

GBS and pregnancy

Is Guillain-Barré syndrome (GBS) more likely to occur during pregnancy?

No, but it is slightly more likely to occur in the first month after giving birth, due to changes occurring in the immune system.

For women who have had GBS, is there a risk of another GBS attack if they become pregnant?

Probably not. Many women have had pregnancies after GBS without any recurrence of their GBS. There are no reports of GBS coming back again after a later pregnancy.

What effect does the pregnancy have on the course of GBS?

Probably none, except that the enlarged uterus may increase the difficulty of breathing in women severely affected by GBS.

What effect does having GBS during pregnancy have on the course of the pregnancy?

Probably none.

Does having GBS affect medications offered to mothers during or after pregnancy?

Most medicines used in pregnancy are safe in GBS. Blood pressure may become raised in both GBS and pregnancy. Some people with GBS have abnormal slowing of the pulse which affects the choice of medicines used to treat raised blood pressure. In particular, drugs called beta-blockers should then usually be avoided.

Does having GBS during pregnancy affect the baby?

Usually no. Many women have given birth to normal babies even when they were themselves very weak or even being ventilated.

Do treatments used for GBS affect the baby?

Probably not. Most people with GBS are treated with intravenous immunoglobulin (antibodies purified from human blood donations). In places where intravenous immunoglobulin is not available, plasma exchange may be used instead. During plasma exchange, a special machine takes blood from a vein, removes the liquid plasma portion and returns the blood cells with a clean plasma substitute. Intravenous immunoglobulin and plasma exchange have both been used in other conditions during pregnancy without any record of adverse effects on the pregnancy or the baby.

What effect does having GBS during pregnancy have on labour?

Probably none. Even when the mother is very weak, the contractions of the uterus remain normal and most mothers can have a normal vaginal delivery. However, in rare cases, severe weakness may make it difficult for the mother to push and so increase the risk of instrumental or Caesarean delivery.

Does GBS affect the use of anaesthetics during labour?

The usual analgesic agents, such as entonox (“gas and air”) or opioids (e.g. pethidine), can be used during labour in women with mild GBS. There is also usually no reason to avoid epidural anaesthesia. In severe GBS, specialist advice is needed from an intensive care physician or anaesthetist because some drugs may affect breathing and the breathing muscles may be weak. For Caesarean section, the choice lies between regional (epidural or spinal) and general anaesthesia. The decision is made by the patient together with her anaesthetist and obstetrician. There are several considerations and the appropriate decision regarding anaesthetic management of both labour analgesia and anaesthesia for Caesarean section needs to be assessed before labour and made on an individual basis.

Can a woman with or recovering from GBS breastfeed her baby?

Yes. There is no risk to the baby. Milk production should not be affected. If the woman is very weak, she may need assistance from someone else to help the baby to latch onto the breast.

What contraception can a woman use if she has or has had GBS?

Postnatal contraception is important. During and after a severe illness such as GBS, periods may stop for a while but ovulation may still occur and therefore there is a risk of pregnancy if a woman is sexually active. The type of contraception is the woman’s choice. All types of contraception are usually safe, including condoms, intrauterine contraceptive devices and progesterone only methods. However, while mobility remains severely restricted, oestrogen containing hormonal methods (including the combined oral contraceptive, i.e. “the pill”) are best avoided because of an increased risk of blood clots in the leg or lungs (deep vein thrombosis, DVT).

How long after having GBS should a woman wait before trying to become pregnant?

For practical reasons it would be wise to wait until the weakness and tiredness from GBS have gone or almost gone. This usually takes at least 12 weeks but sometimes 12 months or more. If symptoms persist after 12 months women have to decide whether they want to get pregnant in spite of them. Important considerations are that they have the strength and energy to look after a baby on their own and if not whether they have sufficient support to cope.

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Revised by R Hadden 19 Dec 2015***