Multiple Sclerosis during pregnancy.
Data from the MS clinic in Benghazi Medical Center
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INTRODUCTION
Multiple sclerosis (MS) is a demyelinating disease of the central nervous system affecting women two to three times more than men (1). It is usually diagnosed in the reproductive age group, when both men and women are planning to have children. There are many misconceptions about multiple sclerosis and pregnancy with issues surrounding disease modifying therapies (DMTs) remains a regular subject of discussion.

AIM
To explore a local practice experience and find out a local guidance for future management of women with MS, specifically regarding prescribing decision of DMTs, during their family planning and pregnancy. This is to make a progress and optimize the care of women with MS with childbearing potential.

METHODS
We reviewed the medical records of the patients registered in the MS clinic from the period 2016 till December 2019. We calculated the proportions of cases with planned and unplanned pregnancies and reviewed the disease course during pregnancy and after delivery. We also focus on the action plan taken regarding DMTs during or before pregnancy occur. This includes discontinuing vs maintaining DMTs, delivery methods, time of resumption of DMTs and breast feeding and getting magnetic resonance image (MRI) of the brain available before conception. We also reviewed patients who refuses to conceive during their illness.

RESULTS
The total number of MS patients registered in the clinic is 360 patients, 169 (72%) were females, 40 (24%) were married. Twenty eight pregnancies were reported in 23 women. Their mean age is 37.9 ± 2.7 (range 24-56) years. The duration of MS diagnosis is 10.2 ± 5.5 (range 1-21) years with a median Expanded Disability Status Scale score (EDSS) of 1.6 ± 2.0 (range 0.0-6.0). Thirteen (46.4%) pregnancies were unplanned whereas 15 (53.6%) were planned. All women (100%) with unplanned pregnancy stopped their DMTs when pregnancy was confirmed. All women (100%) with planned pregnancy stopped their DMTs 2-3 months prior to conception. Two (13.3%) patients conceived in the first quarter of 2019, advised and willing to continue their DMTs. Four women delivered by Cesarean section. The mean duration to resume DMTs is 11 (0-60) months after delivery. The median duration for breast feeding is 4 months. No patient has performed MRI of the brain prior to conception. Two patients prefer to avoid pregnancy because they are concerning about the care of the incoming child.

CONCLUSIONS
In our local MS register more than half of the patients have planned pregnancy which is encouraging. This study reflects local practice protocol of women with MS during their pregnancy, addressing issues that are specific for women with MS. The future prescribing decisions regarding DMTs in pregnancy will be applied according to the released guidelines concerning safety profile of DMTs.

BIBLIOGRAPHY

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