

FIBROMYALGIA & PREGNANCY

By Kathy Longley BSc(HONS)

My birthday last May turned out to be a double celebration when my friend Alison, unable to contain her excitement, blurted out that she was pregnant. After many squeals of laughter and hugs of delight we set out for lunch to celebrate.

Alison had wanted a baby since her marriage three years ago, but had been prevented from even trying for the first few years while she came off all her medications for rheumatoid arthritis. Experiencing these trying years and now the first six months of pregnancy with her has really made me think; would I have to come off all my medications for FM? How would the pregnancy affect me? And, how would I cope when the baby arrived?

My mother is quick to point out that finding a man really ought to be my primary aim, but I see no reason for not being prepared! One thing Alison and I have discovered, from glancing through the countless pregnancy books, is that many of the unpleasant symptoms listed have been part of our lives on a daily basis for years. I must admit that this discovery has reduced my sympathy for pregnant women who complain of fatigue, aching limbs, forgetfulness and bowel problems; they will completely recover in 9 months!

It has also amazed us how forthcoming sympathy and allowances are made for Alison now she is pregnant, compared to the lack of response and understanding towards her arthritis. Alison is quick to point out to her sympathisers, that being pregnant is a doddle compared to living very day with arthritis.

MEDICAL OPINION

So, what does medical research have to say about FM and pregnancy? Not a lot it would seem. I have found only one study devoted to this subject carried out in Norway in 1997 on 44 women with FM.

The study split the 44 women into two groups. Group A consisted of 26 women who had their children while suffering with fibromyalgia and Group B was composed of 18 women who had had their children before the onset of their fibromyalgia symptoms. The study was based on interviews of the women involved.

At first sight the news does not seem good, as the study reports: -

"With the exception of one patient, all women described worsening of fibromyalgia symptoms during pregnancy with the last trimester experienced as the worst period"¹

The symptoms reported by these women were generalised pain, fatigue, back pain, muscle weakness, depression and stiffness. They also complained of aggravated symptoms about 1-3 months after delivery and a reduced capacity to look after the baby. 77% of the women in Group A admitted that they required support to care for the baby and help with the housework compared to 43% of the women in Group B.

The good news is that despite these complaints all the women, except one, who had their children while suffering with fibromyalgia positively encouraged other women with FM to have children. They viewed pregnancy as a positive experience, with sixteen women recommending others to have a family of two children and five women advocating more than two children. Women who experienced multiple pregnancies did not describe any increase in the severity of fibromyalgia symptoms in their second or third pregnancies compared to their first. Therefore, additional pregnancies do not seem to aggravate fibromyalgia symptoms to a greater degree.

Even more encouraging is the report that *women with fibromyalgia gave birth to healthy babies at full term with a good birth weight*. There were no significant differences in the birth procedures or the outcome of the

pregnancies between the two groups. The majority of women with fibromyalgia underwent a normal delivery with an average labour of six hours, with no increased need for a forceps delivery or a caesarean section.

Interestingly Dr Bennett from Portland, USA reports that in his experience most pregnancies are uneventful for both mother and baby.

“I have 3 patients who experienced an almost complete remission of FM symptoms starting at the birth and lasting for 6-9 months.”

Some pregnant women did choose to continue with medications during pregnancy, though these were in the minority due to fear of harming the foetus. Twelve of the women used painkillers, two used sedatives and four continued to take anti-depressants. Paracetamol is believed to be the safest painkiller during pregnancy. It is important to check with your GP which medications you should withdraw from before conceiving and how long it will take for these drugs to clear from your system.

Current medications can pose a problem with breast-feeding, so it important to consult your doctor before deciding whether to breast-feed or not. In this study mothers with FM were encouraged to breast-feed if medications allowed. The majority breast-fed their babies for at least three months, some continuing for more than seven months. There were no reported increases in FM symptoms linked with breast-feeding.

In conclusion, women with FM may suffer aggravated symptoms during pregnancy, but are positively encouraged by mothers with FM to go for it and not miss out on having children. FM sufferers should be in a good position to cope with the normal unpleasant symptoms of pregnancy as they have had plenty of practice in their everyday lives! And remember symptoms during pregnancy are transitory and offer an immense reward at the end of the nine months.

PRACTICAL HINTS

1. Plan ahead.

Be prepared for your fibromyalgia symptoms to worsen during your pregnancy and expect to need additional support when the baby arrives. Plan plenty of rest time and arrange for a relative or friend to help you care for the baby. If you work plan an early maternity leave and expect to need extended time off following the birth.

“Mothers with fibromyalgia expressed the need for assistance with childcare and housekeeping significantly more than the controls in Group B.”¹

2. Consult an occupational therapist.

Ask your GP or consultant to refer you for an assessment. Occupational therapists are brilliant at coming up with solutions to all kinds of problems. They can provide you with special equipment to overcome practical difficulties, teach you how to hold and pick up the baby without straining your muscles and advise you on the best baby things to buy i.e. baby clothes that fasten with Velcro or zips rather than poppers, lightweight buggies and height adjustable cots. After your initial assessment your occupational therapist will visit you at home after the birth to help problem solve any other difficulties arising.

“New mothers need to learn how to minimize eccentric muscle contractions when lifting infants - especially as they get heavier”. -DR BENNETT

3. Make use of books and websites dedicated to parents with disabilities.

Some useful websites and books are: -

- <http://www.disabledparents.net> -this site provides many innovative ideas and useful contacts and resources for parents with disabilities.

- <http://freespace.virgin.net/disabled.parents> -site for Disability, Pregnancy & Parenthood International
- Disability Parents Network – information@disabledparentsnetwork.com
PO Box 5876
Towcester
Northamptonshire
NN12 7ZN
Tel: - 0870 2410450
- *The Baby Challenge: A Handbook on Pregnancy for Women with Physical Disability.*
MJ. Campion, published by London: Routledge, 1991
- *A Practical Handbook for Parents and Grandparents with Arthritis*
Mary Grant & Julie Barlow. This book provides practical advice on feeding, dressing and holding the baby as well as information on useful equipment and is available from: -
Mary Grant
Senior lecturer in Occupational Therapy
School of Health and Social Sciences
Coventry University
Priory Street
Coventry
CV1 5FB
Tel: 024 7688 8724

Reference:

1. “The effect of reproductive events and alterations of sex hormone levels on the symptoms of FM”, Wigers et al, Scandinavian Journal of Rheumatology, 1997, 26:355-360