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

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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Growing a baby is hard work, and it often comes with a side of extra hunger as your body fuels the little one inside. While the idea of "eating for two" is a common myth, changes in hunger levels, digestion, and food tolerance are very real. For example, you might sit down to enjoy a meal you've eaten countless times before, only to experience sudden heartburn that just won't quit. Or you may plan a short outing and unexpectedly find yourself searching for the nearest restroom due to an upset stomach. These common experiences can be both frustrating and surprising. Symptoms such as heartburn, indigestion, upset stomach, and diarrhea can disrupt daily routines, interfere with sleep, and make even simple moments feel uncomfortable during pregnancy.

Comfort plays a vital role in promoting both physical and emotional health. This includes maintaining balanced nutrition, staying hydrated, being physically active (safely) and trying to get enough quality rest. Comfort is not a luxury; it is an important part of staying healthy for both you and your baby. However, it's important to remember to check your usual remedies to make sure they can also be used during pregnancy.

Bismuth subsalicylate is an over-the-counter medicine often used to treat symptoms such as nausea, heartburn, indigestion, upset stomach, and diarrhea. Once bismuth subsalicylate reaches your stomach and intestines, it separates into salicylic acid (which the body can absorb) and bismuth compounds that are mostly not absorbed. Bismuth subsalicylate is related to aspirin, as they are both in a group of mediations called salicylates. Products that include this ingredient are Pepto-Bismol®, Bismatrol®, Diotame®, Kaopectate®, and Kao-Tin®.

Can Products Containing Bismuth Subsalicylate Be Used During Pregnancy?

In general, products that contain bismuth subsalicylate are not recommended for use during pregnancy, especially during the second and third trimesters. Here is why:

- Bismuth subsalicylate is related to aspirin, which is a non-steroidal anti-inflammatory (NSAID) medication. NSAIDs can increase the chance of certain risks in pregnancy, such as bleeding complications.
- There are concerns about the effects on the fetal kidneys and lower levels of amniotic fluid (the fluid that surrounds the fetus during pregnancy).

- There are concerns about effects on the fetal heart and blood vessels if taken in the later stages of pregnancy. This can cause high blood pressure in the fetal lungs (pulmonary hypertension).

Luckily, there are other ways to help manage those annoying tummy troubles. ***Note: Be sure to use medications and other treatments as directed on the label or by your healthcare provider.***

- For heartburn and indigestion: Antacids like calcium carbonate (Tums®) can be used as directed in pregnancy. Using them may also help with your calcium intake.
- For nausea: Vitamin B6 supplements, doxylamine (an antihistamine), or ginger have been recommended by healthcare providers. Your provider may also suggest prescription medications if needed.
- For diarrhea: It is important to stay hydrated. Your provider may recommend medication depending on the cause and severity of your condition.
- MotherToBaby has fact sheets on these exposures:
  - Regular Strength Aspirin
  - Calcium carbonate
  - Doxylamine succinate-pyridoxine hydrochloride
  - Ginger

Always check with your healthcare provider before taking any medication during pregnancy, even if it is over the counter. They can talk with you about your symptoms and what treatment is best for you.

What If I Already Took Pepto-Bismol?

First, do not panic. One dose is unlikely to cause harm. But it is still a good idea to mention it to your healthcare provider, especially if you are in your second or third trimester. They can help assess whether any follow-up is needed and reassure you moving forward. They can also talk with you about the best way to treat your symptoms during pregnancy.

Pregnancy can already feel uncomfortable at times, so dealing with stomach issues on top of everything else can be frustrating. While some common ingredients like bismuth subsalicylate aren't recommended during pregnancy, there

are options that can help you feel better. When in doubt, it's okay to ask your healthcare provider or a MotherToBaby specialist. Remember, taking care of your comfort is an important part of taking care of your pregnancy.

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At MotherToBaby we receive all kinds of questions about exposures during pregnancy. Most often, we teratogen information specialists get similar questions no matter what state or part of the country we work in. Commonly asked questions cover topics like medications, supplements, and alcohol. We also get questions about less common exposures too, such as someone taking their pet's medication or a chemical spill in the workplace. Working in Arizona, we sometimes get questions that specialists in other parts of the country do not get- such as what happens if a woman is bitten by a rattlesnake during pregnancy.

Get Medical Care Right Away

Anyone who is bitten by a rattlesnake should seek medical care immediately—even if they do not notice symptoms at first. This is especially important during pregnancy.

Symptoms can include:

- Pain and swelling at the bite site

- Nausea
- Swelling of the mouth or throat
- Trouble breathing
- Bleeding or blood clotting problems

People should **not** try to treat a snake bite themselves. Quick and appropriate medical care can lower the risk of serious complications.

Complications

Blood clots are one serious complication that is possible from a rattlesnake bite. Although anyone can develop a blood clot, pregnancy increases the risk by about five times. Clots can reduce blood flow to the fetus or travel to the lungs (pulmonary embolism), which can be life-threatening. Complications related to blood clots include miscarriage, stillbirth, reduced fetal growth, thrombosis (clots blocking veins or arteries), placental insufficiency (reduced oxygen and nutrients reaching the fetus), changes in blood pressure, preterm delivery (before week 37), heart attack, stroke, and death.

It is important to remember that birth defects and miscarriage can happen in any pregnancy for many reasons. About 3 out of 100 babies (3%) are born with a birth defect each year, and miscarriage is common. Information on snake bites during pregnancy is limited. Case reports describe hydrocephalus (fluid buildup in the brain), intracranial hemorrhage (bleeding in the skull), reduced fetal movement, placental abruption, miscarriage, stillbirth, and maternal death. While case reports cannot prove that venom caused these outcomes, they show that snake bites can be serious and require prompt treatment. Outcomes may depend on the amount of venom, the stage of pregnancy, how quickly treatment begins, and the type and quality of care received.

Treatment During Pregnancy

Treatment for rattlesnake bites may include:

- Antivenom (medicine made of antibodies that helps neutralize venom)
- Blood tests to monitor clotting
- Monitoring fetal movement and/or fetal heart rate

There are reports of healthy babies being born after treatment with antivenom. Although information is limited, experts believe that treating a rattlesnake bite with antivenom is safer than leaving the bite untreated during pregnancy. In the small number of babies followed after exposure to antivenom during pregnancy, no long-term health problems have been reported.

Final Thoughts

A rattlesnake bite during pregnancy is a medical emergency. Immediate treatment and careful monitoring are likely to be recommended to protect both the mother and fetus. While there are still gaps in what we know, prompt medical care offers the best chance for a healthy outcome.

More information on rattlesnake bites can be found at the Arizona Poison and Drug Information Center website here.

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When The Sniffles Strike During Pregnancy:

Cold Meds & Your Questions Answered

At some point, most of us have been told to “eat healthy.” Sounds simple enough, right? But what that means can look different from person to person. For some, it’s about cutting back on junk food and adding more fruits, vegetables, and whole grains. For others, it might mean watching sodium intake, choosing foods that support heart health, or managing cholesterol levels.

No matter your health history, eating well is something we’re all encouraged to do, especially during pregnancy and while breastfeeding, when your body is supporting both you and your baby.

But if you’re living with an eating disorder, pregnancy or breastfeeding can add extra layers of complexity. It’s not just about ***what*** to eat anymore: questions about ***how much*** to eat, ***how often*** to eat, and how to manage hunger cues or body changes can feel overwhelming. These challenges are real, and they deserve thoughtful, compassionate support.

A few years ago, I received a call from a woman named “Alice.” She called MotherToBaby because she was taking medication for high blood pressure and wanted to know if it would affect her pregnancy. After some discussion, she told me her blood pressure was high because she was quickly gaining a lot of weight from binge eating. She said she had been binge eating for a long time and did not know how to stop. She was worried about how this would affect not only her health, but also that of her baby. When I asked what her healthcare provider suggested, she told me she was afraid to talk to her midwife about it.

What is an eating disorder?

An eating disorder is a mental health disorder that results in serious disturbances of eating behavior. There are several different eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and pica. Each disorder has its own symptoms and effects. In the United States, 9% (28 million) of people will have an eating disorder in their lifetime.

- Anorexia nervosa –severely restricting the amount of food eaten, resulting in very low body weight.
- Bulimia nervosa – binge eating (eating large amounts of food in a short time and feeling loss of control overeating) and then purging (vomiting, not eating, over-exercising, misusing laxatives or diuretics).
- Binge-eating disorder- binge eating without purging.
- Pica – a craving for and eating of substances without any nutritional value (such as ice, clay, paper, or dirt) for at least one month. The number of women affected by pica is unknown, but it is much more common in pregnant women than in non-pregnant women; it is also more common in developing countries than in the US.

Eating disorders can be hard to spot under any circumstances, and that can be even more true during pregnancy and after a baby is born. So much focus is placed on weight changes, appetite shifts, and body changes during this time that warning signs can easily be overlooked or explained away as “just part of pregnancy.” Also, not all healthcare providers receive specialized training in recognizing eating disorders, especially in pregnant or postpartum patients. That means symptoms can sometimes go unnoticed, even during regular prenatal or postpartum visits.

There’s also a lot of stigma surrounding eating disorders. Some women may feel embarrassed, ashamed, or afraid to speak up about their struggles. Others might worry about being judged or not being taken seriously. All of that can make it incredibly difficult to admit that something isn’t okay.

Can eating disorders affect my pregnancy?

A healthy, well-balanced diet during pregnancy is important for a fetus to grow and develop. It can also help to minimize some pregnancy symptoms such as nausea and constipation. Certain eating-disorder behaviors can cause issues during pregnancy and may require hospitalization or other specialized care. For example:

- Not eating and/or calorie restriction can cause low energy and nutritional gaps in the mother and low birth

weight for the baby.

- Vomiting can cause dehydration, electrolyte imbalances, sore throat, stomach pain, tooth damage, gum disease, and ruptured esophagus in the mother.
- Using laxatives/diuretics can cause dehydration, electrolyte imbalances, laxative dependency, and organ damage in the mother.
- Over-exercising can lead to fatigue, muscle pain/soreness, dehydration, and overheating in the mother.
- Binge eating can lead to excessive weight gain, gestational diabetes, high blood pressure (and other complications) in the mother, and large birth weight for the baby.
- Eating non-food substances (pica) can interfere with nutrient absorption and may contain dangerous substances that could be harmful to mom or baby. See our fact sheets on toxoplasmosis and lead.
- Mental health issues, such as depression or anxiety, go hand in hand with eating disorders. Learn more about how mental health disorders can affect pregnancy and breastfeeding.

What about breastfeeding?

Getting sufficient "high quality" calories is important for everyone. During breastfeeding, the body needs energy to make enough milk, and not getting enough calories can make it harder to do. For pica, non-food items may contain something potentially harmful to the baby, such as lead.

Studies have suggested that women with eating disorders might be more likely to stop breastfeeding within the first 6 months. However, it is possible to successfully breastfeed with an eating disorder, even if they are taking medications. The key is finding support, which you can get from healthcare providers (doctors, nurses, lactation consultants), family, friends, and support groups (online, over-the-phone, and in person).

Help is Available

If you have been diagnosed with an eating disorder, or think you may have one, talk with your healthcare provider. You are not alone. There are resources available to help you and your baby be as healthy as you can be.

Talk to your healthcare provider to discuss how many calories per day are right for you. There are many resources available to help educate people about good food choices, such as the Americal College of Obstetrics and Gynecology's Frequently Asked Questions on healthy eating during pregnancy. The National Institutes of Health has information on which foods/drinks to limit/avoid, the appropriate amount of weight to gain, and the recommended amount of exercise.

And finally…

So, what happened to Alice? She called several times throughout her pregnancy and while breastfeeding. After our first conversation, she told her midwife everything. Alice did develop gestational diabetes, but under the care of her midwife, nutritionist and counselor, she was able to stop gaining weight and get her blood sugar and blood pressure under control. She gave birth to a healthy baby and continued to work with her team during breastfeeding. She thanked me for suggesting she ask for help and said she was closer to finding something we all are looking for – balance.

Originally authored by Chris Stallman Aug. 2, 2018, edited by Bridget Maloney, Certified Genetic Counselor at MotherToBaby Arizona, on February 17, 2026.

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