

Summertime Pitfalls During Pregnancy: What to Eat and How to Stay Afloat

By **Lindsey Morse, MS, CGC, MotherToBaby New York**

It's officially summer! Time for pool parties, cook-outs, and beach-side picnics. Bring on the hamburgers and hotdogs, potato and pasta salads, fish fry, and barbecue chicken.

You may be wondering if it is safe to eat that food that has been sitting in the sun? Also, didn't I hear somewhere that pregnant women shouldn't eat fish or undercooked meat during pregnancy? Is it safe to swim in lake water or at the beach? How can I protect my baby during my pregnancy while still enjoying summertime fun and food with my family and friends?

Easy! There are just a few simple tips to keep in mind.

Tip 1 - Thoroughly cook all meat and seafood

Food safety is important whether you are pregnant or not. But some food-borne illnesses can be more of a concern if you are pregnant. Safe handling, preparation, and storage of foods reduces the chance that you could be exposed to little organisms that could make you feel bad in a big way.

One of the most common questions about food during pregnancy is about eating meat, especially deli sandwich meat, or undercooked meat (like that medium-rare steak). There are all these warnings about what to eat and what not to eat. So, how do you know what is a concern and what can you do about it?

Well, there are several microorganisms (bacteria and parasites) that can be found in meat before it's cooked, if it's only partially cooked, or if it has been cooked and then frozen or refrigerated to be eaten later. These include things like *Escherichia coli* (E. coli), *Salmonella*, *Listeria*, and *Vibrio*. (See MotherToBaby.org for more info in our fact sheets.) Some types, or strains, of these microorganisms are not harmful and are actually good for us, helping with digestion for example. But others can make you sick causing stomach cramps, diarrhea, vomiting, joint and muscle pain, and fever. Symptoms may last only a few hours with some infections or up to a week with others. In women who are pregnant, exposure to some microorganisms might make you sick, but are unlikely to directly affect the baby's development. Other microorganisms may increase the chance for miscarriage or other pregnancy complications, like early delivery.

You may have heard that women who are pregnant should not clean out their cat's litter box due to a risk of toxoplasmosis, but did you know that this same parasite, *Toxoplasma gondii*, is also found in undercooked meats? When moms are infected during pregnancy, there is a chance for congenital toxoplasmosis in their babies. This can cause liver, spleen, heart, brain, and eye problems including blindness, deafness, seizures, and cognitive delays. This is usually only a risk with a new infection during pregnancy, not if you have had toxoplasmosis in the past.

Cooking meat and seafood until the center reaches a safe minimum temperature or reheating meat destroys the bacteria or parasite, thereby preventing illness. While great chefs will tell you all sorts of tips and tricks for determining how done your steak is, invest in a meat thermometer! They are easy to find in most grocery stores and really take the guess work out of not only your next backyard party but also your weeknight dinners. Below is a table with the recommended temperatures for different meats. You can find our fact sheet on meat and seafood at <https://mothertobaby.org/fact-sheets/eating-raw-undercooked-or-cold-meats-and-seafood/>.

Meat/Seafood	Safe Minimum Internal Temperature
Fish and Shellfish	145 °F (63°C)

Pork	145 °F (63°C)
Beef (steaks, chops, and roasts)	145 °F (63°C)
Beef and Pork (ground)	160 °F (71°C)
Wild game	165 °F (74°C)
Poultry	165 °F (74°C)
Cold lunchmeat and deli meat	Cook until steaming

Tip 2 - Safe food preparation and handling are also important

Some of the same bacteria and parasites can also be found on fruits and vegetables, or in unpasteurized dairy products like milk, cheese, and eggs. Washing your fruits and vegetables thoroughly and eating only pasteurized dairy products are the best ways to prevent exposure. And don't forget to wash your hands, cutting boards, and utensils thoroughly after handling uncooked meat, as well as unwashed fruits and veggies to avoid contaminating other foods.

Oh, and that grilled chicken that has been sitting in the sun for three hours - forget it! Once cooked, meat and seafood should be eaten right away. Leftovers of all types (including those pasta and potato salads, and anything with mayo or salad dressings) should be refrigerated at or below 40o F (4oC) as soon as possible and then meats thoroughly reheated before they are eaten.

Tip 3 - It is good to eat fish during pregnancy, but some are better than others

Another frequent question is about eating fish during pregnancy. Many fish contain a substance called methylmercury. Some fish have higher levels of this type of mercury than other types of fish - this usually depends upon the size of the fish, how long it lives, and where it lives prior to making it to your table.

But fish and seafood are actually a good source of protein and other vitamins that are good not only for adults but also for developing babies. The key is to eat the right types of fish and seafood in the right amounts. See our fact sheet at <https://mothertobaby.org/fact-sheets/methylmercury-pregnancy/pdf/> for more information. The Food and Drug Administration (FDA) also has a quick guide which can be helpful to determine which are the best options for you: <https://www.fda.gov/downloads/Food/ResourcesForYou/Consumers/UCM536321.pdf%20>

Tip 4 - Do some research before going swimming

Some of the bacteria mentioned earlier in this blog can be found in water, like your local lake or warm coastal waters. In addition to bacteria, lakes and rivers can contain things like protozoa and worms which cause diarrhea, abdominal cramps, and fever. Besides eating contaminated food, these organisms can get into your body if you swim in infected water especially when you have an open wound, even a small scrape, if you swallow any water, or if water goes up your nose. Risks are often highest during and after a storm as this increases rain water runoff and pollution from the surrounding area.

There also can be certain types of algae in the water that may be harmful in high amounts. I recently received a call from a pregnant mom on vacation in Florida concerned about a red tide warning in her area. Red tides are caused by a high concentration of algae (an algal bloom) and happen mainly in Florida but can occur along the Gulf Coast or as far north as Delaware. Many algal blooms are not harmful, but others can cause low oxygen levels in the water harming marine animals and causing a build-up of toxins (called brevetoxins) in the water.

Pay attention to the warnings in your area because it is not a good idea to swim in areas where you know that there is an algal bloom or high bacteria counts, particularly if you have an open wound. Check out the Environmental Protection Agency's website <https://www.epa.gov/beaches> to find info about freshwater and saltwater beaches in your area. Also, look around the area that you plan to swim for obvious signs of pollution like a neighboring farm, trash in the water, or even dead fish floating in the water.

It is also important not to eat locally, recreationally caught shellfish during a red tide - shellfish in grocery stores and restaurants are regulated and are not caught during an algae bloom so they aren't contaminated but recreationally harvested shellfish could be. The brevetoxins which are found in red-tides are not destroyed by cooking.

Bottomline, planning is key! While often the risks associated with food-borne illnesses are bigger for you than for your baby, a few simple precautions can help you have a healthy pregnancy and still enjoy your favorite foods and summertime activities. Just remember to pick up a meat thermometer, give those veggies a good wash before you make that salad, avoid foods that have been sitting out in the sun, and know your lakes and beaches!



Lindsey Morse, MS, CGC, is a senior genetic counselor for Ferre Genetics, a program of the Ferre Institute based in Binghamton NY. Lindsey is also a teratogen information specialist with Pregnancy Risk Network, also known as MotherToBaby New York, and has served as co-director of the program since 2015. Lindsey counsels patients in all areas of genetics from prenatal to adult genetics. She also lectures on a variety of genetic issues to community organizations including high school, university, and medical students, physicians, and community health programs.

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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 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.

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Summertime Pitfalls During Pregnancy: What to Eat and How to Stay Afloat

By Bethany Kotlar, MPH, Teratogen Information Specialist, MotherToBaby Georgia

Anyone who has been pregnant knows it's no walk in the park. From the intense nausea, vomiting, and strange cravings of the first trimester, to all the aches and pains of the third trimester, carrying a baby can feel like a marathon! It's no wonder pregnant women look high and low for any form of relief. Two questions we are asked frequently here at MotherToBaby are—"Can I get a massage?" and "Is acupuncture safe during pregnancy?"

Want a massage? Here's the rub...

At 38 weeks pregnant, my feet hurt, my back hurt, sometimes it felt like even my hair hurt! All I wanted was someone to knead all my aches and pains away. I wanted a massage, so being a MotherToBaby information specialist, I set out to research massage during pregnancy. On the plus side, studies have shown that massage can benefit pregnant women. Massage during pregnancy not only helps with those aches and pains, it has also been shown to decrease stress, help ease symptoms of depression, and increase feelings of wellbeing. Sounds pretty good, right?

So, should you run out and book that massage right this second? Not too fast - there are a couple of things to keep in mind. The safety of massage in the first trimester hasn't been studied well. Because of this, some massage therapists and medical professionals recommend avoiding massage during the first three months of pregnancy. If you do decide to get a massage in the first trimester, it's better to choose a massage that doesn't use heat (like a hot towel or hot stones), especially around the stomach area or lower back. This is because overheating during pregnancy can increase the risk of birth defects. See our fact sheet on hyperthermia for more information: <https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/>.

When getting a massage at any point in pregnancy, choose a massage therapist who is trained to work with pregnant women. These therapists will know to avoid pressure in certain areas and will also know which places can get especially sore when you're carrying a baby. It's also best to avoid massages that apply a lot of pressure, like deep tissue massages, since these haven't been well studied. Finally, make sure your therapist knows whether you have any allergies to certain oils and that they are using products that are not known to increase risk during pregnancy.

If you're getting a massage in late pregnancy, the massage therapist may offer to apply pressure to certain points on your body that are thought to bring on labor. Studies have not shown that this actually induces labor, but to be on the safe side it's better to wait until you are at least 39 weeks pregnant to try.

What about acupuncture? A few points...

Acupuncture is a technique in which a trained practitioner inserts very small needles into certain points of the body. Stimulating these points is thought to help with pain, indigestion, infertility, and much more. Acupuncture is usually recommended to pregnant women to help with nausea and vomiting, and to relieve pain.

The available studies do not show an increased risk of birth defects or other pregnancy problems when pregnant women use acupuncture. The most common risk with acupuncture is to feel a little pain when the needles are placed.

While the risk from acupuncture is low, studies also haven't shown that acupuncture necessarily helps with nausea, vomiting, or pain during pregnancy.

If you do decide to get acupuncture during pregnancy, be sure to find a trained practitioner. You may want to find a practitioner with experience working with pregnant women as well. Make sure your practitioner is not re-using needles from other clients as this may increase the risk of certain infections. Like massage, there are a few acupuncture points that are thought to bring on labor. Studies haven't shown that this will bring baby earlier, but it's best to avoid these points unless you are at least 39 weeks pregnant.

As with any treatment, it's best to talk to your healthcare provider before starting. Remember, we're here to help too! If you have any questions about massage, acupuncture, or any other exposure during pregnancy, you can contact an expert at MotherToBaby by calling 866-626-6847, texting 855-999-3525, or by live chat or email at <https://mothertobaby.org//a>.



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Summertime Pitfalls During Pregnancy: What to Eat and How to Stay Afloat

By Lori Wolfe, Certified Genetic Counselor at MotherToBaby North Texas

Did you know that the month of March is green tea month? Green tea has been said to have many health benefits, including: preventing memory loss, promoting bone health, decreasing risk of cancer, increasing dental health, reducing the chance of getting type 2 diabetes, and helping us lose weight. Green tea is loaded with nutrients and antioxidants, and has been said to be “the healthiest beverage on the planet.” So, given all of this wonderful news, who wouldn’t want to join Lucky the Leprechaun in the month of March and enjoy a cup of green tea?

As an information specialist with MotherToBaby, I recently had a pregnant mom named Lynn text me, asking: “Can you drink green tea if you take your prenatal vitamin later? How much does green tea impact folic acid absorption? I am in my first trimester and have had some green tea throughout pregnancy, and I am now worried about it impacting my folic acid absorption.” Wow, I thought, that is a great question! As the MotherToBaby specialist on the other side of the text, I started researching her questions so that I could give her the most up-to-date information out there.

First, let’s talk about folic acid: what is it and why is it important to pregnant women?

We all need folic acid every day in our bodies to help make new cells. Folic acid is a synthetic form of Vitamin B9, also known as folate. It is very important to take enough folic acid just before and during pregnancy. Many studies have shown that taking the recommended daily allowance of 400 micrograms per day during pregnancy reduces the chance that the baby will have serious birth defects of the spine and brain, called neural tube defects (NTD).

So what’s the connection between drinking green tea, folic acid, and pregnancy?

Green tea contains something called catechins, which have been shown to partially prevent the cells in the intestines from absorbing folic acid. Studies have shown that when women are drinking a lot of green tea, they have lower levels of folate in their system. That means there is less folic acid that can cross the placenta and get to the baby, and the baby can thus be at a higher risk for having a NTD. This can occur when a pregnant woman is drinking more than three cups of tea per day. Green tea and some forms of black tea such as Oolong tea can be high in catechins. Taking a daily prenatal vitamin has been shown to reduce this possible risk in heavy tea drinkers.

Another concern with drinking green tea during pregnancy is the caffeine content.

The good news is that green tea contains less caffeine than coffee (about 20 to 50 mg of caffeine per cup in green tea verses an average of 100 mg of caffeine per cup in coffee). Moderate levels of caffeine (about 200 mg/day) have not been shown to increase any risks in pregnancy. See our MotherToBaby fact sheet for more information on caffeine and pregnancy at <https://mothertobaby.org/fact-sheets/caffeine-pregnancy/>. Women may want to limit their tea consumption during the first trimester when the baby’s neural tube is developing to avoid the chance of decreasing absorption of folic acid. After this point, drinking one cup of green tea per day has not been shown to increase any risks for the baby.

I counseled Lynn that she can enjoy a cup of green tea now and then, as occasionally drinking green or black tea has not been shown to increase the risk for any problems during pregnancy. So, raise that cup of green tea along with Lucky the Leprechaun and enjoy “going green” in the month of March!

If you have questions about exposures during pregnancy or breastfeeding, contact an expert at MotherToBaby. You can reach us by phone at 866-626-6847 or by text at 855-999-3525. You can also email or live chat with us by visiting <https://MotherToBaby.org>.



Lori Wolfe, CGC, is a board certified Genetic Counselor and the Director of MotherToBaby's North Texas affiliate. MotherToBaby aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering women's and health professionals' questions regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free number, text line and by email, Wolfe also teaches at the University of North Texas, provides educational talks regarding pregnancy health in community clinics and high schools.

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By Ginger Nichols, Licensed Certified Genetic Counselor at MotherToBaby Connecticut

The New Year often brings thoughts of finding a new job. Even those happy in their current occupations often use the New Year to jump start career advancements. If you are thinking about a pregnancy, or you are already pregnant or breastfeeding, chances are you have also started to think more about potential exposures that might be of concern.

As a prenatal genetic counselor, I have noticed a common trend among working women. Many women do not worry very much about potential work hazards when first starting their careers. However, once they start to plan a pregnancy or find out that they are pregnant, many women call to ask about job safety. With a new life is on their minds, many women start to view their environment more critically.

For those of you planning a pregnancy, now is a great time to ask your questions about workplace safety with your healthcare providers or to contact a **MotherToBaby** specialist. Researching possible occupational exposures prior to pregnancy can allow time to decide if extra safety measures should be considered. Don't forget to think about occupational exposures that your partner might be facing.

Occupational hazards can include:

- chemicals,
- metals,
- anesthetic gases,
- **ionizing radiation**,
- loud noise,
- extreme heat or extreme cold,
- strenuous physical exertion,
- repetitive movements,
- whole body vibration,
- infectious agents (viruses, diseases),
- injury,
- emotional **stress** and
- changing shift rotations.

In general, exposures can happen through: inhaling substances (e.g., breathing a gas, powder, dust or vapor into your lungs), absorption through skin, or ingestion (i.e., eating or drinking).

Sometimes, workers carry hazardous substances (dust, powder, chemicals, metal flakes) home on their shoes or clothing. This is one of the reasons that it is also important to talk to your partner or other adults living in your home about their workplace.

While the list of potential hazards looks long, we should remember that just because we work around a potential hazard, it does not mean that we are actually exposed to the hazard. More importantly, employment has generally been considered beneficial for maternal health and birth outcomes. This is due to the financial and social benefits of working, and some call it the “healthy worker effect”. Most of the health problems that have been associated with workplace exposures do not affect our ability to get pregnant or to carry a healthy pregnancy to term.

The United States Department of Labor’s Occupational Safety and Health Administration (OSHA) requires employers (your bosses) to make the workplace safe for their workers. But, workplace safety measures were mainly created with adults (men and non-pregnant women) in mind; not a developing baby. In addition, workplace hazards that might affect a pregnancy are difficult to research. Therefore, your healthcare providers might not always know how a true exposure could affect a pregnancy. However, by following proper safety procedures, workplace exposures will likely be kept below levels that would affect your health or a pregnancy.

What should I be ready to discuss if I am worried about possible exposures at my workplace?

- Employer/Job title
- How long you’ve been working there
- Description of job tasks, during and prior to pregnancy
- Exposures that you are worried about
- Personal protective equipment used (such as gloves, gowns, masks, or eyewear)
- Ventilation at the work site (e.g., are there Hoods? Air Handlers? Fans? Windows that can open?)
- Eating or drinking at the work site (e.g., do you store your food in an area that is designated only for that purpose?)
- Any health symptoms in you or coworkers
- Any reports available, such as blood lead levels, air quality reports, or water report.
 - Sometimes an industrial hygienist will come to a work site to visually look at the work place or to take test samples (air, water, surfaces) for contamination.
- For those who work around chemicals, they may ask about Safety Data Sheets (more on these below).
- Other jobs/hobbies during pregnancy

What are Safety Data Sheets?

The best way to find out what chemicals are in the product(s) you use at work, or products that are used around you, is to get a copy of the Safety Data Sheets (SDS) (previously called Material Safety Data Sheets, or MSDS). SDS are prepared by chemical manufacturers and outline information on the product. Your workplace is required to have the SDS readily available to workers for all hazardous chemicals used at a worksite. Most SDS / MSDS can also be downloaded from the internet.

Along with listing hazardous ingredients, the SDS will talk about how to handle and store the product. The sheet should also talk about any specific recommendations for PPE and how to clean a spill or how to apply immediate first aid in case of accidental exposure.

Sometimes, a hazardous ingredient may be listed as “trade secret” or “proprietary formulation”. One can try to learn more about the chemicals in the proprietary formulation by contacting the manufacturer at the address or telephone number listed on the SDS. If a product contains no hazardous ingredients, it will be listed as such.

Along with a list of ingredients considered hazardous, the SDS may also discuss allowable levels of exposure. You may have heard of these limits by the terms: the Threshold Limit Value (TLV) or Permissible Exposure Limit (PEL). TLVs and PELs are limits for the maximum exposure allowed in the workplace. Industrial hygienists can perform workplace assessments to determine if there are exposures that are above allowable levels. These limits are designed to minimize health effects in nonpregnant workers. So it cannot be assumed that exposure levels below the TLV or PEL

will be safe for a pregnant woman and/or her fetus.

What kind of safety protection can be used?

All work places should provide the proper personal protective equipment (PPE) for handling and working around hazardous situations. Some examples of PPE include gloves, shoes, aprons, gowns, ear protection, masks, and/or ventilation such as hoods and air filters.

- Use the PPE that is recommended for your job.
- Use PPE at all times, not just when pregnant.
- Keep your training on how to properly use the PPE up to date.
- Make sure hoods, respirators, and other equipment are working properly.
- If you wear PPE (such as a respirator), be sure it fits correctly. And keep in mind: as a woman’s body changes during pregnancy, PPE may need to be re-fitted.
- If you wear a respirator, remember that respirators are not a substitute for appropriate permanent exhaust ventilation (such as fume hoods, exhaust ducts and/or exhaust fans). Respirators are designed to be used only for a short period of time.
- If the right PPE is not currently at your worksite, ask your employer about getting it.

Consider talking with an occupational health specialist or industrial hygienist who may be able to provide information that is specific to your workplace.

How can I learn more about ways to reduce my exposure to potential hazards in my workplace?

MotherToBaby has a fact sheet that discusses general tips on working safely called **Reproductive Hazards of the Workplace**. There are some other fact sheets on specific occupational exposures, such as infectious diseases, lead, paint, and pesticides. There are also specific workplace sheets that look at working in a **veterinary setting**, in a **nail salon**, and for those who work with **x-ray machines**. Our entire library of fact sheets can be accessed by visiting <https://mothertobaby.org/fact-sheets-parent/>.

You can also contact an industrial hygienist or occupational medicine specialist. Try looking for them at a local medical university or through the American Industrial Hygiene Association: <https://www.aiha.org/about-ih/Pages/Find-an-Industrial-Hygienist.aspx>. Industrial hygienists should be able to provide an independent assessment on ways to improve the safety of your job, if needed, and may be able to give advice on how to work with employers in implementing these changes. The National Institute for Occupational Safety and Health (NIOSH) has a free service called Health Hazard Evaluation (HHE), which can provide you or your employer advice about health hazards that might be in your workplace and can offer tips on how to make your workplace safer. To learn more, visit the NIOSH website at: <https://www.cdc.gov/niosh/hhe/>.

Happy New Year, New Job, and New Baby.



Ginger Nichols is a licensed certified genetic counselor based in Farmington, Connecticut. She currently works for MotherToBaby CT, which is housed at UCONN Health in the Division of Human Genetics,

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By MotherToBaby's Kirstie Perrotta, MPH, Lorrie Harris-Sagaribay, MPH, Robert Felix and Susan Sherman of the Organization of Teratology Information Specialists (OTIS) Zika Task Force

*****This blog has been archived. For more up-to-date information, please visit:**

Zika Virus Fact Sheet

Listeria Fact Sheet

Toxoplasmosis Fact Sheet

Syphilis Fact Sheet

CMV Fact Sheet

"It's 2018! I didn't even know you could get syphilis nowadays!" Yes, I mentioned the stats about syphilis and other infections that can affect pregnancy to the caller who had contacted me through our free MotherToBaby helpline. I thought, this is a great time to educate her as well as others about a variety of infections. Some infections, like Zika, seem to make headlines every week, while others tend to be discussed much less frequently. January is National Birth Defects Prevention Month, and this year's focus is on infection prevention.

In keeping with the theme **Prevent to Protect: Prevent Infections for Baby's Protection**, read on to learn more about the top five preventable infectious diseases that we get questions about here at MotherToBaby, and what you can do to prevent exposure during pregnancy.

#1: Zika Virus

One of our most common Zika questions comes from couples who have just returned home after a tropical vacation: How long do we need to wait to get pregnant after returning from a country with Zika, and what should we do in the meantime to minimize risk? Can we be tested?

Many countries continue to see active transmission of Zika virus from infected mosquitoes. If a woman is infected with Zika during pregnancy, it can increase the risk of microcephaly (small head and brain) and other severe brain defects. It may also cause eye defects, hearing loss, seizures, and problems with the joints and limb movement. That's why it's so important for couples who are planning a pregnancy to make sure the virus is completely out of their bodies before they attempt to conceive.

So, how long do couples need to wait? The Centers for Disease Control and Prevention (CDC) recommends that women who travel to a country with Zika wait at least **two months** before attempting to get pregnant. If a male partner travels, the CDC recommends waiting **six months**. Some callers ask, "Why so long? We're ready to get pregnant now!" Although the virus is expected to leave most people's blood in about two weeks, this could vary depending on a number of factors including their own immunity. The CDC considers 2 months to be a long enough wait time for women. As for men? Zika has been found in the semen for up to 6 months after a man is first infected. The six-month wait time ensures that men do not pass the virus to their partners during intercourse if it is still present in their semen.

Practicing safe sex is important during these wait times! Since Zika can spread through sexual contact, using condoms or dental dams is recommended every time a couple has intercourse. Don't want to use protection? 100% abstinence is another option. These safe sex precautions significantly reduce the risk of transferring the virus from one partner to another during these important wait times.

Couples who want to get pregnant right away will often ask, “Instead of waiting, isn’t there a way my doctor can just test me for the virus?” Unfortunately, the answer to that question is not so simple. The CDC does not recommend testing as a way to know if it’s “safe” to get pregnant. For one reason, the virus could have already left your blood, but could still be hanging out in other areas of the body (like semen). In this case, you could get a negative blood test result, but still have the virus. Second, no test is 100% accurate. There’s always a chance that your result could be a false negative, especially if you are tested too soon or too late after returning home from a country with Zika.

So, the bottom line? It’s a waiting game. Couples should follow the CDC’s official recommendations to make sure their pregnancy has the healthiest start possible. Still have questions or concerns about Zika? Check out [Zika Central](#) on [MotherToBaby.org](#) or call us at 866-626-6847 to speak with a specialist who can assess your specific exposure.

#2 Listeria

I just ate unpasteurized cheese and I’m worried I have Listeria. What symptoms should I watch for? Do I need to be tested?

Eating unpasteurized cheese does put you at risk for a **Listeria** infection (called listeriosis). So during your pregnancy it’s important to avoid unpasteurized cheeses and other foods made with unpasteurized milk. The US Food and Drug Administration has developed additional **food safety guidelines** specific to pregnancy.

While listeriosis has not been found to cause birth defects, it can increase the risk for miscarriage, preterm delivery, and still birth. It also increases the risk of infection in newborns which can result in very serious long-term complications for baby.

Not everyone who is infected with Listeria will have symptoms, but some will have mild to severe symptoms that appear a few days or even weeks after eating contaminated food. Symptoms of a Listeria infection to watch for may include: diarrhea, fever, muscle aches, joint pain, headache, backache, chills, sore throat, swollen glands, and sensitivity to light.

Since not everyone has symptoms, it is important to be tested if you think you might have listeriosis. Your health care provider can order a simple blood test to confirm a Listeria infection. Treatment will reduce the risks of infection for you and your baby.

#3: Toxoplasmosis

I didn’t find out I was pregnant until 12 weeks, and I’ve been changing my cat’s litter box this whole time. Am I at risk for toxoplasmosis?

Toxoplasmosis infection is caused by the parasite *Toxoplasma gondii*. You can get it from handling cat feces or soil, or eating undercooked, infected meat that contains the parasite. Eating raw eggs or drinking unpasteurized milk are also possible sources.

Most adults with toxoplasmosis don’t have symptoms, but some have symptoms similar to the flu or mononucleosis, with swelling of the lymph nodes, fever, headache or muscle pain. In most cases, once a person gets toxoplasmosis, they cannot get it again. If a woman has an active toxoplasmosis infection during pregnancy, it can pass to the developing baby (called congenital toxoplasmosis infection). Not every infected baby will have problems, but the infection could cause a variety of developmental problems for the infant.

Up to 85% of pregnant women in the U.S. are at risk for toxoplasmosis infection. Generally, women who have recently acquired a cat or care for an outdoor cat may be at an increased risk for toxoplasmosis. Ask yourself: Have you ever been diagnosed with toxoplasmosis? How long have you had your cat? Is your cat indoor only, outdoor only, or both? Do you feed the cat raw meat? Talk to your healthcare provider if you have concerns and want to learn more about a blood test that can determine if you have ever had toxoplasmosis.

To avoid future infection, here are some precautions you can take: (1) wash your hands carefully after handling raw meat fruit, vegetables, and soil; (2) do not touch cat feces, or else wear gloves and immediately wash your hands afterwards if you must change the cat litter; (3) wash all fruits and vegetables; peeling fruits and vegetables can also help reduce risk of exposure; (4) cook meat until it is no longer pink and the juices run clear; and (5) do not feed your cat raw meat.

#4 Syphilis

I just found out I have syphilis and my doctor recommended medication to treat it, but I’m worried the medication will hurt the baby. What should I do?

Syphilis is a sexually transmitted infection (STI) caused by bacteria that can be treated and cured with antibiotics. Learning that you have syphilis when you are pregnant is frightening, but the earlier you treat the infection, the better the outcome for you and your baby.

The syphilis bacteria can spread to the baby during pregnancy (called **congenital syphilis** or CS). CS can cause stillbirth, prematurity, or other pregnancy problems, including birth defects of the bones, the brain and other body systems. If you are diagnosed with syphilis during pregnancy, be sure to talk with your baby's pediatrician since a baby might develop symptoms of CS even after being born.

The medications that are used to treat syphilis have been around for many years and are well studied. While there is always the possibility of side effects with any medication, the antibiotics used to treat syphilis during pregnancy are very well tolerated by most women.

The MotherToBaby website contains **fact sheets** on many of the medications doctors prescribe during pregnancy. If you still have concerns about the medication your doctor has prescribed to treat your syphilis, you can review the fact sheet and contact a MotherToBaby specialist at 866-626-6847.

#5 CMV (Cytomegalovirus)

I'm pregnant, and my 3-year-old came home from daycare with symptoms of CMV. Should I be worried? What can I do to prevent getting CMV from her?

CMV is a common virus that spreads through urine, saliva and other body fluids. In pregnancy, CMV can pass from mom to the developing baby (called **congenital CMV infection**). This could happen if you already had CMV before you got pregnant or if you got a new strain of CMV from your daughter, but it might be more likely to happen if you get a first-time CMV infection from your daughter while you're pregnant.

Reassuringly, most babies born with congenital CMV infection don't get sick or have health problems. But about 1 out of every 5 babies with congenital CMV infection has health problems at birth or complications that develop later in childhood. These include developmental disability, vision problems, and hearing loss, even in babies with no signs of congenital CMV infection at birth.

So, how can you prevent getting CMV from your daughter? There is no surefire way to guarantee that you won't get it, but the best prevention is the easiest one: wash your hands often. Especially after any contact with your daughter's urine or saliva. Kissing her on the cheek or the top of the head instead of the mouth or the hands is another way to prevent contact with her saliva. And if you are still concerned, talk to your health care provider about blood tests to detect a current or past CMV infection. For more information, check out our **Baby Blog** about this topic.

If you have more questions about infections during pregnancy, contact a MotherToBaby expert by phone, email, text message or chat. During National Birth Defects Prevention Month and every day, moms-to-be have the opportunity to #prevent2protect, ensuring the healthiest start to life for their new additions!

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 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).

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