Pregnancy and MS

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MS and Pregnancy

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MS Society of Canada Webinar
June 18, 2019
Fertilization, Conception & Gestation

- MS Mother
  - Relapse
  - Disease Modifying Therapies (DMT), other and alternative medication
- Pregnancy Loss
- Live Delivery + Post-Partum
  - 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
- MS Father
  - Disease Modifying Therapies (DMT), other and alternative medication
- 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, co-morbidities 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 patient educational resource 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