

information

FAMILY MATTERS – MS AND PREGNANCY

The decision about whether or not to have a baby is always an important one. The future you hope your child will enjoy, the physical, emotional and financial security you as a parent can expect to plan for your child, the risks involved in pregnancy and childbirth – all these considerations and more must be thought about before you make the final decision. Many of these questions are unanswerable because, for all of us, the future comes with no guarantees.

Open, honest discussions with your partner are essential and the decision to have a child should be taken together – it really is a family matter.

Multiple sclerosis (MS) compounds the decision-making process. A diagnosis of the disease does complicate a person's life, without doubt. MS is a puzzle to medical researchers, because as yet the cause and the cure remain elusive.

The unpredictability of the course of MS is one of the most challenging aspects of the disease. No one with MS can predict with certainty how they will be from one month to the next. So the decision about whether or not to have a baby may become even more

difficult for a person with MS than it generally is.

MS occurs most frequently amongst women who are in their prime childbearing years. The best advice is: *do not rush!* – allow yourself plenty of time after the initial diagnosis of MS, so that you can work out your life's direction in its new light.

The following are some frequently-asked questions:

- Q. Is MS a genetically inherited disease? Will I pass it on to my child?**
- A.** MS is not considered a genetically inherited disease, although it does tend to occur more frequently in some families than in the general population.
- B.** Research has not yet discovered which specific genes are responsible for MS susceptibility. There is still no blood test for MS, so you cannot determine if your child will inherit the susceptibility to MS.

Q. Does having MS affect my fertility?

A. No, neither male nor female fertility is adversely affected by MS.

Q. Does a mother's MS harm her foetus?

A. No, MS has no apparent effect on the course of the pregnancy. Note that it is essential to discuss with your doctor matters such as the drugs you are taking to manage your MS before you consider becoming pregnant. Some drugs must be discontinued if you are pregnant – disease-modifying drugs are among such drugs, and there may be other drugs you are taking which your doctor will advise you to discontinue before and during pregnancy.

Q. Will having MS mean my pregnancy is worse than usual?

A. No, it is often quite the contrary: many women with MS say that during their pregnancy they feel much better than usual. However, women with MS can suffer greater fatigue than usual. Bowel and bladder problems can be troublesome (they are a problem in many pregnancies, anyhow).

Q. Will labour and delivery be normal?

A. Yes, MS does not create any real problems, except perhaps an increase in spasticity of the muscles and greater fatigue than usual during childbirth.

Q. Is it alright to have anaesthetics during labour and delivery?

A. Yes, you can have local, spinal and general anaesthetics. You will need to discuss this with your doctor or midwife.

Q. I have heard that in the six months after the baby is born, the mother with MS can expect a worsening of her condition. Is this so?

A. A large European study, involving 254 women, showed that the overall impact of pregnancy was neutral in its effect on the MS relapse rate. The mother with MS may possibly suffer exacerbations within three months of birth; but this is counterbalanced by a reduction of relapses during the pregnancy. Commonsense dictates the mother must try to rest as much as possible and avoid heat, stress and infections. Now is the time to ask for, and accept, help with the baby and household tasks!

Q. If I have MS, can I breastfeed my baby?

A. Yes, provided of course that you are not on disease-modifying drugs. If fatigue is an issue, plan practical ways of coping with night feeds. Some mothers express milk for the night feeds; some choose to feed the baby with formula – both these situations mean that someone else can

actually manage the baby during the night, and the mother with MS can get a good sleep. If you choose to breastfeed, check with your doctor about drugs you may be taking to manage your MS – you may need to discontinue these for the baby's sake.

The decision of whether or not to have a baby is one that each person and each couple will make taking into consideration their own particular situation in life. A chronic illness like MS imposes its own demands and must be taken into consideration. Pregnancy and child-rearing may become a special challenge to the parent with MS, because when a parent has MS there are some areas where adjustments may have to be made and helpful support sought.

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