

Boosting Milk for Baby: The Supply & Demands of Breastfeeding

By Bethany Kotlar, MPH, Teratogen Information Specialist, MotherToBaby Georgia

Being a new mom is overwhelming. Trying to figure out this brand new role can seem like climbing Mount Everest! Many new moms have questions about breastfeeding, and of those questions, how to increase or maintain supply is one of the most common. Luckily for all those new moms out there, MotherToBaby has teamed up with a lactation consultant to answer all of your burning supply questions.

First, a quick introduction to the experts: Katherine Gama is an International Board Certified Lactation Consultant (IBCLC) who has worked with WIC (Women, Infants, and Children) for 10 years in Atlanta, Georgia. She loves to facilitate breastfeeding discussions. She thrives on supporting breastfeeding mothers in their journey to success. Katherine enjoys traveling with her two boys.

Bethany Kotlar is a Teratogen Information Specialist for MotherToBaby Georgia. She loves answering questions about exposures during pregnancy and breastfeeding and has a wonderful husband of five years and two fur babies.

I've been breastfeeding for a couple of weeks and I feel like my baby always wants to nurse. Is this normal?

Katherine: Yes, in the first weeks you are establishing your milk supply. Your body is figuring out how much your baby needs. It does this through supply and demand. The amount of milk the baby takes out or demands and the amount of times your baby nurses will determine your milk supply. Avoiding pacifiers and formula will help your body capture more accurately how much milk it needs to make. Putting your baby to breast every time your baby shows early feeding cues (rooting, sucking hands) will build your milk supply and meet your baby's needs.

If you worry about baby getting enough you should always take into consideration how much your baby feeds in 24 hours; is baby latching easily; is baby swallowing frequently; does baby have an adequate number of voids and stools; is baby calm and satisfied during the feeding and after feeding. Any time you are concerned about your baby's wellbeing, the best thing is to inform your pediatrician. In addition, you can contact a lactation consultant and ask her to assess your infant's feeding.

My new baby nurses frequently, but I'm not sure how much milk she's getting. My friend's formula-fed baby seems to eat so much more! Am I starving my baby?

Katherine: Your newborn's stomach is small and your baby only needs small amounts of breast milk at each feeding. Remember breast milk is digested naturally and faster so you will feed your baby frequently, at least 8 to 10 times in 24 hours. Your baby and its belly grow quickly while your supply is establishing.

In the first six days of life and beyond if your baby has approximately 6 wet diapers in 24 hours and 3 or more stools you are providing the nutrition that your baby needs.

I want to boost my supply and my friend recommended fenugreek, milk thistle, and red raspberry leaf. Are these safe to take while breastfeeding?

Bethany: These herbs are often marketed to moms to increase milk supply. Unfortunately, research suggests they are unlikely to make much of a difference in supply. In addition, they also haven't been proven safe to use regularly during nursing. If you're thinking about taking any herb or supplement, speak with your doctor first.

Fenugreek has caused allergic reactions in people sensitive to chickpeas and peanuts, and can cause hypoglycemia in diabetic women and potentially babies. Milk thistle and red raspberry leaf supplements haven't been studied well enough for us to say whether they are safe to use regularly. Complicating the picture even more, the Food and Drug Administration doesn't regulate the supplement industry, so there have been reports of supplements being contaminated with dangerous substances like lead and arsenic.

I heard someone say that drinking beer can increase supply, but I don't want my baby to be exposed to alcohol. Help!

Bethany: There's no conclusive evidence that suggests beer increases milk supply, but that doesn't mean you can't enjoy a drink containing alcohol now and then while breastfeeding. The rule of thumb is to avoid breastfeeding while alcohol is in your system. For the average woman it takes between 2 to 2.5 hours per drink for alcohol to work its way out of the body. If you feel uncomfortable while you are waiting, you can definitely "pump and dump," but contrary to popular belief this doesn't remove alcohol faster from your milk. Drinking heavily (more than one or two drinks in a sitting where a drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of hard liquor) can decrease your milk supply, so consume in moderation!

If there aren't any herbs or foods that are proven to increase my supply, what can I do to produce more milk?

Katherine: The first thing is to address whether your baby is getting enough food or if he needs to be supplemented; to answer this question, talk to your child's pediatrician. If baby does in fact need more milk, then we need to find out why mom's milk supply is low in order to correct the problem. Is mom supplementing with formula or previously expressed breastmilk on a regular basis? Are there any medical reasons causing low milk production (breast surgery, PCOS or polycystic ovarian syndrome, thyroid issues, diabetes, premature infant, poorly breastfeeding, etc.) If you suspect you might be having any problems related to these conditions, talk to your healthcare provider and a lactation consultant. The best way to improve milk production is to frequently breastfeed, hand-express breastmilk and pump with preferably a hospital grade pump.

Why is breast milk better?

Katherine: Your breast milk is uniquely designed for your baby. It contains the antibodies to build your baby's immune system, the hormones to regulate normal body function and the nutrients for brain development. You are equipped with everything your baby needs!

What do I do if I am having supply issues?

Katherine: Work with a lactation consultant in your area. You can find a lactation consultant [here](#) or contact your state's local WIC office.

Bethany: Remember, before you take anything (herb, medication, etc.) while breastfeeding, talk to your doctor, your child's pediatrician, and contact MotherToBaby for up to date information on whether the product could affect your baby's health. It's always better to be safe than sorry!

Helpful Tips to Remember:

- Place baby skin to skin immediately following birth for at least 1 hour
- Breastfeed your baby within an hour of birth
- Keeping the baby in your room helps you learn when your baby is ready to feed
- Learn your baby- watch for early feeding cues and initiate breast feeding on demand
- Give **NO** artificial pacifiers
- Give newborns **NO** food or drink other than breast milk unless medically indicated
- Use hand expression to maximize milk removal when nursing
- Surround yourself with support to help you reach your goals
- If you are having trouble breastfeeding, contact a lactation consultant

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Boosting Milk for Baby: The Supply & Demands of Breastfeeding

By Robert Felix, MotherToBaby Past President

I'll never forget the panic in her voice. "The web said, 'stay away from cats when you're pregnant because your baby can be mentally retarded!'" It was the first thing this soon-to-be mom could get out the second I picked up the phone. "It is true? I got rid of my cat immediately because I was so worried and I feel terrible about it," she breathlessly explained. As a teratogen information specialist (someone trained to answer questions about exposures during pregnancy and breastfeeding), I knew her concern was shared by many. She was worried about something called "toxoplasmosis," and after calling her doctor's office, a nurse she spoke with didn't say much or educate her about the infection. The nurse just reaffirmed that by getting rid of her cat, she had done "the right thing." She was beyond frustrated. Not to mention, she missed her family's feline!

After hearing her frustration, I asked her some basic questions relative to the cat.

- How long has she had the cat?
- Was the cat only indoor, outdoor, or both?
- Did she feed the cat any raw meat?
- Who changed the cat litter?
- Did she do any gardening?

Based on what she described, there was nothing to indicate that she was at an increased risk. "But I'm sure I've harmed my baby," she said anxiously. So, I broke down the basics about toxoplasmosis. January is Birth Defects Prevention Month, what better time to revisit facts about infection?

Toxoplasmosis infections can occur by eating undercooked, infected meat, or handling soil or cat feces that contain the parasite. Toxoplasmosis is an infection caused by the parasite *Toxoplasma gondii*. Although most adults have no symptoms, swelling of the lymph nodes, fever, headache or muscle pain may be seen. In most cases, once a person gets toxoplasmosis, he/she cannot get it again. About 85% of pregnant women in the United States are at risk for toxoplasmosis infection.

Women who have recently gotten a cat or have outdoor cats, eat undercooked meat, garden, or who have had a recent mononucleosis-type illness are at increased risk. In Europe where far more undercooked meat is eaten, there is a higher prevalence of toxoplasmosis. *Toxoplasma gondii* can be found in raw or undercooked meat, raw eggs and unpasteurized milk. Cats that eat raw meat or rodents can become infected, and the parasite lives in the cat's feces

for two weeks. *Toxoplasma gondii* eggs can live in cat feces buried in soil up to 18 months.

To avoid infection:

- Cook meat until it is no longer pink and the juices run clear.
- Wear gloves while gardening.
- Wash all fruits and vegetables.
- Wash hands carefully after handling raw meat fruit, vegetables, and soil.
- As for furry friends... Pregnancy's not the time to be on litter box duty, but is a good time to get your partner to do it for you!
- Also, don't feed cats raw meat.

Taking simple precautions to avoid infection during pregnancy will keep you healthy and keep kitty from landing in a homeless shelter. In addition, it's very important for women to get prenatal care, talk to their healthcare providers, eat healthy and take their prenatal vitamins (including folic acid) during pregnancy. Remember, #Prevent 2Protect.



Robert Felix is a teratogen information specialist at MotherToBaby California, a non-profit affiliate of the international Organization of Teratology Information Specialists (OTIS). Robert is the past president of MotherToBaby and is based at UC San Diego's Center for Better Beginnings.

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Boosting Milk for Baby: The Supply & Demands of Breastfeeding

By Patricia Markland Cole, MPH, MotherToBaby Massachusetts

During my work at MotherToBaby, I have received calls from pregnant woman who want to know what can they safely take to sleep? Usually they are looking at natural remedies like melatonin for information. For some who have been on medications like Ambien before they were pregnant, they now wonder if they can use it because they are having a hard time catching those Zzzz's. Even though I am not pregnant, I am sure all of us can relate to a night where we wake up and cannot fall back to sleep. We slowly see the time ticking by 10 min, 30 min, 1 hr, 2hrs. It can be so frustrating, especially if you look over at your partner in a state of blissful slumber as you toss back and forth on the bed.

Many women have come to accept a lack of sleep or quality of sleep in pregnancy. In the early part of pregnancy, sleep is interrupted by nausea, vomiting, back pain and an increased need to urinate/pee. In the middle of pregnancy, women are uncomfortable in bed because the baby is moving and kicking, and then there is heartburn, cramps or tingling in the legs.

By the latter part of pregnancy, it is reported that over 97% of pregnant women cannot get a decent night's sleep. They are waking up and staying awake for longer periods of time. I do recall how surprised I was when I sent an email to one of my colleagues at MotherToBaby in her third trimester of pregnancy, at the crack of dawn her time (I was on the East Coast, she was on the West). I was so surprised when she responded to my email and I knew it was way too early for her to be at the office. When I asked, she stated, she was up and couldn't sleep and decided to make the most of her time. While many women and clinicians have come to accept this as just a part of pregnancy, the data is starting to show that we need to pay more attention to how pregnant women are sleeping during pregnancy.

What is Insomnia?

Insomnia is one of 3 common sleep disorders during pregnancy. Insomnia includes difficulty falling asleep or staying asleep, waking up very early in the morning, waking up not feeling rested or a combination of these symptoms. Many pregnant women do not view insomnia as a disorder or a problem in their pregnancy, but when it starts to impact how you function during the day especially when it is accompanied with sleepiness, lack of energy, increased irritability, agitation and stress, it should be considered more carefully especially if insomnia starts to occur more regularly and last longer. Having a good night's rest is important for the well-being of the mother and child.

The concern with persistent insomnia is that it could increase the chance of hypertension and diabetes, which is just as concerning in people who aren't pregnant too. Another concern is that people who suffer from insomnia have higher levels of substances that increase inflammation in the body (proinflammatory cytokines). These higher levels of cytokines are also seen in women who have experienced preterm birth, postpartum depression and other pregnancy complications. While no association with insomnia and adverse pregnancy effects have been made, researchers have started to take a closer look at the effects of insomnia due to some results. For instance one report observed a higher rate of preterm birth for pregnant women that were sleeping less than 5 hours a night in the latter part of pregnancy. And there were other observations that women who were sleeping less than 5 hours a night in the last month of pregnancy had longer labors and were more likely to have C-sections.

In light of these observations, health care providers are being asked to screen their patients for sleep disorders during pregnancy. The majority of pregnant women consider their insomnia to be mild but in some cases there could be more that is going on like undiagnosed depression or anxiety that can be responsible for the insomnia.

So what's a tired mom-to-be to do?

Expectant mothers can do their part by being more proactive. It is suggested that expectant moms keep a daily sleep diary which would include your bedtime routine, how long it takes you to fall asleep, if you have difficulty falling back to sleep after waking up, how long you are awake at night and if you feel rested. Talk with your health care provider

even if they have not brought it up with you. Sometimes changes in behavior can help, called 'sleep hygiene' which involves things like avoiding stimulants (caffeine), not eating late at night, getting exposure to adequate sunlight and using your bed for only sleeping (not watching TV). Other actions that pregnant women can try includes acupuncture, massage, yoga and exercise. In some cases a referral to a sleep specialist may be needed and if all else fails some women may require medications.

Sometimes moms start looking at a natural remedy like melatonin. Melatonin, a hormone that is produced by the pineal gland, is often taken as a supplement to help with sleep. Melatonin is available in two forms, either as a synthetic product or a product that is from animals, usually beef cattle. Most health care professionals recommend avoiding the melatonin from animals due to a very small chance of contamination or viral transmission. Also, melatonin is a supplement and not a medication. That means it's not regulated by the Food and Drug Administration. Some studies have suggested avoiding use of melatonin during pregnancy due to a concern that the exposure might interfere with mom's or baby's sleep cycles.

Others want to know about prescription medications, like Ambien (zolpidem). Ambien has not been shown to increase the risk for birth defects when used in the first trimester of pregnancy. Since Ambien is a sedative hypnotic type of medicine, and has some features similar to benzodiazepines, it is thought that when used near the time of delivery, there may be temporary withdrawal-like symptoms in the baby.

Overall it is important to develop a plan with your health care provider and if a medication is needed, you can call MotherToBaby and we can provide information on medications suggested for use in pregnancy. Remember do not take sleeping lightly during your pregnancy; as one commentator put it, you are "sleeping for two." You, your baby and even your partner will appreciate your effort.



Patricia Cole, MPH, is the Program Coordinator for MotherToBaby Massachusetts. She obtained her Bachelor's degree in Biology from Simmons College in Boston and her MPH in Maternal and Child Health from Boston University School of Public Health. She has been the serving the families of New England as a teratogen counselor since 2001 and provides oversight for the day-to-day functions and outreach of the program. She has also provides education to graduate students and other professionals.

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By Heidi S. Neuburger, MS, MA, Indiana University Audiologist

It was a busy day in the audiology clinic, but my 10AM patient made me pause. I reviewed the medical records for this adorable 2 1/2 year old. His mother, a daycare provider, had contracted cytomegalovirus (CMV) early in her pregnancy. Unfortunately, there is nothing unusual about this. You can get CMV by contact with bodily fluids from a person who carries the virus. If mommy is caring for toddlers, either at home or in her place of work, she is at very high risk for coming into contact with diapers, runny noses, table tops and toys that may be infected with the virus. As many as 38% of toddlers who go to day care may have CMV, and they can pass it to other children, their families, or care givers.

The symptoms of CMV can be mild, or there may not even be any at all. Symptoms can include a little sore throat, fever, swollen glands and fatigue for a few days. But when mommy catches CMV during a pregnancy, there can be serious consequences to the baby in the womb. Congenital CMV infection occurs in 1 out every 100 to 150 babies that are born to mothers with CMV, although only about 1 in 5 of these kids will have long term health problems. (CDC.org)

In this case, the medical record showed that my patient did indeed test positive for the CMV virus at birth. The virus crossed the placenta, from mother to the developing fetus, causing the infection. But to the relief of all, in spite of a positive diagnosis of the presence of the virus in the baby at birth, there did not appear to be symptoms other than a little jaundice, which returned to normal within a couple of weeks. The family breathed a sigh of relief. Yet - here they were. The toddler (now 32 months old) was not talking at all. In fact, he was lagging farther and farther behind his peers developmentally.

After 40 minutes in the sound booth with this little boy I was able to confirm that he had a severe hearing loss in both ears. The fact that he had passed his newborn hearing screen suggested that the hearing loss had been getting worse over time. And a hearing loss of this degree surely had something to do with his delayed language development, and other possible developmental delays.

What can we learn from this challenging outcome? What could have been done?

For October's National Audiology Awareness and Protect Your Hearing Month, I thought it was particularly timely to focus on the lesson learned from this little boy's situation. More often than not, when a baby is exposed to CMV in the womb, especially early in the pregnancy, there will not be birth defects. In fact most babies will be born without symptoms or obvious defects. In one study (Naing et al, 2015) 18% of children born positive for CMV were without

symptoms at birth, but later had a delayed onset of hearing loss. I would have liked to have seen a heightened level of suspicion that hearing loss may emerge with this child, because of his congenital CMV diagnosis. It may not be possible to stop the onset or worsening of this hearing loss, but repeat testing of his hearing every 4 to 6 months would have gone a long way toward early identification of the hearing loss, and earlier intervention with hearing aids and speech/language therapy.

Hearing loss is just one of the potential effects of CMV infection during pregnancy. To learn more about the broader range of effects, how to test for CMV, and how you can prevent infection, visit the CMV and Pregnancy fact sheet: <https://mothertobaby.org/fact-sheets/cytomegalovirus-cmv-pregnancy/>. And remember: a MotherToBaby expert is just an email, text message, live chat, or phone call away!

Heidi S. Neuburger, MS, MA, works as an infant laboratory coordinator as part of the technical staff at Indiana University's Department of Otolaryngology-Head & Neck Surgery. She was program coordinator of MotherToBaby's Indiana affiliate from 2014 - 2016.

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Boosting Milk for Baby: The Supply & Demands of Breastfeeding

By Lori Wolfe, Certified Genetic Counselor and Teratogen Information Specialist, MotherToBaby North Texas

Have you ever had a pregnant friend tell you, "it is OK to have just one glass of wine now and then, that's what my doctor said," or "my mother drank beer when she was pregnant with me, and I turned out fine." As a Teratogen

Counselor (a birth defects expert), I hear these statements more than you would imagine. You may think it is common knowledge that there is no safe level of alcohol use during pregnancy, and that any use of alcohol while pregnant has the potential to harm the baby. Yet that message is not getting out there to everyone. Studies have long shown that heavy use of alcohol during pregnancy can cause Fetal Alcohol Syndrome, while more recent studies suggest that moderate use (and possibly even light use) can cause long term developmental problems in an exposed child. In fact, Fetal Alcohol Spectrum Disorder is thought to be the leading cause of developmental delays in children. Despite this, studies also show that 1 in 10 to 1 in 13 women continue light drinking of alcohol, even after they know they are pregnant. So I started thinking... Why do some woman continue to drink alcohol during pregnancy?

1. You Didn't Know You Were Pregnant

Most women find out they're pregnant when they are 4-6 weeks along – and many may not recognize the signs of pregnancy for quite a few months. So unless you are planning your pregnancy (50% of all pregnancies today are unplanned!), you may indulge in alcoholic beverages before you even know you are pregnant. Thankfully, the majority of women will stop using alcohol once they find out they are pregnant. But unfortunately, the damage could already be done. Harmful exposures (like alcohol) during those first critical weeks of pregnancy have the greatest risk of causing major birth defects. This is why experts at the Centers for Disease Control and Prevention (CDC) recommend that women avoid alcohol not only if they are pregnant or trying to become pregnant, but also if they are sexually active and not using an effective method of birth control.

2. Mixed Messages

It's not uncommon for pregnant women to receive mixed messages from people they trust about how safe alcohol may be in pregnancy. Even her own doctor may tell her that an occasional glass of alcohol won't harm her baby. There's a lot of misinformation out there, even among healthcare providers! It's important for you and your healthcare provider to keep in mind that the experts at the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics (among many others) advise that women avoid alcohol entirely while pregnant, because no amount of alcohol – even light-to-moderate amounts – can be considered safe for a developing baby.

3. It's A Social Thing

Social pressure from family or friends can be strong. If a woman is used to going out on weekends with her friends and everyone has a glass of wine, she may feel that she needs to drink too, just to fit in. Plus many women feel that the risk of having just a little alcohol during pregnancy is low. These same woman may be doing everything else that they can to remove all other risks to their pregnancy, but they still continue to use alcohol. At MotherToBaby, we understand that the use of alcohol during pregnancy may have perceived benefits to a woman. But we also know that alcohol provides ZERO benefit for a developing baby, and, in fact, can only harm the baby. And because the exact amount of alcohol that could harm a baby is unknown at this point (and does vary woman-to-woman and even pregnancy-to-pregnancy), our philosophy is: WHY TAKE THE RISK?

4. It Helps Me Relax, De-Stress, and Just Deal with Everyday Life

Recently a 35 year old caller told me that she continued to enjoy a half glass of wine every weekend as a treat to herself. "Susan" (not her real name) knew that she was not supposed to drink alcohol, and she even said she got a lot of negative feedback from family and friends, yet she continued to drink throughout her pregnancy. Without realizing it, Susan and other women may be using alcohol to help deal with other unrecognized issues in their lives, such as depression and anxiety, high levels of stress, or little outside support for the pregnancy. At MotherToBaby, it is our job to help women understand how fragile and vulnerable a pregnancy can be to certain exposures; alcohol is one of the dangerous ones. While it may seem a hardship to give up alcohol entirely while pregnant, think about it this way: Pregnancy is only 9 months long (less if you base it on when a woman learns she is pregnant). If a woman is strong enough to survive childbirth, courageous enough to take on the toughest job on earth (parenthood), and resilient enough to survive that job, then abstaining from alcohol for the duration of a pregnancy is nothing. And if it means giving your baby a chance at the best possible start in life, then not drinking alcohol while pregnant is everything.

What Do We Know? There is not a known safe level of alcohol use during pregnancy.

We have known about Fetal Alcohol Syndrome for over 40 years now. Dr. Kenneth Jones, the doctor who first named Fetal Alcohol Syndrome in 1973 states: "When talking about the prenatal effects of alcohol, we usually think exclusively about the dose, the strength, and the timing of alcohol exposure. However, perhaps even more important are factors involving the mother – her genetic background and nutritional status to name just two. Without knowing those genetic and nutritional factors that are critically involved with the way a woman metabolizes alcohol, it is not possible to make any generalizations about a "safe" amount of alcohol during pregnancy." Studies have shown moderate use, and possibly even light use, of alcohol during pregnancy can cause long term developmental problems in the exposed children. In fact, Fetal Alcohol Spectrum Disorder is thought to be the leading cause of developmental

delays in children. Scientists are continuing to study how and why alcohol affects the developing baby, and in future years we will know more about this. But for now we do know there are always risks with drinking alcohol during pregnancy.



Lori Wolfe is a board certified Genetic Counselor and the Director of MotherToBaby's North Texas affiliate. MotherToBaby aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering women's and health professionals' questions regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free number and by email, Wolfe also teaches at the University of North Texas, provides educational talks regarding pregnancy health in community clinics and high schools, and counsels adoptive parents.

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