

The safety of medication during pregnancy: A guide for women with MS

This leaflet provides a guide on the safety during pregnancy of some of the medications commonly used in MS. It does not cover breast feeding or the safety of disease modifying treatments for MS during pregnancy as these are discussed in separate leaflets.

Whilst most pregnancies result in healthy babies, it is estimated that 2 or 3 in every 100 births are born with physical abnormalities. This risk could be increased by taking medication during pregnancy. For most of the medicines covered in this leaflet, there is not yet sufficient information to say for certain whether they are safe to take during pregnancy. Few studies investigate the safety of medicines in pregnancy, and most evidence comes from studies in animals and clinical experience across a range of conditions.

Many MS symptoms improve during pregnancy, so some people stop medication. Others choose not to take medication despite incomplete symptom control. However, issues like bladder problems, fatigue, and balance often worsen later in pregnancy, and the risk of anxiety and depression also increases.

It is always best to let your MS team know when you are planning to get pregnant so they can review your medication and discuss the benefits and potential risks. In general, the lowest effective dose should be prescribed for the shortest period.

Do not suddenly stop medication without seeking advice – contact your MS team first.

Infections

It is important to treat infections during pregnancy. The safety of antibiotics will be checked by the prescriber when you inform them that you are pregnant or trying to conceive.

If you take antibiotics regularly to prevent urinary tract infections, it is important to check they are safe to continue in pregnancy.

- **Penicillin** is generally safe to take during pregnancy.
- **Trimethoprim** is generally avoided early (first 12 weeks) in pregnancy as it reduces the levels of folic acid.
- **Nitrofurantoin** is usually avoided later in pregnancy (after 28 weeks) when it can affect the baby's blood cells.

Bladder symptoms

There is limited information about the safety of medicines for bladder symptoms, such as **solifenacin** or **tolterodine**, during pregnancy. Whilst there is no clear harmful effect, they should only be used if symptoms are severe. **Mirabegron** is not recommended during pregnancy. Your local Bladder & Bowel service can support you with bladder symptoms during pregnancy (many accept self-referrals).

Pain

Standard doses of **paracetamol** are safe during pregnancy. Standard doses of **aspirin** and related medication, such as **ibuprofen**, should be avoided during the later (after 30 weeks) stage of pregnancy. Low dose aspirin (150 mg) is sometimes recommended during

pregnancy (for non-MS reasons) but should only be taken on the advice of a doctor or midwife. Strong painkillers, such as **codeine** and **tramadol** should only be taken when necessary. Whilst they are largely believed to be safe, when taken around the time of delivery they can cause feeding or breathing difficulties in the newborn.

Medication prescribed for nerve pain should only be continued during pregnancy following discussion with your MS team. **Amitriptyline** can be safely used throughout pregnancy. Taking **pregabalin** during early pregnancy has been associated with a slight increased chance of having a baby with a physical abnormality, although it was not possible to conclude if pregabalin was the cause; **gabapentin** may be a safer option when continued treatment is necessary. Women taking **carbamazepine** should take folic acid 5 mg to reduce the chances of birth defects.

Sleeping tablets

Zopiclone is occasionally used in severe sleeping problems after other treatments have failed to resolve the issues. Some studies have shown that women taking this have a higher risk of preterm birth and having babies with low birth weight, however, it is not certain that was a direct effect of zopiclone. It can cause short-term withdrawal symptoms in babies if taken in the weeks before delivery. **Melatonin** is not recommended during pregnancy.

Depression & Anxiety

The benefits of continuing SSRIs, e.g., **citalopram**, **sertraline**, **fluoxetine** and SNRIs, e.g., **duloxetine**, **venlafaxine**, to treat depression generally out-weigh any risks. You should discuss this with your GP or mental health team. **You should not discontinue these medications suddenly.** You can self-refer for Talking Therapies (<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/>) as an alternative way of managing depression and anxiety.

Fatigue

Modafinil and **amantadine** should not be taken during pregnancy. The MS Society provide a free on-line fatigue management course on their website (<https://www.mssociety.org.uk/about-ms/signs-and-symptoms/fatigue/managing-fatigue/online-fatigue-management-course>).

Muscle Spasms

Oral **baclofen** should only be used during pregnancy when the benefit of continuing it is judged to outweigh any risks, especially if it is within the first three months of pregnancy. Benzodiazepines, e.g., **diazepam**, **clonazepam**, should only be taken on the advice of a doctor. The dose of baclofen and benzodiazepines should not be withdrawn abruptly and when continued throughout pregnancy may cause symptoms of withdrawal in the baby after birth.

Relapse management

Oral or intravenous **methyl-prednisolone** is generally accepted as safe to be given during pregnancy for relapses causing significant symptoms or distress. **Plasma exchange** may be used to treat severe relapses during pregnancy.

UK MS Pregnancy Register

We encourage all women with MS to enroll in the UK MS Register (<https://www.ukmsregister.org/pregnancy>) when they become pregnant. Through this, we can learn more about the outcomes of pregnancy to help guide treatment during pregnancy in the future

Further information about the safety of medicines during pregnancy can be found on the 'Best use of Medicines in Pregnancy' (BUMPS) and 'UK Teratology Information Service' (UKTIS) websites.



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