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# Strategies to Improve the Care of MS in Women

## Breastfeeding

### OVERVIEW

Breastfeeding holds benefits for mother and child but is sometimes difficult or undesirable. Every mother faces the decision of whether to breastfeed after birth and for how long.

### RELEVANCE FOR MULTIPLE SCLEROSIS

Women with MS face a more complicated decision on breastfeeding. Breastfeeding will not harm MS patients, or make MS worse. Studies indicate that exclusive breastfeeding (<1 formula bottle daily) is associated with decreased MS disease activity. However, not all disease modifying therapies (DMT) are compatible with breastfeeding; only interferon betas and glatiramer acetate can be used while breastfeeding. Women using other DMTs must decide with their providers how to coordinate breastfeeding with resumption of their medication. The 3 month period after birth has been associated with increased relapse risk, so this discussion should be held in advance.

### ABOUT YOU

Which statements describe you? (*check all that apply*)

- I am thinking about becoming pregnant.
- I am pregnant.
- I have given birth to \_\_\_\_\_ children.
- I am planning on breastfeeding my baby for \_\_\_\_\_ months.
- I am planning on feeding my baby with formula.
- I am planning on using both breastfeeding and formula.
- I am not sure what I am going to do about my MS treatment after pregnancy.
- I am concerned that my medication will harm my baby.
- I am concerned about relapses if I don't use my medication.

### RESOURCES

<https://en.wikipedia.org/wiki/Breastfeeding>

[http://multiple-sclerosis-research.blogspot.com/2013/10/does-breastfeeding-affect-ms-relapses\\_8.html](http://multiple-sclerosis-research.blogspot.com/2013/10/does-breastfeeding-affect-ms-relapses_8.html)

<http://www.nationalmssociety.org/Living-Well-With-MS/Family-and-Relationships/Pregnancy>