Special Edition Baby Blog: What Do All the Colors Mean? Zika, Pregnancy & Travel in a Post-Epidemic World

Back when Zika swept the western hemisphere, the travel recommendations for women who were pregnant or planning a pregnancy were clear: avoid any areas that had a risk of Zika infection. It was fairly easy to know where those areas were, as governments and public health organizations around the world worked tirelessly to identify and report cases. World maps showing areas of risk provided clear "yes/no" guidance. Was there any doubt about who shouldn't travel where? Not really. Not back then.

But what about now? The number of reported Zika cases has fallen dramatically in recent years. However, the accuracy of reporting can vary widely from country to country, so the once-clear world map of Zika risk now appears much less well-defined.

One of the most common Zika-related questions we still get at MotherToBaby is, "How likely is it that I'll get Zika if I travel to Country X?" (Or a variation of the same: "We went to Country X. Do we ***really*** need to wait 3 months before we try to get pregnant?") One resource to help answer that question is the interactive world map maintained by the Centers for Disease Control and Prevention (CDC) to illustrate areas with Zika risk. Visit the map now and you'll find four colors, each indicating a different level of Zika risk and the corresponding recommendations for pregnant women, their partners, and those who are planning pregnancy. Let's take a look at what each color means :

- **Red** areas have active Zika transmission. ***Travelers to red areas are at risk of Zika infection.***
  - Pregnant women and their partners should avoid all unnecessary travel to red areas.
  - Couples and individuals who travel to red areas should wait at least 2 months (women) or 3 months (men) before trying to get pregnant, and have only protected sex during that wait time.
- **Purple** areas have had active Zika transmission sometime in the past, and there could still be sporadic cases. ***Travelers to purple areas might be at risk of Zika infection.***

Pregnant women, their partners, and those who are planning pregnancy are encouraged to talk with their healthcare providers to make decisions about travel to purple areas. Careful consideration should be given to the risks and consequences of Zika infection in pregnancy, the nature of their travel, how much potential risk they are willing to accept, how soon they want to get pregnant (if they are not already), and any other factors specific to that individual or couple at that time.

- If pregnant women or their partners decide to travel to purple areas, they should take steps to minimize risk, including using insect repellent and considering the use of condoms for the rest of the pregnancy.
- Women planning pregnancy who travel to purple areas should also take steps to minimize risk, including using insect repellent and considering following recommended wait times before trying to get pregnant (2 months for women, 3 months for men).

There is a sub-category of **light purple**, which shows higher elevations above 6,500 feet where mosquitoes that can transmit Zika don't usually live. The chance of getting Zika in light purple areas is very low. However, be sure to consider if your travel plans would take you through dark purple areas on the way to these lighter purple zones.

- **Yellow** areas have mosquitoes that can transmit Zika, but have not had reported cases of Zika transmission. ***Travelers to yellow areas are at low risk of Zika infection.***
  - All travelers to yellow areas should take precautions to prevent mosquito bites.

- **Green** areas do not have mosquitoes that can transmit Zika and have not had any reported cases of Zika transmission. ***Travelers to green areas are not at risk of Zika infection.***
    - There are no Zika-related travel recommendations for green areas.

Given that many countries are included in the purple category, how does this map help you know what your risk ***really*** is if you travel to a purple area? The answer is that it doesn't. Purple only tells you there is ***some*** level of risk. Here's why purple—and we at MotherToBaby—can't be more specific:

- ***Reliable data for every country around the world simply does not exist.*** Since Zika virus is no longer considered a public health emergency, many resources that once helped support global data collection have moved on to other, more pressing issues.
- ***The level of risk within a purple country could change without us knowing right away.*** The ability of any country to quickly identify and report cases depends on resources, logistics and other factors. This means there could be delays in detecting and announcing any new outbreaks.

The bottom line is that our post-Zika-epidemic world requires that we take the health of current and future pregnancies into consideration when planning travel. Ask ourselves how much potential risk we are willing to accept when we book our vacations and business trips. Does that mean that couples and individuals who want to have children should never go to areas that ever had Zika? Not at all! But if they are currently pregnant, or are not willing or able to effectively prevent pregnancy for at least 3 months after traveling, they might prefer to visit one of the many areas where there is no known risk of Zika. (Think yellow! Think green!)

MotherToBaby is here to answer your questions about Zika or other exposures before or during pregnancy. Happy travels!

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

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Welcome, spring! Did someone say wildflowers? (***AHHH…) T***rees? ***(AHHH…) Gr***asses? ***(CHOO!) Ugh!*** While many people enjoy renewed energy brought on by the bursting forth of spring color, others feel only the misery of seasonal allergies due to pollen, mold, and other springtime triggers. Combine seasonal allergy symptoms with pregnancy, and you can end up short on sleep, long on fatigue, and with an increased chance of respiratory complications if you have asthma. None of these things are good for you or your baby, and keeping asthma symptoms under control is especially important during pregnancy.

Wash Your Cares Away

A simple over-the-counter (OTC) saline nose spray can rinse pollen, dust, and other allergy triggers from your nose. This option is not expected to result in an exposure for the pregnancy or to increase pregnancy risks.

Sleep, Magical Sleep

To help you sleep better, consider using OTC nasal strips to open your nasal passages at night. Use a pillow cover to reduce dust and other allergens. Also try sleeping with your head slightly elevated to help drain the sinuses and reduce inflammation.

Still Suffering?

It may be worth having a conversation with your healthcare provider about the pros and cons of various allergy medications. Before grabbing an over-the-counter medication to treat your symptoms, consider this:

- With any medication, take the time to read your labels. Some allergy medications marketed for cough and cold contain alcohol, which should be avoided during pregnancy. Also, multi-symptom formulas might contain additional medications that you don't need. As with any medication in pregnancy, use allergy medications for the shortest amount of time needed, and follow dosing instructions carefully.
- **Antihistamines:** Older antihistamines like diphenhydramine (sold under the name Benadryl® and other brands) and chlorpheniramine can make you sleepy, so they aren't ideal for daytime use. Newer antihistamines, such as cetirizine (Zyrtec®), fexofenadine (Allegra®), and loratadine (Claritin®), are less likely to make you drowsy and have not been shown to increase the chance of birth defects or other pregnancy complications when used as directed.
- **Eye drops:** Allergy eye drops may contain antihistamines, steroid medications, or other active ingredients. Eye drops result in lower exposure for the pregnancy than oral (swallowed) medications do. However, some eye drops have been better studied for use in pregnancy than others have. Check with your healthcare provider or contact a MotherToBaby specialist for questions about your specific eye drop.
- **Steroid nasal sprays:** OTC options include budesonide, fluticasone, and triamcinolone (you can find the active ingredients listed on the label). Some older studies suggested that using oral steroid medications might increase the chance of cleft lip or palate and affect the baby's growth, but newer studies don't find this to be true. In addition, nasal sprays are not well absorbed into the bloodstream when used as recommended, so there is less exposure for the pregnancy. Compared to some other nasal spray ingredients, fluticasone might be absorbed in greater amounts, but these still would not reach the amounts seen with oral medications. No

increased pregnancy risks have been seen specifically with OTC steroid nasal sprays.

- **Decongestants:** The overall research does not suggest that using decongestants for a short time would increase pregnancy risks. However, decongestants work by temporarily making the blood vessels narrower. There are concerns that this could limit the supply of oxygen to the placenta and the developing baby. Some healthcare providers recommend avoiding decongestants in the first trimester, and using them with caution any time in pregnancy. Short term use (3 days or less) of nasal spray decongestants results in less exposure for the pregnancy than oral decongestants do.
- **Allergy shots**: Most reactions to allergy shots (redness, swelling, itching) are not dangerous. If someone is already receiving allergy shots before they get pregnant, there is no general recommendation to stop during the pregnancy. However, there is a small chance that a person could have a life-threatening allergic reaction (anaphylaxis) if they are new to allergy shots or are building up their dose. For this reason, it is not recommended to start getting allergy shots for the first time or to increase the dose during pregnancy.

If you have questions about specific allergy medications during pregnancy, including those available by prescription, talk to your healthcare provider or contact us at MotherToBaby. Happy spring!

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It's that time of year again, when the holidays invite family gatherings, and colder, shorter days make us long for sunny destinations. Yes, the winter travel season is upon us! Remember winters past when COVID-19 wasn't around and we'd never heard of Zika? When we didn't give much thought to health concerns related to hopping on a plane or going to busy holiday venues? Things are different now. If you're pregnant, you might pause before booking airline tickets or RSVPing "yes" to that extended family reunion. Take a moment to consider the possible risks associated with your plans, and how you might reduce them (by taking precautions) or eliminate them (by making alternate plans instead). Here are a few things to think about:

COVID-19:

Try as we might, we can't escape it or wish it away. We are, in fact, still in the middle of a pandemic, with new variants appearing and cases still rising and falling unpredictably in most places. Traveling on public transportation (such as airplanes, ships, trains, subways, taxis, and ride shares) can make getting and spreading COVID-19 more likely. So can being in crowded indoor spaces, especially if not everyone in those spaces is fully vaccinated against COVID-19 and/or wearing a mask. Having COVID-19 in pregnancy can increase pregnancy risks such as stillbirth and preterm delivery. So, how can you eliminate or reduce your chance of exposure to the virus?

- **Avoid public transportation.** If you must travel, using your own vehicle with members of your own household is the safest bet. Using drive-thrus or packing your own food to stop and eat along the way is safer than eating in crowded restaurants full of other holiday travelers.

- If you must travel on a plane or use other public transportation, **wear a well-fitting mask** the whole time (this is required), **stay at least 6 feet away** from other travelers when possible, and **wash your hands**/use an alcohol-based hand sanitizer frequently. Most importantly, make sure you're **fully vaccinated** before you travel, including getting a booster dose when you're eligible.

- Did I mention making sure you're **FULLY VACCINATED** before travel? It's the single best way to reduce the chance of getting very sick if you're exposed to the virus that causes COVID-19. Pregnancy and being very sick don't go well together, so this one is really, really important, whether you're traveling or not. MotherToBaby has helpful resources on the COVID-19 vaccines and booster shot, and you can contact us to talk through any questions or concerns you may have about getting the vaccine.

- Even if you're fully vaccinated, you might still consider **wearing a mask indoors** during holiday gatherings (and elsewhere), especially if you're getting together with people from different households coming from different places. If everyone else at the gathering also wears a mask indoors, even better.

- Find more tips and information about safer holiday celebrations and travel in the time of COVID at this link: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html.

Influenza (the Flu):

Flu season carries its own risks for people who are pregnant. Like COVID-19, having the flu during pregnancy increases the chance of being very sick compared to people who aren't pregnant. Many of the same precautions that apply to COVID-19 apply to the flu as well:

- **Get the flu shot.** Like the COVID-19 vaccine, the flu shot can be given at any time during pregnancy, and can even be given at the same time as a COVID vaccine or booster. The sooner you're vaccinated, the sooner you and your pregnancy will have good protection against becoming very sick from the flu. And (bonus!) getting vaccinated in pregnancy may pass some protective antibodies to your developing baby.

- **Avoiding public transportation and crowded indoor spaces** will also reduce your chance of exposure to the flu virus. **Washing your hands frequently**/using an alcohol-based hand sanitizer is also an excellent flu prevention technique.

Zika:

Yes, Zika is still around. There are no known "outbreaks" of Zika anywhere in the world at this time, but there is ongoing, low-level, sporadic transmission in some places. Having Zika during pregnancy increases the chance of serious and lifelong effects for a developing baby. There is no vaccine against the Zika virus.

- The safest course in pregnancy (or if you're trying to conceive) is to **avoid travel** to places with a chance of exposure. Unfortunately, it's virtually impossible now to know the exact risk of being exposed to Zika in any given country, but if you must travel, you can use the CDC's Zika map to help you plan.

- If you travel,**use insect repellent** and take other precautions to help avoid mosquito bites, such as wearing long sleeves and pants. If your partner travels with you, take steps to **avoid sexual transmission of Zika**. If you're planning a pregnancy, follow the recommended wait times (2 months for women, 3 months for men) before trying to conceive.

Other infections:

If you're considering international travel, there may be other infections to consider, such as malaria and foodborne illnesses. You might also need other vaccines, so be sure to review the current vaccine recommendations for your destination. Some vaccines can be given during pregnancy, but it's a good idea to check with your healthcare provider or contact MotherToBaby to discuss the risks and benefits of specific vaccines as you're deciding about travel.

Medical concerns:

Other travel considerations include the increased chance of blood clots during travel if you're pregnant, and where you will receive medical care in case of unexpected preterm labor or another medical emergency. Before any travel, be sure to talk with your healthcare provider about any additional considerations that are specific to you and your pregnancy.

Given all these considerations, if you're pregnant you might decide this year is a good one to enjoy low-key holidays at home and save the travel for another time. However you decide to spend the season, we hope it's safe, healthy, and happy!

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Chelsea's chat came through late on a Wednesday afternoon: "Hi, I'm 23 weeks pregnant and have plans to visit my family in a different state this holiday season. My sister just had a baby and is breastfeeding, and my grandparents will also be there, so I want to be as safe as possible with COVID-19 still spreading. What do you think I should do?"

With Thanksgiving, Hanukkah, Christmas, and Kwanzaa all quickly approaching, questions like this are coming into our chat service more frequently. We're living in a new normal, and in the midst of rising COVID-19 case counts throughout much of the country, we're all trying to figure out the safest way to celebrate with our loved ones this year.

I told Chelsea there were many individual factors that go into a decision like hers, but we could go over a few guiding principles to help her make an informed choice.

Stay Home When Possible

Staying local and celebrating in-person only with other members of your household is the safest approach this year. This is especially true for pregnant individuals, who the Centers for Disease Control and Prevention (CDC) considers a group that is at "increased risk of severe illness" from COVID-19. While celebrating in such small numbers is certainly not how any of us want to spend the holidays, it's the best way to keep everyone safe. And if someone from outside of your immediate family really wants to join in on the fun – virtual get togethers are a great option!

Preparing to Travel

If it's not possible for you to stay home, then prepare, prepare, prepare! One of the most important things individuals can do this holiday season is prepare for their trip ahead of time. Most importantly, this means taking precautions to limit your own exposure to the virus that causes COVID-19 for 14 days before you plan to depart. This may include things like less frequent trips to the grocery store, keeping kids home and socially distancing them from their friends, working remotely when possible, and avoiding any pre-holiday gatherings. If you have to go on an important outing (such as a prenatal visit), keep in mind the prevention basics: wash your hands, maintain distance, and wear a mask.

Getting tested for COVID-19 is another way to reduce risk prior to gathering. This is especially important to do if you develop any symptoms that could be COVID-19 (fever, cough, shortness of breath, loss of taste or smell, etc.). The test itself is not perfect and any interaction you have after the test is completed would put you at risk of exposure again, but for some families having a negative COVID-19 test can be a helpful tool in the preparation toolbox.

Choosing how you travel will also be important this year. Driving to your destination is one way to limit your exposure to others and reduce the risk of getting sick in transit. If you have to fly, take a bus, or get on a train, you will likely be

surrounded by many other people, which is more of a potential risk. Get your hand sanitizer and mask ready if you have to go this route!

One other important thing you can do before traveling? Get a flu shot (ideally at least 14 days ahead of time)! While it won't protect you from COVID-19, it will help prevent the flu, which can be serious for pregnant women. It will also help keep you from needing medical care, which is important since some communities are reaching max capacity in their hospitals and may not have room to admit you for treatment.

Think about Grandma

Next, you want to think about who you will be traveling to see. We know that certain individuals are more likely to get very sick and/or die from COVID-19. This includes older adults (with risk increasing with age) and those with underlying medical conditions such as type 2 diabetes, severe obesity, cancer, or pregnancy. Chelsea's grandparents were in their late 80's, and her grandma was also a smoker. She also had her new nephew to think about, and her sister who was breastfeeding. What seemed like a simple family gathering quickly became a lot more complex when everyone's health was assessed.

If you have a high-risk individual in your family, it's important that you consider their health when planning holiday travel. For some families, this may mean making the decision to break the wishbone virtually over FaceTime or Zoom. For others, it could mean a strict 14 day quarantine for all who will be gathering (discussed above) before any interactions take place.

Celebrating Safely

Whether Chelsea chooses to travel or stay close to home during the holidays, she can reduce the chance of coming into contact with the virus by continuing to take precautions while celebrating with others. Limiting activities to people in your own household obviously presents the least risk since you're already together anyway. But if you do host or attend gatherings with others, keep in mind that smaller groups in outdoor spaces where everyone wears a mask, stays at least 6 feet apart, and practices good hand hygiene is a much safer option than attending large indoor gatherings where not everyone wears a mask or follows other common sense precautions. Your decision to spend time around others should also consider the current spread of COVID-19 in the community where you live or where you will be traveling. I encouraged Chelsea to check the state department of health website for guidelines and recommendations for her destination.

What would a holiday celebration be without FOOD? You can still enjoy your favorite pregnancy-safe foods and beverages (no soft cheeses! no alcohol!), but you want to do what you can to reduce the chance of contact with any foodborne germs. Even though the chance of getting COVID-19 from contact with food or serving utensils is probably low, it's important that everyone wash their hands before preparing, serving, or eating food. Having only 1 or 2 people serve the food to everyone else while wearing a mask is a better choice than having lots of people handle the serving utensils or food containers. As yummy as potlucks or buffets can be, at least for this year it might be safer if each guest brings food and drinks for themselves and their own household members only, or picks up ready-to-serve items. In addition, since people clearly can't be masked and eat at the same time, plan ahead and get creative to create space between people when they sit down to eat – this year is definitely not the time to pile 12 people around a 6-person table! And as always, be sure that hot items are consumed hot, and cold items are consumed cold – no one wants a food-borne illness like E.coli or salmonella!

When the Party's Over

After attending any gatherings (even small ones) or staying with relatives, Chelsea will need to pay attention to any symptoms that could suggest possible COVID-19 infection. If she, or anyone else she spent time with, has symptoms or tests positive for COVID-19, she should contact her healthcare provider right away about testing and/or follow any instructions from her local health department. She will most likely need to self-isolate at home for 14 days. In addition, she should contact her hosts as soon as possible to let them know, so they can inform other guests and family members that they might have been exposed to the virus. Not fun, but a necessary part of helping keep us all healthy and safe throughout the holiday season.

Chelsea has a lot to consider this holiday season, as we all do. For more tips on celebrating safely during the holidays, visit the CDC's website on COVID-19 and holiday celebrations. And for more information about COVID-19 and pregnancy and breastfeeding, see our MotherToBaby fact sheet. However you choose to celebrate, we wish you a happy and healthy holiday season!

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Post-Epidemic World

As the coronavirus that causes COVID-19 continues to spread, pregnant and breastfeeding women are understandably concerned. Many of your recent calls, chats, texts, and emails to MotherToBaby have been about the virus itself and how it might affect a developing baby or breastfed infant (more about that on our COVID-19 fact sheet). But we're also hearing related concerns about how to stay safe and healthy while pregnant or breastfeeding during the pandemic. Here, we answer some of the most common questions we're getting during this uncertain time:

FAQs

Can I use supplements to boost my immunity?

We're receiving even more inquiries than usual about using supplements such as elderberry, zinc, and vitamin C to "boost immunity." Unfortunately, there is no good data to suggest that these supplements have a protective effect against coronavirus. Additionally, the use of supplements in pregnancy and lactation comes with potential concerns.

The first concern is the lack of regulation. Dietary supplements do not require the same oversight by the Food and Drug Administration (FDA) as medications do, which means that supplement manufacturers do not have to prove the safety and effectiveness of their products before they hit the shelves. Supplements may be contaminated with other ingredients (such as prescription medications or lead), and differences may be found between the amount or ingredient listed on the label and what is actually in the product.

The second concern about supplements is that usually they are not well studied for use in pregnancy and lactation. Without good research, we just don't know how something like elderberry might affect a developing baby or breastfed infant. Mega-doses of any vitamin (like the 1000 mg of vitamin C commonly found in some supplements) are of particular concern as they are much higher than what is recommended for pregnant or breastfeeding women in a single day. Generally speaking, if you are eating a healthy diet and taking a prenatal vitamin, you are probably covering all your vitamin and mineral needs. Taking additional supplements might present increased risks to your pregnancy or your breastfed baby, with no clear evidence that they would effectively boost your immunity. You can read more on our Herbal Products Fact Sheet.

Are cleaning products safe for me and my baby?

The Centers for Disease Control and Prevention (CDC) recommend cleaning and disinfecting high-touch surfaces as one way to help prevent exposure to the virus. This means wiping down doorknobs, light switches, desks, faucets, electronics, and more… but does all this exposure to cleaning products increase risks to a pregnancy or a breastfed baby?

Our previous Baby Blog on household cleaners explains that when you use cleaning products as directed, the actual exposure to your developing baby or breastfed infant is likely to be quite low. Even if you can smell the fumes, brief inhalation while cleaning generally won't allow for much absorption of these kinds of compounds into your blood.

Likewise, your skin is a surprisingly good barrier that prevents significant absorption of cleaning products through the skin. Any chemicals that might get into your blood through inhalation or skin contact typically won't reach the developing baby or get into your breastmilk in any meaningful quantity. Working in a ventilated area and wearing gloves when using cleaning products can further reduce your exposure, and help prevent respiratory and skin irritation. And of course, wash your hands after cleaning.

Should I still go to my prenatal appointments?

You've read you should stay home as much as possible since this virus can spread easily from person to person. This is true, but your prenatal appointments are still important! These visits are vital opportunities for your provider to assess the health of your pregnancy and identify any issues that might affect you or your developing baby. Some healthcare providers are offering ***some*** appointments virtually (over the internet) or spreading out the time between appointments a bit longer than normal. But sometimes you will have be seen in person, especially for screenings, labs, and vaccines, such as the flu shot and Tdap vaccine that help protect both mom and baby against serious illness.

If you haven't already, talk to your pregnancy care provider about any changes to your upcoming appointments. For virtual visits, ask what technology (phone, laptop, etc.) you will need to connect with your provider, and write down a list of questions so you don't forget to ask anything. Just like a regular appointment, it can be helpful to have someone "come along" virtually to help make sure all your concerns are addressed. For in-person visits, your provider may ask that you come alone (no partner, no kids). While there, try to stay at least 6 feet away from other patients in the waiting room, wear a cloth face cover, and don't forget to wash your hands! For more prevention tips, check out guidance from the CDC here.

Why have they delayed my fertility procedure?

Many kinds of medical procedures are being put on hold as a way to help prevent the spread of coronavirus and reserve essential medical supplies for critical medical care. For this reason, the American Society for Reproductive Medicine has made the difficult decision to suspend initiation of new treatment cycles (intrauterine insemination or IUI and in vitro fertilization or IVF) for the time being. We completely empathize with anyone who gets this news. When you've been trying to get pregnant and each passing month feels like another missed opportunity, a setback like this is the last thing you want. During this difficult but necessary delay, make sure to continue practicing healthy habits like staying active, avoiding alcohol, and taking a prenatal vitamin with at least 400 mcg of folic acid every day. That way, you'll be ready to go once you get the green light that IUI and IVF treatments are back on.

I still have to go to work every day. What can I do to avoid getting COVID-19?

If you aren't able to work from home, you might be worried that going in to work could increase your chance of contact with the virus. How true this is might depend on your job situation. If you have contact with the public at work and you are pregnant or breastfeeding, you could talk to your employer about being temporarily reassigned to another role that limits your contact with other people. However, not every workplace will be able to accommodate this request. CDC workplace recommendations for everyone include strategies such as not shaking hands, wiping down frequently-touched surfaces, limiting in-person meetings, maintaining at least 6 feet of distance between you and people with

whom you need to interact, not sharing food, and of course, staying home if you are sick. In addition, CDC guidelines recommend wearing a cloth face covering when you may be near other people to help reduce the spread of the virus.

If you are a pregnant healthcare worker, be sure your employer knows you are pregnant before you provide any direct patient care to a person with confirmed or suspected COVID-19. When possible, and depending on staffing needs, management should consider limiting your exposure to these patients. This is especially true if you perform procedures with a higher chance of coming into contact with a patient's respiratory droplets (such as intubation). If you do provide care to a patient with confirmed or suspected COVID-19, be sure to follow the Infection Control guidelines for all healthcare personnel. Our fact sheet on Reproductive Hazards of the Workplace can answer additional questions about staying safe at work during pregnancy and while breastfeeding.

I'm stressed! Can this affect my pregnancy?

With the constant news stream about the pandemic, it can be tough not to feel anxious or depressed during this time. Plus, social distancing means that many women are separated from their support network of friends and family members. Add in trying to work from home with a partner and/or kids, and it's easy to see why many women are feeling stressed out! We discussed mental health and COVID-19 at length in our recent podcast episode, which you can listen to here.

One big takeaway from the podcast? Some studies suggest that ongoing stress and uncontrolled depression or anxiety during pregnancy can increase the chance of outcomes such as preterm birth and low birth weight. So, if you feel like your mental health is suffering because of this pandemic, we encourage you to reach out to your healthcare provider (maybe virtually!) to figure out the best approach for treatment. Some women can benefit from making simple changes in their daily habits (like watching less news and getting more fresh air), while others might need to use a medication to help manage their symptoms. If that's the case, MotherToBaby can share with you what is known about your particular antidepressant or anti-anxiety medication in pregnancy and/or lactation.

Whatever your concerns about COVID-19 or other exposures might be, please know that MotherToBaby is here for you with evidence-based answers. Please reach out to us with your questions. We're all in this together.

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