



The Monoclonal Antibody Medications in inflammatory Arthritis: stopping or continuing in pregnancy (MAMA) Study

Introduction to the MAMA Study

The MAMA Study is designed to find out whether it is better for women who have inflammatory arthritis and are pregnant to temporarily stop or to continue taking biologic medications.

Currently both continuing and stopping using biologics beyond 28 weeks of pregnancy are routine practice in the UK; this varies between different hospitals around the UK. The MAMA Study is looking to provide an answer on which is the better approach.

Your participation

Women who take part in the MAMA Study will be randomly allocated by a computer system to one of the following groups:

The continuing group
Women in this group will continue taking their biologic throughout pregnancy.

OR

The stopping group
Women in this group will stop their biologics before the third trimester (28 weeks) of pregnancy, and restart no earlier than 2 weeks post pregnancy.

Other than stopping or continuing your current biologic by 28 weeks gestation no other changes will be made to your arthritis treatment as a result of being in the study.

There are short questionnaires to fill out when you join the study, monthly during pregnancy and at 3, 6, 12, and 24 months after your baby is born. These questionnaires will ask you about your arthritis symptoms and treatment, and about you and your child's health and quality of life.

Your baby's involvement

There will also be an option for your baby to be considered for another part of the study looking at your baby's immune system.

Further information

For further information about the study, please see the MAMA Participant Information Leaflet and MAMA website. If you have any questions or are interested in participating, please contact the MAMA Study Team at mama@npeu.ox.ac.uk.



Contact address:

The MAMA Study Team

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We use the term 'women' throughout our website and our publications to refer to those who are planning to become pregnant, are pregnant, and give birth. We acknowledge that not all people who are pregnant and give birth identify as women, and it is important that evidence-based care for maternity, perinatal and postnatal health is inclusive.