

# Allergies, Asthma and Pregnancy...Oh My! Wait. Don't Panic.

---

**By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby**

My friend Jocelyn, newly (and unexpectedly!) pregnant called in a bit of a panic. Her cardiologist was switching her high blood pressure medication now that she was pregnant. Jocelyn was still waiting for her asthma doctor to call her back but she figured her asthma treatment plan was another of the many changes she needed to make to accommodate the pregnancy. "Does anything stay the same?" she asked.

Jocelyn was relieved to learn that at least in the case of asthma, the answer is, often, YES! The general thought is that the medications working to treat asthma in a non-pregnant woman are the same ones that should be continued during pregnancy. This is because the main concern is with asthma itself and making sure the developing baby is getting a good supply of oxygen. Improving asthma control is thought to be best for both mom and baby.

Jocelyn had been taking an inhaled corticosteroid for the past five years-ever since she otherwise needed to use her fast-acting rescue inhaler almost daily. Fortunately, for Jocelyn, if a daily preventative is needed, an inhaled corticosteroid like Pulmicort® that she was already taking is a preferred treatment. Why? Well, for one thing, it often works well to stop symptoms. Secondly, because it is inhaled, less of the medication should be able to reach a pregnancy compared to most oral medications. For the same reasons, albuterol for relief of immediate asthma symptoms is also considered a preferred treatment during pregnancy. But, had Jackie been on other types of inhalers when she identified her pregnancy, and they were working well for her, they probably would not need to be changed either.

Maternal asthma that is not well controlled is associated with higher rates of pregnancy complications, such as decreased growth of the baby and preterm delivery (birth before week 37). Therefore, it is important that asthma management during pregnancy continues to include the medications that best control an individual's asthma symptoms. "Ok," Jocelyn said. "I will keep going with my inhalers and bug the doctor's office again to get back to me to confirm."

Thankfully, the next call I got from Jocelyn wasn't so panic-stricken. "It sounds like my doctor wants me to continue my asthma inhalers." With a calmer tone to her voice since our first conversation, she added, "although I would never be a guinea pig, it would be nice if I could help other pregnant women with asthma so they wouldn't have to go through the scare I just went through." I told her we can never have too much information when it comes to asthma and treatments during pregnancy and let her know that at MotherToBaby we are still enrolling pregnant women with asthma, pregnant women taking asthma medicines, and even pregnant women without asthma. There is no cost and you are not asked to take any medication... so guinea pigs need not apply! Just call 877-311-8972 or volunteer for a study [through our website](#).

"Oh, what about my allergy medicine?" Jocelyn remembered to ask. "When I don't take Zyrtec®, my asthma flares, and my allergies have been crazy this spring." I let her know that antihistamines in general have relatively reassuring pregnancy profiles, but it is always good to check on the specific medication. Pregnancy studies with cetirizine, the medication found in Zyrtec®, have found no increase in birth defects. You can check the product label to make sure cetirizine is the only medication in your product since brand name products can make different formulations. As with any medication in pregnancy, check in with your healthcare provider and follow their dosing recommendations.

More detailed medication information can be found in the following fact sheets:

<https://mothertobaby.org/fact-sheets/albuterol-pregnancy/>

<https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/>

<https://mothertobaby.org/fact-sheets/cetirizine/>

<https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/>

Bottomline, breathe in, breathe out, and enjoy your pregnancy as best as possible!



***Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she counsels for MotherToBaby California via phone and live chat.***

***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 medications, alcohol, diseases, vaccines, or other exposures during pregnancy or breastfeeding, call MotherToBaby toll-FREE at 866-626-6847 or visit [MotherToBaby.org](https://www.MotherToBaby.org) to browse a library of fact sheets and find your nearest affiliate.***

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 7, 2024.

---

## **Allergies, Asthma and Pregnancy...Oh My!**

# Wait. Don't Panic.

---

**By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby California**

The chat message came through promptly at my morning start time. The words and exclamation marks clearly highlighted worry. “Just found out I’m pregnant! Taking a statin medication to lower cholesterol since 6th grade! Talked to my doctor and stopped taking it yesterday. But what damage have I already done? I know it’s a class X drug! Need info – please help!” Mae agreed to a phone call, and I logged off from our **MotherToBaby live chat service** and phoned Mae.

First, you may wonder why someone would be on a cholesterol-lowering medication since late elementary or middle school. Isn’t that extreme? Actually no- in Mae’s case she has an inherited condition called familial hypercholesterolemia – or “FH” for short. This is a condition that occurs in about 1 in every 250 persons but is underdiagnosed and therefore undertreated. A simple blood test checking cholesterol levels and a review of your family history (such as checking for heart attacks at younger ages) can help determine if you have FH. Much less common, a more severe form of FH, inherited from both parents, can occur.

To back up a bit, cholesterol is that fatty substance in our bodies that is needed in some amount, but too much cholesterol increases our chance for early heart disease. The lifestyle changes that are recommended to all of us, such as exercising regularly, avoiding smoking, and eating a healthy diet are also part of the treatment plan for FH (and Mae had been working hard to follow these guidelines). But, cholesterol lowering medications are still often a needed part of treatment because lifestyle alone won’t lower cholesterol levels enough in persons with FH. For some with FH, statin medications might be prescribed starting at 8-10 years old.

But what about the “category X” classification Mae mentioned-does this mean that statin medications are absolutely proven to increase birth defects? Fortunately, for Mae the answer is a resounding “no!” Many persons are not aware that the FDA decided in 2014 to phase out their letter category rating system. While an easy system to use, it was not a reliable system to predict pregnancy risk (see our [January 2015 blog](#) for more information).

So why were statins assigned that old category X? Well, the developing baby needs cholesterol to form properly so there is a theoretical concern that cholesterol-lowering medications could pose a pregnancy risk. Also, for many persons, particularly those without FH, stopping a cholesterol-lowering medication in the short term of a pregnancy is thought unlikely to significantly increase their heart disease risks. However, for some persons, avoiding all cholesterol treatments might pose concerns for both the pregnant woman and baby. So, if you have FH, talking with your cardiologist and obstetrician about a cholesterol treatment plan is important when planning a pregnancy or when you learn of your pregnancy.

Most studies with the class of medications called “statins” have not found an increase in birth defects with accidental use early in pregnancy. This should provide some reassurance to pregnant women who were taking statins before they realized they were pregnant, like Mae. (For more info, see our fact sheet on **Statins** in pregnancy.)

“I feel a little better. But, I wish there were more pregnancies that were studied. We need more info about medications we might have to take during pregnancy,” Mae said. At MotherToBaby, we completely agree! And I appreciated her lead to bring up our optional follow-up program. I let Mae know that in addition to providing information, we have a study team that follows pregnancy outcomes. This will allow us to provide more information to worried parents and their healthcare providers. So, if you find yourself like Mae drawn to the importance of this information and wondering how you can contribute, call 877-311-8972, email [mothertobaby@ucsd.edu](mailto:mothertobaby@ucsd.edu) or you can volunteer for a study **through our website**. There is no cost to participate and pregnant women are never asked to take a medication.



***Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she not only continues to counsel for MotherToBaby via phone, but also on live chat and email as part of MotherToBaby California's team of experts.***

***MotherToBaby is a service of OTIS, a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures like cholesterol medication, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's text information service by texting questions to (855) 999-3525. You can also visit [MotherToBaby.org](https://www.MotherToBaby.org) to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding.***

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 7, 2024.

---

# Allergies, Asthma and Pregnancy...Oh My! Wait. Don't Panic.

---

**By Beth Conover, APRN, Beth Kiernan, MPH, and Al Romeo, RN, PhD - MotherToBaby Teratogen Information Specialists**

From images of buildings destroyed by high wind to families stranded on roof tops by flooding (and the rising death toll), to say that hurricanes can be devastating would be an understatement. At MotherToBaby, we receive questions from moms and moms-to-be in storm-affected areas regarding the potential exposures they may be experiencing as powerful forces of nature wreak havoc on their homes and communities. We just wanted to let you know - **MotherToBaby is here for you, your unborn child and your baby.** We can answer your questions about the known facts surrounding these potential natural disaster-related exposures during your pregnancy or while breastfeeding. You can call us toll-free (866-626-6847), text us (855-999-3525), chat with us online or send us an email via [MotherToBaby.org](https://mothertobaby.org). Here are some common questions we're getting and answers to help provide you with as much information as possible during this difficult time:

## **I'm pregnant and worried about possible things associated with a hurricane that might harm my baby.**

Being pregnant can be a stressful time, without having the additional concerns of a natural disaster like a hurricane! However, remember that many pregnant women have been in similar situations and had normal pregnancy outcomes and healthy babies. There are some common sense things you can do to keep you and your baby safe:

- Continue to eat nutritious food...even if it is from a can.
- Drink safe fluids...bottled or boiled water, for example.
- Rest whenever you can and get the proper amount of sleep.
- Don't overdo heavy lifting.

MotherToBaby has a fact sheet on pregnancy during natural disasters:  
<https://mothertobaby.org/fact-sheets/natural-disasters/>

## **I am worried that there might be industrial chemicals released into the air and water after a hurricane. Will this present a risk to my pregnancy?**

Local industry may be affected by heavy rain, wind, tornadoes, and flooding from a hurricane. Various chemicals (carbon monoxide, ammonia, chlorine, hydrochloric acid, sulfuric acid) can be released into the air or flood waters from damage to those industrial sites. Local authorities will often notify the public about any chemical spills and explain what the public should do to avoid or reduce exposures (staying indoors, for example). [If you think the smell is natural gas, go to a safe area away from the smell and call 911 or the local gas company.](#)

You may want to start taking notes on paper or making some mental notes in case you have questions about how those chemicals might affect your pregnancy or your breastfed baby. Contact your health provider or MotherToBaby and be prepared to answer these questions:

- The names of the chemicals
- New or increased symptoms (vomiting, headache, dizziness, etc.)
- How you came into contact with the chemicals (breathing, touching, in your mouth or eyes, etc.)
- How long you were in contact with the chemicals

Fortunately, exposures like these are often small enough that they don't present a risk to the pregnancy. For example, just smelling something may not result in a significant amount being passed to the baby. However, each chemical is

different, so be sure to ask about any of your concerns.

**I'm worried about whether my drinking water is safe...can I get an infection from it that could harm my pregnancy?**

Infections are common after a natural disaster. These can include bacterial infections and parasites from dirty water. Many of these infections are important to treat, and you should contact your obstetrical health provider (Midwife or OB) if you think you have an infection. MotherToBaby has fact sheets on common infections and many medications used to treat them: <https://mothertobaby.org/fact-sheets-parent/>

**All this water is resulting in a lot of mosquitoes! Not only are they unpleasant but can't they spread infections that may harm my pregnancy? Is insect repellent safe to use in pregnancy?**

You are correct that mosquitos can sometimes carry serious infections such as Zika and West Nile disease.

MotherToBaby has fact sheets on these diseases and many others:

<https://mothertobaby.org/fact-sheets/zika-virus-pregnancy/> and

<https://mothertobaby.org/fact-sheets/west-nile-virus-infection-pregnancy/>.

There are also some things you can do to lower your chances of being bitten by a mosquito:

- Stay indoors with proper screens during peak times of mosquito activity (usually overnight from dusk through dawn)
- Wear long sleeved shirts and pants when outdoors
- Consider using insect repellent containing an effective ingredient such as DEET or picaridin. Apply the repellent sparingly to exposed skin and outer clothing, and wash it off when you are back inside and no longer need it. MotherToBaby has a fact sheet on insect repellents at <https://mothertobaby.org/fact-sheets/insect-repellents/>

**I'm just so stressed out by the whole situation! Our home is destroyed and we are staying in a shelter. I've heard from my grandmother than stress can harm the baby. Is this true?**

Pregnant women often worry that stress can affect the pregnancy and cause miscarriage, premature delivery or low birth weight. Fortunately, most experts agree that moderate levels of stress are unlikely to harm the pregnancy. It's still best to keep as calm as possible, and try to quit worrying about worrying! It's normal to feel irritable and out of control, and to be tearful and worried. Stress can make existing medical conditions worse, so it's important that you take care of yourself even as you are taking care of family members:

- Pay attention to your blood sugar levels and blood pressure.
- Do things to relax. Get some exercise, even if it's just a short walk.
- Take deep breaths and think positive thoughts about your baby.

If you feel depressed, talk to someone such as your partner, a relative or friend, or a health care provider. If you have been taking medicine for mental health issues, keep taking it unless your doctor tells you to stop. It's OK to ask for help. Treating depression and anxiety helps your baby. Check out this fact sheet for more information:

<https://mothertobaby.org/fact-sheets/stress-pregnancy/>

**The good news is that my home is still standing. The bad news is that the hurricane has caused a real mess in my home! What types of cleaning agents are safe to use while I am pregnant?**

First of all, remember that you don't need to take on everything...you are pregnant after all! Let others do the heavy lifting or handle possibly toxic cleaning chemicals. However, most household cleaning agents are pretty low risk. To help protect yourself and your baby, wear gloves when using cleaning agents and try to keep fresh air moving through your work area (consider a fan and open the windows).

**What about mold? Hurricanes involve rain and can cause flooding...and all this water in my house has caused mold in my walls. Will this hurt me or my pregnancy?**

After the rain has stopped and flood waters go down, mold may start to grow in damaged homes, cars and businesses.

Whether you are young or older, pregnant or not pregnant, mold exposure can make you sick. However, there is no proof that exposure to mold increases risks for birth defects or pregnancy complications. Companies can help with the cleanup, but you can do some on your own if you take the right precautions. MotherToBaby has a fact sheet on mold: <https://mothertobaby.org/fact-sheets/mold-pregnancy/>

Here's how to learn about cleaning mold in your home: <https://www.epa.gov/mold/mold-cleanup-your-home>

If you must live or work in a place where mold is being removed, try to open windows so that your exposure is less to airborne mold spores. If you can sleep somewhere else at night and just return to clean up for a short period each day, that may be best for you.

### **What if I am breastfeeding my baby? Do I need to worry about exposures or should I use formula?**

Breastfeeding is good for you and your baby! It is even more important when there are concerns that the water used to make formula may be contaminated. Be sure to keep yourself well hydrated, and use common sense about your exposures. MotherToBaby has a fact sheet on breastfeeding in a natural disaster: <https://mothertobaby.org/fact-sheets/breastfeeding-natural-disaster/>

### **Here is another website to check out:**

Centers for Disease Control and Prevention:

<https://www.cdc.gov/reproductivehealth/emergency/safety-messages.htm>

### **More 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 resulting from a natural disaster 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](https://mothertobaby.org) to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding. MotherToBaby has been able to embark on new outreach efforts to reach underserved populations and launch new communication technologies through a cooperative agreement with the U.S. Health Resources and Services Administration, as well as through the generous donations made by the public.***

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 7, 2024.

---

# Allergies, Asthma and Pregnancy...Oh My! Wait. Don't Panic.

---

**By Beth Conover, APRN, CGC MotherToBaby Nebraska, UNMC**

"There are so many risks to the baby if I go for dental work, right?" "What about x-rays?" "I don't like going to the dentist anyway, so I'll probably just wait until my baby is born. That should be fine, right?" Worries, excuses, we've heard it all at MotherToBaby when it comes to dental procedures during pregnancy. We often receive questions from women wondering whether dental care is safe. In short, the answer is....yes! What better time to talk about the reasons why it's ok than during June - typically the month the American Dental Association dubs as "Oral Health Month."

## **Routine dental care is low risk, and most emergency procedures can be done as well.**

Good oral health improves your overall health, and increases your chances of a good pregnancy outcome. However, when you are scheduling a dental appointment and are pregnant (or trying to get pregnant), let the office know so that they can be prepared to make decisions about which procedures are safe for your baby. In some cases, you or your dentist may want to wait until after delivery for elective (non-necessary) procedures.

Here are some commonly asked questions we get from pregnant women:

- **When I brush my teeth, my gums have started to bleed. Is this normal? What should I do?**

Bleeding gums is a common problem during pregnancy. Pregnant women have hormonal changes that can increase their chances of getting gum problems such as gingivitis (puffy and tender red gums that bleed easily). Your dentist will want to monitor this so that it does not progress to a more serious gum disease. Periodontal disease is a bacterial infection of the gums and jaw bones that support the teeth, and can increase your chances of having a smaller baby, delivering early, and having other pregnancy complications. Dentists recommend that you floss daily, and get your teeth cleaned on a regular basis during pregnancy (consider having it done more frequently, if you are having pregnancy gingivitis).

- **It seems like pregnancy is causing me to get more cavities in my teeth...am I right?**

Pregnancy can contribute to women having more cavities. This is in part due to changes in diet such as frequent snacks including sugary foods. To prevent cavities, eat a healthy diet and brush your teeth after eating sweets. In addition, if you have morning sickness, the acid from your stomach can affect your tooth enamel and make cavities more likely. Rinse your mouth with water or mouthwash after morning sickness episodes. If your toothpaste is making your morning sickness worse, ask your dentist for the name of a bland-tasting toothpaste.

- **What if I need to get a cavity filled or a tooth pulled? Can I have a local anesthetic?**

Agents like lidocaine which are injected into your gums are low risk for your baby. In one study, researchers compared pregnant women who received lidocaine injections as part of dental treatment with women who did not, and found no significant increase in risk for miscarriage, prematurity, or birth defects. If you need a pain medication, your dentist will take into account where you are in your pregnancy so as to make a choice that is safest for your baby.

- **Are dental x-rays safe in pregnancy?**

You may choose to have routine X-rays done prior to pregnancy, or to delay them until after you deliver - talk to your

dentist about the best options for you. However, if you have a dental emergency and need to have them done, don't hesitate. Advances in technology have made dental X-rays safer, and they do not involve as much radiation or may not involve radiation at all. Your dental office will cover your neck and abdomen with a lead apron, which lessens the exposure to your baby even more.

- **What else can I do to ensure dental health?**

Schedule a visit to your dentist before you are pregnant. Get teeth cleaned, gums examined, and any dental issues addressed prior to pregnancy.

Brush your teeth at least twice a day and floss once a day. This helps reduce plaque, the sticky film that covers your teeth and can make gums inflamed and increase your risk for periodontal disease.

I hope I've given you a few good tips to chew on - Your teeth and baby will thank you. Have a healthy pregnancy!



***Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in Pharmacogenetics Clinic and Genetics Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC.***

***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 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](https://www.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.***

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 7, 2024.

---

# Allergies, Asthma and Pregnancy...Oh My! Wait. Don't Panic.

---

The holiday season was in full swing when Katie found out she was pregnant. She called me and wanted to know if she could continue to take Zoloft (or sertraline), the medication she was prescribed to treat her depression. The idea of coming off of the medication scared Katie, just as much as the idea of taking something that could affect her baby did. Katie also had been feeling a bit more exhausted and down than usual, possibly due to both her pregnancy and to a case of the holiday blues. 'Tis may be the season to be jolly - but it is also a time when emotions (and stress levels) can run high.

## ***Reasons for the Holiday Blues***

Some of the most common reasons that people feel extra stress during the holidays include money, family, traveling, over-committing to attending events, and for some, the inability to spend time with their loved ones. Being pregnant can add another layer of anxiety to an already hectic time. Though the season is always presented as a time filled with joy, it can certainly take a toll on people's mental health. It is important to note that when depression is left untreated during pregnancy, there may be increased risks for miscarriage, preeclampsia, preterm delivery, low birth weight, and a number of other harmful effects on mom and baby. See our fact sheet on **depression and pregnancy**. It's also important during pregnancy to not stop (or start) taking any medications without first talking with your health provider. Whether or not a woman continues to take a medication throughout her pregnancy will depend on the benefits of taking the medication versus any possible risks associated with the medication. For that reason, I suggested to Katie that she should speak with her healthcare provider about whether or not continuing to take sertraline is in her best interest given her particular health history and pregnancy.

## **Mental Health & SSRIs**

I then reviewed with Katie everything that we know about sertraline use during pregnancy. Sertraline has been one of our most viewed fact sheets on [MotherToBaby.org](https://www.MotherToBaby.org) in recent months, and is in a class of medications called SSRI's, or selective serotonin reuptake inhibitors. A small number of studies have found associations between sertraline use during pregnancy and particular birth defects, such as heart defects. However, the majority of the studies looking at over 10,000 pregnant women, have found that women taking sertraline during pregnancy are not more likely to have a baby with a birth defect than women not taking the medication. Overall, the available information does not suggest that sertraline increases the chance for birth defects above the 3-5% background risk that is there for every pregnancy. We have a wonderful fact sheet on this medication that you can view [here](#). We also have a mental health [web page](#) where you can see links to fact sheets on other SSRI's and commonly prescribed medications for people

dealing with depression and anxiety, as well as Baby Blogs on related topics. All of our fact sheets also address breastfeeding, so if you are in the postpartum period please also take a look or reach out to us with questions.

If you're feeling blue this holiday season, remember that it is just as important to take care of yourself as it is to care for those around you. The holidays can also be a wonderful time of year to take stock of what it is in life that you're thankful for. If you do find that you are feeling down or depressed and have been feeling this way for quite some time, seeing your healthcare provider may be a good step to take. If you are pregnant and dealing with feelings of sadness and depression, do not assume you cannot take a medication to help with your symptoms. If you are pregnant and already taking a medication for depression, don't stop taking it without talking to your healthcare provider. Always check with your health care provider before starting or stopping any medication.

The experts at MotherToBaby are always here to offer the latest information on medications in order to help you and your healthcare provider make the best care plan possible for you and baby. If you're feeling blue, make sure to reach out to a friend or family member that can remind you you're not alone, and that you are cared for. To all women and their families, here's to a healthy, happy holiday season!

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, May 7, 2024.