This sheet talks about having multiple sclerosis in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is multiple sclerosis?**

Multiple sclerosis (MS) is a condition which involves nerve damage that interferes with how the brain communicates with the rest of the body. Because the nerve damage can happen in any part of the brain or spinal cord, the symptoms of MS can vary. Some of the symptoms of MS are loss of balance, numbness, double vision, muscle spasms (involuntary muscle contraction), depression, and/or fatigue. The severity of symptoms or how quickly symptoms progress varies among individuals.

**I have multiple sclerosis. Can it make it harder for me to become pregnant?**

In general, women with MS are as likely to become pregnant as women without MS. Some women with MS might experience sexual dysfunction, such as a decreased desire to have sex or increased vaginal dryness. These symptoms may make it harder to become pregnant.

**Does having multiple sclerosis increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. The rates of miscarriage among people with MS are not expected to be higher than the rates in the general population.

**Does having multiple sclerosis increase the risk of birth defects?**

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Based on the data available, having MS is not associated with a higher chance for birth defects above the background risk.

**Would having multiple sclerosis cause pregnancy complications?**

Studies have shown that people with MS are not more likely to have pregnancy complications (like giving birth before 37 weeks gestation) than people without MS. Rarely, a person with significant disability from MS may require additional help during delivery if they are too weak to push through contractions. However, most people do not need additional help.

**Does having multiple sclerosis in pregnancy cause long-term problems for the child?**

It is not known if having MS in pregnancy cause long-term problems.

**I am prescribed medication for MS. Can I take my medication during pregnancy?**

It is important that you discuss treatment options with your healthcare providers when planning pregnancy, or as soon as you learn that you are pregnant. Talk with your healthcare providers before stopping any medication. There are a variety of medications that are used to treat MS. For information on specific agents, see our medication fact sheets at [https://mothertobaby.org/fact-sheets-parent/](https://mothertobaby.org/fact-sheets-parent/) or contact MotherToBaby.

**Can I breastfeed if I have multiple sclerosis?**

MS does not appear to affect a woman’s ability to breastfeed. For information on specific medications, look for a fact sheets at [https://mothertobaby.org/fact-sheets-parent/](https://mothertobaby.org/fact-sheets-parent/) or contact MotherToBaby. Because the risk of relapse increases after delivery, discuss options of treating MS while breastfeeding with your health care provider.

**I have MS. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

Due to the symptoms of MS, it might be difficult to get a partner pregnant. This can be caused by sexual dysfunction or lower quality of sperm as a result of hormonal changes. In general, exposures that fathers or sperm donors have are unlikely to increase the risk to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).
MotherToBaby is currently conducting a study looking at multiple sclerosis and the medications used to treat MS in pregnancy. If you are interested in taking part in this study, please call 1-877-311-8972 or visit https://mothertobaby.org/join-study/.

Please click here for references.