

PREGNANCY, DELIVERY, AND THE POST PARTUM PERIOD

Information for women with MS to share with their physicians

- Multiple sclerosis (MS) does not interfere with a woman's ability to conceive. Any form of birth control can be used, although some medications used to treat MS symptoms or secondary infections may reduce the effectiveness of oral contraceptives.
- In general, relapse rates drop over the nine months of pregnancy and rise significantly in the three-six months post partum. The more active a woman's disease was during pregnancy and the year prior, the higher her risk of post partum relapse.
- Pregnancy has not been shown to have any long-term impact on disability level.
- None of the disease-modifying therapies (interferon beta 1a [Avonex® and Rebif®], interferon beta 1b [Betaseron®], glatiramer acetate [Copaxone®], natalizumab [Tysabri®], mitoxantrone [Novantrone®]) are approved for use during pregnancy or breastfeeding, and the interferon medications have been shown to increase slightly the risk of spontaneous abortion in animals. Women are advised to stop their medication one full cycle prior to trying to conceive. A woman can resume her medication immediately following delivery unless she is planning to breastfeed; if her disease has been particularly active prior to and during pregnancy, the recommendation may be for her to resume her medication as soon as possible.
- Many of the medications used to MS symptoms are Category C drugs (e.g., baclofen for spasticity; fluoxetine for depression; solifenacin succinate for bladder management) and should not be used during pregnancy; other management strategies should be implemented.
- MS-related fatigue may augment the normal fatigue of pregnancy; bladder and bowel symptoms may increase, including a higher risk of urinary tract infections and increased constipation; balance problems may worsen with weight gain.
- One study suggests that women with MS are more likely to require a Caesarean delivery or use of forceps because of MS-related fatigue, weakness of the abdominal muscles, and/or inability to feel contractions.
- All forms of anesthesia are considered safe for women with MS; anesthesia management does not need to be altered. [This information should be discussed with the anesthesia team during the early weeks of pregnancy].
- Compared to the general population, women with MS are at significantly-increased risk for depression. Women and their doctors need to be alert to mood changes during pregnancy and the post partum period, since these can affect self-care and care of the baby. Antidepressant medications should be used with caution during pregnancy.

Please contact the National MS Society's Professional Resource Center for information or consultation (E-mail: MD_info@nmss.org; Tel: 1-866-MS-TREAT/1-866-678-7328)