

Ho, Ho, Ho, Who Wouldn't Go? Holiday Travel in the Time of COVID-19

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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Sometimes we have anxiety about...well, having anxiety. Kristen contacted MotherToBaby and was asking about ways to manage her already extremely high anxiety around pregnancy and birth during the pandemic. Should I even try to get pregnant right now? How will I deal with my anxiety and stress if I do become pregnant? What if almost no one in my family can even come to the hospital when I go into labor? How can I deal with my anxiety during labor and birth? I could tell she had a tremendous amount on her mind.

It is completely normal to feel stressed and anxious, and Kristen is not alone. Many people, regardless of whether they are pregnant during the time of COVID-19 or not, are experiencing higher levels of anxiety. The important thing is to address the anxious feelings and learn ways to manage them. I have some ideas on how to do just that! But one thing I need to emphasize: if your anxiety is excessive, ongoing, difficult to control, and interferes with your daily living, this may be a sign of generalized anxiety disorder and I encourage you to talk to your doctor or a mental health professional.

Managing Anxiety

There are ways to manage anxiety and stress that may be commonly shared, but in case you haven't heard them before below are some tips you can try at home:

- Exercise, even if it is going for a brief walk outside
- Call a friend just to catch up
- Volunteer or donate to a cause you care about – often doing things to help others actually can make you feel good
- Try to eat healthy, nourishing foods
- Journal as a way to express what you are feeling
- Take a break from your screen time on phones, tablets and TV – especially before bed
- If you feel like nothing really helps to address your feelings of anxiety and stress, or if you are feeling really down, make an appointment to talk to your healthcare provider and be honest about how you're feeling

If you do feel like you need to talk to your healthcare provider, how do you do it? Remind yourself that healthcare providers are not only trained to talk about mental health topics with their patients, but that they likely talk to multiple people every day or week about them. Sometimes pregnancy increases anxiety that is already present, and for others it may be that they are experiencing it for the first time. Being pregnant does not mean that you are immune from or that you cannot be treated for mental health issues.

Before you go to see your healthcare provider, you can write down some notes on what you hope to say. Try to be as honest as possible and ask about the variety of options you have to address your anxiety or symptoms, including what you can try at home, who you may be able to see for some form of talk therapy, and if necessary, what medications the provider may recommend trying. Remember, just because you bring up anxiety or mental health, it does not mean you will be put on a medication. Equally as important, if you need to take a medication to help you manage better, there are several options you can take during your pregnancy.

Working on dealing with your anxiety before becoming pregnant is always a great idea, but you can address it at any point during pregnancy or in the postpartum period. There is never a bad time to improve your mental health (doing so is not only good for you, but also good for your baby) and it is never too late. In addition, I have had women express that admitting they need help makes them feel weak or selfish. In truth, it is the opposite – it takes courage to ask for support when we need it!

COVID-19, Labor and Delivery

The other piece of Kristen's worry was having support in the delivery room. Due to COVID-19 many hospitals and birthing centers may be reducing the number of support people someone can have present during delivery. In addition, no one may be allowed in nearby waiting rooms. Giving birth can be one of the most challenging events for a person and having support during labor and delivery is incredibly important for getting through it with both a healthy mom and a healthy baby. First, you should speak with your planned delivery hospital/center to learn what their most current rules are for time of delivery and ask about any extra precautions they are taking due to COVID-19. Once you have that information, you can figure out what your game plan is. Other things to consider include:

- Does the hospital offer doulas? Would you want to hire your own? If you hire one and s/he is not allowed in the delivery room, can she call in and be there via facetime and text? Can she spend extra time going over pain management techniques with you and your support partner in advance if she is unable to be there herself?
- You can also consider programs like Hypnobirthing or Lamaze classes that really work with women to be confident in managing their experience during labor and delivery. Sometimes the type of prenatal education you choose to receive can help you feel more prepared and aware of what to expect, which alone may help reduce fear of the unknown.

In short, try not to panic with all of the questions you may have about dealing with anxiety. Write down your questions and make sure to ask your healthcare provider and the place you plan to deliver all of them. Prepare for what you can, take care of yourself, ask for help when you need it and trust that you have the strength to get through anything – because you do.

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"I just found out I am pregnant. I've heard that it is really important to get the flu shot this fall, but is it still OK now that I am pregnant?" The woman on the other end of the phone line sounded cautious and concerned. I told her, "I'm so glad you called to ask about this. The influenza vaccination may be even more important for pregnant women. The coronavirus pandemic has given us a lot to worry about without adding influenza infections to the mix. Let me tell you more about this..."

Influenza and Pregnancy

Once we are into influenza season (October to March), pregnant women are strongly recommended to get immunized, regardless of where they are in their pregnancy. Yet, many women delay, and in the end only about 50% of pregnant women get their flu shot.

An influenza infection itself can cause severe illness and even death in pregnant and post-partum women. It is important to remember that a healthy mother is more likely to have a healthy baby! The injectable version of the influenza immunization ("flu shot") contains an inactivated (dead) virus and is not going to make you or your baby sick. It is the most effective way to prevent influenza or have less severe symptoms if you do get the flu. Currently, the nasal-spray flu vaccination is not recommended for pregnant women because it contains live attenuated virus.

Will the vaccine harm my baby?

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been shown not to be true. In fact, just last month a large study was published in the journal ***Pediatrics***, "Early Childhood Health Outcomes Following In-Utero Exposure to Influenza Vaccines: A Systemic Review." This study compiled results from 9 earlier studies and found no association between exposure to the flu vaccine during pregnancy and adverse outcomes in children. One of the authors was later quoted as saying, "This should be reassuring for pregnant women who may be considering the vaccination..."

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding? Visit the **MotherToBaby website** and read all of our vaccine-related fact sheets. There is a general fact sheet on **all vaccines**, and then specific fact sheets on the **seasonal influenza vaccine** and also many others like the **Tetanus, Diphtheria, and Pertussis (Tdap)**, **Measles, Mumps, and Rubella (MMR)**, **HPV (human papillomavirus)**, **hepatitis A**, and **varicella (chicken pox)** vaccinations.

References

Early Childhood Health Outcomes Following In Utero Exposure to Influenza Vaccines: A Systematic Review
Damien Y.P. Foo, Mohinder Sarna, Gavin Pereira, Hannah C. Moore, Deshayne B. Fell, Annette K. Regan, *Pediatrics* Aug 2020, 146 (2) e20200375; **DOI:** 10.1542/peds.2020-0375

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If you are an athlete and/or have a physically active lifestyle, you may have wondered: 'Should my exercise routine change during pregnancy and breastfeeding?' As a former division 1 athlete and now teratogen information specialist, I sure have. You may have seen news reports about professional athletes who trained and competed at the highest level at least for some time during or shortly after their pregnancies. Serena Williams won the Australian Open while 8 weeks pregnant; Alysia Montano ran the 800 meter race at a national meet in her third trimester and Allyson Felix won a gold medal at the World Championship in track only 10 months postpartum, breaking the world record for number of gold medals won at world championships. At the same time, you may hear concerns that vigorous/strenuous physical activity can be harmful to a pregnancy. So, what is really recommended for pregnant women who have a very physically active lifestyle?

Intense Exercise and Pregnancy

Benefits of Exercise

In general, exercise is an essential element of a healthy lifestyle and is encouraged during pregnancy as a component of optimal health. Women who frequently engaged in high-intensity aerobic activity or who were physically active before pregnancy can continue these activities during and after pregnancy. Studies show many benefits: it reduces the risk of excessive weight gain, preterm birth, low birth weight, risk of C-section and developing diabetes and high blood pressure during pregnancy. Additionally, physical activity can also help with the aches and pains of pregnancy and reduce the risk of postpartum depression. Concerns that physical activity may cause miscarriage, preterm delivery or growth problems have not been proven for women with uncomplicated pregnancies.

While exercise during pregnancy is associated with minimal risks, some changes to your routine may be necessary because of normal body changes during pregnancy. Consult with your healthcare provider to determine if/how you

need to adjust your exercise routine. This is even more important for women who have pre-existing health conditions.

Level and Duration of Activity

It's important to listen to your body during pregnancy. Every pregnancy and every pregnant woman is different. The body goes through many changes during pregnancy: blood volume increases, your heart pumps harder, heart rate increases and aerobic capacity (fitness level) decreases. Additionally, many women experience nausea and fatigue throughout their pregnancy making it difficult to maintain prior exercise levels, not to mention proper nutrition and hydration. Listen to your body and don't push it past its limits.

It's difficult to compare vigorous/strenuous exercise between individuals. Jogging 10 miles may seem like a piece of cake for a marathon runner but could be extremely difficult for an Olympic lifter. For this reason, 'vigorous' activity is most frequently defined as up to 85% of capacity. While maximum effort is difficult to measure, capacity is often described in terms of maternal heart rate.

Another way to check your intensity level is the "talk test." If you're breathing hard but can still have a conversation easily—but you can't sing—that's moderate intensity. An activity would be considered vigorous if you can only say a few words before pausing for a breath.

If you were in the habit of doing vigorous-intensity exercise or were physically active before your pregnancy, vigorous exercise appears to be ok for most healthy women. However, there is limited information on individuals who exceed the accepted 85% capacity and an upper level of 'safe' exercise intensity hasn't been established.

In general, it is recommended to exercise 30-60 minutes 3-4 times a week to up to daily.

What to Consider When Exercising

- Stick with what your body is used to. If you are used to long-distance running, pregnancy is not the time to turn into a power lifter and vice versa.
- Stay hydrated. Drink plenty of fluids before, during and after exercising.
- Avoid overheating. Even if you are used to exercising in 90-degree heat with 70% humidity, you may have to look for an alternative method such as air-conditioned gyms. Don't use steam rooms, hot tubs, and saunas.
- Avoid exercises that call for you to lie flat on your back in the second and third trimester of your pregnancy because this allows less blood flow to your womb.
- Don't engage in sports where you could fall or get injured, or sports where you might get hit by a fast ball.
- Reduce weight load. There is limited data on the effects of resistance training (e.g. weightlifting) on pregnancy. There is a concern that holding your breath during heavy lifts can possibly result in baby's heart rate slowing down. Because of this, you may have to reduce the resistance load.
- Allow enough time for your body to recover after each training session.
- Make sure you have enough caloric intake. If you regularly participate in vigorous-intensity exercise, you will likely have to adjust your caloric intake to allow for appropriate weight gain for your pregnancy.
- Continue to fuel your body. Prolonged high-intensity exercise can result in low blood sugar. Make sure you fuel your body if you plan on exercising over 45 minutes.

- Check with your healthcare provider before continuing any supplements such as pre-workout protein shakes. Also, see our [MotherToBaby blog](#) on this topic.
- Stop exercising if you feel dizzy, have a headache, develop chest pain, have calf pain or swelling, have muscle cramps, or you experience vaginal bleeding, leakage of fluid, contractions or shortness of breath before exertion. Call your healthcare provider with any concerns.

Postpartum and Breastfeeding

In general, exercise can be resumed gradually after delivery as soon as it is medically safe – consult with your healthcare provider on when they may be. This may depend on mode of delivery (c-section vs. vaginal birth) and any additional health problems or complications. When exercise can be resumed varies among women, with some being able to start exercising within days after delivery.

Regular exercise has not been shown to affect breast milk production or quality and hasn't been shown to affect baby's growth either. It is extremely important to remain hydrated during breastfeeding, especially when regularly exercising. All women who are breastfeeding should also focus on the correct amount of caloric intake which may vary depending on level of activity.

Bottom line is, we are all different athletes and will all have different needs during pregnancy and the postpartum period. There is no 'one-size-fits-all' recipe for vigorous exercising during pregnancy. The best things you can do are to consult with your healthcare provider frequently and listen to your body. For more information, see our MotherToBaby Fact Sheet on [exercising](#). You can also find some information on which foods/drinks to limit/avoid, the appropriate amount of weight to gain, and the recommended amount of exercise [here](#).

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As the famous song croons, "Summertime and the living is easy...." Summer is finally here! COVID-19 has interfered with outdoor gatherings, but people are starting to venture out...with good social distancing, of course! Outdoor activities mean more sun exposure, and healthcare providers recommend protecting your skin from the sun. These recommendations stem from concerns that the sun's UV (ultraviolet) rays can damage the skin and increase the risk for skin cancer and early aging. Studies show that an exposure as short as 15 minutes in duration can cause skin damage.

Sunscreen and Pregnancy

Pregnant women often ask MotherToBaby about whether sunscreen is ok to use during pregnancy. The US Food and Drug Administration (FDA) regulates sunscreen ingredients to ensure safety and effectiveness. The FDA is currently in the process of updating requirements, so stay tuned for news on that front. The FDA reminds us that, "Given the recognized public health benefits of sunscreen use, Americans should continue to use sunscreen with other sun protective measures as this important rulemaking effort moves forward."

What's in Sunscreen?

There are two types of UV rays that cause skin damage: UV-A and UV-B. Sunscreens that protect against both types of rays are called 'broad spectrum'. There are many different active ingredients in sunscreens sold in the US. Some contain chemicals like oxybenzone, an agent banned in some areas because it is harmful to coral. It used to be thought that because they were applied topically to the skin, sunscreens did not end up in the bloodstream. However, several recent studies have found that there is some absorption of sunscreen chemicals through the skin, although in relatively small amounts. Many of these sunscreen chemicals have not been studied very well in pregnancy, although they are not known to have a negative effect on the pregnancy or baby. Aside from active sunscreen ingredients, many products contain other ingredients such as CBD oil (made from the marijuana plant) that have not been studied well in pregnancy. Read the label! Apply your sunscreen properly and then wash your hands.

Alternatives

One alternative is to use a mineral sunscreen such as titanium dioxide and zinc oxide. These are physical blocking agents and stay on top of the skin. That means they are not absorbed through the skin and may be a good choice. These mineral sunscreens are best applied as a lotion rather than a spray since they may be a hazard when inhaled.

Also, limit your exposure by using a hat and other protective clothing, and not going out in the sun during peak hours (between 10a – 2p).

Our last bit of advice? Enjoy your summer!

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