

eTable 2. Recommendations for the Use of Symptomatic Treatments Commonly Prescribed for MS During Pregnancy and/or Breastfeeding

Symptom	Drug	Pregnancy		Breastfeeding	
		Use during pregnancy	Recommendation details	Use during breastfeeding	Recommendation details
Depression and anxiety	Duloxetine ¹	Caution during pregnancy ²	<p>Data indicate that use in the month before delivery may be associated with an increased risk of postpartum hemorrhage¹</p> <p>Neonates exposed late in the third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding¹</p> <p>The risk of relapse when discontinuing duloxetine should be considered¹</p>	May be used when breastfeeding ^{1,2}	<p>There are reports of sedation, poor feeding, and poor weight gain in infants exposed to duloxetine through breast milk¹</p> <p>The developmental and health benefits of breastfeeding should be considered alongside the mother's clinical need for duloxetine¹</p>

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		Use during pregnancy	Recommendation details	Use during breastfeeding	Recommendation details
Depression	Sertraline ³	May be used during pregnancy ⁴	<p>Studies in the first trimester highlight no change in the major birth defect risk vs background rates³</p> <p>Exposure in the third trimester may increase the risk of persistent pulmonary hypertension and symptoms of poor adaptation in the neonate³</p>	May be used when breastfeeding ⁴	Data demonstrate low levels of sertraline and its metabolites in human milk ³
Fatigue	Amantadine ⁵	No during pregnancy ⁵	Amantadine-related complications during pregnancy have been reported ⁵	No during breastfeeding ⁵	Amantadine is present in breast milk and adverse drug reactions have been reported in breastfed infants ⁵

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Fatigue	Modafinil ⁶	Only if potential benefit justifies potential risk to fetus ^{6,7}	<p>There are no adequate and well-controlled studies of modafinil in pregnant women⁶</p> <p>Intrauterine growth restriction and SA have been reported in associated with modafinil⁶</p>	Caution during breastfeeding ⁶	<p>It is not known whether modafinil is present in breast milk^{6,8}</p> <p>No adverse events are known from the limited information available on women who breastfed their infant while receiving modafinil^{6,8}</p>
Mobility issues	Dalfampridine ⁹	No during pregnancy ^{9,10}	<p>Adequate data on the developmental risk associated with dalfampridine during pregnancy are not available⁹</p> <p>Based on animal data, may cause fetal harm⁹</p>	No during breastfeeding ¹⁰	There are no data available on the presence of dalfampridine in breast milk or potential effects on breastfed infants ⁹

Symptom	Drug	Pregnancy		Breastfeeding	
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Mobility issues	Fampridine ¹¹	No during pregnancy ¹¹	Limited information ¹¹ Animal studies have demonstrated reproductive toxicity ¹¹	No during breastfeeding ¹¹	Limited information. It is not known whether fampridine is excreted in breast milk ¹¹
Muscle stiffness	Baclofen ¹²	No during pregnancy ¹³	Adequate data on the developmental risk associated with baclofen during pregnancy are not available ¹² Withdrawal symptoms can occur in neonates whose mothers have been treated with oral baclofen throughout pregnancy ¹²	May be used when breastfeeding ^{12,13}	Small amounts of baclofen have been detected in breast milk ¹² Withdrawal symptoms can occur in breastfed infants following maternal discontinuation or cessation of breastfeeding ¹²
Muscle stiffness	Cyclobenzaprine ¹⁴	Only if clearly needed ¹⁵	No drug-associated risk of major birth defects, miscarriage, or adverse	Caution when breastfeeding ^{14,15}	No data are available on cyclobenzaprine in milk, effects on

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			maternal or fetal outcomes identified from case reports ¹⁴		breastfed infants, or effects on milk production ¹⁴
Muscle stiffness	Tizanidine ¹⁶	Benefit should outweigh risk ^{16,17}	Based on animal data, may cause fetal harm ¹⁶	Caution when breastfeeding ¹⁶	It is not known whether tizanidine is excreted in human milk ¹⁶
Muscle stiffness/spasms	Intramuscular Botox ¹⁸	Benefit should outweigh risk to the unborn fetus ¹⁸	In animal studies, there were adverse effects on fetal growth (decreased fetal weight and skeletal ossification) at clinically relevant doses, which were associated with maternal toxicity ¹⁸	Caution when breastfeeding ¹⁸	No data exist on the use of botulin A during breastfeeding, but excretion into breast milk is considered unlikely ^{18,19}
Pyelonephritis	Parenteral antibiotic therapy ²⁰	May be used during pregnancy ²⁰	Use should be guided by urine culture and sensitivity reports as soon as available ⁷	May be used when breastfeeding (recommendations for individual antibiotics should be followed) ²¹	Intravenous antibiotics are unlikely to be passed on to babies in sufficient amounts to cause issues via milk ²¹

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Seizures and neuropathic pain	Gabapentin ²²	Benefit should outweigh risk to the unborn fetus ²³	Adequate data on the developmental risks for gabapentin in pregnancy are not available ²² Based on animal data, may cause fetal harm ²²	May be used when breastfeeding ²³	Gabapentin passes into breast milk in small amounts, but has not been known to cause side effects in breastfed infants ²³
Seizures and neuropathic pain	Carbamazepine ²⁴	Benefit should outweigh risk to the unborn fetus ^{24,25}	Can cause fetal harm when administered to pregnant women ²⁴	No during breastfeeding ²⁴	Carbamazepine and its epoxide metabolite are transferred into breast milk and may cause serious adverse events in nursing infants ²⁴
Seizures	Lamotrigine ²⁶	Benefits should outweigh risk to the unborn fetus ²⁷	Data from prospective exposure registries and epidemiological studies of pregnant women have not detected an increased frequency of	May be used during breastfeeding ²⁶	Lamotrigine is present in breast milk ²⁶ Patients should monitor their children for potential adverse events when

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			major congenital malformations ²⁶		breastfeeding while receiving lamotrigine ²⁶
			Dose adjustments may be necessary to maintain clinical response ²⁶		
Seizures	Levetiracetam ²⁸	May be used during pregnancy ²⁹	Based on animal data, may cause fetal harm ²⁸	May be used when breastfeeding ^{28,29}	Levetiracetam may be excreted in breast milk, but there are no data available on the effects of levetiracetam on breastfed infants ²⁸
			Plasma levels of levetiracetam may fall during pregnancy, particularly during the third trimester; dose adjustments may be necessary to maintain clinical response ²⁸		
Seizures	Oxcarbazepine ³⁰	Benefit should outweigh risk to the unborn ³¹	Plasma concentrations of the active metabolite of oxcarbazepine may fall	Caution during breastfeeding ³¹	Oxcarbazepine and its active metabolite pass into breast milk, but

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			<p>during pregnancy; pregnant patients should be monitored carefully³⁰</p> <p>There is a risk of seizures in pregnant patients receiving oxcarbazepine³⁰</p> <p>Data from limited pregnancies suggest that use is associated with congenital malformations³⁰</p>		<p>their effects on breastfed infants and milk production are unknown³⁰</p>
Urinary frequency and incontinence	Solifenacin ³²	Benefit should outweigh risk to the unborn fetus ³³	No information in pregnant women available ³²	Caution when breastfeeding ³³	No data are available on solifenacin in milk, effects on breastfed infants, or effects on milk production ³²

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Urinary incontinence	Oxybutynin ³⁴	Benefit should outweigh risk to the unborn fetus ³⁵	There are no adequate and well-controlled studies of oxybutynin in pregnant women ³⁴	Caution when breastfeeding ³⁵	It is not known whether oxybutynin is excreted in breast milk ³⁴
Urinary tract infection	Amoxicillin ³⁶	Only if clearly needed ³⁶	There are no adequate and well-controlled studies of amoxicillin in pregnant women ³⁶	Caution when breastfeeding ³⁶	Penicillins are excreted in human milk and may lead to sensitization in nursing infants ³⁶
Urinary tract infection	Cephalexin ³⁷	May be used during pregnancy ³⁷	There are no adequate and well-controlled studies of cephalexin in pregnant women ³⁷	Caution when breastfeeding ³⁷	Cephalexin is excreted in human milk ³⁷
Urinary tract infection	Oral nitrofurantoin ³⁸	May be used during pregnancy ³⁸	There are no adequate and well-controlled studies of oral nitrofurantoin in pregnant women ³⁸	Caution during breastfeeding ³⁸	Trace amounts of nitrofurantoin have been detected in breast milk There is potential for serious adverse events

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					in nursing infants <1 month of age ³⁸
Viral infection	Acyclovir ³⁹	Benefit should outweigh risk to the unborn fetus ³⁹	There are no adequate and well-controlled studies in pregnant women; however, a small registry study showed that there was no increased risk of birth defects with acyclovir exposure ³⁹	Caution when breastfeeding ³⁹	Acyclovir has been documented in breast milk following oral administration ³⁹
Viral infection	Valacyclovir ⁴⁰	Benefit should outweigh risk to the unborn fetus ⁴¹	Decades of clinical trial data have found no association between valacyclovir or its metabolite with major birth defects in pregnant women ⁴⁰	Caution when breastfeeding ⁴⁰	There is no information on the presence of valacyclovir in breast milk, but its metabolite, acyclovir, is present in breast milk at levels that would not be expected to cause side

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			Accumulating evidence from large pregnancy registries that oral valacyclovir can be used during pregnancy ⁴⁰		effects in breastfed infants ⁴⁰

Abbreviations: MS = multiple sclerosis; SA = spontaneous abortion.

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