Behind the Scenes at MotherToBaby

Did you know that 70% of pregnant women take at least one prescribed medication? And that 90% take any medication during pregnancy? How do you know if it is safe for a pregnant woman to take these medicines?

MotherToBaby Teratogen Information Specialists (TIS) are experts at answering questions about any possible increased risk of taking an over-the-counter (OTC) or prescribed medication, as well as any other exposures! A teratogen is something that can increase the risk for birth defects to the developing baby, and other problems such as a smaller baby or early delivery, when exposure occurs during pregnancy. Special intensive training is required to become a TIS, before we are able to answer the questions of healthcare providers, pregnant and lactating women, their relatives and partners, prospective adoptive parents, and the public. We get calls from people of all ages, teens up to older adults, even prospective grandparents. Teratogen specialists learn how to investigate the question, summarize the data, and then communicate it in a way that is easily understood. Every contact is a little different because each scenario is different, but that makes each day endlessly fascinating for those at MotherToBaby who respond to your inquires.

This work is different than the work of other healthcare providers such as a genetic counselor, midwife or obstetrician – we don't generally delve into family history, and we don't make direct recommendations. We try to be reassuring as we give you the most up-to-date exposure information. We consider the potential effects of taking AND not taking a medication, herbal supplement, or OTC drug. There are important considerations when someone is planning a pregnancy, facing a newly discovered pregnancy or an unanticipated pregnancy, dealing with worsening mental or physical health conditions, or with the sudden diagnosis of a birth defect or pregnancy loss.

We answer questions from prospective adoptive parents who may only have 36 hours to decide if they will accept a baby whose biological mom used heroin, methamphetamine or alcohol in pregnancy. We listen to pregnant callers worried about the substantial alcohol they drank or the marijuana they used before getting a positive pregnancy test. We also answer questions from people worried about Zika virus exposure on their honeymoons. And common questions these days involve the COVID-19 virus and the COVID vaccines and booster shoots given at any time in pregnancy or while breastfeeding.

Teratogen specialists also get calls about the potential consequences of pain medications for those who are pregnant and facing surgery such as a pre-op visit for a herniated disc – and are in excruciating pain. We have numerous conversations with lactating women who were advised to "pump and dump" after dental work or general anesthesia, or CT scans and we are able to discuss why this dated practice is usually unnecessary. Some women call repeatedly due to anxiety or simply because our TIS team has reliable expertise. We also answer breastfeeding questions about COVID-19 and the vaccines, prescriptions and OTC medications, or how much of a drug gets into breastmilk. And we get questions from pregnant and postpartum individuals who are trying to avoid using inhalers or taking their anxiety/nausea/ADHD medications. We share the research and reassure them that some health conditions need to be treated with medications because it's best for mom and baby. Some conversations are more sensitive – such as women with a history of multiple miscarriages, IVF, or other high-risk pregnancies who are trying to make only the best choices in a high-stakes stressful time. Sometimes there are tears, and that's OK.

Often, we talk about the benefits to the individual of taking/using the medication or other product, versus any possible risks to the pregnancy or the baby. We tell them to consider the long view, that as a parent, you will be making "risk vs. benefit" decisions for nearly the next two decades for the child growing inside you. So, it's important for you to make a choice now that gives you a good quality of life, and also to consider every aspect of the consequences for you both mentally and physically. In addition, it is in the important input of your partner and your healthcare providers.

It is a privilege to be part of the lives of all those who come to MotherToBaby for information. We are sensitive to different cultures, backgrounds, sexual orientation, and gender identification. We have 12 affiliate offices in the US and one in Canada. We provide information by phone, text, email, and live chat, and because we work across three times zones, we can respond quickly!

Affiliate offices are based in universities, academic medical centers, or health departments. Our multi-disciplinary team of Teratogen Information Specialists includes genetic counselors, nurses, doctors, and others with a master's degree or Master of Public Health specifically. We also provide services in Spanish. We meet at least annually for training plus more often within our own institutions to discuss new publications and developments in the field.

Please spread the word. We welcome your inquiries!

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

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Carrie called MotherToBaby on a Monday morning. She sounded anxious. "I just got home from a pretty wild bachelorette party held last week in New Orleans. I started feeling nauseous on the plane and I have thrown up twice this morning. I couldn't eat breakfast. I'm really tired and my breasts hurt a little. I'm worried I might be pregnant." Carrie was wondering if we could help her figure out if she was pregnant or not. Although MotherToBaby mainly answers questions about medications and other exposures during pregnancy and breastfeeding, the "am I pregnant" question is one we hear often.

This call reminded me of another one that I received several weeks prior – Anya called to say that she was two days late for her period, but she hadn't been able to take a pregnancy test just yet. She was taking birth control pills and had missed one day but took two pills the next day, just like her doctor had told her to do if that happened. She was hoping she wasn't pregnant, but she was worried that taking the birth control pills may have increased the chance for

a birth defect in her baby if she was pregnant.

January is National Birth Defects Awareness Month, and a great time for those planning a pregnancy to review their own risk for having a child with a birth defect. Over half of all pregnancies in this country are unplanned. Talk with one of our specialists. Together with MotherToBaby, you can consider your own risk in a thorough discussion. Also see this link to the CDC page on birth defects prevention.

Back to our callers' situations. There are many signs of early pregnancy and they may be different from person to person. Yet there can be other reasons a person might have any of these symptoms, which is why it's important to perform a pregnancy test. The following symptoms could be side effects from hormonal contraception OR early signs of illness OR your period is about to start OR actually signs of pregnancy. These include light vaginal bleeding or spotting, mild uterine cramping, sore or swollen breasts, feeling tired, feeling bloated, feeling moody, urinating more often than usual, food aversions, nausea or vomiting, constipation, stuffy or runny nose. Even a missed period might not mean you are pregnant.

If you think you may be pregnant, the best way to know for sure is to take a pregnancy test. Home pregnancy tests, sold at grocery stores, pharmacies and drugstores, are about 90% accurate on the day you are supposed to have your period. If you wait just one more week, the tests are reported to be about 97-99% accurate. Taking a test sooner than the day your period is supposed to start can lead to false negative results. How? Pregnancy tests measure a hormone called human chorionic gonadotropin (hCG) in your urine and your body only makes this hormone if you're pregnant. Your body makes more hCG as time passes though, and your test could be negative if there isn't enough hCG to measure in your urine yet. Home urine pregnancy tests are just as accurate as the urine tests at the doctor's office when they are used correctly and at the right time in your menstrual cycle. Before you begin, make sure to check the expiration date on the outside of the box. Carefully read the instructions. If you still aren't sure about the result, visit a clinic to be tested again.

While a woman waits until the day she can take a pregnancy test, meaning until she knows for certain whether or not she is pregnant, it's important to avoid alcohol, smoking, and drugs. All of these substances can be harmful to a pregnancy and to a developing baby. MotherToBaby is an excellent resource for discussing these exposures during pregnancy, plus for any medications you might be taking. This conversation can be useful in making decisions with your doctor about continuing or stopping a medication. In some cases, it may actually be better to continue taking certain medicines, for both your own health and the baby's well-being. Don't stop your medications until you speak with your doctor or pharmacist.

If your period has not started within a week after a negative result, you should take another pregnancy test. If it's still negative, make an appointment with your healthcare professional to determine what may be going on. You might be stressed, be exercising too much, getting sick or experiencing hormonal imbalances. All of these should be discussed with a doctor. If you are not pregnant, it's also an excellent time to discuss short-term birth control or long-acting reversible contraception (LARC) like IUDs or birth control implants. No contraceptive method is 100% effective, and I've spoken with people who became pregnant even with LARC, but the chance of an unplanned pregnancy is far less with correct use of contraception with every sexual act. It's also a good idea to start tracking your periods to learn more about your body and to know when to expect your period. Check out your app store for free apps like: Flo, Clue Period & Cycle Tracker, or Ovia Fertility & Cycle Tracker.

If your home pregnancy test is positive, make an appointment with your healthcare provider. The sooner your pregnancy is confirmed, the sooner you can begin prenatal care. Either before or when you suspect a pregnancy, begin taking a daily prenatal vitamin with at least 400mcg of folic acid. These help support the baby's growth and development and are an important supplement to a good nutritious diet. Check to see if you are up to date on all recommended vaccines. Get some exercise, plenty of sleep, and pay attention to your mental health. See our healthy pregnancy blog post for more details. MotherToBaby is here to help with any questions you have throughout pregnancy and while breastfeeding.

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Tanya called in on a Monday morning. “I’m getting married in a few months and we want to start trying to get pregnant right away. What should I be doing now to have the best chance of a healthy baby?”

Preconception health and pregnancy planning present a terrific opportunity to assess a wide range of factors that can give your baby the best start. This blog will outline the things to consider, as I relayed to Tanya:

Your Personal Health

Are you generally healthy? If you already get headaches or have acid reflux, know that pregnancy can make these more frequent. Ask your doctor if the way you treat these common conditions should change once you are pregnant. Ask about your current exercise routine and if you need to alter it during pregnancy. Get checked for sexually transmitted infections because some may not show symptoms. Also discuss your medications – some should be stopped before you start trying to conceive, such as Valproic acid, leflunomide (e.g. Arava®), teriflunomide (Aubagio®), methotrexate, and isotretinoin (e.g. Accutane®) to name just a few. For others, you’ll want to weigh the risks vs. the benefits with your health provider before you conceive. Talk with your doctors now to make a plan.

Caffeine

Do you drink caffeinated coffee, tea, or soda? What about energy drinks, protein powders, or Kombucha? MotherToBaby’s fact sheet on caffeine may put your mind at ease and encourage you to think about all your beverage options.

Body Weight

Is your weight a concern? One of the best things you can do before conception is to get to a healthy weight. Women who are overweight or obese have increased risks for miscarriage, birth defects, gestational diabetes, high blood pressure and preeclampsia, and unplanned cesarean birth. Now is a good time to meet with a nutritionist or go on a sensible diet to get to a healthy weight in anticipation of pregnancy. Once you are pregnant, continue to watch what you eat but don't try to lose weight. Weight gain is inevitable during pregnancy but guidelines from the American College of Obstetricians and Gynecologists (or ACOG, the leading professional society for OB/GYNs) advise women to gain anywhere from 11-40 pounds, depending on your pre-pregnancy weight. It's a myth that you need to "eat for two," so don't set yourself up for postpartum weight gain by eating more than you should. After delivery of an average 7-8 lb. baby, you may lose 2 lbs. in amniotic fluid, 1.5 lbs. of placenta, 5-7 lbs. in blood volume, and 2 lbs. as the uterus returns to its normal size. That could still leave you with 10 pounds of excess weight, or more if you gained more weight during the pregnancy. Some women never take off those extra pounds, and their weight creeps up with successive pregnancies and age, which can lead to pregnancy complications and chronic health problems later on. See our exercise fact sheet for more information.

Chronic Health Conditions

Do you have chronic health conditions like diabetes, high blood pressure, migraines, asthma, high cholesterol, heart conditions, varicose veins, or anemia? Do you have an autoimmune disease like Crohn's or ulcerative colitis, lupus, rheumatoid arthritis, ankylosing spondylitis, multiple sclerosis, psoriasis or psoriatic arthritis? Meet with your obstetrician for a "preconception" appointment to discuss how a pregnancy might impact your health, and how your health might affect a future pregnancy. Your specialist can provide an important opinion too. A maternal-fetal medicine specialist (MFM) is a doctor who specializes in high-risk pregnancies, and consulting with a MFM once you are pregnant could help you learn how to optimize your and your baby's health.

Mental Health

What about your mental health? If you have a history of anxiety or depression, ADHD or other conditions, ask your psychiatrist and OB about treatment, and don't make changes before you do. Many medications can be continued during pregnancy and while breastfeeding. In fact, mental health is incredibly important – for example, when a woman doesn't treat her mood disorder or inadequately treats it, some studies suggest risks for miscarriage, premature birth, low birth weight, and preeclampsia. Talk therapy is vitally important too. And if you struggle with mental health concerns during the pregnancy, you are at risk for postpartum depression. Let's face it – pregnancy and caring for a new baby is stressful, so now is the time to marshal your helpers – friends, relatives, therapists and doctors – to ensure you have enough support. Your obstetrician should ask about mental health but if not, speak up. Your doctor can be your ally here, helping you get treatment and addressing concerns related to pregnancy and postpartum mental health. And MotherToBaby can give you an overview of the research related to any prescriptions you might choose to take.

Dental Health

Have you seen a dentist lately? Oral health can impact a pregnancy, meaning that if you have swollen or bleeding

gums, a toothache or an infection, it can increase risks to the pregnancy. If you need to have a dental x-ray, take antibiotics, or have local anesthesia for a dental procedure, these are generally acceptable during pregnancy, but best to complete before you get pregnant. Contact MotherToBaby for more details.

Your Workplace

Where do you work? MotherToBaby can give you information to minimize exposures in a veterinarian office, dry cleaners, salon, laboratory/hospital, imaging center, pest control service, or other business. Your occupational safety department can recommend personal protective equipment (PPE) and tell you about ventilation that may be in place to ensure workplace safety. Safety data sheets (SDS) give an overview of chemicals used in industry and are available online or at work.

Food Safety

Read up on food safety and learn how to minimize your exposure to foods that have commonly been associated with foodborne illness such as E. coli or listeria. Get in the habit of washing your fresh fruits and vegetables well. Check out other blogs on our website too.

Vitamins and Supplements

Have you started taking a prenatal vitamin? Are you getting enough folic acid? ACOG recommends that women take at least 400 mcg of folic acid before getting pregnant and at least 600-800 mcg/day once they are pregnant. This can help prevent birth defects of the brain and spinal cord. Call MotherToBaby if you want to learn the recommended daily intake for specific vitamins or minerals. In general, taking more than what is recommended is not advisable – we haven't studied how mega-doses of vitamins may impact a pregnancy. Other supplements beyond taking a prenatal vitamin are not advisable either – the Food & Drug Administration (FDA) doesn't supervise their manufacturing plants and past surveys have shown some supplements actually contain contaminants. Furthermore, we've seen instances where the label didn't match the contents of the bottle and could cause ill effects. Pregnant and breastfeeding women should avoid herbal supplements unless specifically recommended by your doctor.

Alcohol, Cannabis, and Tobacco

Do you smoke cigarettes? Do you use cannabis for medicinal or recreational purposes? Do you drink alcohol? Recent research has demonstrated that marijuana use very early in pregnancy causes changes in brain development, which could result in behavioral or learning challenges we see later in the child's life. Cigarettes increase risks for pregnancy loss, among other things. And alcohol is known to cause a variety of birth defects known as fetal alcohol spectrum disorder (FASD). We don't believe that there is a "safe" amount of alcohol which when consumed doesn't cause issues for a developing child. Now is the time to quit smoking, drinking, and using cannabis – your baby will be heathier for it. MotherToBaby can provide resources, or check with your doctor.

Vaccinations

Are you up to date on all your vaccines? Did you get a flu shot this past season? You don't want a vaccine-preventable illness to have an impact on your pregnancy. Flu infection can increase risks for more severe symptoms, longer-lasting illness, pregnancy loss and premature delivery, which can have a lifelong impact on your baby. Flu vaccine helps prevent infection. Another benefit to vaccinating during pregnancy? Studies show the protection extends to your baby, and gives them a little extra immunity from birth until they can receive vaccines. Also good to know: some vaccines can be given and are recommended during pregnancy, like a flu shot or TDAP, but others are best given before you conceive to avoid a small risk of spreading the illness to the fetus (e.g. the measles, mumps, and rubella (MMR) vaccine, as well as the Varicella (chicken pox) vaccine) – so try to get these done at least a month before trying to conceive. Check your medical records to see the last time you received any of these vaccinations. If you don't know if you were previously vaccinated, your doctor can draw blood to check if you have immunity.

Your Pets

Do you have a cat? There is some concern in pregnancy about an infection called toxoplasmosis, which is caused by a parasite that can be found in cat feces. Read our blog for more info on what you can do to prevent this infection if you have a fur baby at home.

Other Illnesses

Do your upcoming travel plans involve travel to a warm tropical place? Check out our Zika fact sheet to learn more before you book nonrefundable tickets. In general, women will want to wait to try to conceive for eight weeks from the time of your return home; the wait time is three months if your male partner travels with you. COVID-19 is also spreading around the globe and our fact sheet can give you the latest information on whether and how it could affect a pregnancy.

Finally, your obstetrician or primary care doctor would be glad to see you for a Preconception consultation. Make an appointment to discuss your personal history and health. It's a great way to get you and your baby off to the best start.

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