

Pregnancy and MS

Your questions answered

Having a baby is an important decision; however, given the complexity of multiple sclerosis (MS), this decision can become more complicated. This information sheet provides an overview of some of the more commonly asked questions about pregnancy and MS.

Is it safe to take my MS medications if I am trying to conceive a baby?

Medications for MS work to reduce the length and frequency of relapses, and in the long-term, they can slow down the loss of ability that people may experience. Other medications may also be prescribed to help treat symptoms of MS.

The difficulty is that some medications have been shown to be harmful to the developing baby or, more often than not, the effects on the unborn child are simply unknown.

You need to discuss with your neurologist, an MS nurse or other treating specialist the risks involved in taking medications before trying to conceive.

Your doctor may recommend that you stop taking your medication one to three months before trying to conceive and that you don't use your medication during pregnancy or while breastfeeding.

How can MS affect my menstrual cycle?

There is little research in this area; however, in one study, women reported a worsening of symptoms up to seven days before and three days into their period. Symptoms reported included weakness, imbalance, fatigue and depression.

This has been associated with the increase in core body temperature around this time, which can temporarily make symptoms feel worse.

Should I be taking the pill if I have MS?

The oral contraceptive pill (OCP), commonly known as 'the pill' does not make MS worse; however, some of the medications used to treat MS symptoms may reduce the effectiveness of OCPs.

The pill can increase the risk of deep vein thrombosis, which may be concerning for a person with walking difficulties. Among healthy women, the risk of deep vein thrombosis is about eight times higher than in non-OCP users.

Diaphragms are an alternative to the pill, though women with mobility problems or muscle stiffness and tightness might find them difficult to use.

Intra-uterine devices (IUDs) are not recommended in women with altered sensation as it may be difficult for them to detect if an IUD has moved.

Condoms are also an alternative form of contraception, and the emergency pill, once known as the morning after pill, can be taken after sex to reduce the chance or stop a woman from becoming pregnant.

Your general practitioner (GP) can advise on the most suitable form of contraception for you.

Can MS reduce fertility?

While symptoms of MS can result in sexual dysfunction such as difficulty having an orgasm, vaginal dryness or reduced lubrication, MS will not affect your fertility. It is important, however, that you are well-informed about any potential effects of the medications you are taking on fertility.

Along with the rest of the female population, women with MS may find it difficult to fall pregnant for a variety of reasons and resort to assisted processes such as in vitro fertilisation (IVF) to have children.

Recent research in Europe has demonstrated that an increase in relapse rates occurred in a small group of women while they were undergoing hormone stimulations for pregnancy. Speak with your neurologist and advising gynaecologist, if you are considering IVF.

Will MS affect me or my baby during pregnancy?

Having MS during pregnancy does not increase the chance of having a miscarriage or still-born child. MS does not result in an increase in the number of infant deaths or foetal abnormalities. Therefore, MS itself does not pose a risk to your child.

As the baby grows and you begin to carry more weight, unsteadiness in walking may get worse. Your centre of gravity also changes, which can impact on your balance. Some mothers-to-be may need to consider using grab bars, walking sticks or, if needed, a wheelchair, particularly in the third trimester.

Urinary tract infections are common during the third trimester and must be treated to prevent any risk to both you and the baby. If you experienced bowel problems before becoming pregnant, this symptom may become aggravated. It is also likely that women with MS will experience more fatigue throughout pregnancy.

Does pregnancy affect the course of MS?

During pregnancy women usually have fewer relapses, especially during the second and third trimester. In fact, the number of relapses during pregnancy is less, on average, than the number of relapses expected when taking disease-modifying medications.

Although it is true that for most women with MS pregnancy is a time when they are less likely to relapse, relapses can still occur during pregnancy. A relapse during pregnancy can be a challenge and how this is managed will depend on the severity of the relapse.

Mild relapses may not require any treatment, while more severe relapses may be treated with corticosteroids for up to one week. It is important that you seek medical advice if a relapse does occur while you are pregnant.

A mother with MS is more likely to experience a relapse in the three months after her baby is born. However, research shows that pregnancy and delivery, epidurals or after-birth relapses do not have any impact on a woman's level of ability in the long-term. That is, a woman who has had a child is no more disabled than a woman who has not.

Can I pass MS on to my child?

A common fear among people with MS is that they will pass MS on to their child. While there is the risk that a child with a parent who has MS may develop MS as an adult, it is a rare disease and the risk remains very small. There are no prenatal tests to identify MS but it is helpful to know the relative risks depending on your situation.

Out of 1000 people:

- one person on average will develop MS in their lifetime – 0.1%

- the chances are that 30 to 50 people will develop MS if one parent has MS – 3-5%
- the chance increases to 120 people if both parents have MS – 12%
- 880 people will not get MS even if both their parents have MS – 88%

The risk is higher for females than males because MS affects more women than men. The risk is also higher if the mother is the parent with MS.

Will labour and delivery be more difficult because I have MS?

There have been some cases where women have had trouble detecting that they are experiencing contractions due to reduced nerve function resulting in altered sensation. The risk of fatigue is also likely to be higher for women with MS and sometimes this can increase the chance of an assisted delivery (e.g. the use of forceps or vacuum-assisted vaginal delivery during birth). However, overall, delivery is no more complicated for women with MS than it is for women without MS.

General anaesthetics are safe and may be an option for women requiring a Caesarean section. Epidurals are also safe and will not increase the chances of a relapse or impact on your level of ability after the baby is born. There has not been much research on spinal anaesthetics. In the research that is available, there does not appear to be any connection between spinal anaesthetic and increased risk of relapse.

What will the postnatal period be like for me?

Although pregnancy is usually a time where relapses are fewer, there is a 20 to 40 per cent chance that a new mother with MS will experience a relapse in the first three months after the birth. Exclusive breastfeeding may reduce the chance of an after-birth relapse so you may want to think about this option and discuss a plan with your neurologist to suit your individual situation.

The period after the baby is born is a stressful time for any new parent and increased relapses can make it harder to nurse your new baby. An epidural, how old you are, or whether or not you have been pregnant before have no direct impact on relapses.

Speak to your neurologist about what your relapses and level of ability were like in the year before you became pregnant as this may help to determine if you are at a higher risk of experiencing a relapse when your baby is young. After three months, relapse rates tend to go back to the same level as before pregnancy.

You may also become very tired after the birth with the extra demand of breastfeeding, being woken through the night and the possibility of a relapse. It is advised that you plan ahead for this time.

Will I be able to breastfeed my baby?

Breastfeeding does not increase relapse rates or lead to loss of ability. In fact, exclusive breastfeeding may even have a protective effect; however, due to the fact that medications may be present in breast milk and may be harmful to your baby, you will need to make a decision about when you should re-start your disease modifying medication.

Studies show that mothers with more active MS generally choose not to breastfeed and return to their usual medications immediately. Bottle feeding also allows for both parents to share night feeds, which may help when fatigue is an issue.

The preference to breast or bottle feed is a personal one and the arguments for and against breastfeeding need to be considered carefully. Talk to your neurologist and your healthcare team to find out more about the advantages and disadvantages in relation to your own situation.

Some of the advantages of breastfeeding

- Many women find emotional connection and meaning in nursing and breastfeeding their baby.
- Breast milk has been shown to protect against a range of diseases and illnesses in babies.
- Exclusive breastfeeding has been shown to reduce after-birth relapses.

Some of the disadvantages of breastfeeding

- You are not protected by medications at a time when a relapse is more likely to occur.
- Fatigue is worse among women with MS so breastfeeding may be less practical, especially as fatigue can reduce milk production.
- Sharing night feeds with a partner is not as practical as it is with bottle feeding.

Deciding on motherhood

This information sheet is an excerpt from the booklet, *Deciding on Motherhood: For Women Living with MS*. With balanced information about becoming pregnant and being a parent with MS, the booklet concludes with a series of practical questions that can assist you in deciding if having and raising a child is the right choice for you.

For a copy of the booklet call MS Connect on 1800 042 138 or download it from the publications section of our website:

www.msaustralia.org.au/actnswvic

For information about MS and MS Australia – ACT/NSW/Vic services:

MS Connect™: 1800 042 138

Email: msconnect@msaustralia.org.au

Web: www.msaustralia.org.au/actnswvic

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