

# When The Sniffles Strike During Pregnancy: Cold Meds & Your Questions Answered

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***Is it a cold? The flu? Or is it COVID-19? Either way, it is miserable.***

It is Friday afternoon. You are pregnant, or actively planning, and you wake up with a scratchy throat, pressure in your nose and forehead, and runny nose. You think you have a cold... or is it the flu or COVID-19? You have left a message with your healthcare provider to ask them about what to do and what medication you can take. You are worried about taking the wrong medication. As the hours pass, you think it is unlikely that you will be able to get in touch with them before the end of the workday. Now, you are worried about going into the weekend without medication.

What to do? First, try to figure out if it is a cold, flu, or COVID-19. Some healthcare providers may share instructions for this situation and/or give their pregnant patients a list of medications that they approve for common medical conditions. When this list is not provided, many pregnant women contact MotherToBaby specialists for help. Although MotherToBaby specialists cannot make specific medication recommendations, we can provide information on most medications based on the studies and how the drugs work.

## Is It a Cold?

A cold is caused by one of more than 200 viruses. Colds can spread easily from person to person. Symptoms can include sore throat, runny or stuffy nose, sneezing and coughing, headache, and muscle aches. For healthy pregnant women, an infection with a cold is not associated with a higher risk to her or her developing baby. There is no testing for a cold. Generally, colds are treated with over-the-counter medications.

## Is it the Flu?

**Influenza**, often called “the flu,” is an illness caused by a virus. Flu symptoms include fever (typically between 100°F to 104°F), chills, cough, sore throat, body aches, and tiredness. Pregnant women and their pregnancy are at higher risk from **flu**. Testing for flu is available in the doctor’s office and at some pharmacies. **Antiviral medications** are recommended for pregnant women even if the testing has not been completed due to the risks from flu.

## Is it COVID-19?

**COVID-19** is caused by the SARS-CoV-2 (virus). The symptoms of flu and COVID-19 are similar. Symptoms include fever, cough, shortness of breath, sore throat, body aches, headache and change of taste or smell. Some people may have symptoms that last a short time and others may get very sick. Pregnant women and their pregnancy are at higher risk from COVID-19 infection. Testing for COVID-19 is available over the counter. **Medication** is recommended by health organizations for pregnant women with COVID-19.

## Fever

In adults, a fever is a temperature of 100.4°F (38°C) or higher. Most healthcare providers recommend **acetaminophen** to treat fever, headache, and body pain in pregnancy. Studies on acetaminophen use during pregnancy have not shown a higher risk to the developing baby when it is used as directed for a short time.

A high fever that is untreated in pregnancy increases the chance of birth defects. A temperature of 101°F that lasts for over 24 hours early in pregnancy may increase the risk for a birth defect of the spine. You can read more about fever at <https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/>.

## Over the Counter and Self-care Treatments

Pharmacies have rows of cough and cold products. In pregnancy, it is best to take an alcohol-free medication that contains only those ingredients that address the specific symptoms. For example, if the only symptom is body aches, taking a multi-symptom medication for congestion, cough and body aches would mean unnecessarily exposing yourself and the developing baby to medications.

Below we review some over-the-counter cold treatments and self-care treatments. The options below do not cover all treatments and should not be considered a recommendation. Ideally, it is best to always discuss your symptoms with your healthcare provider, because they know you best and can take into account any unique health issues that you may have.

## Medication for Cough

Because many cough syrups can contain up to 10% alcohol, it is important to select an alcohol-free cough syrup. Cough syrups may also contain ingredients for stuffy nose or pain. If the only issue is a cough, taking the medication with the least ingredients is preferred to minimize the exposure to the pregnancy.

Cough drops and throat lozenges can contain flavorings such as honey, menthol, or anesthetics to numb the throat. There is no warning about using these during pregnancy for cough or a sore throat.

Vitamin C and other vitamins are taken during a cold or for cold prevention. During pregnancy, it is recommended to limit vitamins to those in the prenatal category unless recommended by the healthcare provider. Vitamins, like medications, cross the placenta and expose the developing baby which does not have a need for higher doses and in some cases, could be harmful.

## Tea and Honey

Honey and warm tea may be helpful in relieving a sore throat caused by coughing and may thin mucus so that the

cough is more productive. There is no warning about eating honey in tea, toast, or any other food during pregnancy. Herbal tea does not have caffeine and if taken as a beverage, there is no warning. Black tea, green tea, and white tea may have **caffeine**. If taking tea with caffeine, it is important to read the label to learn about the amount of caffeine per cup. Pregnant women can have up to 200 mg of caffeine per day from all sources combined. If drinking decaf tea, there is no warning to pregnant women.

## Medications for Nasal Congestion

A stuffy nose can cause painful sinuses and make it less enjoyable to eat and hard to sleep. Over-the-counter nasal decongestant choices fall into two categories: oral (pills by mouth) or nasal spray. Some oral decongestants are **pseudoephedrine** and **phenylephrine**. Nasal sprays may contain phenylephrine, **oxymetazoline**, or steroid medications. Taking an oral decongestant means that your developing baby will be exposed to the medication. Nasal sprays reduce the chance of exposure to your baby, depending on the frequency of use and dose. Always read the labels and take them as directed.

## Nasal Congestion: Non-medication Options

**Nasal irrigation (bulb syringe, squeeze bottle, or neti pot):** Studies of nasal irrigation have not shown a proven benefit on the duration or severity of colds. However, some people who have used nasal irrigation have reported feeling better. For pregnant women, the most reassuring part is that it uses only water and saline, so there is no medication involved and no exposure to the pregnancy. It is important to use only previously boiled, distilled, or sterile water to irrigate; and to keep nasal irrigation equipment clean and sterilized to avoid the risk of infection.

**Shower tablets/vaporizers:** Shower vapor tablets have become popular because they might help clear stuffy noses for a short time. These tablets are placed on the shower floor and as the warm water reaches the tablet, it dissolves and makes a steam with a vaporizer-like effect. Most shower tablets ingredients include sodium carbonate, sodium bicarbonate (baking soda), and essential oils (such as peppermint, rosemary, eucalyptus, and lavender). There are no studies on the use of shower tablets during pregnancy, but essential oils are used in many candles, lotions, and other home products, so exposure to these oils is common. With use as directed, it is not expected that the ingredients in shower tablets would increase the chance for problems during pregnancy.

**Humidifiers:** Humidifiers are used to add moisture to the air and provide relief from sinus pressure, dry skin, and throat. They use only water so there is no medication exposure. It is important to keep humidifiers clean to avoid the risk of putting mold and bacteria into the air, which could then cause allergies.

**Nasal strips:** Nasal strips are marketed to people who have a hard time sleeping due to snoring, but they also claim to help with congestion from colds. Although there are no studies that show these products help with colds, there is some evidence that they may help with snoring by spreading the nose and widening the air passage. Nasal strips do not contain medication, so there is no concern about their use during pregnancy.

**Electric Blankets and Heating Pads:** Electric blankets are sometimes used by people with body chills from having the flu or a cold. Electric blankets produce heat that varies from 86°F (30°C) to 122°F (50°C), which can be comforting. However, there is some concern about the heat from use of electric blankets in early pregnancy, raising body temperature and increasing the risk of birth defects of the spine. However, the studies on electric blanket use during pregnancy have some problems and not all have shown problems in pregnancy. As the studies are unclear, pregnant

women may want to avoid the higher heat for peace of mind.

## Remedies to Avoid

**Vitamin C and zinc:** When you feel a cold coming on, you could be tempted to reach for **vitamin C** and **zinc**. This is not recommended during pregnancy. First, there is not enough evidence that vitamin C or zinc help in preventing or treating colds. Second, the doses of vitamin C and zinc in supplements for colds are higher than recommended doses for pregnant women. The recommended vitamin C dose is 80 mg for pregnant teens and 85 mg per day for pregnant adults. The recommended dose for zinc is 12 mg for pregnant teens and 11 mg per day for pregnant adults. If you are taking prenatal vitamins, it is likely that they contain the vitamin C and zinc that you need for the day.

**Non-steroidal anti-inflammatory drugs (NSAIDs):** For most healthy pregnant women, over-the-counter pain relievers such as **ibuprofen**, **naproxen**, and **aspirin** are generally not recommended during pregnancy. NSAIDs are associated with a risk for premature closure of the ductus arteriosus (a heart and lung condition) in the baby if the medication is used at higher doses in the second half of pregnancy. Although **low dose aspirin** is sometimes recommended in pregnancy under a doctor's supervision to treat or prevent specific medical conditions, regular strength aspirin and other NSAIDs are not typically recommended for treating pain or fever in pregnancy.

**Herbal products:** Many **herbal supplements** marketed for treating colds and flu have not been studied in pregnancy, so the possible risks are not known. In addition, the benefits of using herbal supplements are not always proven. For example, **echinacea** has been promoted as a cold remedy, but a review of over 24 studies with over 4,000 participants did not find that it shortened the number of days for a cold compared to people who did not take echinacea.

## Prevention

Vaccination is key and the best tool that we have for preventing flu and COVID-19 or reducing the severity of the symptoms if you do get infected. Studies involving many thousands of pregnant women have not shown a higher risk of birth defects or complications. MotherToBaby has fact sheets with information on both the flu vaccine and COVID-19 vaccine.

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Pertussis, commonly known as **whooping cough**, is a highly contagious respiratory illness caused by the bacteria ***Bordetella Pertussis***. It spreads through droplets in the air when someone coughs or sneezes.

For adults, pertussis can feel like a bad cold with a lingering cough. But for babies, especially those under 1 year old, it can be much more serious. If a baby who is not fully vaccinated gets whooping cough, about 1 in 3 will need to be hospitalized. **Complications** can include:

- Pneumonia
- Pauses in breathing (apnea)
- Seizures
- In rare cases, death

The good news? There is an effective way to help protect your baby before they are born.

### ***What Is the Tdap Vaccine?***

The Tdap vaccine protects against:

- **Tetanus**
- **Diphtheria**
- **Pertussis (whooping cough)**

## **Why Is the Tdap Vaccine Recommended During Pregnancy?**

The Centers for Disease Control and Prevention (CDC) recommends that pregnant women receive the Tdap vaccine during each pregnancy, ideally between **27 and 36 weeks**.

When you receive the Tdap vaccine during pregnancy, your body makes protective antibodies. These antibodies cross the placenta and help protect babies after birth.

This protection:

- Starts right away after birth.

- Lasts for the first two months of a child's life.
- Helps bridge the gap until the baby can get their own vaccine.

Newborns are at highest risk for severe pertussis, and they are too young to be fully vaccinated. Getting the Tdap vaccine during pregnancy is the best way to reduce the risk of whooping cough in the baby.

## **Has the Tdap vaccine been studied for use in pregnancy?**

Studies looking at thousands of pregnant women who received the Tdap vaccine have not found increased risks for birth defects, preterm delivery, or other pregnancy complications.

Research on the Tdap vaccine and other recommended vaccines in pregnancy, like the flu vaccine, has been reassuring for both pregnant women and their babies.

MotherToBaby continues to study vaccines in pregnancy to provide up-to-date, evidence-based information to families and healthcare providers. Learn more about how you can help [here](#).

## **The Bottom Line**

Getting the Tdap vaccine during pregnancy is the very best way to protect a newborn from whooping cough during their most vulnerable months. If you are pregnant or planning a pregnancy and have questions about vaccines, talk with your healthcare provider. You can also contact MotherToBaby for free and confidential information based on the latest research.

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Spring break is often associated with young college students flocking to the beaches to take a break from their studies. However, it is now embraced by a diverse crowd, including families with pregnant and breastfeeding women. Spring break typically takes place between March and April each year, leading to masses of people traveling by planes, trains, and automobiles. Fun times are possible for everyone, and we have guidance to increase the chances that your travels and experiences will be comfortable and safe for you and your baby.

## **Check-In with Your Doctor**

For most pregnant women, traveling by airline, train, car, or bus is generally safe until close to their due date. Regardless of your trimester, a quick check-in with your doctor is essential to ensure you are cleared to travel.

- **First Trimester:** If you are experiencing pregnancy-related **nausea**, prepare ahead with needed medications and a plan to stay hydrated.
- **Second Trimester:** If you are healthy, this is a great time to travel.
- **Third Trimester:** You should be fine to travel, but keep in mind that if you go into early labor, you don't want to be far from high-quality obstetrical care. Check for hospital locations at your destination.

## **Check for Infectious Disease Warnings**

If you are traveling outside of the U.S., check for disease warnings or recommended vaccines for your destination on the [CDC Travelers' Health page](#). Additionally, if your destination has mosquitoes, use **insect repellants** to reduce the risk of exposure to infectious diseases.

## **Sun Exposure and Heat**

Prolonged sun exposure can lead to overheating and dehydration, and in severe cases, heat stroke. High fever is a potential concern for pregnant individuals in any trimester. Prevention is key:

- Keep hydrated.
- Protect against direct sun for prolonged periods (sit under an umbrella or go indoors).
- Use sunscreen.
- Drink plenty of water.
- Avoid **alcohol** and limit **caffeine**, as they can increase dehydration.

## Sunscreen

Everyone, including pregnant and breastfeeding women, should use sunscreen year-round. While there is some evidence that chemical sunscreens can penetrate the body in very small amounts, the American College of Obstetricians and Gynecologists (ACOG) recommends the use of effective sunscreen. For breastfeeding women, remember that sun exposure does not provide enough vitamin D for your baby; the American Academy of Pediatrics recommends 400 IU of vitamin D daily for breastfed babies.

## Dietary Concerns

One of the highlights of travel is enjoying local food. For pregnant women, the risks from food-borne illnesses remain the same whether at home or on vacation. Avoid **unpasteurized milk products, undercooked meats, and fish** from risky categories.

## Alcohol

Alcoholic beverages may be a destination goal for many, but pregnant and breastfeeding women are urged to continue following the warnings:

- **Pregnant Women:** It is crucial to avoid **alcohol**, as there is no known safe amount to drink. The risks to the developing baby are significant and can be devastating. Increasingly, restaurants are creating delicious and inviting mocktails (non-alcohol) and other beverages, offering an alternative that does not single out a person from the crowd.
- **Breastfeeding Women:** Limiting alcohol is beneficial as it can decrease the amount of breastmilk produced. It is recommended to breastfeed after two hours per drink to reduce the risk of exposure to the baby and developing brain.

Following these recommendations and reminders can help prevent exposures and experiences that could later cause grief and anxiety. Prepare well and enjoy your holiday! Ideally, a well-planned spring break will lift your spirits, provide a mental health break, allow you to enjoy new or favored foods, and create new and wonderful memories.

## References and Additional Information:

CDC:

<https://wwwnc.cdc.gov/travel/page/sun-exposure>

<https://www.cdc.gov/niosh/heat-stress/about/illnesses.html>

<https://wwwnc.cdc.gov/travel/page/sun-exposure>

<https://www.cdc.gov/breastfeeding-special-circumstances/hcp/diet-micronutrients/vitamin-d.html>

<https://wwwnc.cdc.gov/travel>

ACOG

<https://www.acog.org/womens-health/faqs/travel-during-pregnancy>

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You may have heard recently that the Food and Drug Administration (FDA) has banned Federal Food, Drug, and Cosmetic Act (FD&C) Red No. 3. In this blog, we will review details about the ban, including why it was enacted, and the timeline for removing FD&C Red No. 3 from products. Our goal is to equip you with information to help make informed decisions. Be sure to check back, as we'll continue updating this post with the latest developments.

All food dyes, called color additives, must be approved for use by the FDA before manufacturers can use them. Color additives can be synthetic (lab made) or naturally derived from plants, animals and minerals. Manufacturers submit information about safety and manufacturing to the FDA in order to receive approval.

## What is Red No. 3?

FD&C Red No. 3., also found on food labels as Red 3 or Red No. 3, is a synthetic food dye that gives foods and drinks a bright, cherry-red color. Red No. 3 can be found in some cake icing, candies, and other food items. Red No. 3 is also used in some oral medications and supplements.

Red No. 3 is a complicated formula for those of us not in the food manufacturing business. Specifically, the FDA reports that the color additive FD&C No. 3 is monohydrate of 9-6-hydroxy-2,4,5,7-tetraiodo-3H-xanthen-3-one, disodium salt, with smaller amounts of lower imdinated fluoresceins.

## Why is Red No. 3 being banned?

Red No. 3 food dye is being banned because studies found that at high doses, the dye caused cancer in male laboratory rats. Studies in other animals or in humans did not show an increased chance for cancer.

The way that the food dye causes cancer in laboratory rats involves a mechanism not present in humans, so it is not known if this could also be a risk for humans.

### **Has Red No. 3 been associated with birth defects or problems with breastfeeding?**

Studies have not been done to research this.

### **When is the ban taking effect?**

On January 15, 2025, the FDA announced that Red No. 3 will be banned from all products, including medications and foods. However, this ban allows manufacturers time to phase out the use of Red No. 3. Manufacturers who use Red No. 3 in food will have until January 15, 2027 to remove it from their products. Manufacturers of oral medications and supplements will have until January 18, 2028 to remove it.

### **Is FD&C Red No. 3 used in cosmetics or topical medications?**

Red No. 3 has not been allowed in cosmetics, or topical medications, by the FDA since at least 1990.

### **How can I confirm if my food has Red No. 3?**

To learn if your food has Red No. 3, look at nutrition facts on the product's label. The nutrition facts label lists calories and serving size, as well as other information. Below the nutrition facts, you will find an ingredients list. Ingredients are listed in order of those found in highest amounts to those found in smallest amounts in the product. For example, if the first ingredient is water, this means that most of the product is water, and each ingredient listed after that is found in the product in smaller amounts.

Here is a sample of a products' ingredients. Red No.3 is listed as less than 2% of the product.

**INGREDIENTS:** SUGAR, VEGETABLE SHORTENING (PALM, SUNFLOWER AND HYDROGENATED COTTONSEED OILS), WATER, CORN SYRUP, CONTAINS LESS THAN 2% OF THE FOLLOWING: SORBITOL, YELLOW 6 LAKE, RED 40 LAKE, RED 3, METHYL PARABEN, PROPYL PARABEN, PHOSPHORIC ACID, MODIFIED CORNSTARCH, SALT, CORNSTARCH, NATURAL AND ARTIFICIAL FLAVOR, POTASSIUM SORBATE (PRESERVATIVE), CITRIC ACID, SUNFLOWER OIL, ROSEMARY EXTRACT (PRESERVATIVE), TOCOPHEROLS, MONO- AND DIGLYCERIDES, POLYSORBATE 60.

You can learn more from the FDA announcement here: [FDA Consumer Announcement](#)

FDA Red No 3

FDA Red No 3 composition

FDA Color Additives for Consumers

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