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# Strategies to Improve the Care of MS in Women

## Reproductive Health/Family Planning

### ABOUT MS AND PREGNANCY

MS typically affects young women of childbearing age. Family planning is often a major issue. Common concerns are whether MS can affect the ability to become pregnant, carry to term, and have a normal baby. Other important issues are risk of MS to the child, whether pregnancy is bad for MS, and what impact pregnancy has on MS disease activity including the period after giving birth.

MS has no impact on the ability to become pregnant, or on the ability to have a normal full term pregnancy that results in a healthy baby. The risk of MS is slightly increased for a child if a parent has MS (2–2.5% vs. 0.13%). Pregnancy does not make MS worse; disease activity actually goes down during the latter part of pregnancy, particularly the last trimester, then temporarily rises during the 3 months after birth. About 14% of untreated women with MS have a relapse in this postpartum period. The disease modifying therapies (DMTs) are typically not used in an MS patient who is pregnant or trying to become pregnant. However, being on a DMT before pregnancy lowers the risk of a relapse in the 3 months after delivery. There are multiple considerations to discuss with your physician, including your disease severity, which DMT you are using, when you are planning your pregnancy, and your plans for breastfeeding.

### ABOUT YOU

Which statements describe you? (*check all that apply*)

I am thinking about having children. When? \_\_\_\_\_

I am worried about passing MS on to my children.

I am worried that MS affects pregnancy.

I am not sure if I should start MS therapy, or start a family.

I don't know whether pregnancy makes MS worse.

I have other questions for my provider:

Q1: \_\_\_\_\_

Q2: \_\_\_\_\_

### RESOURCES

<http://www.nationalmssociety.org/Living-Well-With-MS/Family-and-Relationships/Pregnancy>

<http://www.msfocus.org/article-details.aspx?articleID=29>

<http://www.medscape.com/viewarticle/845604>