yes	Yes	Yes	Yes
Ciclosporin	Yes	Yes[c]	Yes[c]	Yes	Yes
Tacrolimus	Yes	Yes[c]	Yes[c]	Yes	Yes
Cyclophosphamide	Exceptional circumstances[d]	Exceptional circumstances[d]	Exceptional circumstances[d]	No	No
Mycophenolate mofetil	Stop ≥6 weeks pre-conception	No	No	No	Yes
Intravenous immunoglobulin	Yes	Yes	Yes	Yes	Yes
Anti-TNFα medications					
Infliximab	Yes	Yes	Yes[e]	Yes	Yes
Etanercept	Yes	Yes	Yes[f]	Yes	Yes
Adalimumab	Yes	Yes	Yes[g]	Yes	Yes
Certolizumab	Yes	Yes	Yes	Yes	Yes
Golimumab	Yes	Yes	Yes[g]	Yes	Yes
Other biologic DMARDs					
Rituximab	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
IL-6 inhibitors	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
IL-1 inhibitors	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
Abatacept	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
Belimumab	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
IL-17 inhibitors	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
IL-12/23 inhibitors	Consider stopping at conception[h]	Severe disease if no alternatives[h]	Severe disease if no alternatives[i]	Yes[j]	Yes[j]
Targeted synthetic DMARDs					
JAK-inhibitors	Stop ≥2 weeks pre-conception	No	No	No	Yes[j]

For further information and caveats, see relevant recommendations and main text in the executive summary and full guideline.

[a] In the healthy, full-term infant only.
[b] If conception is delayed by >12months, consider stopping sulfasalazine alongside investigation of other causes of infertility.
[c] Suggested monitoring of maternal blood pressure, renal function, blood glucose and drug levels.
[d] Only in cases of severe (life or organ-threatening) maternal disease.
[e] If low risk of disease flare and stopped by 20 weeks, full-term infant can have a normal vaccination schedule.
[f] If low risk of disease flare and stopped by 32 weeks, full-term infant can have a normal vaccination schedule.
[g] If low risk of disease flare and stopped by 28 weeks, full-term infant can have a normal vaccination schedule.
[h] May be considered to manage severe maternal disease if no other pregnancy-compatible drugs are suitable.
[i] If used in third trimester, avoid live vaccinations in infant vaccination schedule until 6 months of age.
[j] Limited evidence.