



## Female Sexuality and Fertility with MS

### Female Sexuality

1. Can I still have an orgasm if I have MS?
  - If MS has decreased your sensation below the waist, you may have difficulty reaching a full orgasm. However, the pleasure leading up to and after an orgasm is likely to remain.
  - The addition of a vibrator or clitoral stimulator has shown to help women can reach orgasm despite neurological issues.
  - Discuss your symptoms with your neurologist because medications can be added or changed to help with your sexual health. For example, there are some medications that may decrease your ability to reach orgasm such as antidepressants and muscle relaxants. There are also numbing gels to reduce painful sensations during intercourse.
  
2. Is my lubrication affected by MS?
  - MS may stop the body's ability to lubricate the perineal area during sexual arousal. This is easily corrected by using lubricants like Astroglide and KY jelly.
  
3. Can I engage in sexual intercourse if I have an indwelling urinary catheter?
  - Yes, coat the catheter with a lubricant and then tape it to your left or right side before having sex.
  
4. If I empty my bladder with intermittent catheterization (IC), are there any recommendations?
  - Yes, empty your bladder before and after having sexual intercourse.
  - Decrease the amount of caffeine and alcohol before sex because it may cause urinary leakage.
  - Remember to practice good hygiene before and after sexual activity to help prevent bladder infections.



5. Is there anything I should do differently with my bowel program?
  - If you have difficulty controlling your bowels, use manual evacuation or digital stimulation for your bowel program and wait two hours after finishing your bowel program before sexual activity.
  - If the person who helps with your bowel program is also your sexual partner, do not talk about sex during your bowel program.
  
6. What should I know about sexual positions?
  - "Anything you can do, you can do." Act safely to prevent falls, but otherwise sexual positions are up to you. Some people find changing positions to be more comfortable and help reach orgasm easier. Feel free to try new positions as long as they are safe.

### Fertility

1. Can I still have children?
  - The ability to become pregnant and give birth is usually not affected by multiple sclerosis. However, there may be some physical symptoms of MS which may make pregnancy and delivery more challenging.
  - If you are desiring pregnancy, it is best to inform your neurologist even if it is months or years prior to attempting to get pregnant. Many of the disease modifying therapies available to manage MS are not studied and/or not safe in pregnancy. Regular family planning discussions are important throughout the course of your MS treatment during your childbearing years.
  - Choose a doctor who is familiar with MS and pregnancy or is willing to learn. It is important to let a doctor check your overall health before getting pregnant.
  
- Are there any problems with pregnancy I might have because of the MS?
  - Typically, women are protected or have no MS disease activity while pregnant. However, after delivery when the pregnancy hormones are declining, women may be at an increased risk of MS disease activity.



- It is important to develop a plan with your doctors for the weeks following delivery. The discussion should include whether or not you plan to breastfeed and when to restart your MS disease modifying therapy (DMT).
- If I do not want to become pregnant, what is the safest method of birth control?
  - There are multiple types of birth control include medicines, devices, and procedures. Some types need to be used every time you have sex, i.e.: condoms. Other types can prevent pregnancy for long periods of time.
  - Discuss birth control options that would be best for you with your primary care provider or gynecologist. One consideration with an intrauterine device (IUD) is to select one which is compatible with MRI testing.
  - Some examples of birth control include:

Type	Methods Included	Some Information
Pericoital methods	<ul style="list-style-type: none"> <li>• Diaphragm</li> <li>• Cervical cap</li> <li>• Sponge</li> <li>• Spermicides</li> </ul>	“Pericoital means methods that are used every time you have sex. The diaphragm, cervical cap and sponge are used along with spermicide. Spermicide is a cream or gel that kills sperm before it can get to an egg. It can be used alone, but it is less effective this way.
Barrier methods	<ul style="list-style-type: none"> <li>• Condoms (external and internal)</li> </ul>	Barrier methods block sperm from getting into the uterus and reaching an egg. Condoms are the only form of birth control that can also protect against infections you can get through sex.
Short-acting hormonal methods	<ul style="list-style-type: none"> <li>• Shot/injection</li> <li>• Progestin-only pill</li> <li>• Estrogen-progestin pill</li> <li>• Patch</li> <li>• Vaginal ring</li> </ul>	These methods all use hormones to cause changes in the body that reduce the chance of pregnancy. The different options require different amounts of attention. If you get the shot, you must see your doctor every three months. If you take pills, you must take a pill every day. If you use the patch or the ring, you must change it once a week.
Long-acting methods	<ul style="list-style-type: none"> <li>• Implantable rod</li> <li>• Intrauterine device (IUD) with progestin</li> <li>• IUD with copper</li> </ul>	The implantable rod and the IUD with progestin both use hormones to prevent pregnancy. The IUD with copper releases copper to prevent pregnancy. These stay in the body and keep working for three to ten years, depending on the type chosen.
Permanent methods	<ul style="list-style-type: none"> <li>• Vasectomy</li> <li>• Tubal ligation (having your “tubes tied”)</li> </ul>	These methods involve procedures or surgery and are permanent.