



Multiple Sclerosis in Pregnancy – Variations and Challenges

Dr Nudrat Farooq
Dr Mais Ibrahim
Dr Selva kumari

Department of Obstetrics and Gynaecology, NMC Royal Hospital, Sharjah

INTRODUCTION/BACKGROUND

Multiple sclerosis (MS) is a common autoimmune disease in women of reproductive age. Pregnancy often reduces relapse risk, but relapses may increase postpartum. Managing MS during pregnancy, especially with ongoing treatment, is challenging. We present cases of relapse during pregnancy and puerperium with their management.

OBJECTIVES/AIMS

To present case-based experiences of MS relapse during pregnancy and puerperium, and highlight management approaches with a focus on medication safety, maternal outcomes, and fetal wellbeing.

METHODS

We present two clinical cases of pregnant women with pre-existing MS who experienced relapses during late pregnancy and postpartum. Their obstetric and neurologic management, including use of corticosteroids and interferon therapy, are discussed in collaboration with neurologists and obstetricians.

CONCLUSIONS

Pregnancy in women with MS is not inherently high-risk but requires individualized care. Close monitoring, timely intervention, and coordination between neurologists and obstetricians are essential. Relapses post-delivery often reflect disease activity prior to pregnancy. Steroids and interferon can be safely used in selected cases.

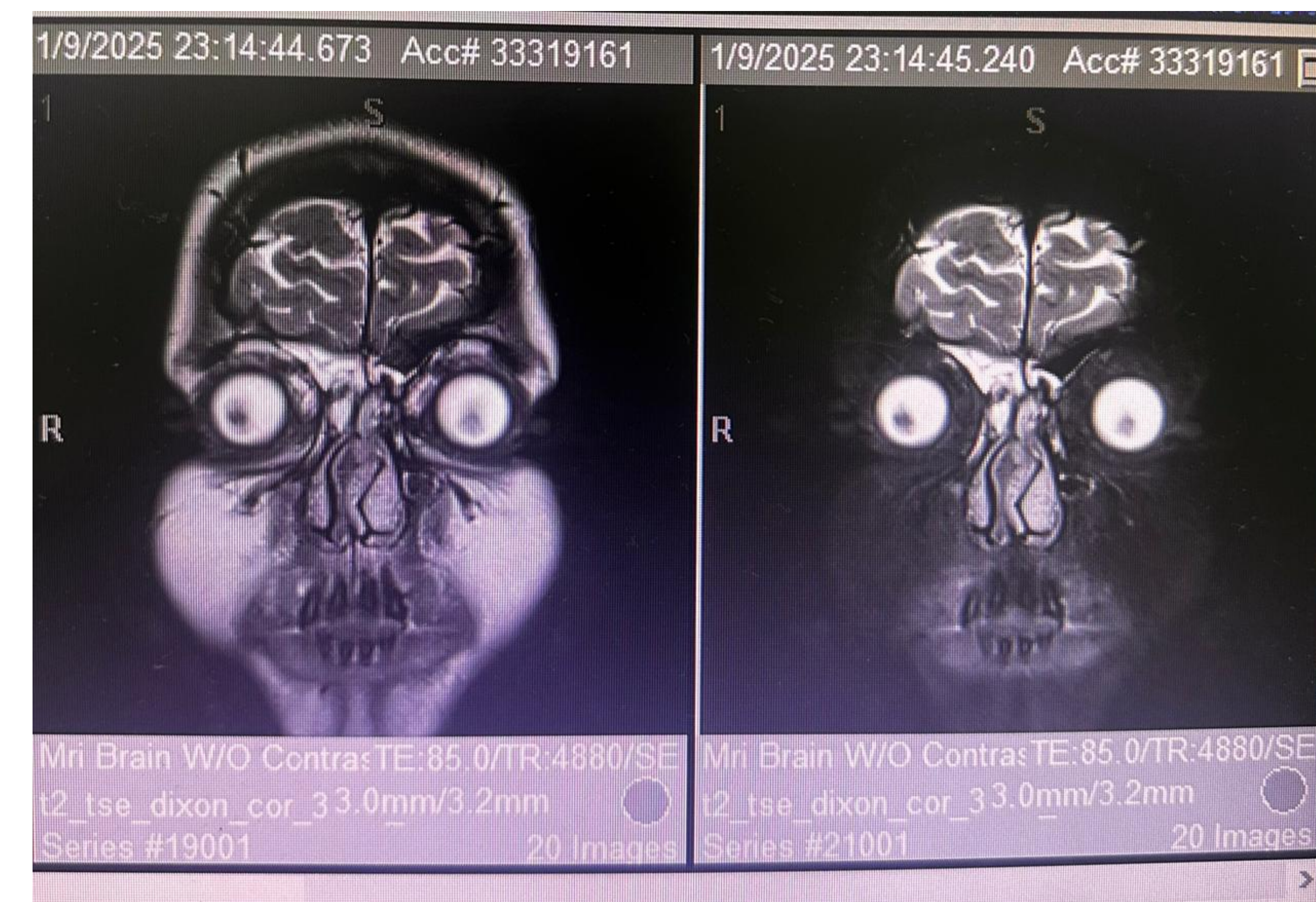
CASES

Case A:

26-year-old woman with MS diagnosed at 21, initially treated with dimethyl fumarate, fingolimod, and later ocrelizumab. First pregnancy ended in elective LSCS with good outcome. In current pregnancy, she stopped treatment at 37 weeks developed visual symptoms. Treated with steroids and delivered via repeat cesarean without complications.

Case B:

28-year-old woman with MS previously on interferon. First pregnancy was uneventful; postpartum relapse treated with interferon. Second pregnancy was stable until emergency cesarean for chorioamnionitis. Post-op relapse with back pain and weakness; interferon therapy restarted.



REFERENCES

Buron MD et al., Neurology. 2020;95(8):e1041-e1051
Buraga I, Popovici RE. Sci World J 2014
Airas L, Kaaja R. Obstet Med. 2012
Finkelsztejn A. Perspect Medicin Chem. 2014

CONTACT INFORMATION

Email : nudrat.farooq@nmc.ae
Phone: 00971 50 297 9053