



# **Pregnancy and MS**

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## **MS** and Pregnancy

Dessa Sadovnick
Professor
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#### Woman with MS

#### Men with MS



#### Fertilization, Conception & Gestation

#### MS Mother

- Relapse
- Disease Modifying Therapies (DMT), other and alternative medication

#### Pregnancy Loss



#### **MS Father**

 Disease Modifying Therapies (DMT), other and alternative medication

#### **MS Mother**

- Breast-feeding
- Resumption of RX

#### MS Mother or Father

- Relapse
- Long-term progression of MS
- Parenting ability
- Spousal/family support
- Potential loss of income
- Post-Partum Depression

#### Child with an MS parent

- Possible adverse birth outcomes
- Psychological Impact (e.g. socio-economic impact: disabled parent etc.)
- Recurrence Risk

## **The Situation Today**

- Pregnancies can be planned or unplanned
- •Lag time from onset to diagnosis has significantly decreased from years to often months (note newest revisions to McDonald criteria)
- Diagnosis is now made in younger and "healthier" individuals
- •Concept of "informed decision" using the best available information on which to make that decision

### Topics to be addressed in the future using evidence-based data

EFFECTS OF MS ON PREGNANCY

Conception/sexual functioning

Pregnancy management

Delivery

Pregnancy outcome

EFFECTS OF PREGNANCY ON MS

Short- and long- term effects

- RISK TO HAVE A CHILD WHO WILL DEVELOP MS\*
- TERATOGENICITY OF MS TREATMENTS

Symptom-Specific

Relapses

Disease modifying therapies

- LONGTERM PREGNANCY OUTCOME
- PSYCHOSOCIAL ISSUES
- LONGTERM PARENTHOOD







# Canadian MS Pregnancy Prospective Cohort Study (CANPREG-MS)

**Principal Investigator: Professor Dessa Sadovnick** 

**Study Coordinator: Maria Criscuoli** 

CANPREG-MS: 1-800-668-2291

ms\_research@helix.medgen.ubc.ca









"I am interested in enrolling in your study... believe that the outcomes of this study will help many women with MS who are planning a pregnancy, going through one and post-partum ... it is very daunting and I wish there were more information available to assist me."

## Therapy-Specific (Pharma) Pregnancy Registries ("Cohorts")

#### **Prospective or retrospective**

Usually limited, if any, information on:

- Maternal age
- Previous pregnancy history
- Family history
- Ethnicity
- Maternal age
- Medications in addition to specific DMT, including "social"
- Comorbidities (including gynecological)
- Access to medical care for pregnant woman
- Method of delivery (home, hospital, natural, C-section, etc.)
- Prenatal Screening
- Longterm child development

## 2018 "Real World" Situation

- DMTs available outside of "clinical trials", i.e. not the same level of surveillance
- Vigilance re inclusion/exclusion criteria not as stringent as within "clinical trials" (e.g. disability, disease type, comorbidities etc.)
- All women regardless of MS course, duration, disability, etc.

- Generics becoming available
- Cannot ignore "OTC" therapies, symptom-specific therapies, dietary extremes, etc.
- Planned vs Unplanned Pregnancies

## **Ascertainment Sources**

- Canadian Network of MS Clinics (>70 MS specialists across Canada)
- MS Society of Canada Research Portal
- Community Neurologists (often in more rural settings)
- Public Advertisement
- Social Media (Facebook, Twitter)

## **Long Term Goal**

Through CANPREG-MS, we will learn:

- How often do women with MS have issues with conception?
- Are there "MS-related" problems during pregnancy?
- What are pregnancy outcomes taking into account factors such as MS type, MS course, DMT exposure, duration, etc.?

We will use this information to develop a <u>patient educational resource</u> that is responsive to concerns of women with MS and will help in making the personal decision about pregnancy when a mother has MS.

## **Eligibility**

- Pregnant women with MS
- Women with MS thinking about a pregnancy\*\*\*

\*\*\*When the woman first asks the neurologist about becoming pregnant.

Women are eligible even if there are steps needed over the next few months, e.g. MRI, reduction of medication, etc., before she can even try to conceive. This is critical as we expect some women may opt not to conceive within the next 6-12 months because of the need for ongoing therapy, etc. despite the desire for a pregnancy.







# Thank You/Merci

For more information or to volunteer:

CANPREG-MS: 1-800-668-2291

ms\_research@helix.medgen.ubc.ca

## Dr. Sadovnick has no conflicts to report.

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The study would not be possible without the participants

 thank you!

# Pregnancy and MS -My Experience-

Presented by: Rebecca Scott Rawn























# Pregnancy #1









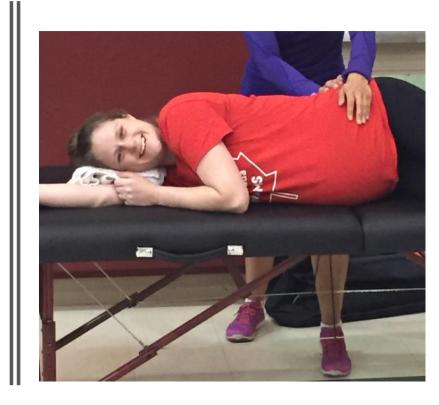




# Post-Partum Experience with Clara-Mae







# Pregnancy # 2







# Post-Partum Experience with Victoria

# NOW

