MS Women's Health Clinic

A bespoke approach through the female lifespan

Ana Neves, MS Clinical Nurse Specialist
Clair Whitaker, MS Clinical Nurse Specialist

University Hospital Southampton NHS
NHS Foundation Trust

CONTEXT

Multiple Sclerosis (MS) is a chronic condition commonly diagnosed at young ages with higher prevalence in women (NICE, 2024). Many women with MS (WwMS) are of childbearing age and plan to have children. Being pregnant with a long-term condition can be overwhelming (Ralston et al., 2021).

The natural ageing process will lead WwMS to face menopause at some point, a period with several changes that can be daunting (Bove et al., 2021; Lorefice et al., 2023). MS and other causes can affect sexuality, which can cause disturbances in mood, relationships, among others (Zamani et al., 2017; Scandurra et al., 2023).

To improve the care provided to WwMS, the MS Clinical Nurse Specialists (MS CNS) developed a Women's Health Clinic (WHC).

METHODS

To ascertain the need for this service, MS consultants, MS CNS, and WwMS were surveyed.
Links were created with relevant specialised healthcare professionals to allow future streamlined referrals and reciprocated advice.

OBJECTIVES

- Provide WwMS with a bespoke WHC, where relevant information is discussed regarding family planning, pregnancy, menopause, and/or sexuality.
- Streamline the care pre-conception, during pregnancy, and post-partum.
- Facilitate specialised support to WwMS faced with menopausal symptoms and/or sexual difficulties, in view to promote proactive self-management.

CONCLUSIONS

The WHC was launched at the beginning of 2025, and is expected to provide WwMS access to more personalised care, improving their experiences throughout their MS journey.
The next step is to audit this clinic to ascertain its value and relevance.

RESULTS

What we heard

From the MS Consultants

Most Consultants do not have enough time in their clinic appointments to discuss family planning, pregnancy and respective DMT options. When these subjects are discussed other MS aspects are not or the clinic appointment runs overtime. Also, it is rare to be able to time clinic appointments for the post-partum period.

All Consultants feel they do not have enough time to discuss pregnancy and/or menopause symptoms not MS related. All agreed that if a clinic dedicated to WwMS who wish to become pregnant / are pregnant, who are going through menopause or have sexual difficulties, was available they would refer them to the clinic.

From the MS Nurses

Most Nurses do not have enough time in their clinic appointments to discuss family planning, pregnancy and DMT options. When the time is made to discuss these subjects other MS aspects are not discussed.

Most nurses feel they do not have sufficient time in their clinic appointments to discuss pregnancy and/or menopause symptoms not MS related. When discussed, other MS aspects are not discussed.

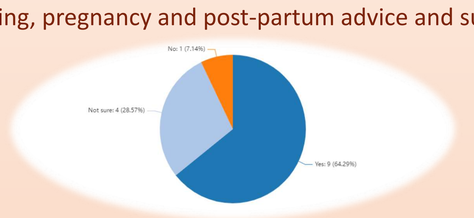
All Nurses agreed that if a clinic dedicated to WwMS was available to discuss family planning, pregnancy, menopause, and sexual difficulties, they would refer them to the respective clinic.

From the WwMS regarding support during pregnancy

14 women replied, who were pregnant at some point between 2006 and 2024. Their care was managed in hospitals and community centres in Amesbury, Ashurst, Basingstoke, Frimley, Poole, Portsmouth, Salisbury, Southampton, Tidworth and Winchester.

Was your maternity team well informed about MS and how this might affect your pregnancy?

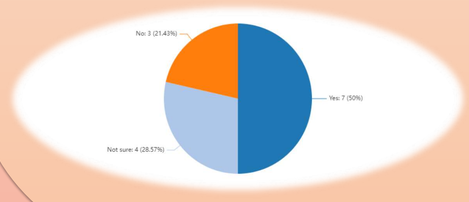
Do you think that WwMS considering family planning should have access to a specialised service that considers preconception counselling, pregnancy and post-partum advice and support?



How could your pregnancy care have been improved from an MS perspective?

Those answering the survey mentioned, among other things, not ever being seen by an MS nurse during their pregnancy, and explained that this support would have been helpful. They lacked encouragement from the Midwives/Obstetric team to reach out to their MS nurses for support. They suggested providing more knowledge to the midwives about MS, including the impact of fatigue in MS, as labour and associated sleep impairment can be exhausting which, in turn, can exacerbate their MS symptoms.

If this service was available to you during your pregnancy, do you think your pregnancy/MS management would have been improved/more streamlined?



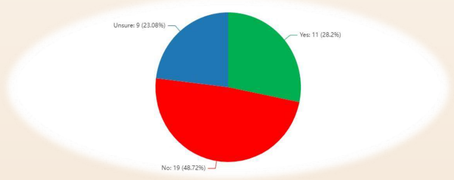
Please share any other comments:

Considerations around individualised birth plans are relevant and should be discussed during pregnancy. Managing expectations, preventing stress, and dealing with concerns before labour were considered important to prevent exacerbations. An MS appointment postpartum was pointed out as relevant to discuss (re)starting treatment and diminish the risk of relapse and provide support after birth. Caring for a baby is demanding which can impact MS.

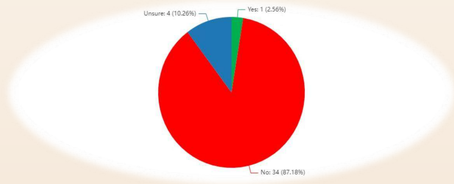
From the WwMS regarding support during menopause

39 women with a mean age of 46.74 years old (ranging from 35-58) replied.

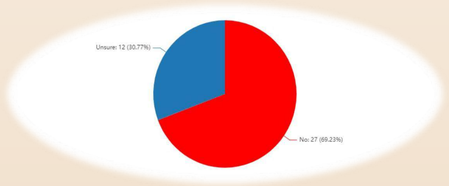
Do you feel you are/were well informed about menopause?



Do you feel you are/were well informed about how menopause could affect your MS?

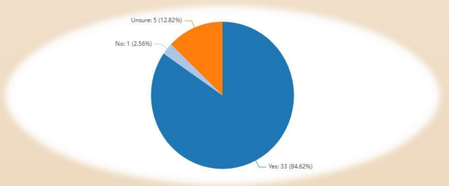


Do you feel that your GP is/was well informed about your MS and how this might be affected by menopause?



Do you think that people with MS who are of the age of possible menopause should have access to a specialised service that considers menopause in MS advice and support?

If this service was available to you, do you think your menopause/MS management would be improved/more streamlined?



Do you have any additional comments?

The women found it difficult to understand if their symptoms were MS or menopause-related and felt they didn't receive the correct support from their GPs as they weren't well informed.

Most wish to have more knowledge of Menopause, its relation with MS and respective management. Having a service available would be helpful to help them navigate this phase of their lives.

"Thank you for prioritising this. Given the overlap in symptoms it would be amazing to have one place to go to navigate symptoms without having to first decide what the cause is."

Family Planning Pathway

- Offer Family Planning discussion with any woman of childbearing age and those interested in further information
  - Refer to MS WHC
    - Face 2 Face: One-off appointment to discuss family planning, pregnancy and DMT choices
    - Discharge

Pregnancy Pathway

- Patient informs MS team of pregnancy
  - Refer to MS WHC and cancel F/U appointments at UHS
    - Initial Pregnancy Clinic (1h) — Face 2 Face
    - 28-36 weeks F/U (30min-1h) — Face 2 Face / Telephone
    - 1-3 m post-partum F/U (30min-1h) — Face 2 Face
    - 6 m post-partum F/U (30min-1h) — Face 2 Face / Telephone
    - 9 and 12 m post-partum F/U for more complex cases (30min) — Face 2 Face / Telephone
    - Discharge from MS WHC and book at normal MS F/U

Menopause Pathway

- Offer referral to women > 40 years of age and those interested in more information on menopause and management of symptoms
  - Refer to MS WCH
    - Face 2 Face: One-off clinic appointment (1h) to provide information on Menopause and Symptom management
    - Telephone: Possibility of a follow-up appointment to discuss further symptoms if complex patient
    - Discharge

Sexual difficulties Pathway

- Offer referral to women with MS with sexual difficulties
  - Refer to MS WHC
    - Send MSISQ-19 questionnaire to patient to fill and bring to clinic/send via MYMR
    - Face 2 Face (1h)
    - Discharge
    - Possibility of F/U Telephone appointment in more complex cases

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Chloe Gates, Sexual Health Practitioner, Solent NHS Trust

CONTACTS

Ana Neves – ana.neves@uhs.nhs.uk
Clair Whitaker – clair.whitaker@uhs.nhs.uk

REFERENCES