Managing Tummy Troubles During Pregnancy

Growing a baby is hard work, and it often comes with a side of extra hunger as your body fuels the little one inside. While the idea of "eating for two" is a common myth, changes in hunger levels, digestion, and food tolerance are very real. For example, you might sit down to enjoy a meal you've eaten countless times before, only to experience sudden heartburn that just won't quit. Or you may plan a short outing and unexpectedly find yourself searching for the nearest restroom due to an upset stomach. These common experiences can be both frustrating and surprising. Symptoms such as heartburn, indigestion, upset stomach, and diarrhea can disrupt daily routines, interfere with sleep, and make even simple moments feel uncomfortable during pregnancy.

Comfort plays a vital role in promoting both physical and emotional health. This includes maintaining balanced nutrition, staying hydrated, being physically active (safely) and trying to get enough quality rest. Comfort is not a luxury; it is an important part of staying healthy for both you and your baby. However, it's important to remember to check your usual remedies to make sure they can also be used during pregnancy.

Bismuth subsalicylate is an over-the-counter medicine often used to treat symptoms such as nausea, heartburn, indigestion, upset stomach, and diarrhea. Once bismuth subsalicylate reaches your stomach and intestines, it separates into salicylic acid (which the body can absorb) and bismuth compounds that are mostly not absorbed. Bismuth subsalicylate is related to aspirin, as they are both in a group of mediations called salicylates. Products that include this ingredient are Pepto-Bismol®, Bismatrol®, Diotame®, Kaopectate®, and Kao-Tin®.

Can Products Containing Bismuth Subsalicylate Be Used During Pregnancy?

In general, products that contain bismuth subsalicylate are not recommended for use during pregnancy, especially during the second and third trimesters. Here is why:

- Bismuth subsalicylate is related to aspirin, which is a non-steroidal anti-inflammatory (NSAID) medication. NSAIDs can increase the chance of certain risks in pregnancy, such as bleeding complications.
- There are concerns about the effects on the fetal kidneys and lower levels of amniotic fluid (the fluid that surrounds the fetus during pregnancy).
- There are concerns about effects on the fetal heart and blood vessels if taken in the later stages of pregnancy. This can cause high blood pressure in the fetal lungs (pulmonary hypertension).

Luckily, there are other ways to help manage those annoying tummy troubles. ***Note: Be sure to use medications and other treatments as directed on the label or by your healthcare provider.***

- For heartburn and indigestion: Antacids like calcium carbonate (Tums®) can be used as directed in pregnancy. Using them may also help with your calcium intake.
- For nausea: Vitamin B6 supplements, doxylamine (an antihistamine), or ginger have been recommended by healthcare providers. Your provider may also suggest prescription medications if needed.
- For diarrhea: It is important to stay hydrated. Your provider may recommend medication depending on the cause and severity of your condition.
- MotherToBaby has fact sheets on these exposures:
  - Regular Strength Aspirin
  - Calcium carbonate
  - Doxylamine succinate-pyridoxine hydrochloride
  - Ginger

Always check with your healthcare provider before taking any medication during pregnancy, even if it is over the counter. They can talk with you about your symptoms and what treatment is best for you.

What If I Already Took Pepto-Bismol?

First, do not panic. One dose is unlikely to cause harm. But it is still a good idea to mention it to your healthcare provider, especially if you are in your second or third trimester. They can help assess whether any follow-up is needed and reassure you moving forward. They can also talk with you about the best way to treat your symptoms during pregnancy.

Pregnancy can already feel uncomfortable at times, so dealing with stomach issues on top of everything else can be frustrating. While some common ingredients like bismuth subsalicylate aren't recommended during pregnancy, there are options that can help you feel better. When in doubt, it's okay to ask your healthcare provider or a MotherToBaby specialist. Remember, taking care of your comfort is an important part of taking care of your pregnancy.

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At MotherToBaby we receive all kinds of questions about exposures during pregnancy. Most often, we teratogen information specialists get similar questions no matter what state or part of the country we work in. Commonly asked questions cover topics like medications, supplements, and alcohol. We also get questions about less common exposures too, such as someone taking their pet's medication or a chemical spill in the workplace. Working in Arizona, we sometimes get questions that specialists in other parts of the country do not get- such as what happens if a woman is bitten by a rattlesnake during pregnancy.

Get Medical Care Right Away

Anyone who is bitten by a rattlesnake should seek medical care immediately—even if they do not notice symptoms at first. This is especially important during pregnancy.

Symptoms can include:

- Pain and swelling at the bite site
- Nausea
- Swelling of the mouth or throat
- Trouble breathing
- Bleeding or blood clotting problems

People should **not** try to treat a snake bite themselves. Quick and appropriate medical care can lower the risk of serious complications.

Complications

Blood clots are one serious complication that is possible from a rattlesnake bite. Although anyone can develop a blood clot, pregnancy increases the risk by about five times. Clots can reduce blood flow to the fetus or travel to the lungs (pulmonary embolism), which can be life-threatening. Complications related to blood clots include miscarriage, stillbirth, reduced fetal growth, thrombosis (clots blocking veins or arteries), placental insufficiency (reduced oxygen and nutrients reaching the fetus), changes in blood pressure, preterm delivery (before week 37), heart attack, stroke, and death.

It is important to remember that birth defects and miscarriage can happen in any pregnancy for many reasons. About 3 out of 100 babies (3%) are born with a birth defect each year, and miscarriage is common. Information on snake bites during pregnancy is limited. Case reports describe hydrocephalus (fluid buildup in the brain), intracranial hemorrhage (bleeding in the skull), reduced fetal movement, placental abruption, miscarriage, stillbirth, and maternal death. While case reports cannot prove that venom caused these outcomes, they show that snake bites can be serious and require prompt treatment. Outcomes may depend on the amount of venom, the stage of pregnancy, how quickly treatment begins, and the type and quality of care received.

Treatment During Pregnancy

Treatment for rattlesnake bites may include:

- Antivenom (medicine made of antibodies that helps neutralize venom)
- Blood tests to monitor clotting
- Monitoring fetal movement and/or fetal heart rate

There are reports of healthy babies being born after treatment with antivenom. Although information is limited, experts believe that treating a rattlesnake bite with antivenom is safer than leaving the bite untreated during pregnancy. In the small number of babies followed after exposure to antivenom during pregnancy, no long-term health problems have been reported.

Final Thoughts

A rattlesnake bite during pregnancy is a medical emergency. Immediate treatment and careful monitoring are likely to be recommended to protect both the mother and fetus. While there are still gaps in what we know, prompt medical care offers the best chance for a healthy outcome.

More information on rattlesnake bites can be found at the Arizona Poison and Drug Information Center website here.

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

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Managing Tummy Troubles During Pregnancy

At some point, most of us have been told to "eat healthy." Sounds simple enough, right? But what that means can look different from person to person. For some, it's about cutting back on junk food and adding more fruits, vegetables, and whole grains. For others, it might mean watching sodium intake, choosing foods that support heart health, or managing cholesterol levels.

No matter your health history, eating well is something we're all encouraged to do, especially during pregnancy and while breastfeeding, when your body is supporting both you and your baby.

But if you're living with an eating disorder, pregnancy or breastfeeding can add extra layers of complexity. It's not just about ***what*** to eat anymore: questions about ***how much*** to eat, ***how often*** to eat, and how to manage hunger cues or body changes can feel overwhelming. These challenges are real, and they deserve thoughtful, compassionate support.

A few years ago, I received a call from a woman named "Alice." She called MotherToBaby because she was taking medication for high blood pressure and wanted to know if it would affect her pregnancy. After some discussion, she told me her blood pressure was high because she was quickly gaining a lot of weight from binge eating. She said she had been binge eating for a long time and did not know how to stop. She was worried about how this would affect not only her health, but also that of her baby. When I asked what her healthcare provider suggested, she told me she was afraid to talk to her midwife about it.

What is an eating disorder?

An eating disorder is a mental health disorder that results in serious disturbances of eating behavior. There are several different eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and pica. Each disorder has its own symptoms and effects. In the United States, 9% (28 million) of people will have an eating disorder in their lifetime.

- Anorexia nervosa –severely restricting the amount of food eaten, resulting in very low body weight.
- Bulimia nervosa – binge eating (eating large amounts of food in a short time and feeling loss of control overeating) and then purging (vomiting, not eating, over-exercising, misusing laxatives or diuretics).
- Binge-eating disorder- binge eating without purging.
- Pica – a craving for and eating of substances without any nutritional value (such as ice, clay, paper, or dirt) for at least one month. The number of women affected by pica is unknown, but it is much more common in pregnant women than in non-pregnant women; it is also more common in developing countries than in the US.

Eating disorders can be hard to spot under any circumstances, and that can be even more true during pregnancy and after a baby is born. So much focus is placed on weight changes, appetite shifts, and body changes during this time that warning signs can easily be overlooked or explained away as "just part of pregnancy." Also, not all healthcare providers receive specialized training in recognizing eating disorders, especially in pregnant or postpartum patients. That means symptoms can sometimes go unnoticed, even during regular prenatal or postpartum visits.

There's also a lot of stigma surrounding eating disorders. Some women may feel embarrassed, ashamed, or afraid to speak up about their struggles. Others might worry about being judged or not being taken seriously. All of that can make it incredibly difficult to admit that something isn't okay.

Can eating disorders affect my pregnancy?

A healthy, well-balanced diet during pregnancy is important for a fetus to grow and develop. It can also help to minimize some pregnancy symptoms such as nausea and constipation. Certain eating-disorder behaviors can cause issues during pregnancy and may require hospitalization or other specialized care. For example:

- Not eating and/or calorie restriction can cause low energy and nutritional gaps in the mother and low birth weight for the baby.
- Vomiting can cause dehydration, electrolyte imbalances, sore throat, stomach pain, tooth damage, gum disease, and ruptured esophagus in the mother.
- Using laxatives/diuretics can cause dehydration, electrolyte imbalances, laxative dependency, and organ damage in the mother.
- Over-exercising can lead to fatigue, muscle pain/soreness, dehydration, and overheating in the mother.
- Binge eating can lead to excessive weight gain, gestational diabetes, high blood pressure (and other complications) in the mother, and large birth weight for the baby.
- Eating non-food substances (pica) can interfere with nutrient absorption and may contain dangerous substances that could be harmful to mom or baby. See our fact sheets on toxoplasmosis and lead.
- Mental health issues, such as depression or anxiety, go hand in hand with eating disorders. Learn more about how mental health disorders can affect pregnancy and breastfeeding.

What about breastfeeding?

Getting sufficient "high quality" calories is important for everyone. During breastfeeding, the body needs energy to make enough milk, and not getting enough calories can make it harder to do. For pica, non-food items may contain something potentially harmful to the baby, such as lead.

Studies have suggested that women with eating disorders might be more likely to stop breastfeeding within the first 6 months. However, it is possible to successfully breastfeed with an eating disorder, even if they are taking medications. The key is finding support, which you can get from healthcare providers (doctors, nurses, lactation consultants), family, friends, and support groups (online, over-the-phone, and in person).

Help is Available

If you have been diagnosed with an eating disorder, or think you may have one, talk with your healthcare provider. You are not alone. There are resources available to help you and your baby be as healthy as you can be.

Talk to your healthcare provider to discuss how many calories per day are right for you. There are many resources available to help educate people about good food choices, such as the Americal College of Obstetrics and Gynecology's Frequently Asked Questions on healthy eating during pregnancy. The National Institutes of Health has information on which foods/drinks to limit/avoid, the appropriate amount of weight to gain, and the recommended amount of exercise.

And finally…

So, what happened to Alice? She called several times throughout her pregnancy and while breastfeeding. After our first conversation, she told her midwife everything. Alice did develop gestational diabetes, but under the care of her midwife, nutritionist and counselor, she was able to stop gaining weight and get her blood sugar and blood pressure under control. She gave birth to a healthy baby and continued to work with her team during breastfeeding. She thanked me for suggesting she ask for help and said she was closer to finding something we all are looking for – balance.

Originally authored by Chris Stallman Aug. 2, 2018, edited by Bridget Maloney, Certified Genetic Counselor at MotherToBaby Arizona, on February 17, 2026.

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