



**MS Learn Online
Feature Presentation
MS & Pregnancy: Kara's Story
(Part Two)**

Tom: Welcome to MS Learn Online, I'm Tom Kimball.

Tracey: And I'm Tracey Kimball. This is the second of a very special feature presentation, *Kara's Story: MS & Pregnancy*.

Tom: Now we will pick up Kara's story as she progresses through pregnancy and into motherhood.

>> Today is Tuesday, March 30. I'm starting my eighteenth week, and enjoying the second trimester much more than the first trimester. Feeling a lot more perky and lively, but along with that definitely a little bigger and growing out of my clothes.

It's been on our minds a lot lately about what we want to do once the baby is born to keep my health healthy and what to do to keep me active at the same time. I enjoy working and enjoy being active, but at the same time, the high mental stress wasn't helping me with my MS, and that I felt kind of hurt it a little bit. So, I would like to maintain a work/life balance.

Today at the 20-week appointment, really excited to see how the baby looks. Definitely have gained some weight, so the doctor will be happy about that. And just, I'm really excited for Eddie, since he's been obviously not as involved as I have in the pregnancy, in the way of feeling it and having an inkling of what's going on.

>> You can go right in here. My name is Janelle and I'm going to be doing your ultrasound.

>>Okay, great.

>> This is all done with sound, there is no radiation.

>> Okay.

>> The big question of the day, are you guys interested in knowing the baby's sex, if I can tell?

>> No, we do not want to know. We are at 26 weeks, so we're officially to the third trimester, I believe. Three more months almost till due date. Have been a little worried and apprehensive about the coordination between my MS doctor and my OB/GYN. I definitely want them to be coordinating with one another so that they're both on the same page with the pregnancy. And because the OB/GYN honestly said he's not all the way familiar with MS and pregnancy because he just hasn't had it in his office very much.

>> A woman with MS may see an increase in some of their symptoms during pregnancy. These may include fatigue, urinary frequency and urgency, and as she becomes heavier and bigger with the child during pregnancy, more difficulty in walking.

>> You have MS, you have some disability, and now you're stressed. You're stressed with having the center of gravity that's off. You're stressed with having a bladder -- you know, women have to go to the -- they have to urinate frequently when they're pregnant, and they have pressure on the bladder. If they already have urgency, then you can imagine putting the two together, it will be a little bit worse. It won't be dramatic, but, again, you just have a little bit of disability and now you're adding a stressor on that. So, it will temporarily maybe be a little bit more difficult.

>> Today is my doctor's visit with my neurologist. Hi, I have an appointment with Dr. Bowling at 9:10.

>> Okay.

>> He was happy about the pregnancy. Thought everything looked really great. I performed my test well. I walked a straight line and so really good on that side. We kind of closed the discussion talking about breastfeeding

after I have the baby. And due to the lack of severity in my case, he feels that breastfeeding at least for five to six months will be safe, which was really a relief for me. I really would like to as long as I can. It's important to me.

Tonight was our last night for Infant Care class. It was a two-week class and tonight we learned how to bathe and diaper the baby, and put clothes on the baby. And I think we passed. We did a pretty good job. The baby is not crying, so we're getting excited. We only have two weeks and one day left until due date. September 9th is coming up soon.

>> Went through a long weekend of kind of sitting around and waiting and wondering what was going on. Had lots of contractions all week-end long. Go ahead. I'm ready to have a baby.

>> Most women with MS will have labor and delivery conducted in the same manner as a woman who doesn't have multiple sclerosis. A small percentage of women who may not be able to feel contractions might need extra assistance with the delivery.

Women always ask what kind of anesthetic is safe for them to have during labor and delivery. In general, women with MS can tolerate general anesthesia and/or epidural anesthesia the same way a woman without MS would tolerate, given that they're otherwise medically healthy.

>> During the first year following delivery, MS moms, like most other new mothers, are faced with a variety of challenges. Of course, when you add the inherent problems of multiple sclerosis, every challenge and every decision is often magnified. For new moms with MS, the normal fatigue that's common with the disease is amplified by the arrival of a new baby. Sometimes it's hard to tell where the wariness of motherhood ends and the MS begins. This is the time when teamwork is essential. With help, the new mom should be able to focus on resting, caring for her new baby, and taking care of herself. Household chores and even work will probably need to take a back seat to the matters of motherhood and MS.

>> I would say you need to think about this because you've got to have help in those three months after you have a baby, and sometimes some people up to six and nine months. You could have a relapse and you need to be ready for that. You need to have help. And if they're ready for that, then they know what they're up against and I say great.

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>> With the pregnancy finished, so goes the protection it brings from the symptoms of MS and the potential return of relapses or exacerbations. Research has shown that almost 40% of women with MS suffer a relapse during the first nine months following delivery. Thirty percent of those occur within the first six months.

>> Currently there is no treatment that is specifically designed to prevent postpartum relapse. What is generally done is women try to resume their disease-modifying drugs as soon as possible, and as soon as possible is important because most of the disease-modifying drugs take months to work.

>> I think we've gotten the idea across, the pregnancy itself is actually very protective, and that there is a spike in the relapse rate in the first several months postpartum. But studies indicate that even if somebody does have a relapse, statistically it tends not to increase long-term disability.

>> The risk of postpartum depression is also very real. It's been estimated that 70% of mothers without MS have some depression following the births of their babies. Many of these feelings are the typical result of changes in hormones after childbirth. When added to the natural difficulties of MS, these percentages could be higher. Untreated depression can create serious problems.

>> One of the worst parts of having multiple sclerosis is living with its unpredictability, and unfortunately as a physician, very often I'm not able to tell somebody what their disease course is going to be, or if they're going to have relapses, or if they're going to sustain long-term disability. But being a parent myself, what I certainly can tell them is that any parenting is fraught with some uncertainty and some unpredictability.

>> Hello! Welcome to our abode. There's the proud papa. He was a fantastic coach and supporter. He did great. We had a big day. Two hours of pushing, and he was on the ball with every contraction and would say, "Do you want to push?" "No."

>> I stopped asking the question.

>> It's a boy! That was surprising enough, born on September 7, weighing 7 pounds 14 ounces, 20 inches long. What else is there?

>> Five fingers on each hand, five toes on each foot.

>> Yeah. We're all put together pretty well. It looks really good, so maybe we can sing happy birthday.

>> Happy birthday to you!

>> I didn't have all the answers that I was looking for before I got pregnant. It kind of fell in place along the way, but the truth is, the most difficult questions I had came from inside of me. Like I say, a lot of the most difficult things I found inside my heart and not from a doctor or from a research and statistics.

Before having this one child, there was always definite plans of having at least two children, if not more. And to be honest, it took more out of my health than I thought it would. Now, the importance of being there for just my one child, more or less two or three, has become a reality in my life and if I'm not strong enough to have more, then no, I wouldn't have anymore. Because I want to be strong for the ones that I do have.

Tom: You know I really appreciate Kara and her husband being so open with their story.

Tracey: I agree. How wonderful of them to share their experiences with all of us. Thank you also to the doctors for sharing some of the important facts one should know when considering the decision to become a parent.

Tom: And of course thank you for joining us on MS Learn Online.