

Pregnancies in Women with Multiple Sclerosis: Perception of High Risk Among Health Care Providers. Interim Data from PREG-MS Cohort

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Objective: PREG-MS is the New England Multiple Sclerosis (MS) Pregnancy Prospective Cohort Study in the United States. It follows women with MS in active conception attempts (ACA), and from any stage of conception to three years postpartum. We aimed to examine physicians' perceptions of pregnancy risk and course in women with MS.

Background: Up to 33% of women with MS become pregnant after disease onset. It is recommended that MS patients follow appropriate washout guidelines for disease modifying therapies (DMTs) discontinuation prior to conception. However, there is no published data to suggest that pregnancies in MS patients should be considered an obstetrical high risk due to neurologic condition alone.

Design/Methods: Participants' MS course, pregnancy course and outcome are collected through structured phone interviews, and validated with medical records.

Results:

To date, 116 referrals were made to PREG-MS. 70 women are currently pregnant or have delivered. Baseline EDSS score was 0.92 ± 0.13 . 16 subjects had early pregnancy (4.31 ± 0.66 weeks) DMT exposures and two subjects remained on glatiramer acetate (GA) throughout pregnancy.

49 pregnancies were considered high-risk by obstetricians. Of those, 7 pregnancies were exposed to DMT, 17 pregnancies were considered high-risk due to MS diagnosis alone, and 25 pregnancies were considered high risk due to non-MS related factors.

High risk pregnancy designation for MS diagnosis alone did not predict obstetric complication in pregnancy or delivery, nor an adverse neonatal outcome. Additionally, these patients were not at a greater risk for a relapse during pregnancy or in the postpartum period with up to 9 months of follow-up.

Conclusions: PREG-MS dataset analysis suggests a possible misperception of MS pregnancy risk and course among health care providers. Although some oral and infusion DMTs have known concerns in early pregnancy exposures, MS diagnosis itself does not appear to imply adverse pregnancy outcomes in our prospective cohort.