

# Newsletter

## to Health Professionals

Number 3

### Edito

When a person suffering from cerebellar ataxia or spastic paraparesis asks the Health professionals for information about pregnancy, they are often asking for "permission" to become a mother or father. The desire to have a child can never be reduced to a simple estimation of the medical risk. The desire to have a child is not based on rational information but is part of the individual history of the parental couple and often corresponds to an irrational force which is independent of the "genetic risk".

*Marcela Gargiulo, clinical psychologist – Institute of Myology – La Pitié-Salpêtrière Hospital – Paris*

*Perrine Charles M.D. - Neurology Federation - La Pitié-Salpêtrière Hospital – Paris*

### Pregnancy

Recommendations from experts in the field of Ataxias and Cerebellar or Spinocerebellar Degeneration by the medical and allied professions council of the AFAF, CSC and ASL associations

## Frequently asked questions...



### 1 Pregnancy and disability

The aggravation of neurological symptoms, particularly in relation to balance and gait, has been observed during pregnancy. In most cases, it is transient with a return to the previous state after delivery. We believe they are not related to an aggravation of the neurological disease, but rather to weight increase during pregnancy.

### 2 Pregnancy and heart disease

The existence of a heart disease requires close collaboration between the patient's cardiologist, the obstetrician and the anaesthetist in order to choose the most appropriate type of delivery and anaesthetic. **Heart monitoring** is advisable throughout pregnancy and cardiac and respiratory monitoring is recommended during delivery (Leone M et al, 1992).

### 3 Pregnancy and anaemia

Iron-deficiency anaemia, which is more frequent during pregnancy, must be screened and treated, particularly in patients suffering from Friedreich's ataxia who are more susceptible to iron deficiency, especially when taking Idebenone (Mnesis®) treatment.

### 4 Pregnancy and infections

We recommend that particular attention be paid to urinary infections in patients suffering from pre-existing urinary bladder sphincter disorders of the dysuria type. The frequency of urinary infections increases with pregnancy and can have repercussions on the neurological (aggravation of spasticity) and obstetrical disease (induction of contractions and premature birth, systemic infections, etc.)



## 5 Pregnancy and diabetes

We recommend careful monitoring of glycaemia in patients with Friedreich's ataxia as they have a tendency to diabetes and carbohydrate intolerance is more frequent during pregnancy.

## 6 Pregnancy and medication

Muscle relaxants of the benzodiazepine type (Myolastan®) used to treat spasticity must be avoided during the first trimester (teratogenic risk) and the third trimester (risk of respiratory distress in the newborn). Baclofene® must be avoided (innocuousness not established), particularly during the first trimester (teratogenic risk in rats). Mnesis® used for the treatment of Friedreich's ataxia must be stopped during pregnancy. A case of aggravation of muscular weakness and respiratory insufficiency has been described after the administration of magnesium sulphate in a pregnant patient with Friedreich's ataxia (Bruner JP et al, 1990). We therefore recommended that treatment be stopped during pregnancy.

## 7 Delivery

There is nothing to prevent ataxia and spastic paraparesia patients from having a normal delivery. There is no neurological indication for systematic Caesarean delivery. The only indications are obstetrical. However, pre-existing sphincterian instability (vesical or anal) must be considered when choosing the type of delivery.

## 8 Anaesthesia

There are no contraindications to **epidural anaesthesia**. However, it is possible that the presence of **scoliosis**, whether it has been operated or not, may make it difficult to practise this type of anaesthesia. When carrying out a **general anaesthesia**, special care is recommended when using muscle relaxants in patients with Friedreich's ataxia, since they are hypersensitive to the latter, particularly non-depolarising muscle relaxants, which could result in acute cardiac failure or cardiac rhythm disorders (Torres Lopez A. et al, 1989).

### Bibliographic references :

Bruner JP, Yeast JD. *Pregnancy associated with Friedreich ataxia. Obstet Gynecol.* 1990 Nov; 76 (5P2 2): 976-7

Leone M, Bottacchi E, Bussolino S, Porta MA. *A case of successful pregnancy in a woman with Friedreich ataxia. Ital J Neurol Sci.* 1992 Jun; 13(5): 439-41.

Torres Lopez A, Peramo Fernandez F, Costela Villodres JL, Carlos Garcia R. *Anessthetic management in a case of Friedrich's ataxia. Rev Esp Anestesiol Reanim.* 1989 Sep-Oct; 36(5): 286-7

"Etre atteinte d'ataxie de Friedreich et devenir mere", *Dissertation by Sandrine Boucau, midwife, Caen, 2006.*

### Written by the Medical and Health Professionals Council of AFAF, ASL and CSC.

Chaired by **A. Dürr M.D.** (neurogeneticist - Paris) and composed of M. Babonneau (psychologist - Paris), **P. Charles M.D.** (neurogeneticist - Paris), **F. Cottrel M.D.** (rehabilitation physician -Paris), **P. De Lonlay M.D.** (paediatrician specialising in metabolism - Paris), **Ph. Denormandie M.D.** (neuro orthopaedic specialist - Garches), **M. Gargiulo** (psychologist - Paris), **C. Goizet M.D.** (geneticist - Bordeaux), **T. Hergueta** (psychologist - Paris), **D. Mazevet M.D.** (rehabilitation physician - Paris), **A. Munnich M.D.** (geneticist - Paris), **M. Nolen** (psychologist - Paris), **C. Pointon** (speech therapist - Paris), **L. Vallée M.D.** (neuro paediatrician - Lille), **K. Yousov M.D.** (neurologist - Creteil). You will find the details of the above health professionals on the associations' websites: [www.afaf.asso.fr](http://www.afaf.asso.fr) – <http://assoc.wanadoo.fr/asl.spastic> - [www.csc.asso.fr](http://www.csc.asso.fr).

**For further information or correspondence, please write to Le Conseil Médical et Paramédical, at [conseilmedicalataxie@yahoo.fr](mailto:conseilmedicalataxie@yahoo.fr), or 12 place Brisset, 02500 Hirson, France.**

The file used to provide you with this document has been declared to the CNIL (French data protection watchdog). In accordance with the provisions of articles 39 et seq of the law of 6th January 1978 amended relating to computing, files and freedoms, you have the right to access and correct any data of which you are the data subject by applying to the presidents of the above associations. You may also, for legitimate reasons, oppose the processing of such data.