

**MS und Kinderwunsch**  
Register DMSKW

**Katholisches Klinikum Bochum**

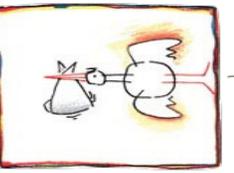
**UK RUB** UNIVERSITÄTSKLINIKUM DER  
RUHR-UNIVERSITÄT BOCHUM

# **Disease modifying medications in women with MS planning a pregnancy**

## **An update**

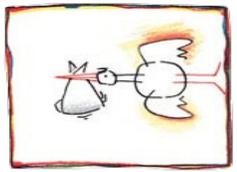
Kerstin Hellwig





## Learning objectives

- Key elements required to counsel MS patients wanting to become pregnant
- Improve existing knowledge on the management of pregnancies in MS patients
- Improve existing knowledge on MS pregnancy and disease modifying treatments
- Improve existing knowledge on postpartum management



## MS and family planning summary :

1. Most MS drugs are not teratogenic, careful with newer drugs and small molecules
2. Most information is available only for early first trimester exposure
3. Interferons and GLAT are safe up to conception and probably beyond
4. More information on DMT-exposed pregnancies is needed for newer drugs, include exposed pregnancies into registries
5. **Ask MS drug companies for updated information on number of exposed pregnancies with known outcomes**
6. Most women with MS will not experience an increase in permanent disability from a postpartum relapse
7. Careful plan a pregnancy in highly active women, consider a switch to depleting AB; Cladribine (compliant women needed) or continuing NTZ
8. Breastfeeding is not harmful – exclusive breastfeeding may be beneficial in women with milder disease (low pregnancy relapse frequency and severity). Breastfeeding should NOT be discouraged in favor of resuming MS medications in most women
9. **More data on BF under medication is needed, ok under injectables, probably also under mabs (Caveat preterm birth)**
10. If a woman does not want to breastfeed start early (7-14 days) with MS treatment
11. In women with highly active disease (controlled pre-pregnancy only by natalizumab, fingolimod, or cyclophosphamide) foregoing nursing, resuming medications as soon as possible may be necessary