

DMTs and Breastfeeding



Summary of evidence and recommendations

Lack of data from human studies; recommendations based mainly on theoretical understanding of drug transfer and animal studies

Likely compatible	Not likely compatible
 Injectable and monoclonal antibody (mAb) DMTs	 Oral DMTs <ul style="list-style-type: none">• Small molecular weight may allow transfer into breastmilk• Oral bioavailability raises likelihood of absorption

Women with MS wishing to breastfeed should be encouraged to breastfeed exclusively for the first 6 months

For women with more active MS

- Consider additional treatment strategies including DMTs to further reduce postpartum relapse risk
- Benefits of both breastfeeding and using injectable or mAb DMTs may outweigh theoretical risks to the infant

In women who do not plan to or cannot breastfeed, resume DMT within 2–4 weeks postpartum

Comprehensive Care Before, During, and After Pregnancy for Women with MS



Issues warranting evaluation, treatment, and multidisciplinary referral

Ambulatory function and physical therapy

Bladder function and pelvic floor physical therapy

Mental health and psychosocial well-being

- Mood (depression and anxiety) and fatigue levels
- Availability of social support

Socioeconomic considerations

- Employment-related concerns
- Financial constraints