Supplement

Supplemental Table 1: Summary of selected studies

Author	Design	Major Findings
Airas and Kaaja (2012) [1]	Review	The researchers stated that the MS relapse rate decreased during late pregnancy and increased after delivery. The possible reasons for the trend are the reduction in estrogen levels after delivery and loss of immunosuppressive capability during pregnancy.
McKay et al. (2017) [12]	Systematic review	The study revealed that the MS relapse rate dropped significantly during pregnancy. However, there is no clinical or strong research evidence showing that pregnancy could affect long-term progression and the risk of MS.
Borisow et al. (2014) [16]	Questionnaire study	The researchers reported that there was a reduction in the risk of MS relapse during pregnancy.
Houtchens (2013) [17]	Review	There is strong research evidence showing that pregnancy reduces the risk of MS decline. Furthermore, the relapse rate increases in the first 3 to 6 months after delivery.

Cuello et al. (2017) [23]	Prospective study	The researchers reported that there was no significant difference in terms of obstetric outcomes in the MS cohort and the control group. The authors further stated that pregnancy does not have a long-term negative effect on MS progression.
Yalcin et al. (2017) [55]	Case-control study	The rates of fetal growth restriction, preterm delivery, stillbirths, cesarean delivery, gestational diabetes, fetal malformation, and preeclampsia were comparable in both the MS group and the controls (P>0.05)
Hellwig et al. (2012) [67]	Observational study	The annualized relapse rate among the MS mothers decreased during pregnancy and increased after delivery. Furthermore, the congenital anomaly rate among patients treated with interferon beta (IFNβ) and glatiramer acetate (GLAT) were within range.
Finkelsztejn et al. (2011) [58]	Systematic review and meta-analysis	The authors found that there was a significant decrease in relapse rate during pregnancy and increase after delivery. Furthermore, the researchers stated that there was no significant difference in pregnancy outcomes among mothers with MS

		compared to their counterparts without the disorder.
Jesus Ribeiro et al. (2017) [29]	Cohort study	The authors determined that the annualized MS relapse rate decreased during pregnancy (0.6 ± 0.8 vs.0.3 ± 0.6, p = 0.006).
van der Kop et al. (2011) [32]	Retrospective cohort study	Children born to MS mothers did not have a different mean gestational age or birth weight compared to their counterparts born to those without the disease.
Amato and Portaccio (2015) [52]	Review	Immunomodulatory drugs used in the management of MS during pregnancy do not cause adverse fetal and maternal outcomes.
Amato et al. (2010) [53]	Cohort study	The use of IFNβ in managing MS during pregnancy did not lead to an increased risk of spontaneous abortion.