

### **Are any MS disease modifying therapies safe during pregnancy?**

The disease modifying therapies range in safety and there is limited information of their use in pregnancy because most women stop medications 1-3 months before becoming pregnant or once they find out that they are pregnant. Of the more commonly used treatments, glatiramer acetate is thought to be relatively safe in pregnancy but there are other agents that do not have enough human studies. For several of the medications, there are registries with limited data that can provide some insight into possible adverse outcomes.

Teriflunomide is known to cause birth defects. Even if stopped, it may take up to 2 years to remove from the body completely. There is a treatment that can be given to speed up the elimination--it is used when a woman is planning pregnancy or out of necessity if a woman has an unplanned pregnancy.

### **Are other medications used in MS safe during pregnancy?**

Most often neurologists will have women wean off of medications used to treat MS symptoms (spasticity, numbness/tingling, fatigue) unless the use of such medications is supported by the woman's obstetrician. It is important to check with your neurologist which medications can be stopped right away or need to be stopped gradually to prevent withdrawal. Some of the medications may be riskier early on in pregnancy, so an obstetrician may allow you to re-start a medication later in the pregnancy if needed. The use of symptomatic medications during symptoms and whether benefit to you outweighs potential risk to the baby's development. Fortunately, most women have some improvement in the severity of their MS symptoms while pregnant.

### **Will my MS worsen if I get pregnant?**

MS affects each woman differently. In general, the hormones that a woman's body produces during pregnancy put her at less risk of having an MS relapse. This is helpful because most of

ten women are taken off of disease modifying therapies before becoming pregnant in order to prevent unnecessary risk to the developing baby. However, this means that women may have higher risk of MS worsening in the period of time off medication before actually getting pregnant. Additionally, the hormone changes that occur several months after the baby is born can slightly increase the risk of relapse. How are relapses treated during pregnancy? Relapses are less common, but if you have a relapse during pregnancy, IV steroids can be used if symptoms are severe. However, there is an increased risk of developmental abnormalities, such as orofacial clefts, when systemic steroids are used in the first trimester. If steroids should be avoided (ie gestational diabetes or elevated blood pressure), IV immunoglobulin (IVIG) can be used as an alternative treatment.

### **Can I still have MRIs to monitor my MS during pregnancy?**

In short, MRIs are avoided during pregnancy unless absolutely necessary. A woman planning to get pregnant may get a baseline MRI just before she begins trying to conceive. After that, an MRI is generally not repeated until just prior to restarting disease modifying therapy.

If a woman is having difficulty getting pregnant and has a history of active MS, she may periodically get an MRI while trying to get pregnant to see whether her MS has worsened while off therapy (provided she has a negative pregnancy test). An MRI is generally not done during pregnancy unless there is a need to distinguish possible MS symptoms from something requiring more urgent treatment.

### **When do I restart disease modifying therapy after delivery?**

Disease modifying therapy is typically restarted within a few days after delivery in women who do not plan to breastfeed or shortly after breastfeeding is stopped. For medications that require titration or monitoring at the start, these protocols will need to be followed with your neurologist. Occasionally women may receive IV steroids or IVIG right after delivery

and/or monthly for the first few months to try to prevent an early relapse. However, this is generally only done for women with highly active MS and is not uniformly done even in that subset of women.

### **Can I breastfeed if I have MS?**

Breastfeeding is not contraindicated in women with MS in most cases. There is no consensus as to whether breastfeeding offers women increased protection against relapses. As noted above, women should not restart disease modifying therapy while breastfeeding. Women who require IV steroids or IV contrast dye should pump/discard milk for 24-48 hours afterwards. Woman with highly active MS may be counseled not to breastfeed or to do so for a limited time with early introduction of formula so that disease modifying therapy can be started right after delivery or at the first sign of a relapse.

### **Is pregnancy in MS considered "high-risk?"**

Most of the time, MS does not significantly increase risk to mother or child. However, women with MS are encouraged to have an appointment with an obstetrician to help plan transition off of medications for symptom management, discontinuation of birth control, etc so that time off disease modifying therapy can be shortened. A smaller percentage of women (such as those with highly active MS) may be referred to an obstetrician specializing in "high-risk" pregnancies for closer monitoring.

## Pregnancy & Multiple Sclerosis

Multiple sclerosis (MS) is a long term neurological disease due to changes in the immune system. Anyone can have MS but it typically affects women between the age of 20 and 40. MS causes a wide variety of symptoms including numbness, weakness, changes to vision, problems with bowel and/or bladder function, and fatigue.

The goal of treatment for MS includes medications that prevent new symptoms as well as therapies to minimize existing symptoms.

Since MS frequently affects women of reproductive age, they have concerns if they are able to have a baby and how the pregnancy may affect them.

### I have MS--can I still have a baby?

MS does not affect your overall ability to become pregnant, but the pregnancy should be planned with your neurologist several months before you want to become pregnant. Many of the medications used to treat MS should not be taken when trying to get pregnant.

### Is my baby likely to have MS?

There is no increase in risk whether the mother or the father is the parent with MS. A child of a parent with MS has only a 3-5% chance of developing MS in their lifetime. This risk is higher than in the general population, but it remains a low risk overall.

For additional information on multiple sclerosis – both for women and men – check out the National MS Society's website at [www.nationalmssociety.org](http://www.nationalmssociety.org).

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## Multiple Sclerosis and Pregnancy

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