

Many women and their partners considering pregnancy, or who have just had a child, find it useful to speak to people who have gone through or are in similar situations. Your nurse or doctor may be able to put you in contact with other women or couples locally. Or, if you simply want to get some more in-depth support, below is a list of sources that may be able to help:

www.msactivesource.co.uk

www.msactivesource.ie

www.msdecisions.org.uk

The MS ActiveSource website can provide you with some useful sources of information about pregnancy and MS, under the 'Living with MS' section. The following organisations are also available to help:

Multiple Sclerosis Society
www.mssociety.org.uk
Helpline: 0808 800 8000
email: helpline@mssociety.org.uk

Multiple Sclerosis Trust
www.mstrust.org.uk
Tel: 01462 476700
email: info@mstrust.org.uk



Biogen Idec (UK) Ltd
Innovation House
70 Norden Road
Maidenhead
Berkshire
SL6 4AY

Date of preparation: April 2009
MULTI-PAN-24601



Thinking about pregnancy



Supporting you
each step of the way

Questions you may have about trying for a baby

Trying for a baby is a big step for anyone. With MS added to the equation, you are likely to have additional concerns in mind. Unfortunately, there are lots of myths and misconceptions out there that can make it hard to reach an informed decision.

■ Does MS affect fertility?

Having MS does not directly affect fertility. Some people might find it more difficult to get pregnant because of sexual problems which can result from having MS. There is a lot of support and advice available to help you work through such difficulties. So talk to your doctor or nurse if this is the case.

■ Does getting pregnant affect MS?

While you are pregnant

You may have heard that MS is worsened by pregnancy, but this simply isn't the case. Over the last 40 years, all studies have reached the same conclusion. Namely, that pregnancy has a protective effect on MS. The risk of having a relapse actually decreases during pregnancy. And a lot of women find their symptoms disappear or are not nearly as bad. There is no evidence to suggest pregnancy affects the course of MS in the long run either.

That said, the weight you put on during pregnancy may make any problems with balance, urinary and bowel control a little worse.

Once you have had the baby

While the majority of women describe their pregnancy as the healthiest they have felt since having MS, there may be an increased risk of experiencing a relapse after the birth. But within 12 months at most, the chance of having an attack will return to normal.

Even if you don't have a relapse as such, it is likely that having MS, together with the strains of having a new baby, will make you feel more tired than usual. Don't worry. Your doctor, nurse and health visitor will work closely with you to give you practical advice so you are prepared for this time.

It is also important that you involve your partner in your meetings with your doctor or nurse. This will help them understand how to support you.

■ What about taking MS medication when pregnant?

If you are taking interferon beta therapy or glatiramer acetate you must talk to your doctor before trying for a baby. This is because you will have to have a break from treatment. You will be able to re-start therapy after giving birth (if you do not plan to breast-feed) or after weaning.

■ Can MS be passed on to your children?

MS is not something that can be directly inherited. However, there is a slightly higher risk of your children getting the condition if MS is in your family. Don't be disheartened though, it is a low risk and should not deter you from having children.

■ Is there any risk to an unborn baby during pregnancy?

Women who have MS are no more likely to lose a baby than women who do not.

■ What about giving birth?

The chances are you won't need any kind of special care when giving birth. No increased risk of having problems during delivery has been found. Vaginal delivery is fine. Also, if you need an epidural, there is no evidence to suggest this has any negative impact on MS.

■ What about breast-feeding?

Breast-feeding does not affect MS in itself. Having said this, you will need to decide between breast-feeding or restarting your MS therapy straight away. This is completely your choice. Run any queries or thoughts you have by your MS nurse or doctor if you need to.