

Airborne Infections and Viruses: As If We Didn't Have Enough to Worry About As Moms-To-Be

By Debra Goniwicha, MSW, MotherToBaby Georgia

I have spent a significant portion of my career working in hospitals. Shortly after learning I was pregnant with my first child, I received a notice that I may have been exposed to an airborne illness while I was at work in the hospital Emergency Room. The notice advised me to report to occupational health for further testing. I flipped out! I was scared to death that my exposure would cause harm to my baby. I was mad at the world for exposing my baby to potential harm and I was mad at myself for not being more aware of the contagious illnesses that I was surrounded by on a daily basis. But mostly, I was terrified.

An airborne infection is an illness spread by little drops of liquid (germs) that float through the air. Airborne illness occurs when someone who is infected coughs or sneezes sending the germs into the air, exposing individuals nearby to potential illness from breathing in the infection or touching surfaces where the drops land. Tuberculosis, chicken pox, and measles are all types of airborne infections. Since February happens to be International Prenatal Infection Prevention Month, I thought it would be a great time to discuss how to best avoid airborne infections in pregnancy.

So back to my own airborne illness exposure... there I was on my way down to occupational health. I was, of course, creating several devastating scenarios in my head. The logical part of my brain was recalling this was absolutely NOT the first time that I had received notice that I had been exposed to something contagious and that while every exposure notice made me worry a bit, I'd get tested, the results were fine, and I'd go on with my life. But this time I was pregnant, and it wasn't just my life that I was worried about. It was the life and health of my much wanted, growing baby. I was fully aware how dangerous infections could be in pregnancy. I had witnessed infants in the neonatal intensive care that were born to mothers with untreated infections.

Arriving at occupational health, I was directed to a room by a nurse and immediately started sobbing. I hadn't yet told my boss or coworkers that I was pregnant. I was superstitious, it was my first pregnancy, and I believed that you were not supposed to tell people the news until you were 12 weeks pregnant. As I stammered out why I was there, an amazing nurse (who I remember to this day) handed me tissues and gave me the best reassurance and education possible about airborne infections during pregnancy.

The nurse reminded me that I was regularly doing many things to prevent airborne infection. These include:

Handwashing - Because of working in healthcare I am very knowledgeable about the fine art of handwashing. Hands need to be wet, then apply soap and rub your hands together for 20 seconds (quick tip: singing Happy Birthday while rubbing your hands together will equal 20 seconds!). Rinse your hands and dry with paper towel.

Immunizations - Remaining current on vaccinations can go a long way to preventing an infection from an airborne illness. Examples include vaccinations to protect from the seasonal flu, the measles, pertussis (whooping cough), and bacterial meningitis. Thankfully, I was current on all my vaccinations. After this incident, I also reminded my family members to make sure they were current on their immunizations as well. Since I was pregnant, I really did not want anybody near me bringing home infections to share!

Droplet Precautions - This refers to avoiding droplets that might come from an infected person's coughing or sneezing. Working in a hospital has taught me many things. One of them is to stand back and to the side when someone is coughing. This helps to minimize direct contact of flying particles. Also, be very aware of what you touch. Touching surfaces and then touching your eyes, nose or mouth increases contact with droplets that may contain infection. Wearing a mask over your mouth and nose also can reduce exposure to airborne droplets that contain germs.

Getting Tested and, if needed, Treatment - Most important, after learning I had been exposed, I was getting

tested for infection. If the tests were positive, I could be treated before the baby was born, decreasing the risk of passing the infection to my developing baby.

I was immensely relieved when my test results were clear and showed no signs of infection. By using good common sense and following some standard precautions, I have been able to avoid any serious viral or bacterial infections. Being pregnant changed my view of the world, and it also sharpened my awareness of working safely in a hospital. I have now survived three pregnancies while working in a hospital and have three happy, healthy, and rambunctious boys.



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By Lauren Bryl, MS, Certified Genetic Counselor, MotherToBaby IL

It's National Birth Defects Prevention Month, and you've found yourself here – standing in the pharmacy aisle in search of prenatal vitamins. You think, "I should start taking one of these if I want to have a baby, right? At least that's what I've heard..." Your eyes are swimming and head is spinning with all the options. "Should I choose the old-fashioned tablets, the fruit-flavored gummies, or the minty chewables? With DHA or without? Do I need extra calcium or vitamin D? Is 200% daily value better than 100%? This seems like a good one," you think to yourself. "Oh wait! Maybe this one is better..." Shelf after shelf of bottles of vitamins and supplements...but which one is right for you?

Give yourself a pat on the back.

First of all – well done, Mama! You've already made the most important decision by choosing to kick off your pregnancy journey with a solid supply of vitamins to support a growing baby! But why are prenatal vitamins so important anyway? Well, one of the main reasons is that deficiency of a vitamin called folate (also called folic acid) in very early pregnancy increases the risk for neural tube defects. Neural tube defects are a group of birth defects in which there is an opening in the spine. They include things like spina bifida. While the other vitamins and minerals may also provide benefits to mom and baby, the folic acid in the prenatal multivitamin is one of the most important for birth defect prevention. Taking folic acid prior to and during pregnancy is the best thing we can do to reduce the risk of neural tube defects.

Take a deep breath.

As a prenatal genetic counselor, I've had many patients ask me which prenatal vitamin is the best. While there are, of course, many factors that go into making a decision about which prenatal vitamin to take including cost considerations and personal preferences, I'm here to give some thoughts from a medical professional's perspective. First of all, you may not even have to make this choice yourself. Your doctor may prescribe you a prenatal vitamin with folic acid, so check with her first. But if she tells you to pick something up over the counter, don't panic.

Check the ingredients and their doses.

The exact vitamins and minerals that you, personally, will need in a multivitamin depends on a few things. One is whether you have any known vitamin or mineral deficiencies or risk factors for such a deficiency. For example, vegans and vegetarians are more likely to have deficiency of vitamin B12, a vitamin found in meat and other animal products. The amounts of vitamins and minerals you receive through your diet should be considered. It is common for women to need extra help getting the recommended amounts of calcium, iron, and vitamin D. The daily recommended intakes for pregnant women over 18 years are 1,000 mg (milligrams) of calcium, 27 mg of iron, and 600 IU (International Units) of vitamin D. Some health care providers will also suggest docosahexaenoic acid (DHA) supplementation of 200 mg per day for those who do not eat fatty fish (like salmon and tuna) at least twice a week.

Regardless of your diet, folic acid supplementation is a must. The natural form of the vitamin found in certain foods (called folate) is not as well absorbed as the supplemental form (folic acid). Because of this, the U.S. Public Health Service recommends that all women of childbearing age take a folic acid supplement of 400 micrograms (0.4 mg) per day. Once you become pregnant, this dosage increases to 600 micrograms (0.6 mg) per day. If you are at higher risk

for neural tube defects than the average woman because of family history or another factor, an even higher dosage may be recommended. You should consult with your health care provider for her recommendation.

With vitamins, more is not always better, though. While some vitamins are unlikely to be harmful even if taken at high dosages in pregnancy, this is not true for all. Specifically, very large amounts of supplemental vitamin A have the potential to increase the risk of birth defects and intellectual disabilities. For this reason, it is recommended that vitamin A supplementation not exceed 10,000 IU per day.

Don't go too far off the beaten path.

Unlike medications and foods, vitamins and supplements are not regulated by the U.S. Food and Drug Administration (FDA). This means that the FDA does not test vitamins and other supplements to ensure that they contain the ingredients written on their labels at the doses indicated. The FDA also does not test for contamination with other, potentially harmful ingredients in vitamins and supplements. It is the responsibility of those who make the vitamins to perform these types of tests to ensure quality and safety.

Does this mean that most vitamins are dangerous? No, but it does mean that it may be safer to choose a widely available multivitamin rather than one produced by a small, specialized manufacturer. Companies with wider distribution are under more pressure to produce a safe product than those whose products you may only be able to buy in a specialty store or through their website. If in doubt, speak with your healthcare provider or a pharmacist.

Choose what works for you.

While perhaps the most obvious point, choosing a vitamin that you will actually take is arguably the most important one as well. The perfect multivitamin won't do you any good if it is gathering dust in the medicine cabinet. If even just the thought of swallowing a pill half the size of a golf ball every morning has you queasy, you could consider trying a liquid or chewable form. Iron in your prenatal vitamin giving you constipation? Ask your health care provider if it's necessary that you have iron supplementation if you receive adequate amounts through the foods that you eat.

So if you find yourself in the pharmacy aisle overwhelmed with all the multivitamin options, try not to stress! Remember these tips and save that energy for other difficult decisions down the road...like choosing a preschool!



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Photo credit: © Lisa F. Young | Dreamstime Stock Photos

By Neely Cessac, Teratogen Information Specialist, MotherToBaby

The holidays are full of family, fun, and enjoyment – and the season is wonderful EVERY, SINGLE, DAY, right?! WRONG. Every year many pregnant women (as well as the general public) become so stressed and worried around this time. And rightly so...not only do pregnant moms have regular holiday stress, but they'll soon become moms! M-O-M-S! Holy cow. An overwhelming concept, to say the least, especially with everyone telling you what you can (or should) do and what you can't (or shouldn't) do during pregnancy. As a birth defects information specialist, I'm starting to get a ton of questions surrounding stress from moms-to-be. I can relate...and I'm not even pregnant yet!

I always want everything to be perfect, from clean floors and ceiling fans, to wonderfully wrapped presents and delicious food. Luckily my mom is an expert at all of those things, so I asked my mom how she survived the holidays while she was pregnant with me. Between my teratology expertise (the study of exposures that cause birth defects) and her "mom-ology" expertise (the study of being awesome in general, but especially as a mom), we've put together a list of some key questions and answers to help you survive the holidays too!

Survival Q #1: How can I avoid becoming too stressed?

- How you breathe is important! Be sure to take deep breaths, in through your nose and out through your mouth, and relax.
- Realize you are not alone. Most pregnant women and women in general are feeling the same way you are. Talk to others; it will help reduce your feelings of stress.
- Take a nap! Escape and take a quick cat nap when you are really stressed and tired.
- Light to moderate non-impact exercise is great too. Try walking, swimming or yoga.

Survival Q #2: How can I avoid becoming too fatigued?

- Don't be afraid to admit you are too tired to do some things. You cannot (and should not) be super woman during the holidays! Just say "no".
- Sleep, sleep, sleep! Try to get about eight hours of sleep each night.
- Have that morning cup of coffee or tea. Studies have shown that limited amounts of caffeine, 200-300 mg a day, have not been associated with any known increased risks for baby.

Survival Q #3: How can I avoid drinking alcohol?

- Don't be tempted to drink alcohol, as alcohol is known to be harmful for baby. Bring your own non-alcoholic beer or wine with you to the party.
- Want something bubbly to drink on New Year's Eve? Try a delicious non-alcoholic sparkling juice or cider.
- Make sure there is no alcohol in the drinks or desserts that your host/hostess is serving at the party. Don't be afraid to ask questions!

Survival Q #4: How can I avoid complications from overeating, such as gas and constipation?

- Eat more often, but eat smaller portions. With a baby on board, you do not have as much room in your tummy as you used to!
- When needed for gas, it is okay to take over-the-counter products such as Gas-X®.
- To avoid constipation, drink lots of fluids and eat foods high in fiber, such as apples and broccoli. If constipation continues to be a problem, use commercial stool softeners as needed.

Survival Q #5: If I become sick, which over-the-counter cold and flu medicines can I take?

- Look for products that contain acetaminophen, while avoiding products that contain ibuprofen or aspirin.
- If you have high blood pressure, try to avoid using products that contain pseudoephedrine or phenylephrine, which can slightly narrow the blood vessels and increase blood pressure. Consistent use of decongestants is not recommended during pregnancy for anyone.
- You can use over-the-counter cough medications such as Mucinex® and Robitussin®, without any known increased pregnancy risks.
- And you know what they say about an ounce of prevention...! Get a flu shot!
 - In the United States the flu shot has been given to pregnant women since the 1960s. Studies of thousands of women who have received the flu shot just before or during pregnancy have found no increased risk for birth defects or other problems.
 - The flu vaccine given by injection is recommended for all women planning to become pregnant or who already are pregnant (whether in their first, second, or third trimester) during the flu season.

If you have any questions, don't forget that you can call, email, or live chat with a MotherToBaby expert. And to make it even less stressful for you, you can now just send us a text with your question! We're trying to make it as easy as possible for you, Mom – you have enough to worry about! **Just text us at 855-999-3525.** We are here to help. Happy holidays and may you have a zen-like season! ☐



Neely Cessac is a Teratogen Information Counselor at the North Texas affiliate of MotherToBaby. She has been with the service for over two years and loves working with pregnant moms!

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By Dr. Sarah Običan, OBGYN, MotherToBaby

It's noon. I just ran into my academic office to call back a few patients in between a packed schedule. I just spent my morning seeing 17 patients and gauging by my afternoon schedule, the day was not going to get much easier. I was new at my job as an OBGYN having joined the academic practice where I completed my residency. It was a busy practice, but I loved my job and I loved my patients. As I sat in my chair, I finally felt my feet again and realized they were hurting, but before I could kick off my heels, my cell phone rang. It was my IVF doctor.

By this time, my husband and I had been dealing with infertility for over a year and had decided to have tests done by one of my medical partners. She phoned to give me results of my testing.... As it turns out a hormone, called anti-mullerian, was low. It may have been in part a cause to our inability to conceive naturally. I could not muster a response to her. Instead - silence. A whole minute must have passed, after which all I said to my doctor was "I must be one of the 10%."

I was not alone.

According to a CDC survey from 2006 - 2010, more than ten percent of couples trying to conceive have infertility. It's a medical problem that impacts entire families, marriages and your work. The journey is long, time intensive, costly, emotionally heavy with so much joy and pain all wrapped up into a six week treatment cycle. It's not for the faint of heart.

Since the first IVF conceived child was born in 1978, things have changed. In fact, even in the 3 year period and 11 cycles I went through in my own life things have changed. We are learning so much about new technologies and improving outcomes. We're able to offer patients better risk assessments and counseling today.

Is IVF safe?

All things considered, assisted reproductive technologies (ART) are safe and the studies are proving it. Multiple studies have supported that IVF does not increase your risk of breast cancer or cancer overall. However, pregnancy conceived by ART are at increased risk of multiples, including monozygotic twins (when twins share the same placenta). These types of twins do carry increased risk of birth defects, preterm labor and delivery.

On average, women necessitating these medical interventions tend to be older and may have additional medical issues, all which impact the pregnancy.

For the baby, while we do know any risk of birth defects is low, some studies do show a small increased risk of overall birth defects, specifically heart defects, in IVF-conceived children, including a 2012 Australian study that looked at more than 6000 children conceived by using ART. It's hard to completely understand if the risk is due to the interventions itself or due to any underlying issues the higher-risk patients being studied carry.

The formation of a baby's heart is an exceptionally complex biological process. Because of this, it's not surprising that, of all birth defects, heart defects tend to be most common. Similarly, the infertile population and those who undergo ART have an increased risk of having a baby with a heart defect, specifically defects affecting the ventricular and atrial septum, as well as a complex birth defect called Tetralogy of Fallot. All women with an ART conceived pregnancy should have a detailed ultrasound between 18-22 weeks to evaluate fetal anatomy and a fetal echocardiogram to evaluate for heart defects. Folic acid supplementation is also important.

Drawbacks to the studies

Despite 60,000 infants being born in the U.S. using ART, the vast majority of studies investigating the associated risk with ART have studied a population which conceived and delivered outside of the U.S. Other limitations of the early studies include looking at relatively small numbers of patients. As a doctor, I hope more studies will be conducted examining U.S. pregnancies involving ART since we have such a diverse population. Studying IVF among our differing ethnicities, age and socioeconomic backgrounds will help doctors make even better recommendations to the couples trying exhaustively to start their families.

For now, just breathe...

I did. Chin up, support system intact, I kept forging ahead. With each failed IVF attempt along the way, my heart may have broken a little, but, at least the absolute risk of heart defects in the potential pregnancy remained small. Three years of trying and my son finally arrived. My heart is now full.



Sarah G. Obican, MD, is an OBGYN, Maternal Fetal Medicine specialist at the University of South Florida. She currently serves on MotherToBaby's Board of Directors. She's also a councilmember of MotherToBaby's sister society, the Teratology Society.

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By Ginger Nichols, Certified Genetic Counselor at MotherToBaby Connecticut

Oprima aquí para el Baby Blog en español

Twelve years ago I was still blissfully 24 weeks pregnant, unaware that in a couple days I would be admitted to the hospital for two hellishly long weeks of bed rest listening to the constant beeps of the fetal heart rate monitor; feeling alone and terrified for the health of my unborn baby. My son, Lincoln, was delivered at 26 weeks, weighing only one pound. He was in the NICU in premie diapers that were too big for him, and I was by his side for one week listening to the constant beeps, whirs, and alarms of his monitors. Sounds that will haunt me to the end of time. Lincoln died in my arms a week after he was born, and while I wasn't exactly aware of it at the time, thus began my post-traumatic stress disorder (PTSD). After grieving, my husband and I agreed to try again. We experienced several miscarriages, which were also heart breaking in similar and yet different ways from the death of Lincoln. Then, I finally had my miracle baby and gave birth to a healthy daughter. The day I brought her home from the hospital I realized

just how high my anxiety was. I wondered how I could manage without the help of the nurses. And I was terrified that she would stop breathing. 10 years later, she is still breathing fine. (I might even admit to the fact that I may still check on her once in a while in the middle of the night. And maybe, just maybe, I am considering the reality that I will still want to check to see if she is breathing even when she is off to college).

October is Pregnancy and Infant Loss Awareness Month.

I know through my work as a prenatal genetic counselor and experiences of friends and family that, unfortunately, I am not alone in facing pregnancy and infant loss. For those of you who have ever experienced a pregnancy loss or the death of a newborn, we are gut wrenchingly sorry.

We know, and research has confirmed, that women who have experienced a pregnancy or infant loss will experience many of the same grief stages that anyone does after the death of a family member. There may be some who don't understand how a miscarriage can be so upsetting, but, for those of us who have had one, we know that the moment we saw that positive pregnancy test we were already planning maternity leaves, nursery décor, baby's hair color, and colleges s/he would attend someday.

We can feel numb after a loss, but we can also feel many things, one after the other. Several strong emotions can be felt at once, such as shock and denial, sadness, grief, anger, or helplessness. However, for pregnancy loss there may be other feelings, such as feeling betrayed by our bodies (***Why couldn't I carry a term pregnancy?***), to guilt over the possibility that we did something wrong (***Was it the toothpaste I used?***). And let's not even talk about how many happy pregnant women you suddenly see ***everywhere*** and how the number of diaper and baby commercials seems to have ***tripled*** after you've lost a baby or newborn!

Women with previous losses are a vulnerable population in their subsequent pregnancies.

There is no real "normal" in grief, and we all respond to stressors in unique ways. Our pregnancy stories vary and we will experience loss and grief in individual ways; however, there are some common themes. Research has shown that women who have had any type of pregnancy loss are at risk for depression, anxiety, excessive worry, stress, sadness, and / or lack of enjoyment in future pregnancies. We may also feel guilty about the times that we do feel happy. We worry about experiencing another loss, and wonder how we would ever survive that emotional pain again.

Depression or Post-traumatic Stress Disorder during pregnancy.

Research shows that women who have experienced pregnancy or perinatal loss can be 4 times more likely to develop symptoms of depression and 7 times more likely to suffer from PTSD than women who have never experienced a pregnancy or perinatal loss. This same research showed that most women with depression or PTSD don't receive any type of treatment. Depression during pregnancy has been associated with an increased chance for miscarriage, preterm labor, preterm delivery, low birth weight, diabetes, high blood pressure, preeclampsia (dangerously high blood pressure), cesarean section, and post-partum depression/mood disorders. Similarly, some studies looking at pregnancies in women with PTSD have suggested that there might be an increased chance for ectopic pregnancy (egg implanting in fallopian tube rather than uterus), miscarriage, hyperemesis (extreme morning sickness), high blood pressure, preterm contractions, preterm deliveries, or low birth weight.

For more information, you may also want to read the MotherToBaby fact sheet on [depression in pregnancy](https://mothertobaby.org/files/Depression.pdf) found at <https://mothertobaby.org/files/Depression.pdf> or [stress in pregnancy](https://mothertobaby.org/files/Stress.pdf) at: <https://mothertobaby.org/files/Stress.pdf> .

Finding healthy ways to help you feel better is important. Your health care team may be able to refer you to a local therapist who specializes in working with women who have had pregnancy losses. The earlier you seek help, the better

you may do. You don't have to go through this alone. Sometimes medications can be discussed, but often therapists can help teach you coping techniques with breathing exercises, meditation, or baby safe yoga. Each person's treatment plan should be personally designed after discussion with their health care provider.

Signs and symptoms of depression.

Remember, there is no "one size fits all". Meaning signs and symptoms of depression can be different among people, and they might change over time. Most people will not have all the symptoms at once. Having a "bad" day or two now and again is normal and is not true depression or anxiety. Women with depression and or anxiety have symptoms that are present most of the time, last for at least 2 weeks or longer and make day to day life hard to enjoy.

- 1- Feeling **overwhelmed**.
- 2- Feeling **guilty** about not being able to juggle all that life is throwing at you. You feel like someone else could do better than you are doing so far.
- 3- Feeling lost or not able to understand what is happening or why or how to change it. Scared to talk about it or reach out for help out of **fear of judgement** or worse.
- 4- Feeling **angry** and short tempered or **easily irritated**. You have **less patience** than ever before and can't seem to get into check. You may resent all those around you including your spouse. Rage is a good description of your emotions on a regular basis.
- 5- Feeling **numb** or empty.
- 6- Feeling a level of **sadness** you have never felt before.
- 7- Feeling **hopeless, helpless, and weak**.
- 8- Changes in **sleep** (too much or too little).
- 9- Changes in **eating** habits (too much or too little).
- 10- Lack of **concentration** and focus.
- 11- Feeling like you are **disconnected** from everyone and everything.
- 12- Feeling like you should be feeling better - except **you still aren't feeling right**.
- 13- Feeling like **you want to escape** and run away from your life.
- 14- Feeling **suicidal** or wanting to harm yourself.

Finding brightness in a dark situation and moving toward the light.

I think one important step in recovery is to find a health care provider that you trust for your next pregnancy. My OB team would let me just sit in their office and cry, and never once did they look at their watches and make me feel like I was taking up too much of their time. I also remember that instance when I voiced my concern about being a "Nervous Nellie" since I worried about every little thing. My doctor held my hand and said, "Not so, research has shown us how mothers with pregnancy and newborn losses can develop PTSD, and we understand." For these compassionate moments, I am thankful. In my line of work, I have found that many OB teams do understand. Some OB groups are likely to allow quick ultrasound peaks for Moms to see the baby's heartbeat, which might ease some of the anxiety in future pregnancies. **MotherToBaby** can also help ease stress when it comes to questions about medications, diseases and other exposures during pregnancy.

I hope reading this blog doesn't trigger heightened anxiety, but, instead, motivates you to build an important mental health support system around

you. Be gentle with yourself, and maybe eat some chocolate. Because when life throws you a curve ball full of grief, a good support system with great listening ears and shoulders to cry on can be a comfort. Life will never be the same, but remember you are not alone and there is hope.



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MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about alcohol, medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text counseling service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets.

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

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