



Multiple Sclerosis

Pregnancy Planning, Breastfeeding, and MS Medication



Interestingly, pregnancy appears to have a relatively protective effect on women with multiple sclerosis (MS). The fact is, the number of MS exacerbations is reduced during pregnancy, especially in the second and third trimesters.

If you take any of the MS disease-modifying drugs—Avonex®, Betaseron®, Copaxone®, Novantrone®, or Rebif®—be sure to discuss your plan to become pregnant with your prescribing doctor. Doctors advise women with MS who are planning a pregnancy to stop taking their MS medication *before* becoming pregnant and to stay off the medication throughout their pregnancy. Another important subject to discuss with your doctor is whether to nurse your newborn or re-start your disease-modifying medication as quickly as possible following delivery.

Before conceiving, you also should review any other medications you take with both your neurologist and obstetrician in order to identify those that are safe during pregnancy and breastfeeding.

Deciding Whether to Breastfeed

It's a tough decision: You may feel strongly that nursing provides positive benefits for your baby's health and your developing mother-child relationship. On the other hand, can you do without your MS medication, which can reduce the number and severity of MS attacks—and possibly slow the progression of your health condition? None of the disease-modifying agents—Avonex, Betaseron, Copaxone, Novantrone, or Rebif—are recommended for use *during* breastfeeding because the impact they might have on the newborn is unknown.

The choice to breastfeed your baby is a very personal one. Like many women with MS, you may wonder what the impact on your MS will be if you postpone re-starting your medication. Will you experience an exacerbation? Or, will

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the hormonal changes associated with breastfeeding provide you a degree of protection similar to that provided by the hormonal changes of pregnancy? Unfortunately, there is insufficient data regarding the impact of breastfeeding on the course of MS.

In conclusion, in consultation with your doctor, you will need to weigh the possible benefits of breastfeeding your child against the increased risk of an MS exacerbation. If your MS has been particularly active before pregnancy, your doctor may encourage you to resume your medication immediately after delivery or to nurse

for only a few weeks and then resume your medication regimen. Conversely, if your MS has been stable for some time, you and your doctor may decide that the benefits of nursing outweigh the possible risks. What's most important is that you have an open and honest conversation with your doctor about this important topic.

This information is not intended to be a substitute for professional medical advice. Please contact your doctor, pharmacist, or other healthcare provider for more information about multiple sclerosis.

Drug names are the property of their respective owners.

If you have any questions, please contact your doctor or visit us at www.walgreenspecialtyrx.com.

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