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Recommendations

Multiple sclerosis and pregnancy

Consensus formalisé d'experts : sclérose en plaques et grossesse

E. Bodiguel [a,*,b,c], *C. Bensa* [d], *D. Brassat* [e], *D. Laplaud* [f,g], *E. Le Page* [h], *J.-C. Ouallet* [i], *H. Zephir* [j], *J. De Seze* [k]

[a] *Hôpital européen Georges-Pompidou, AP–HP, 20, rue Leblanc, 75015 Paris, France*
[b] *Service de neurologie, centre hospitalier Sainte-Anne, 1, rue Cabanis, 75014 Paris, France*
[c] *Faculté de médecine, université Paris Descartes, Sorbonne Paris Cité, 12, rue de l'École de Médecine, 75270 Paris cedex 06, France*
[d] *Service de neurologie, fondation Rothschild, 25, rue Manin, 75019 Paris, France*
[e] *Inserm U1043, pôle des neurosciences, hôpital Purpan, université Toulouse-3, place du Dr-Baylac, BP 3028, 31024 Toulouse cedex 3, France*
[f] *Inserm UMR643, service de neurologie, pavillon Jean-Monnet, hôtel-Dieu, CHU de Nantes, 30, boulevard Jean-Monnet, 44093 Nantes 01, France*
[g] *Faculté de médecine de Nantes, 1, rue Gaston-Veil, 44000 Nantes, France*
[h] *CIC-P 0203 Inserm, pôle des neurosciences cliniques, CHU Pontchaillou, pavillon Clemenceau, 2, rue Henri-Le-Guilloux, 35033 Rennes cedex 9, France*
[i] *Pôle des neurosciences cliniques, université de Bordeaux Segalen, CHU de Bordeaux Pellegrin Tripode, 1, place Amélie-Raba-Léon, 33076 Bordeaux cedex, France*
[j] *Pôle de neurologie, hôpital Roger-Salengro, CHRU de Lille, avenue du Pr-Émile-Laine, 59037 Lille, France*
[k] *Service de neurologie, laboratoire d'imagerie et de neurosciences cognitives (LINC), CNRS, centre d'investigation clinique (CIC) de Strasbourg, université de Strasbourg, CHU de Strasbourg, 1, place de l'Hôpital, 67000 Strasbourg, France*

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ABSTRACT

The question of pregnancy in patients with multiple sclerosis is regularly raised due to the prevalence of the disease in middle age women. The multiple sclerosis think tank (Groupe de Réflexion sur la Sclérose en Plaques [GRESEP]) decided to develop recommendations on this issue, with consideration to both the impact of multiple sclerosis on pregnancy, and that of pregnancy on the disease. As with topics of previous works, the formal expert consensus method was used. The working group was composed of hospital-based and private practice neurologists. The reading group was composed of neurologists, anaesthetists and obstetricians. Each recommendation is presented with the relevant level of consensus.

* *Corresponding author.*
E-mail addresses: ebodiguel@orange.fr, e.bodiguel@ch-sainte-anne.fr (E. Bodiguel).
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RÉSUMÉ

L'âge moyen des malades et la prédominance féminine expliquent que la problématique de la grossesse soit régulièrement posée chez les patientes atteintes de sclérose en plaques. Le groupe de réflexion sur la sclérose en plaques (GRESEP) a choisi d'élaborer des recommandations sur ce thème, envisageant à la fois le retentissement de la sclérose en plaques sur la grossesse et celui de la grossesse sur la maladie. Comme pour les thèmes de travail précédents, la méthode du consensus formalisé d'experts a été utilisée. Le groupe de travail était composé de neurologues hospitaliers et libéraux. Le groupe de lecture était composé de neurologues, d'anesthésistes et d'obstétriciens. Chaque recommandation est exposée avec le degré de consensus dont elle a fait l'objet.

1. Objectives

In this new work, the multiple sclerosis think tank (Groupe de Réflexion sur la Sclérose en Plaques [GRESEP]) presents recommendations for harmonizing pregnancy care in patients with multiple sclerosis (MS), beginning before conception up through the postpartum period.

2. Methods

The methodology of the Formal Consensus of Experts was presented in detail in a previous work [1] (Table 1). The literature search strategy is shown in Table 2 and Fig. 1. Each pair of the working group that was responsible for a clinical question analyzed the literature, selected based on title and abstract, using standardized reading grid and assisted by voluntary members of the rating group. Recommendation proposals were then drafted with their rationales. The working document was subjected to three cycles of writing, scoring and revision. The resulting consensual recommendations were submitted to the reading group. The comments of the reading group were used by the steering committee to rewrite certain recommendations and submit them for a 4th scoring, and then a 5th for Recommendation 4.2 (Section 3.5). The results of the last scoring are summarized in Table 3. One discordant opinion could be discarded from the analysis of this last scoring. The opinions of the reading group are summarized in Table 4. The steering committee validated the final document submitted for publication. Each recommendation is followed by its rationale and its level of consensus amongst the scoring and reading groups (Table 5). The French title of the recommendations is shown in Table 6.

3. Recommendations

The objective of the present recommendations is to respond to the following clinical questions: Should disease-modifying therapy for MS be discontinued if pregnancy is planned? If so, when and under what conditions? What effects does MS have on pregnancy? How should relapse be treated during pregnancy and in the postpartum period? Should the usual pregnancy procedures (epidural analgesia, delivery route, anaesthesia, etc.) be modified in the case of MS? Does the postpartum management in MS differ from the usual management? Is breastfeeding possible? When should disease-modifying therapy be resumed following pregnancy? Is medical termination of the pregnancy recommended for women who became pregnant while on disease-modifying therapy for MS?

3.1. *Clinical question 1: should disease-modifying therapy for MS be discontinued if pregnancy is planned? If so, when and under what conditions?*

3.1.1. *Recommendations*

Recommendation 1.1:
Continuation of immunomodulator therapy (interferon-beta or glatiramer acetate) is possible until the proof of conception, with no harmful effects currently shown on the embryo or fetus or on the course of the pregnancy (strong professional agreement) (Table 7).

Recommendation 1.2:
In case of very active disease, continuation of immunomodulator therapy (interferon-beta or glatiramer acetate) throughout the entire pregnancy may also be considered on a case-by-case basis, as absence of toxicity is shown by data from studies and pharmacovigilance registries (relative professional agreement) (Table 7).

Recommendation 1.3:
It is recommended that immunosuppressive treatments (cyclophosphamide [off-label], mitoxantrone) be withdrawn when pregnancy is planned, due to their potential toxicity in pre-therapeutic studies and due to their pharmacodynamic properties (relative professional agreement) (Table 7).