The Baby-Making Preconception Prep Guide

Emily called MotherToBaby and confided, “My husband and I are thinking about getting pregnant…I am so excited but scared, too. I am wondering what I can do to make it more likely we will have a healthy pregnancy and baby.”

I assured Emily that we ***love*** it when people call ahead of their pregnancy and ask these questions. Preconception health is a topic that does not receive as much attention as it deserves, and it is important for both Emily and her husband. Good preconception health care can impact fertility and make it easier to conceive, and also helps to improve pregnancy outcomes and the health of the baby.

Here is a preconception prep guide– because if you are ready to have a baby, you want to take steps now to keep you and your baby as healthy as possible:

- **Make a pre-conception checkup appointment:** Begin by making an appointment about three months in advance with your obstetrical care provider. At that appointment you can confirm you are in good health. If you have any chronic conditions such as high blood pressure, thyroid disease, depression or diabetes you and your provider can make sure the condition is being managed effectively and confirm that any prescription or over-the-counter medications you are taking can be continued in the pregnancy. If you have a question about medications during pregnancy, MotherToBaby can help by providing you with information to bring to your appointment.

- **Begin taking a prenatal vitamin:** If you are not already taking a vitamin with folic acid this is a great time to start. The Centers for Disease Control and Prevention (CDC) recommend that all women who can become pregnant take a vitamin containing 400 micrograms of folic acid; this helps reduce the chances for certain birth defects such as spina bifida (when the spinal cord does not form properly).

- **Review your vaccine status**: During your preconception checkup, make sure that you are up to date on vaccinations such as the MMR (measles, mumps, rubella), Tdap (tetanus, diphtheria, whooping cough), influenza, and COVID. Planning ahead makes it more likely you will not get ill during pregnancy and helps protect the baby from getting infections from parents after birth.

- **Get your body fit for pregnancy:** Get regular exercise and consider whether you and your partner are at your preferred weight. If not, make plans to remedy that prior to attempting to get pregnant. You can also learn more about a healthy diet and nutrition. This is something that may improve fertility in both parents and lay the groundwork for a healthy pregnancy.

- **Eliminate harmful exposures:** It goes without saying that this is a great time to make lifestyle changes such as reducing use of alcohol, tobacco, and recreational drugs. Addressing stress and mental health concerns up front can improve fertility, make the whole pregnancy experience better, and prepare you for the excitement and hard work of parenthood.

- **Evaluate your home and work environment:** If you and your partner are exposed to toxic substances like lead in your work or home environment, working to reduce those exposures is very effective when done ahead of the pregnancy.

MotherToBaby has many resources for Emily and her husband – and you! We have fact sheets on medications, herbal agents and supplements, diabetes and other health conditions, illnesses and vaccinations, occupations such as veterinarian and dental, exercise, paternal exposures, and cosmetics (sunscreen, skin creams, nail polish, hair dye). There are also useful blogs and podcasts, and whole web pages on various conditions, and if you have questions, our information specialists are here to help.

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

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Baby it's cold outside…and 'tis the season for MotherToBaby to answer questions about cough and cold medications while breastfeeding.

Some "Cold" Hard Facts

Factors such as your baby's age and whether they were born prematurely or have chronic health problems matter. Very young babies (less than 3 months old) may have a more difficult time metabolizing medications in the milk and may be more susceptible to side effects like sleepiness. Milk is also their complete diet, and some medications can reduce your milk supply. The older your baby is, the less likely it is that the medication will cause a serious problem in your baby, but it is still a good idea to be careful. We also consider how much of the medication typically ends up in breastmilk, and whether the medication is considered acceptable to give directly to a baby.

Many cough and cold medications come in combination products. In some cases, you end up taking extra medications for a symptom you do not have! Also, some medications act together to make more problems. For example, decongestants and antihistamines taken together may have extra ability to reduce milk supply. Taking a single medication at a time lets you be sure you are using only the one that you need.

Consider whether your symptoms need medical treatment…is it worth the potential exposure to your baby, especially since many medications have not been studied very well in breastfeeding? Non-medication strategies like a humidifier, warm shower or bath, or nasal irrigation with saline may be comforting.

Most vitamins or minerals taken over the recommended daily allowance (RDA) have not been studied very well in breastfeeding. Herbal agents are also poorly studied, which makes it difficult to tell if they are hazardous or not in breastfeeding. In general, supplements like this should be avoided.

Fever and Body Aches

Common medications to treat these symptoms are acetaminophen and ibuprofen. Both end up in breastmilk in only small amounts and can be given directly to babies. When used as recommended on the label these medications are unlikely to harm your baby.

Aspirin is not given to babies because it may cause bleeding or a condition called Reye syndrome (swelling of the brain). Very little aspirin gets into breastmilk, but to be on the safe side you may want to be cautious about taking it when you are breastfeeding unless it is prescribed for a medical condition and your baby's health provider agrees with use.

The Sniffles (medications that dry up your nose like decongestants and antihistamines)

Over-the-counter nasal decongestants fall into two categories: oral and topical/spray.

Oral (pill) decongestants include pseudoephedrine and phenylephrine. These medications are not given directly to babies and can make them jittery and sleep poorly, and may also reduce your milk supply.

Oral (pill) antihistamines include chlorpheniramine, doxylamine, and diphenhydramine. Varying amounts get into milk; they can make your baby sleepy or irritable, and may reduce your milk supply. They are also not medications given directly to babies.

Topical (spray) decongestants such as oxymetazoline have not been studied very well in breastfeeding. However, they are not very well absorbed from your nose, and thus not much is likely to get into your milk.

Cough

The most common over the counter cough medications are dextromethorphan (cough suppressant) and guaifenesin (loosens up mucous). Not much dextromethorphan gets into milk; it is not known if guaifenesin gets into your milk. Some cough syrups contain alcohol, which would be a hazard for your baby. Be sure to check your label.

Cough lozenges may just have sugar and flavoring, or may include honey, menthol, zinc, or herbal agents. Read your label before you take the medicinal ones since many components have not been studied very well in breastfeeding.

We hope you feel better soon, and if you have further questions or notice side effects in your baby that you suspect may be related to a medication you are taking, speak with your baby's healthcare provider.

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I recently received a phone call from Molly. Molly told me that she had just found out that she was pregnant; this was a surprise, but a welcome one. However, Molly confessed that she smokes a pack of cigarettes per day and her doctor recommends that she quit smoking since cigarettes can present a number of hazards for her pregnancy and baby. Molly's friend told her that e-cigarettes were safe in pregnancy and would help Molly with her efforts to reduce use of traditional cigarettes. Molly wanted to be sure. "Don't both cigarettes and e-cigarettes both contain nicotine," she asked?

What are e-cigarettes?

'E-cigarettes' is short for ***electronic nicotine delivery system***, sometimes also referred to as vapes, e-hookah, or other slang names. E-cigarettes utilize a device that heats up nicotine-containing fluid from a cartridge, which can then be inhaled as a vapor. Using an e-cigarette does have the potential to avoid some of the hazardous compounds found in traditional cigarettes such as tar and cadmium. However, e-cigarettes are a relatively new product and not very well regulated. Some e-cigarette fluids contain a lot of nicotine while others very little. They often have other substances added to them including preservatives and flavorings. Many of these agents have not been studied regarding their safety in pregnant women.

All of this makes it difficult to draw accurate conclusions about what risk e-cigarettes might present to a pregnant woman and her baby. What we do know is that traditional cigarettes and nicotine (the chemical which is in both tobacco and e-cigarettes) ***do*** present a risk for a wide number of issues including birth defects (cleft lip and palate), miscarriage, and poor growth in the developing baby. In addition, substituting e-cigarettes for traditional cigarettes is not a proven way to quit smoking, and in some cases, people continue to smoke conventional cigarettes as well as e-cigarettes which makes the exposure to the baby even larger. Scientists are still learning about this, and most public health agencies recommend behavioral approaches as the safest strategy for pregnant women who are trying to quit smoking.

Molly is smart to ask about the safety of e-cigarettes before she uses them. She also shows how much she cares about herself and her baby by trying to decrease smoking as much as possible! I suggested she speak with her healthcare provider about strategies for quitting. I also told her about free services like the CDC's Smoker's Quitline (1-800-784-8669).

MotherToBaby has fact sheets on e-cigarettes, cigarette smoke and vaping...

... and people can call (866-626-6847), text (855-999-3525), email, or chat to speak with a specialist on exposures in pregnancy.

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"I just found out I am pregnant. I've heard that it is really important to get the flu shot this fall, but is it still OK now that I am pregnant?" The woman on the other end of the phone line sounded cautious and concerned. I told her, "I'm so glad you called to ask about this. The influenza vaccination may be even more important for pregnant women. The coronavirus pandemic has given us a lot to worry about without adding influenza infections to the mix. Let me tell you

more about this…."

Influenza and Pregnancy

Once we are into influenza season (October to March), pregnant women are strongly recommended to get immunized, regardless of where they are in their pregnancy. Yet, many women delay, and in the end only about 50% of pregnant women get their flu shot.

An influenza infection itself can cause severe illness and even death in pregnant and post-partum women. It is important to remember that a healthy mother is more likely to have a healthy baby! The injectable version of the influenza immunization ("flu shot") contains an inactivated (dead) virus and is not going to make you or your baby sick. It is the most effective way to prevent influenza or have less severe symptoms if you do get the flu. Currently, the nasal-spray flu vaccination is not recommended for pregnant women because it contains live attenuated virus.

Will the vaccine harm my baby?

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been shown not to be true. In fact, just last month a large study was published in the journal ***Pediatric***s, "Early Childhood Health Outcomes Following In-Utero Exposure to Influenza Vaccines: A Systemic Review." This study compiled results from 9 earlier studies and found no association between exposure to the flu vaccine during pregnancy and adverse outcomes in children. One of the authors was later quoted as saying, "This should be reassuring for pregnant women who may be considering the vaccination…"

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding? Visit the MotherToBaby website and read all of our vaccine-related fact sheets. There is a general fact sheet on all vaccines, and then specific fact sheets on the seasonal influenza vaccine and also many others like the Tetanus, Diphtheria, and Pertussis (Tdap), Measles, Mumps, and Rubella (MMR), HPV (human papillomavirus), hepatitis A, and varicella (chicken pox) vaccinations.

References

Early Childhood Health Outcomes Following In Utero Exposure to Influenza Vaccines: A Systematic Review
Damien Y.P. Foo, Mohinder Sarna, Gavin Pereira, Hannah C. Moore, Deshayne B. Fell, Annette K. Regan, Pediatrics Aug 2020, 146 (2) e20200375; **DOI:** 10.1542/peds.2020-0375

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As the famous song croons, “Summertime and the living is easy….” Summer is finally here! COVID-19 has interfered with outdoor gatherings, but people are starting to venture out…with good social distancing, of course! Outdoor activities mean more sun exposure, and healthcare providers recommend protecting your skin from the sun. These recommendations stem from concerns that the sun’s UV (ultraviolet) rays can damage the skin and increase the risk for skin cancer and early aging. Studies show that an exposure as short as 15 minutes in duration can cause skin damage.

Sunscreen and Pregnancy

Pregnant women often ask MotherToBaby about whether sunscreen is ok to use during pregnancy. The US Food and Drug Administration (FDA) regulates sunscreen ingredients to ensure safety and effectiveness. The FDA is currently in the process of updating requirements, so stay tuned for news on that front. The FDA reminds us that, “Given the recognized public health benefits of sunscreen use, Americans should continue to use sunscreen with other sun protective measures as this important rulemaking effort moves forward.”

What’s in Sunscreen?

There are two types of UV rays that cause skin damage: UV-A and UV-B. Sunscreens that protect against both types of rays are called ‘broad spectrum’. There are many different active ingredients in sunscreens sold in the US. Some contain chemicals like oxybenzone, an agent banned in some areas because it is harmful to coral. It used to be thought that because they were applied topically to the skin, sunscreens did not end up in the bloodstream. However, several recent studies have found that there is some absorption of sunscreen chemicals through the skin, although in relatively small amounts. Many of these sunscreen chemicals have not been studied very well in pregnancy, although they are not known to have a negative effect on the pregnancy or baby. Aside from active sunscreen ingredients, many products contain other ingredients such as CBD oil (made from the marijuana plant) that have not been studied well in pregnancy. Read the label! Apply your sunscreen properly and then wash your hands.

Alternatives

One alternative is to use a mineral sunscreen such as titanium dioxide and zinc oxide. These are physical blocking

agents and stay on top of the skin. That means they are not absorbed through the skin and may be a good choice. These mineral sunscreens are best applied as a lotion rather than a spray since they may be a hazard when inhaled.

Also, limit your exposure by using a hat and other protective clothing, and not going out in the sun during peak hours (between 10a – 2p).

Our last bit of advice? Enjoy your summer!

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