

Introduction

Multiple sclerosis is an organ-specific autoimmune, neurodegenerative disease of central nervous system, which develops in genetically susceptible individuals as a result of effect of some external factors. The disease is characteristic mostly of young, able-bodied, socially active age. Women became ill more frequently than men.

There is an opinion that pregnancy leads to the increase of the period of transition to the secondary-progressive phase and contributes to the MS onset postponing. Particularly, they consider that pregnancy or giving birth to at least 3 children lead to a decrease in the probability of achieving 6 points according to the EDSS, especially these data are confirmed in patients with remitting-relapsing course of MS. Patients who delivered one or more children after the beginning of the disease may have a more benign course of disease and more time to reach a higher point according to the EDSS from the beginning of the disease compared to those who did not have children after the disease onset. In women suffering from MS labour more frequently end with Caesarean section both planned and unplanned. It is considered that activation of disease may be caused by abortion (both induced, and spontaneous), as well as hysterectomy.

Materials and methods of study. There were examined 207 women suffering from multiple sclerosis citizens of Ivano-Frankivsk and Ivano-Frankivsk oblast with reliably confirmed MS diagnosis. In these patients there was collected the history of life and disease, as well as studied in detail the course of pregnancy and childbirth, and conducted a clinical and neurological examination. The average age of patients was 37.91 ± 0.72 years; the average severity degree according to the Expanded Disability Status Scale (EDSS) was 4.09 ± 0.10 points. The research did not presuppose the control group.

Results. $83.56 \pm 4.34\%$ of women gave birth in physiological way, and $16.44 \pm 4.34\%$ through Caesarean section. The average duration of disease in a woman at the time of delivery was 5.9 ± 0.51 years.

The obtained results showed that in the group of patients suffering from MS who did not have pregnancies a point according to the EDSS appeared to be lower compared to the women who delivered 2 children ($p < 0.05$). The highest point was observed in those women who gave birth to 2 children compared to those who delivered one child ($p < 0.05$).

It was found that among the patients examined by us after the MS onset 50.00% gave birth to children, fewer women had pregnancies that ended with abortions (22.06%), and those who after the MS onset both gave birth and had abortion (27.94%). In all the 3 groups of patients a remitting-relapsing type of MS prevailed.

The average point according to the EDSS was lower in the persons who did not give birth or delivered after the MS onset compared to the women who gave birth only before the appearance of the first manifestations of demyelinating process ($p<0.05$). In the women who gave birth after the first manifestations of MS, a remitting-relapsing type of pathological process credibly prevailed, comparing to the part of persons who gave birth only before MS onset ($p<0.05$).

Conclusions. Therefore, the research conducted by us proved that giving birth after the beginning of the first MS manifestations appearance in women positively influences on the clinical characteristics of this disease. Thus, women who gave birth after the MS onset had lower point according to the disability scale and reliably higher probability of the most benign remitting-relapsing course of the pathological process. Giving birth to 2 children is an unfavourable factor in women suffering from MS, since according to the obtained data they are observed have a higher disability degree.