Vector-Borne Illnesses: How to Fight the (Bug) Bite During Pregnancy

The arrival of spring and summer warmth spurs many of us to spend more time outdoors and make travel plans, be it for a honeymoon, babymoon, or other seasonal getaway. Such was the case with Yesenia, who contacted MotherToBaby with questions about her upcoming summer vacation after finding out she is pregnant. Yesenia knew that with warmer temperatures comes an increased chance of mosquito bites and the infections they can carry. Like Yesenia, as you engage in more outdoor activity and plan getaway time, you may also have questions about exposure to these infections and their possible effects on a pregnancy. Understanding the potential risks of these illnesses and ways to protect yourself may help you make better-informed decisions before you decide to travel. This month, MotherToBaby turns to our partner the Society for Maternal-Fetal Medicine (SMFM) to help answer some of Yesenia's questions:

What are vectors and vector-borne illnesses?

Vectors are living organisms, such as mosquitoes, ticks, biting flies or fleas, that are capable of spreading diseases to humans through bites and other forms of contact. Some common examples of these diseases, called vector-borne illnesses, include Chikungunya, dengue, malaria, Oropouche, and Zika virus. While disease-carrying insects can bite year-round, they are most active during warm weather. Many vector-borne illnesses have no cure, and treatment is usually limited to just managing the symptoms. This is why it's important to protect yourself from bites!

How can vector-borne illnesses affect a pregnancy?

There can be serious health complications for the mother with some vector-borne infections during pregnancy, such as severe anemia, bleeding, and the need for hospitalization. If the mother develops serious complications, it increases the chance of problems for the baby, such as low birth weight, preterm delivery, or stillbirth. Some vector-borne illnesses may be passed from mother to baby during pregnancy, which can lead to serious birth defects, such as microcephaly (a condition where the head is smaller than normal), other structural defects of the brain and eyes, and problems with long-term development and cognition (such as learning, understanding, and memory). For more information, see the MotherToBaby fact sheets on dengue, malaria, Oropouche, and Zika. The CDC also has information about chikungunya and other vector-borne diseases. Additionally, SMFM has fact sheets on vector-borne illnesses and pregnancy (also available in Arabic, Chinese, Korean, Spanish, Tagalog, and Vietnamese).

I am pregnant and I am planning to travel. How can I protect myself?

Here are some quick tips:

- If traveling, check your destination(s) on CDC's Travelers' Health page before booking your trip. There you will find recommended vaccines and other tips to prevent travel-related illness at each destination. Avoid

nonessential travel to any areas that have a Travel Health Notice of Level 2 or higher.

- Apply Environmental Protection Agency (EPA) registered insect repellents to exposed skin and clothing.
- Avoid outdoor activity during dusk and dawn when mosquitoes are most active.
- Minimize exposure to open water sources, such as pools and lakes, which are breeding grounds for vectors.
- Keep windows and doors closed or use fans, mosquito nets, and mesh screens on windows and doors.
- Use the CDC's Pregnant Travelers' Health Guide for other general travel tips.

Which insect repellents are EPA-registered? And are they safe for me to use during pregnancy?

EPA-registered insect repellents include:

- N, N-diethyl-meta-toluamide (DEET)
- Picaridin
- IR3535
- Oil of lemon eucalyptus
- Para-menthane-diol

The EPA has studied these insect repellents for their effectiveness and safety profile. When used as directed on the product label, there is no evidence to suggest that these insect repellents increase the chance of birth defects or other pregnancy-related complications. For additional information, please see the MotherToBaby fact sheet on insect repellents.

Are there alternative insect repellents I can use?

Other essential-oil-based insect repellent products, including disposable wristbands and patches, are often advertised as safer alternatives to EPA-registered products, but there is no scientific evidence that they effectively protect you and your baby against disease-carrying insects. In addition, the essential oils in these products, such as peppermint, citronella, and lemongrass, are not regulated by the EPA as pesticides. It's better to steer clear of these products in favor of EPA-registered insect repellents.

I've read about "parasite cleanses." Do they work on vector-borne illnesses?

Parasites are living organisms that live on or inside a host and can cause harm by damaging tissues or triggering severe immune responses. Vector-borne illnesses are different from parasitic infections. But you may have seen social media posts touting home parasite cleanses that claim to "detox the body" and "kill off parasites" and wonder whether they could help prevent these diseases. The answer is a decided "no."

These cleanses, which contain a blend of herbs, have no proven record of efficacy (doing what the label claims they do) or safety (that they will not cause unwanted symptoms), especially for use during pregnancy. Although many of these products claim to target a wide range of parasites, they can have dangerous and unknown side effects for you and your baby.

Parasitic and vector-borne illnesses are serious conditions requiring proper medical attention. They cannot be cured by these products. If you suspect that you have a parasitic infection—or any other serious illness—it's important to speak with a doctor as soon as possible, especially during pregnancy.

The bottom line

So, what's SMFM's advice to Yesenia for her upcoming travel? The bottom line for protecting herself this spring and summer from vector-borne illnesses: stay away from higher-risk areas, stick with proven, safe repellents recommended by the EPA, and get in touch with her healthcare provider if she has any questions. Safe travels to Yesenia and to you!



More about Our Guest Co-Authors from SMFM

Naima T. Joseph, MD, is Vice Chair of the Society for Maternal-Fetal Medicine (SMFM) Committee on Infectious Diseases and Emerging Threats. Dr. Joseph is an MFM subspecialist in the Department of Obstetrics and Gynecology at Boston Medical Center and an Assistant Professor at Boston University School of Medicine.



Hazel Salvador is an intern at the Society for Maternal-Fetal Medicine and a Master of Public Health (MPH) student at George Washington University. She is interested in health policy, maternal and child health, and epidemiology, and she hopes to pursue a Doctor of Public Health (DrPH) degree in the future. In her free time, she enjoys traveling and playing with her two parrots.

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Vector-Borne Illnesses: How to Fight the (Bug) Bite During Pregnancy

By Lorrie Harris-Sagaribay, MPH, President of OTIS/MotherToBaby, in partnership with Joanne Samuel Goldblum, CEO and founder of National Diaper Bank Network.

MotherToBaby is proud to partner with the National Diaper Bank Network (NDBN) as the organization marks its 15th anniversary in 2026 – celebrating a decade and a half of supporting families across the country by ensuring access to diapers and other essential material needs. Through our partnership, we've learned that many parents and caregivers, especially those who are pregnant or caring for newborns, often ask the same kinds of questions about everyday exposures during pregnancy and lactation.

These concerns come straight from the field, as NDBN staff and volunteers working directly with families hear questions like these every day. To help answer them, MotherToBaby experts weigh in on some of the families' most common questions about pregnancy and breastfeeding exposures.

First, it's important to remember that birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Pregnancy problems (like miscarriage) can also happen in any pregnancy. MotherToBaby looks at research studies to understand if a certain exposure could increase the chance of birth defects or other problems in a pregnancy.

Here are five of the exposures that NBDN families ask about most frequently:

1. Caffeine

During pregnancy, it's recommended to keep your caffeine intake to less than 200 milligrams (mg) per day from all sources, including coffee, tea, energy drinks, and chocolate. (For reference, an 8-ounce cup of brewed coffee can contain 70 to 140 mg of caffeine, depending on the type of coffee and how it is brewed.) During breastfeeding, it's been suggested to stay under 300 mg per day, although that amount might be too high when the baby is very young (it takes young babies much longer than adults to process, or metabolize, caffeine). Even some older babies can be more sensitive to caffeine than others are. If you notice that your baby seems jittery, irritable, or wide awake in the middle of the night after you drink caffeine, you could consider cutting back.

Let's talk more about ***energy drinks***. Most energy drinks contain not only caffeine, sugar, and B vitamins, but also herbal ingredients that most likely haven't been studied in pregnancy or breastfeeding. This means there is no information about how much of these ingredients might reach the developing baby during pregnancy or get into the breast milk. For this reason, it might be preferred to hold off on energy drinks until you aren't pregnant or breastfeeding any longer.

2. Over-the-Counter Pain Medications

Two of the most common over-the-counter pain medications are acetaminophen (such as Tylenol®) and ibuprofen (such as Advil®). These pain relievers are also found in multi-symptom products, such as cold medications. During pregnancy, using acetaminophen for a short time when directed by a healthcare provider to treat pain or fever has not been shown to increase pregnancy risks. Acetaminophen should be used as directed and only for as long as you need it to treat your condition. Ibuprofen, on the other hand, is typically not recommended in pregnancy, especially in the second half of pregnancy, unless your healthcare provider has specifically advised using it.

During breastfeeding though, acetaminophen and ibuprofen can both be used as directed without expected side effects for the baby. The amount of acetaminophen or ibuprofen that gets into the breast milk is much less than the dose that could be given directly to an infant.

3. Fish and Mercury

You might have heard a rumor that eating fish is not a good idea during pregnancy. But this is not the case. While it's true that most fish could contain some amount of mercury (or more specifically, a form of mercury called methylmercury), these amounts are often too small to increase pregnancy risks as long as you make thoughtful choices about eating fish.

The amount of methylmercury in fish gets higher as fish move up the food chain. Big predatory fish that eat smaller fish usually have higher levels of methylmercury. These big fish include swordfish, marlin, bigeye tuna, and king mackerel, among others. These fish should be avoided during pregnancy and while breastfeeding.

Other kinds of fish can be enjoyed in moderation (1 to 3 servings per week, depending on the kind of fish and where it is caught). The U.S. Food & Drug Administration (FDA) and United States Environmental Protection Agency (EPA) developed a helpful guide that lists many kinds of fish and gives advice on how often they can be eaten by women who are pregnant or breastfeeding and by children ages 1-11 years: https://www.fda.gov/food/consumers/advice-about-eating-fish.

4. Cleaning Products

Is it better to use natural cleaning products like vinegar during pregnancy or while breastfeeding? What about when you have a young child in the home?

The way you use a cleaning product is usually more important than what the product is. Although using vinegar as a cleaner isn't expected to increase risks during pregnancy or while breastfeeding, there could be some surfaces or situations that require more effective products for sanitizing and disinfecting. In order for a chemical to be able to reach a developing baby during pregnancy or to get into the breast milk, the chemical first has to be circulating in your bloodstream. As long as a product is used in a well-ventilated area (open doors or windows, turn on fans) and your skin is protected from direct contact with the cleaner, then using the cleaner as directed is unlikely to result in an exposure that would get into your bloodstream. If you start to feel any symptoms, such as nausea, dizziness, or headache, increase ventilation in the area and get some fresh air. If you do use vinegar to clean, be sure not to mix it with

ammonia or other chemicals, as that can create harmful fumes. With any cleaning product, follow the directions on the label for how to use and store it.

As far as what kinds of cleaners are preferred when you have young children in the home, that is a great question to talk about with your child's healthcare provider.

5. Animal Dander/Feces

Common household pets like dogs, cats, and rodents tend to be furry. Although pet dander itself is not known to be harmful during pregnancy or while breastfeeding, dander could increase the chance of breathing problems if you have significant allergies or asthma. If you are experiencing worsening symptoms of allergies or asthma during your pregnancy, be sure to talk about it with your healthcare provider. It's also a good idea to wash your hands after handling any kind of rodent, even sweet, furry, household pets.

What about animal feces? It's best to avoid direct contact with any animal feces during pregnancy. This means you get a free pass on cleaning the gerbil cage or scooping the litterbox, if possible. Cat feces, in particular, can contain a parasite responsible for an infection called toxoplasmosis, especially if the cat is allowed outside or is fed raw meat. A toxoplasmosis infection during pregnancy increases the chance of pregnancy complications, and could even pass to the fetus. There's no need to rehome your cat or avoid petting it, but you should avoid direct contact with the cat's feces while you are pregnant.

Closing Thoughts

Through our partnership with NDBN, MotherToBaby is committed to answering the real questions families are asking—accurately, clearly, and compassionately. We know that parents want the best for their babies, and they deserve trusted, evidence-based information to make informed choices.

If you or someone you know has questions about exposures while pregnant or breastfeeding, you can contact a MotherToBaby specialist for free and confidential information via phone, text, or chat at MotherToBaby.org.

Together with NDBN, we'll continue listening, learning, and supporting families when it matters most.

More About the National Diaper Bank Network

The National Diaper Bank Network (NDBN) leads a nationwide movement dedicated to helping individuals, children and families access the basic necessities they require to thrive and reach their full potential…including clean, dry diapers, period supplies and other basic needs. Launched in 2011 with the support of founding sponsor Huggies®, NDBN is dedicated to creating awareness of diaper need/diaper insecurity and advocating for public policy to end it. The Network is made up of more than 300 basic needs banks serving local communities throughout the U.S. More information on NDBN and diaper need is available at nationaldiaperbanknetwork.org, and on Twitter (@DiaperNetwork), Instagram (@DiaperNetwork) and Facebook (facebook.com/NationalDiaperBankNetwork).

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

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Vector-Borne Illnesses: How to Fight the (Bug) Bite During Pregnancy

One of the most common Zika-related questions we get at MotherToBaby is, “What is the risk of Zika if I travel to Country X?” Or, a variation of the same: “We just got back from Country X. Do we ***really*** need to wait 3 months before we try to get pregnant?”

Back when the Zika epidemic was sweeping the western hemisphere, answering these travel-related questions was fairly straightforward. It was easier to know where there was a risk for Zika infection as governments and public health organizations around the world collaborated to identify and report cases. Since then, the number of reported Zika cases has fallen dramatically, but sporadic, low-level transmission continues to happen in some areas. Systems for detecting and reporting cases vary widely from country to country now, making it difficult to know the exact level of risk in any given area.

So, what’s a traveler to do?

First and foremost, all travelers should avoid mosquito bites to help prevent not only Zika, but also other diseases spread by mosquitoes. Preventing bites is important for everyone, especially those who are pregnant or planning a pregnancy and their partners. The best way to prevent mosquito bites while traveling is to use an Environmental Protection Agency (EPA)-registered insect repellent with one of the following active ingredients:

- DEET
- Picaridin (also known as KBR 3023 and icaridin)

- IR3535
- Oil of lemon eucalyptus (OLE)
- Para-menthane-diol (PMD)
- 2-undecanone

Other ways to help prevent bites during travel include wearing loose-fitting, long-sleeved shirts and pants, and sleeping in areas free of mosquitoes (such as accommodations with window and door screens or air conditioning, or sleeping under a mosquito net).

Second, consider your destination.

Check for active Zika Travel Health Notices from the Centers for Disease Control and Prevention (CDC). Travel Health Notices indicate areas with known current transmission of Zika.

After checking for Zika Travel Health Notices, visit the CDC interactive Zika map. The map uses different shades of blue to broadly classify Zika risk in countries and territories around the world:

- Dark blue areas have reported Zika transmission in the past and there could be current sporadic or low-level transmission in some areas. As in any area, there could be delays in detecting and reporting any new outbreaks.
- Medium blue areas have the kind of mosquitoes that most commonly spread Zika, but they have not reported Zika cases in the past.
- Light blue areas are not known to have the kind of mosquitoes that most commonly spread Zika, and they have not reported Zika cases in the past.

Third, learn the recommendations.

Learn the recommendations related to pregnancy based on your destination (summarized below). Depending on where you're thinking of going, CDC might advise that you avoid travel, take steps to prevent passing the virus to a partner through sex (sexual transmission), and/or delay pregnancy if you or your partner are planning to become pregnant. Preventing sexual transmission of Zika means using condoms or dental dams, not sharing sex toys, or not having sex for 2 months after travel (for biological females) or 3 months after travel (for biological males). If delaying pregnancy

after travel, follow these same timeframes (2 months after travel for biological females and 3 months after travel for biological male partners).

Recommendations for areas with a Zika Travel Health Notice:

- If you are pregnant, avoid travel to these areas.
- If your partner is pregnant and you must travel to these areas, prevent mosquito bites and sexual transmission during and after travel according to the guidelines and timeframes above.
- If you or your partner are planning a pregnancy and you choose to travel to these areas, prevent mosquito bites, prevent sexual transmission, and delay pregnancy after travel according to the guidelines and timeframes above.

Recommendations for areas with current or past transmission (dark blue on the map):

- If you or your partner are pregnant and you choose to travel to these areas, be sure to prevent mosquito bites. If you are concerned about Zika, prevent sexual transmission during and after travel according to the guidelines and timeframes above.
- If you or your partner are planning a pregnancy, be sure to prevent mosquito bites. If you are concerned about Zika, prevent sexual transmission during and after travel and consider delaying pregnancy according to the guidelines and timeframes above.

For travel to all other areas with mosquitoes, take steps to prevent bites.

Lastly, talk to your healthcare provider.

Talk to your healthcare provider about any questions or concerns. They can help you consider the nature of your travel, your ability to prevent mosquito bites and sexual transmission, the risks associated with a potential Zika infection, your pregnancy plans, and any other factors specific to you, your partner, and your circumstances.

MotherToBaby specialists are also available to talk with you about Zika or other travel-related exposures before or during pregnancy. Safe and happy travels!

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Vector-Borne Illnesses: How to Fight the (Bug) Bite During Pregnancy

"I just found out I'm pregnant. Can I keep drinking my energy shake in the mornings?"
"My doctor gave me the go-ahead to work out. Okay to have a protein shake after the gym?"
"My immunity-boosting drink is a life-saver. Can I keep using it while I'm pregnant?"

These are common questions during pregnancy, and ones that we hear a lot at MotherToBaby. Perhaps you've wondered the same thing yourself. As teratogen information specialists, we provide facts about how a woman's exposure in pregnancy might affect her developing baby. So, when we get questions about shakes, powders and other nutritional supplements in pregnancy, we look to the research. And that research, or lack of it, leads us to caution women against drinking that favorite nutritional shake while they're pregnant. Here's why:

Lack of FDA approval
Nutritional shakes and powders fall under the category of "supplements." Supplements aren't approved by the U.S. Food and Drug Administration (FDA) in the way that food and medicines are. The FDA does set out safety requirements for supplements, but the manufacturers are responsible for ensuring that their own products meet those requirements (kind of like a home builder inspecting their own house.) This means that shake makers and other manufacturers can put their products on the market without proving their safety, or even showing that the products actually do what they claim they will. Once a supplement is on the market, the FDA relies mostly on consumers' reports to alert them of side effects or other problems that could lead to warnings or recalls.

This is not to say that all supplement makers are unscrupulous or careless. Many manufacturers go above and beyond the FDA requirements for safety, and stand behind the purity and efficacy of their products. But the lack of oversight has allowed supplements to wind up on shelves despite being contaminated with bacteria, pesticides or heavy metals (such as lead), or having mislabeled ingredients or amounts of those ingredients. These inconsistencies can be dangerous, especially for people who take medications that might interact with unknown ingredients, or for pregnant women who need to avoid potentially harmful additives that can affect the baby.

Lack of studies in pregnancy
Nutritional shakes often contain vitamins, herbs, plant derivatives and other goodies intended to boost energy, strengthen immunity or have other positive health effects. But these additives are often listed on the label as "herbal blends" or "proprietary blends," meaning that the individual ingredients are not revealed. And even if they are listed individually, some of those ingredients may have been studied in pregnancy, while others have not. The lack of studies means we don't know if they might have harmful effects on a developing baby or otherwise increase risks in

pregnancy.

For example, some ingredients may be “generally recognized as safe (GRAS)” when eaten in the amounts usually found in food, but they could increase the risk of miscarriage when used at high concentrations in pregnancy. The concentration of a plant-derived ingredient can vary from batch to batch, depending on the growing and harvesting conditions of the plant. So in the end, you can’t be sure what you and your developing baby are getting with that shake.

Nutritional needs in pregnancy
A varied, healthy diet along with a daily prenatal vitamin recommended by your healthcare provider should give you all the vitamins, minerals and other nutrients that you and your growing baby need during pregnancy. Adding the extra vitamins found in that shake to your diet might result in exceeding the daily recommended amounts for pregnancy. On the flip side, if you are using a nutritional shake as a meal substitute, you might be missing essential nutrients that you and your baby should be getting from food. Always talk to your healthcare provider about the best way to meet your specific nutritional needs during pregnancy.

So, what to do about that container of protein powder sitting in your pantry or those bottles of energy shake taking up space in the fridge? Our advice? Find a new home for them until after you’ve delivered and are no longer breastfeeding. After all, you want to give your pregnancy a “fair shake,” right?

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Vector-Borne Illnesses: How to Fight the (Bug) Bite During Pregnancy

Maya has been a healthy, happy vegan since she was a teenager. Now, at age 25 and pregnant for the first time, she is suddenly worried and uncertain about whether she can provide all the nutrients her developing baby needs if she continues to follow her vegan diet during pregnancy. She contacted us at MotherToBaby looking for answers. Maya's question is not unusual, but since it's a bit outside our area of expertise, I enlisted the help of an expert in maternal nutrition to help answer it.

Registered dietitian Kerry Jones, MPH, RDN, LDN is the owner of Milestones Pediatric & Maternal Nutrition in Cary, North Carolina. She works with women who are trying to conceive, pregnant, or breastfeeding, as well as children, which makes her a perfect resource for this topic. Kerry was happy to weigh in on Maya's concerns and other common questions we get at MotherToBaby about vegetarian and vegan diets in pregnancy and breastfeeding.

First, what exactly does vegetarian mean? And how is vegan different from vegetarian? By definition, vegetarian means eating everything except meat, poultry, or seafood. Some vegetarians also choose to exclude eggs but consume dairy products (lacto-vegetarian), or exclude dairy but eat eggs (ovo-vegetarian). A vegan diet takes it a step further by avoiding all ingredients that come from animals, including eggs, dairy, gelatin, and honey. While these diets may seem limiting to someone who doesn't follow them, vegetarians and vegans still enjoy an abundant variety of foods. Now, on to Maya's question…

Q: Can I have a healthy pregnancy if I'm vegetarian or vegan?

Kerry Jones: Yes, you can definitely have a healthy pregnancy, even if you follow a vegetarian or vegan diet. However, that does not mean that eating during your pregnancy will be without its challenges, since there are many nutrients that are crucial to your child's development that can be hard to obtain from a plant-based eating pattern, such as vitamin B12, choline, vitamin K2, DHA, iodine, iron, and zinc, to name a few. However, with proper planning, supplementation, and support, I believe that women who are vegetarian or vegan can have healthy pregnancies.

Q: Are there any vitamins I'll need to take during pregnancy in addition to my regular prenatal vitamin?

Kerry: As I mentioned, there are several nutrients that are crucial to fetal development that are hard to obtain in a vegetarian or vegan diet. It will be important to make sure that your prenatal vitamin is high quality and contains not only enough of these nutrients, but also the best forms of these vitamins and minerals to ensure they will be well absorbed by your body (such as Methylcobalamin and/or adensylcobalamin when looking for vitamin B12). It is also important to ensure the prenatal vitamin you choose does not contain unwanted additives or nutrients (such as having both calcium and iron in the same supplement, since we know these minerals compete for absorption) and is third-party tested (since there is currently no governing organization that oversees the safety, content, purity, dosage, or effectiveness of supplements). In addition to a high-quality prenatal vitamin, it will likely be beneficial to take an algae-based DHA supplement. However, it is important to talk to your OB/GYN before starting any supplements.

Q: How can I be sure I'm getting enough protein during pregnancy if I don't eat animal products?

Kerry: That's a great question. We know that getting enough protein during pregnancy is important for both mothers and developing babies. Luckily, there are a variety of plant-based protein sources, such as: seitan, tempeh, beans, seeds, nuts, and lentils, to name a few. I recommend that all adults, including women who are pregnant, aim to have one-fourth of their plate or bowl be composed of protein sources at each meal and have a protein source at each snack. Following this meal pattern typically allows most pregnant women to meet their protein needs. However, if you are concerned about your specific protein needs during early and late pregnancy, contact a prenatal registered dietitian, such as myself, to get customized recommendations.

The biggest concern related to meeting protein needs for pregnant women following plant-based diets is ensuring they are getting the individual amino acids they need. Animal proteins are often referred to as complete proteins, which means the protein source contains all of the essential amino acids (or protein building blocks) that our body needs. However, not all plant protein sources are complete proteins. Therefore, it is important that pregnant women following plant-based diets not only get enough protein throughout the day, but also eat a variety of protein sources to make sure they are getting all of the needed amino acids.

Q: I love my OB, but she doesn't have experience with vegetarian and vegan diets in pregnancy. Any advice?

Kerry: If you are getting push back or hesitation from your OB/GYN to support your dietary decision, it is important to remember that your OB/GYN is likely concerned that you and your baby are not going to get the nutrients that you both need during this critical period. Make sure to be an advocate for your health and beliefs to explain why you want to be a vegetarian and vegan while pregnant. Additionally, consider working with a prenatal registered dietitian to get evidenced-based, individualized recommendations on how to meet you and your baby's nutrient needs. This will help give you the support you need to meet your unique needs and give your OB/GYN the reassurance they need to feel confident in your dietary decisions.

Q: My baby is almost due. Is there anything I need to know about being vegetarian/vegan while breastfeeding?

Kerry: Yes! Just like when you were pregnant, what you eat when breastfeeding matters. This is because when you are breastfeeding exclusively you are still the single source of nutrition for your little one just like you were during pregnancy. While the levels of some nutrients in breastmilk are not affected by maternal diet, the amount of many vitamins and minerals in breastmilk is dependent on how much you consume as a mom, such as vitamin B12, vitamin K2, choline, DHA, and iodine, to name a few. Therefore, it is important to continue your prenatal vitamin or switch to a postnatal vitamin and have a plan to get the nutrients that your baby needs while breastfeeding and you need for postpartum recovery.

After hearing Kerry's feedback, Maya was relieved to know that by incorporating a few changes to her diet she could indeed have a healthy plant-powered pregnancy! If you have questions about your diet in pregnancy or breastfeeding,

talk to your healthcare provider or a registered dietitian with expertise in maternal nutrition. And as always, MotherToBaby is here for you for any questions about exposures during pregnancy and breastfeeding.

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