

Fertility issues in MS

67. Does MS affect fertility?

There is no conclusive data to suggest that MS affects fertility or the health of the fetus.

68. Can a woman with MS have children?

Yes, but pregnancies should be carefully planned. A woman should be taken off her DMT for one or two months before attempting to become pregnant. Currently, it is advisable that pregnant women should not take DMTs during pregnancy. Furthermore, it is also recommended that DMT should be postponed if the patient wishes to breastfeed after pregnancy.

69. What will happen to MS during pregnancy?

Pregnancy creates a state of immunosuppression. This is a natural protective effect of pregnancy. Therefore, women with autoimmune diseases such as MS tend usually experience improvement and tend to have lesser relapses during pregnancy. However, there appears to be a higher risk of an MS relapse (attack) during the post-partum period (six month period following delivery). This does not mean that every woman after delivery will experience an attack. If there is prior history of attacks with previous post-partum periods, then it is best to resume DMT soon after delivery.

70. Is it safe to breastfeed for women with MS?

It is safe for a woman with MS to breastfeed. Currently, it is not known if DMT can be secreted in breast milk. As a precaution, most experts suggest that DMT should be postponed if a woman plans to breastfeed.

71. Are oral contraceptives safe if I have MS?

Birth control pills can be used by women with MS just as women without MS. The same precautions have to be kept in mind regarding the long-term use of birth control pills.

There is emerging data that women with MS treated with a pregnancy hormone (estriol) given as a pill can be beneficial. Studies are underway to examine the safety and effectiveness of oral estriol combined with Copaxone in women with MS.

72. Can I have a vaginal delivery if I have MS?

In general, women with MS should be able to have a normal vaginal delivery. The use of local or general anesthesia, or "C-section" should be decided by the obstetrician based on the state of labor and the health of the mother. There is no contraindication to giving any type of anesthesia or pain control to women with MS.

73. DMTs and fertility

Mild to moderate menstrual irregularities (delayed menses, intermenstrual bleeding and spotting, heavy menses) have been noted in the clinical trials with IFN beta (Betaseron®) but not with other DMT.

74. Are DMTs harmful during pregnancy?

There are no controlled studies on the use of DMTs during pregnancy in humans. Therefore, it is difficult to comment on their safety during pregnancy.

The FDA gives pregnancy safety categories to drugs based on available human and animal data. Categories designated by the FDA are A (safe to use during pregnancy), B*, C**, D***, and X (proven to be harmful to the fetus and absolutely contraindicated).

Categories B, C, and D are assigned based on the varying levels of safety with category B being safer, C less safe than B, and D being less safe than C.

Copaxone is assigned category B while interferon-beta, Tysabri, and gilenya are assigned category C by the FDA. Novantrone and cytoxan are category D. See below for detailed explanations of categories B and C.

*Category B: controlled human studies indicated no fetal risk, but there are no human studies OR there are adverse effects in animal studies, but not in well-controlled human studies.

** Category C: no adequate human or animal studies have been conducted OR there are adverse fetal effects in animal studies, but no available human data.

***Category D: Adequate studies in pregnant women have demonstrated a risk to the fetus.

75. How are MS attacks treated during pregnancy?

The risks and benefits of using steroids during pregnancy should be carefully evaluated. It is advisable to avoid them during the first trimester of pregnancy when the major fetal systems are being formed to avoid any congenital defects or other abnormalities. Steroids may be safer during the second and third trimester of the pregnancy. Other therapies like plasmapheresis (PP) have been shown to be safe during pregnancy and can be used for severe attacks if needed.