

## **Pregnancy and MS**

### **Introduction**

As MS is a condition that generally affects young adults and is more common in women than men, the impact that the condition can have on childbearing is obviously an important issue. This page deals with subjects such as the effect of pregnancy on relapse rates, the health of the child and how treatment is affected.

### **Can women with MS have children?**

MS has no effect upon a woman's ability to become pregnant and have a normal healthy child. Babies born to women with MS are, on average, of normal weight with no greater risk of mental or physical impairment. However it is important that before becoming pregnant, women with MS take into account both their current and possible future levels of disability and the effect that this may have on their ability to look after a child over the next 18 years. Continuing support will be essential, especially in the 3 months after birth when chances of a relapse are high.

### **Effect of pregnancy on relapse rate and progression**

In relapsing-remitting MS, it seems that there is a reduced risk of suffering a relapse during pregnancy and especially during the last trimester. However, this is followed by a high probability of relapse during the three months after the delivery that may be due to hormonal changes. Overall, the relapse rate is unaffected by pregnancy. Progression of disability is not increased by pregnancy and may even be reduced.

### **Treatment before and during pregnancy**

When there is a good chance that a woman will become pregnant, she should stop taking beta-interferon in consultation with her doctor. Whether or not steroid treatment is given for relapses will need to be decided between the woman and her doctor, taking into account the risks to the fetus and the severity of the exacerbation.

### **The delivery**

Delivery needs to take place in a hospital with midwives and doctors who are fully aware of the woman's MS. If there is significant paralysis or loss of sensation, then she may be constantly monitored during the last month in case she cannot feel the onset of contractions or labour needs to be induced. It is still not clear if an epidural anaesthetic has any effect on the rate of relapse and this should be discussed with the anaesthetist.

### **Taking care during pregnancy**

Women with MS often feel very tired when pregnant, especially during the first trimester. Constipation and urinary infections are more common and towards the end of the pregnancy women with MS may become unsteady on their feet and need to take extra care. It is important that they follow the advice given to all pregnant women to:

- ? Eat a healthy, balanced diet
- ? Avoid stress and get plenty of rest

### **Breast feeding**

Breast feeding does not affect the rate of relapse and women with MS can feed their babies if they do not find it too tiring. Some treatments find their way into the milk and therefore make breast feeding inadvisable.

### **Inheriting MS**

Having a parent with MS does increase the risk of someone developing the condition in adult life. The chances are 1-5%, with a greater risk if the mother has MS and the child is a girl.

## References used to write this text:

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