

FREQUENTLY ASKED QUESTIONS

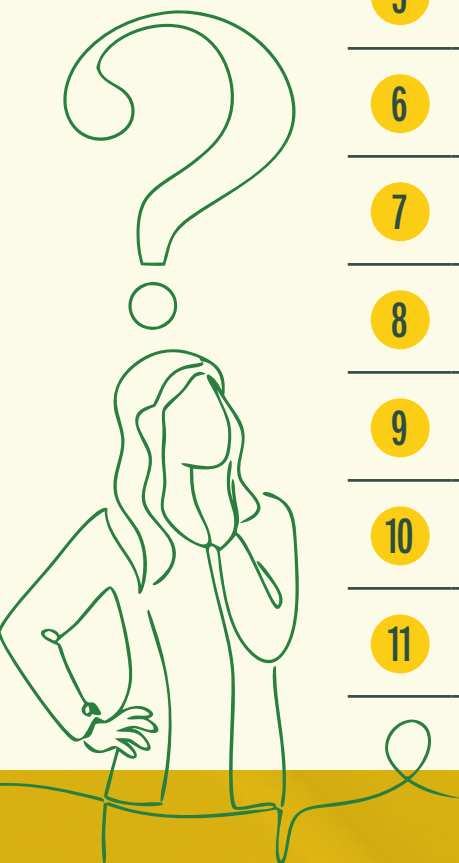


Family Planning in Multiple Sclerosis



Table of Contents

1	How could MS affect my plans to start a family?	3
2	Does having MS impact the birth control methods I can use?	4
3	What are the chances my child could develop MS?	5
4	What lifestyle changes should I make if I become pregnant or have recently given birth?	6
5	Should I make any changes to my MS treatment if I am planning to become pregnant?	7
6	What should I do if I become pregnant while on MS medication?	7
7	What is my risk of experiencing an MS relapse during pregnancy or after childbirth?	8
8	How might my MS symptoms change during pregnancy and after giving birth?	9
9	How would MS affect the delivery of my child?	10
10	When can I restart my MS treatment after having my baby?	11
11	Is it safe to breastfeed while managing MS treatment?	11





1 How could MS affect my plans to start a family?

- There is no clear evidence that MS affects male or female fertility, so your chances of getting pregnant are similar to those without MS.¹⁻³
- If you plan to start a family, initiate conversations with your MS healthcare team well in advance to create a management plan for you and your baby.
 - Some MS treatments may need to be adjusted or discontinued before trying to conceive.⁴
- Thinking ahead about caring for a child can help you feel more confident and prepared. This includes planning for emotional and physical needs, as well as things like financial support, community services and your support network.
 - It's a great idea to build a strong support system. This can include family, friends or community programs that you can count on when you need help.
 - If you have a partner, talk early about how you'll share tasks—like taking turns with nighttime care—so you both can get the rest you need. Getting good sleep is important, since poor sleep can sometimes make MS symptoms worse.⁵





2

Does having MS impact the birth control methods I can use?

- It is important to use birth control that is right for you as some MS medications cannot be used during pregnancy.⁴
- Talk to your healthcare team to find the birth control method that works best for you.
 - Most birth control pills generally work well for people with MS.^{6,7}
 - Long-acting birth control methods, like IUDs (intrauterine devices), are also common and might be a good choice for people with MS.⁸
 - Some medications used to manage symptoms of MS can make hormonal birth control less effective.^{4,9-12}



3

What are the chances my child could develop MS?

- The risk of MS is slightly higher for children with one parent who has MS than in the general population; however, the vast majority—approximately 97.5%—of those children will not develop MS.¹³
- Certain environmental factors, like low vitamin D, smoking (including passive smoking) and childhood obesity, have been linked to MS. You can work with your MS healthcare team and your family to help reduce these risks for your child.¹⁴⁻¹⁷



4

What lifestyle changes should I make if I become pregnant or have recently given birth?

- Having MS does not increase the risk of pregnancy complications. You should follow the usual tips for a healthy pregnancy—like taking prenatal vitamins, avoiding alcohol and smoking, and eating a balanced diet.^{18,19}
- Staying active during pregnancy can help with MS symptoms like fatigue and immobility. It is recommended to aim for two sessions per week of both moderate exercise and strength training, but it is important to consult with your MS healthcare team on appropriate exercise regimens.²⁰
- After your baby is born, it's a good idea to have close follow-ups with your MS healthcare team. This helps catch any early signs of relapse in the first few months after giving birth.^{21,22}

5

Should I make any changes to my MS treatment if I am planning to become pregnant?

- It is a good idea to talk to your MS healthcare team before you start trying to get pregnant.
 - Some MS medications may not be suitable during pregnancy and might need to be paused or changed ahead of time.⁴
 - Your healthcare team can also help you:
 - ✓ Consider various fertility treatments.
 - ✓ Create a reasonable timeline for family planning.
 - ✓ Review your medications.
 - ✓ Plan for regular check-ins.

6

What should I do if I become pregnant while on MS medication?

- In the event you unexpectedly find out you are pregnant, we suggest contacting your primary and MS healthcare teams as soon as possible.
- Your MS healthcare team can talk with you about your treatment options during pregnancy. Depending on the medications you are taking, they may suggest continuing, adjusting or stopping treatment.⁴





7

What is my risk of experiencing an MS relapse during pregnancy or after childbirth?

● During pregnancy:

- MS relapse rates generally decrease throughout pregnancy, especially in the third trimester.^{21,23}

● Postpartum:

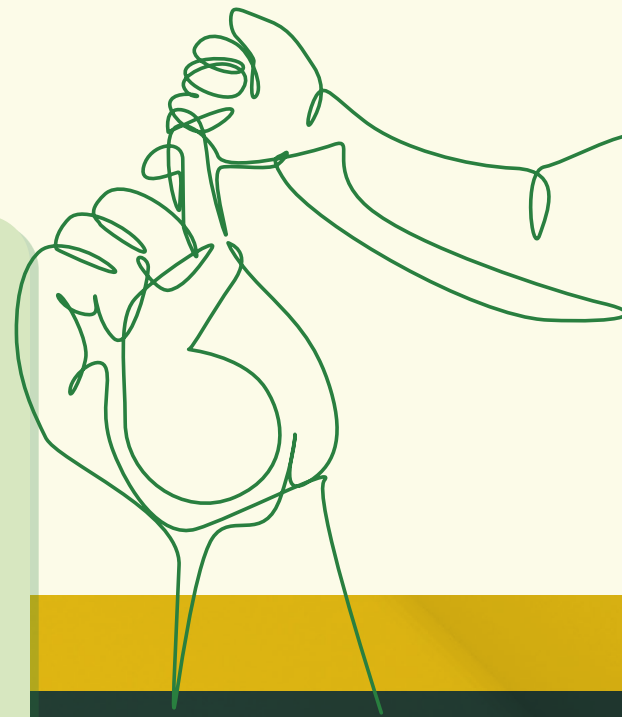
- The risk of MS relapse can increase after having a baby.²¹
- Breastfeeding may help lower the risk of MS relapses after birth.²⁴



8

How might my MS symptoms change during pregnancy and after giving birth?

- Everyone's pregnancy is different. If you notice any new or worsening symptoms, let your MS healthcare team know right away.
- Many people with MS find that their symptoms stay the same or even improve during pregnancy—especially in the third trimester. This can include symptoms like fatigue, heat sensitivity or bladder issues.²²
- After your baby is born, your MS symptoms can change, so regular check-ins with your MS healthcare team are important during this time.²²
- Lack of sleep is common for new parents and can make MS-related fatigue feel worse.²⁵





9

How would MS affect the delivery of my child?

- MS does not affect pregnancy outcomes and will not impact your risk of miscarriage, ectopic pregnancy, birth defects or stillbirth.²⁶
- Epidurals and C-sections are generally safe for people with MS.²⁷ Make sure to consult your MS healthcare team and your obstetrician when developing a birth plan, so you can best understand your options.

10

When can I restart my MS treatment after having my baby?

- Work with your MS healthcare team to determine the best time to restart treatment based on your individual MS treatment plan.

11

Is it safe to breastfeed while managing MS treatment?

- While breastfeeding has many benefits and is generally safe, it is a personal decision. What matters most is choosing what feels right for you and your family.²⁹
- Breastfeeding may help lower the risk of MS relapse after birth.²⁴
- Your baby cannot develop MS through breastfeeding, but some MS medications can pass into breast milk in small amounts. Be sure to talk to your MS healthcare team about your plans to breastfeed, so they can help you make a plan—they may recommend that you stop breastfeeding or stop taking your current medication.^{30,31}
- Some medications should not be taken while breastfeeding. It is a good idea to work with your MS healthcare team to start planning for postpartum care early in your pregnancy.



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