

# Management of MS in pregnancy reviewed in U.K. guideline

January 31 2019

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(HealthDay)—It is important to discuss family planning and pregnancy

proactively in women of childbearing age who have multiple sclerosis (MS), according to a review published online Jan. 5 in *Practical Neurology*.

Ruth Dobson, Ph.D., from the Queen Mary University of London, and colleagues developed consensus guidelines for the treatment of MS in [pregnancy](#) in the hopes of encouraging and facilitating patient-provider discussions. The guidelines were based on available evidence from drug-specific pregnancy registers and published literature. A multidisciplinary panel of experts scored the guidelines using modified Delphi criteria.

The guidelines cover prepregnancy counseling, [disease management](#) during pregnancy, delivery and anesthetic options, postpartum advice, and specific advice regarding currently approved disease-modifying drugs. Some specific recommendations include advising women of childbearing age with MS that they should not defer or stop disease-modifying drug treatment due to pregnancy and that pregnancy does not increase the risk for worsening long-term disability. Furthermore, having MS should not influence obstetric management, including delivery. There is no evidence of reduced fertility in men or women or evidence of an increased [congenital malformation](#) or miscarriage rate associated with disease-modifying drugs up until conception.

"An independent pregnancy register of all women with MS who become pregnant, with prospective data collection on all medications and pregnancy-related outcomes is much needed," the authors write.

**More information:** [Abstract/Full Text](#)

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Citation: Management of MS in pregnancy reviewed in U.K. guideline (2019, January 31)

retrieved 23 April 2024 from

<https://medicalxpress.com/news/2019-01-ms-pregnancy-uk-guideline.html>

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