



Knowledge Brochure Series

MS & PREGNANCY

What to know about multiple sclerosis (MS) & pregnancy

If you have MS and are thinking about having children, you may have questions about how MS can affect your pregnancy.

The incidence of complications for the baby are no different for women who have MS than for women without MS.¹

However, if you are pregnant or trying to become pregnant, it's important to understand the effects that MS may have on conception, pregnancy, and the time after childbirth. It is also important to learn how pregnancy may impact the symptoms and treatment of your MS.



Before pregnancy in MS

MS does not affect fertility in either men or women, although sexual problems may interfere with trying to get pregnant. Men and women with MS who are planning to start a family may need to discontinue certain medications before trying to conceive.^{2,3}

If you are thinking about becoming a parent, it is important to talk to your doctor about any medications you are taking.

MS management during pregnancy

Women with MS don't usually need special gynecologic care during pregnancy. Labor and delivery are often the same for women with or without MS. Certain medications may need to be discontinued during pregnancy. Your doctor will decide how to best manage your MS during pregnancy.¹

It's very important to talk to your doctor about any medication you're taking if you become pregnant or if you are planning on having children.

How pregnancy affects relapses of MS

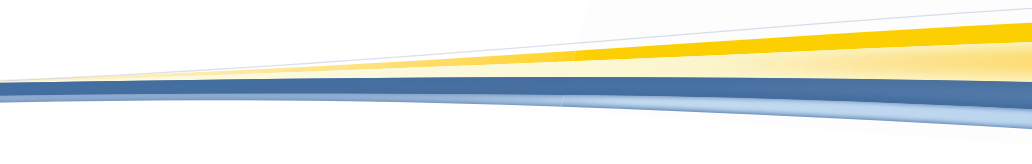
During pregnancy, some women may experience a reduction in relapses. This is thought to be a result of elevated protein levels and other factors that naturally inhibit immune response. In the first 3 to 6 months after giving birth, there is an increased risk of relapse. These relapses, however, may not contribute to long-term disability.¹

If you experience increased relapses after childbirth, it is important to talk to your doctor about how to manage your symptoms.

Breastfeeding and MS therapy

After pregnancy, the decision of whether or not to breastfeed is a personal choice. Certain medications should not be used during breastfeeding. Your doctor will decide on how to best manage your MS if you choose to breastfeed.¹

If you're considering breastfeeding, it is extremely important to talk to your doctor about what types of medication, if any, you should be taking.



The experience of Teva's Shared Solutions®

While there's no substitute for medical advice from your doctor, Teva's **Shared Solutions®** is here to help if you have questions about MS-related issues.

Contact Teva's **Shared Solutions®** at **1-800-887-8100**.

The following websites provide additional MS-related information:

- Lift MS® Blog: www.liftms.com
- National Multiple Sclerosis Society: www.nmss.org
- Multiple Sclerosis Association of America: www.mymsaa.org
- Multiple Sclerosis Foundation: www.msfocus.org
- MS Connection: www.msconnection.org

**Call 1-800-887-8100
to learn more**

References: **1.** Pregnancy and reproductive issues. National Multiple Sclerosis Society website. <https://www.nationalmssociety.org/Living-Well-With-MS/Diet-Exercise-Healthy-Behaviors/Womens-Health/Pregnancy>. Accessed May 10, 2019. **2.** Sexual problems. National Multiple Sclerosis Society website. <https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Sexual-Dysfunction>. Accessed May 10, 2019. **3.** AAN Summary of Practice Guideline for Clinicians: Practice Guideline: Disease-modifying Therapies for Adults with Multiple Sclerosis. American Academy of Neurology website. <https://www.aan.com/Guidelines/Home/GetGuidelineContent/900>. Accessed May 10, 2019.