From Diapers to Decisions: MotherToBaby & NDBN Tackle Parents' Top Concerns

By Lorrie Harris-Sagaribay, MPH, President of OTIS/MotherToBaby, in partnership with Joanne Samuel Goldblum, CEO and founder of National Diaper Bank Network.

MotherToBaby is proud to partner with the National Diaper Bank Network (NDBN) as the organization marks its 15th anniversary in 2026 – celebrating a decade and a half of supporting families across the country by ensuring access to diapers and other essential material needs. Through our partnership, we've learned that many parents and caregivers, especially those who are pregnant or caring for newborns, often ask the same kinds of questions about everyday exposures during pregnancy and lactation.

These concerns come straight from the field, as NDBN staff and volunteers working directly with families hear questions like these every day. To help answer them, MotherToBaby experts weigh in on some of the families' most common questions about pregnancy and breastfeeding exposures.

First, it's important to remember that birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Pregnancy problems (like miscarriage) can also happen in any pregnancy. MotherToBaby looks at research studies to understand if a certain exposure could increase the chance of birth defects or other problems in a pregnancy.

Here are five of the exposures that NBDN families ask about most frequently:

1. Caffeine

During pregnancy, it's recommended to keep your caffeine intake to less than 200 milligrams (mg) per day from all sources, including coffee, tea, energy drinks, and chocolate. (For reference, an 8-ounce cup of brewed coffee can contain 70 to 140 mg of caffeine, depending on the type of coffee and how it is brewed.) During breastfeeding, it's been suggested to stay under 300 mg per day, although that amount might be too high when the baby is very young (it takes young babies much longer than adults to process, or metabolize, caffeine). Even some older babies can be more sensitive to caffeine than others are. If you notice that your baby seems jittery, irritable, or wide awake in the middle of the night after you drink caffeine, you could consider cutting back.

Let's talk more about ***energy drinks***. Most energy drinks contain not only caffeine, sugar, and B vitamins, but also herbal ingredients that most likely haven't been studied in pregnancy or breastfeeding. This means there is no information about how much of these ingredients might reach the developing baby during pregnancy or get into the breast milk. For this reason, it might be preferred to hold off on energy drinks until you aren't pregnant or breastfeeding any longer.

2. Over-the-Counter Pain Medications

Two of the most common over-the-counter pain medications are acetaminophen (such as Tylenol®) and ibuprofen (such as Advil®). These pain relievers are also found in multi-symptom products, such as cold medications. During pregnancy, using acetaminophen for a short time when directed by a healthcare provider to treat pain or fever has not been shown to increase pregnancy risks. Acetaminophen should be used as directed and only for as long as you need it to treat your condition. Ibuprofen, on the other hand, is typically not recommended in pregnancy, especially in the second half of pregnancy, unless your healthcare provider has specifically advised using it.

During breastfeeding though, acetaminophen and ibuprofen can both be used as directed without expected side effects for the baby. The amount of acetaminophen or ibuprofen that gets into the breast milk is much less than the dose that could be given directly to an infant.

3. Fish and Mercury

You might have heard a rumor that eating fish is not a good idea during pregnancy. But this is not the case. While it's true that most fish could contain some amount of mercury (or more specifically, a form of mercury called methylmercury), these amounts are often too small to increase pregnancy risks as long as you make thoughtful choices about eating fish.

The amount of methylmercury in fish gets higher as fish move up the food chain. Big predatory fish that eat smaller fish usually have higher levels of methylmercury. These big fish include swordfish, marlin, bigeye tuna, and king mackerel, among others. These fish should be avoided during pregnancy and while breastfeeding.

Other kinds of fish can be enjoyed in moderation (1 to 3 servings per week, depending on the kind of fish and where it is caught). The U.S. Food & Drug Administration (FDA) and United States Environmental Protection Agency (EPA) developed a helpful guide that lists many kinds of fish and gives advice on how often they can be eaten by women who are pregnant or breastfeeding and by children ages 1-11 years: https://www.fda.gov/food/consumers/advice-about-eating-fish.

4. Cleaning Products

Is it better to use natural cleaning products like vinegar during pregnancy or while breastfeeding? What about when you have a young child in the home?

The way you use a cleaning product is usually more important than what the product is. Although using vinegar as a cleaner isn't expected to increase risks during pregnancy or while breastfeeding, there could be some surfaces or situations that require more effective products for sanitizing and disinfecting. In order for a chemical to be able to reach a developing baby during pregnancy or to get into the breast milk, the chemical first has to be circulating in your bloodstream. As long as a product is used in a well-ventilated area (open doors or windows, turn on fans) and your skin is protected from direct contact with the cleaner, then using the cleaner as directed is unlikely to result in an exposure that would get into your bloodstream. If you start to feel any symptoms, such as nausea, dizziness, or headache, increase ventilation in the area and get some fresh air. If you do use vinegar to clean, be sure not to mix it with

ammonia or other chemicals, as that can create harmful fumes. With any cleaning product, follow the directions on the label for how to use and store it.

As far as what kinds of cleaners are preferred when you have young children in the home, that is a great question to talk about with your child's healthcare provider.

5. Animal Dander/Feces

Common household pets like dogs, cats, and rodents tend to be furry. Although pet dander itself is not known to be harmful during pregnancy or while breastfeeding, dander could increase the chance of breathing problems if you have significant allergies or asthma. If you are experiencing worsening symptoms of allergies or asthma during your pregnancy, be sure to talk about it with your healthcare provider. It's also a good idea to wash your hands after handling any kind of rodent, even sweet, furry, household pets.

What about animal feces? It's best to avoid direct contact with any animal feces during pregnancy. This means you get a free pass on cleaning the gerbil cage or scooping the litterbox, if possible. Cat feces, in particular, can contain a parasite responsible for an infection called toxoplasmosis, especially if the cat is allowed outside or is fed raw meat. A toxoplasmosis infection during pregnancy increases the chance of pregnancy complications, and could even pass to the fetus. There's no need to rehome your cat or avoid petting it, but you should avoid direct contact with the cat's feces while you are pregnant.

Closing Thoughts

Through our partnership with NDBN, MotherToBaby is committed to answering the real questions families are asking—accurately, clearly, and compassionately. We know that parents want the best for their babies, and they deserve trusted, evidence-based information to make informed choices.

If you or someone you know has questions about exposures while pregnant or breastfeeding, you can contact a MotherToBaby specialist for free and confidential information via phone, text, or chat at MotherToBaby.org.

Together with NDBN, we'll continue listening, learning, and supporting families when it matters most.

More About the National Diaper Bank Network

The National Diaper Bank Network (NDBN) leads a nationwide movement dedicated to helping individuals, children and families access the basic necessities they require to thrive and reach their full potential…including clean, dry diapers, period supplies and other basic needs. Launched in 2011 with the support of founding sponsor Huggies®, NDBN is dedicated to creating awareness of diaper need/diaper insecurity and advocating for public policy to end it. The Network is made up of more than 300 basic needs banks serving local communities throughout the U.S. More information on NDBN and diaper need is available at nationaldiaperbanknetwork.org, and on Twitter (@DiaperNetwork), Instagram (@DiaperNetwork) and Facebook (facebook.com/NationalDiaperBankNetwork).

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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By Beth Kiernan, MPH, Interviewer & Teratogen Information Specialist, MotherToBaby

Kristin called MotherToBaby one afternoon saying, "I just took a home pregnancy test and it's positive." Kristin sounded beyond worried. "I've been taking a medication for ADHD since I was eight years old, and when I searched the internet it said it was harmful and that I should stop taking it before getting pregnant." Kristin hadn't planned on getting pregnant. Now, not only was she terrified she had hurt her unborn child, but she also found it impossible to think about stopping the medication for a very good reason: "I am a nurse in the Cardiac Intensive Care Unit at a hospital – staying focused is critical to the lives of my patients."

Kristin isn't alone in her concerns.
This is one of the most frequent topics asked about by people who contact MotherToBaby, which isn't really surprising. About 1.4 million people in the U.S. have been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Since nearly half of pregnancies in the U.S. are unplanned, her situation isn't uncommon.

ADD and ADHD are chronic conditions often diagnosed in childhood. They cannot be cured, but can be treated with behavioral counseling/coaching, medication, or both. If you or someone you know are affected by ADD/ADHD, you know that there are some classic things that can be challenging, including difficulty staying organized at home and at school or work, problems with sleep, being distracted, acting without thinking things through, having trouble behaving appropriately, struggling to finish tasks, having a short temper, talking too much, feeling anxious or restless or bored, and sometimes addictive tendencies.

About 60%-80% of kids diagnosed with ADD/ADHD will need to take their medications into adulthood, since it often helps them in daily life. But what about when a woman with ADD/ADHD gets pregnant? This was Kristin's concern, and Dr. Google (searching the internet for medication advice in pregnancy) isn't the recommended solution! Thankfully for Kristin, this is our specialty here at MotherToBaby. We talk with women about all their medication choices and concerns, referring to key research to educate them. This gives them the information they need to discuss their medication choices with their healthcare providers.

Kristin was taking Ritalin.
Ritalin is a stimulant medication also called methylphenidate. Kristin's concern reflects the fact that Ritalin is grouped with other stimulants like amphetamines and methamphetamine, so it can be hard to untangle the research when

everything is lumped together in discussions of pregnancy. Obviously, drugs used in an addictive way like “meth” or “speed” aren’t advised in pregnancy because research has shown negative effects, like pregnancy complications and postnatal problems in behavior, emotions, memory, attention, and growth. However, taking a prescribed daily dose of methylphenidate or other ADD/ADHD medications during pregnancy hasn’t shown increased risks for having a baby with a birth defect. Nor have we seen an increased risk for pregnancy complications like preterm delivery or low birth weight. Plus, babies exposed to prescription levels of methylphenidate in utero that were studied up to a year of age have had normal development.

I told Kristin that, for people like her with ADD/ADHD, methylphenidate can really promote success at work, in school, and in getting along with other people. Going off this medication can create problems, so it’s good to know that the data we have on its effects in pregnancy is reassuring.

Other side effects of ADD/ADHD medications on a pregnancy.
I also shared with Kristin some pregnancy-specific information: sometimes people who take methylphenidate feel less hungry, and when combined with pregnancy this may lead to weight loss. Similarly, changes in the body while pregnant can mean that the prescribed daily dose level may need to be periodically changed during pregnancy to adequately treat ADD/ADHD. Lastly, stimulants can affect heart rate and blood pressure. I told Kristin that if she had any of these issues while pregnant, she should call her healthcare provider. And I added that if she still felt nervous about taking her medication, that perhaps her doctors could help her find other ways to manage her ADHD.

Still concerned, Kristin asked if her baby might be born addicted to Ritalin. I explained to her that sometimes babies exposed to stimulants right up until birth have shown symptoms of withdrawal after delivery. When babies have this condition, they may have trouble eating, may sleep too little or too much, may have very floppy or stiff muscles, or be jittery. These usually disappear within 1-2 weeks and there are no lasting effects. Babies who have more severe symptoms may have to stay in the hospital a little longer to be treated. However, we wouldn’t expect this level of withdrawal to occur with regular use of methylphenidate that is taken as prescribed by a doctor. In addition, it’s hard to predict if withdrawal symptoms will even happen. It’s seen more often when women take opioids and other medications for mental illness and epilepsy. With daily doses of methylphenidate, it’s possible that her baby could have mild symptoms or no symptoms, even if Kristin needed to take it until delivery.

What about breastfeeding?
Finally, Kristin said that, while she hadn’t planned to be pregnant, she was excited about it, and hoped to breastfeed too since she’d heard that was best for her baby. She asked if she could continue to take her Ritalin and nurse her baby. I told her that small amounts of methylphenidate have been found in studies on breastmilk, but that the levels are so low that it wouldn’t be expected to cause problems. Normal sleeping and feeding have been reported in the exposed infants. I suggested she also speak with her pediatrician about it once she found one in her insurance network.

In the end, Kristin told me that she felt very relieved to get a full understanding of her situation, and to be able to more accurately understand the possible risks to her pregnancy versus the benefits for her of staying on her medication. Now she can “focus” on preparing for the next chapter in her life: impending motherhood!

Beth Kiernan, MPH, is a Teratogen Information Specialist with MotherToBaby Pregnancy Studies, a non-profit that conducts observational research about exposures in pregnancy and provides information to healthcare providers and the general public on medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is a married mother of four children.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures, like medications to treat ADD/ADHD, during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new **text information service** by texting questions to (855) 999-3525. You can also visit **MotherToBaby.org** to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets.*

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