

Is It Normal To Be Anxious During Pregnancy?

May is Maternal Mental Health Awareness Month

By Elizabeth Salas, MPH, Teratology Information Specialist, MotherToBaby California

If you are feeling anxious during your pregnancy, you're not alone. It seems every year there are more articles and news stories on the latest health hazards. Whether you read it online or in a medical journal, hear it on the news or from friends and family, there's no shortage of information on health concerns. This seems especially true during pregnancy.

Having Questions Vs. Having Anxiety

It's normal to have questions and concerns during pregnancy. Every woman has them. Every woman also deserves to have her questions answered and concerns addressed. Beyond having questions about what's safe to eat, products to use, or medications to take, pregnant women must balance their normal activities and responsibilities with scheduling prenatal appointments and preparing for their baby's arrival. With so much to think about, it's not unusual for pregnant women to feel a little bit anxious. So what's the difference between having questions and having anxiety? How much anxiety is too much during pregnancy?

The month of May is Maternal Mental Health Awareness Month, and a great time to tackle these questions, raise awareness, and talk about mental health.

What Are Anxiety Disorders?

While stressful events in our lives can cause anxiety that is mild and temporary, anxiety disorders are different in that the fear and anxiety can be excessive and/or persistent over time and can interfere with a person's ability to function in their daily life. It is estimated that 13-18% of American adults or up to 40 million people each year experience an anxiety disorder.^{1,6} Anxiety disorders include generalized anxiety disorder (GAD), panic disorder, post-traumatic stress disorder (PTSD), social phobia, and other phobias. These conditions can cause individuals to experience a great deal of worry or fearfulness. Anxiety disorders can cause physical symptoms such as difficulty sleeping, fatigue, headaches, muscle aches, irritability, lightheadedness, dizziness, trembling, hot flashes, feeling out of breath, and nausea among other symptoms.⁶

Anxiety Disorders And Pregnancy

While more attention has been given to the study of anxiety disorders during pregnancy in the last decade, information is limited. Screening tools for anxiety disorders during pregnancy, such as those used to screen for depression during pregnancy and postpartum, have not been well studied and are not used regularly in obstetric clinics.² Without screening being part of routine prenatal care, it is up to pregnant women to express their concerns about anxiety to their healthcare providers. It also means that some women might not get the help they need.

Anxiety disorders during pregnancy are estimated to affect from 4%-39% of women.³ While some studies suggest that pregnant women are more likely to have anxiety disorders than non-pregnant women, other studies found that pregnant women are just as likely than non-pregnant women to have an anxiety disorder.⁴ How many women develop anxiety disorders during pregnancy is not well understood. A woman with a preexisting anxiety disorder may find that her condition is worse during pregnancy, but for others symptoms may stay the same. While gaps in our knowledge remain about anxiety disorders in pregnancy, the importance of maternal mental health is receiving more attention.⁵

What If I'm Having Problems With Anxiety?

Whether starting a new job, dealing with financial stressors, or struggling with a relationship or health complications, we have all experienced anxiety at some point in our lives. If your anxiety is affecting you more than usual or if you're concerned you may be experiencing an anxiety disorder, talk to your healthcare provider right away. Your provider will ask about your symptoms and may give you a screening questionnaire to fill out. If you are having symptoms they will talk to you about your options and may refer you to a mental health provider. Depending on a woman's diagnosis and the severity of her condition, she and her providers may decide to treat her condition with talk therapy, behavior modification, medications, or a combination of these. Many pregnant women take medications for anxiety during

pregnancy and delivery healthy full-term babies.

Since anxiety disorders can cause significant physical symptoms and stress in a person's life, these conditions require attention and treatment just like any other medical condition during pregnancy. Every woman and every pregnancy is different. Working together with your provider to keep you healthy during pregnancy isn't just important for your health; it's important for the health of your developing baby too.

WHERE CAN I GET MORE INFORMATION?

California Maternal Mental Health Collaborative

To learn more about maternal mental health disorders, access a self-quiz, and obtain a list of resources that can help, visit the California Maternal Mental Health Collaborative website.

<http://www.2020mom.org/mmh-disorders/>

<http://www.2020mom.org/get-help/>

National Institute of Mental Health

To learn more about anxiety disorders, check the National Institute of Mental Health website and their Anxiety Disorders information booklet.

<http://www.nimh.nih.gov/health/publications/anxiety-disorders/index.shtml?rf=53414>

http://www.nimh.nih.gov/health/publications/anxiety-disorders/nimhanxiety_34436.pdf

MotherToBaby

At MotherToBaby, we answer questions about exposures during pregnancy and breastfeeding. We receive questions on everything from hair dye to medications used to treat anxiety and depression and much more. Our service is free, confidential, and provides information that is evidence-based. Most importantly, our service is available to you and your healthcare providers. To speak to a MotherToBaby expert, you can call toll free at (866) 626-6847 or visit us online. <https://mothertobaby.org/>



Elizabeth Salas is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or call the Pregnancy Studies team directly at 877-311-8972. You can also visit MotherToBaby.org to browse a library of fact sheets, as well as visit our website for MotherToBaby Pregnancy Studies, www.PregnancyStudies.org.

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Is It Normal To Be Anxious During Pregnancy?

By Patricia Olney, MS, CGC, Genetic Counselor & Teratogen Information Specialist, MotherToBaby Georgia

Emily's call to MotherToBaby came in late at night. Her voicemail message sounded a bit garbled, almost as if she had been crying. I returned her call the next day and heard her anxious voice say, "My psoriasis flared up last week...it's been several years. I'm really worried because I just found out I'm pregnant." I replied calmly, "Emily, I'm glad you called MotherToBaby for information. We care about you and your baby!"

How did Emily find me? I'm a pregnancy risk specialist at MotherToBaby, which is a service of the Organization of Teratology Information Specialists (OTIS). MotherToBaby provides FREE, up-to-date, evidence-based information about exposures during pregnancy and breastfeeding. Exposures may include prescription or over-the-counter medications, chemicals in the environment, alcohol, illicit drugs, and viral or maternal illnesses, like psoriasis and psoriatic arthritis. After spending a lot of time searching the Internet for answers to her questions, a frustrated Emily found our website and our toll-free phone number and I was able to provide her with the information she needed.

Psoriasis is a life-long skin disease, but symptoms can come and go. The most common is chronic plaque psoriasis, the type Emily was diagnosed with at the age of 14. Emily described her life since being diagnosed as an emotional rollercoaster. As a teenager, she was self-conscious about how she looked, and often felt depressed. In college she studied by herself and avoided social gatherings. It wasn't until she met her future husband that she began feeling more in control of her life. He helped her find a specialist in dermatology with experience in treating psoriasis. After trying a variety of treatments, a combination of topical corticosteroids, moisturizers, and medications helped to control her symptoms. Compared with other family members, she described the severity of her psoriasis as mild to moderate. In her late twenties, she had several flare ups which often required medication or UVB phototherapy.

During Emily's first pregnancy, she told me her psoriasis improved, and she was hoping for the same during her next pregnancy. But the week before calling me, Emily had worked long hours on a project with a tight deadline. She came home late in the evenings, feeling stressed and discouraged. By the end of the week, she noticed the all too familiar red, scaly plaques on her elbows, knees and scalp.

The evening Emily called, she had taken a home pregnancy test. She and her husband planned to have another child, but were surprised how easy it was to conceive. This time, however, she was not prepared to face the possibility of a psoriasis flare up during the first few weeks of pregnancy. I reassured her that she was not alone, and many women face the same uncertainty with pregnancy.

So what can a woman with psoriasis and/or psoriatic arthritis do to prepare for a healthy pregnancy?

Every woman who is planning pregnancy should avoid drinking alcohol and smoking cigarettes, reduce stress, exercise, eat a healthy diet, and take prenatal vitamins with folic acid. In some woman with psoriasis, alcohol, cigarettes or stress may trigger a flare up or aggravate her disease.

Approximately 30% of individuals with psoriasis will develop psoriatic arthritis, characterized by pain and swelling in the joints. Psoriatic arthritis can be a side effect of psoriasis that's triggered by an interaction of genetic and environmental factors. Medications similar to those that treat psoriasis can improve psoriatic arthritis as well (1).

Women who require medication to treat their psoriasis/psoriatic arthritis should discuss pregnancy planning with their healthcare provider. Some treatments may require a period of time to clear from the body before conception, and certain medications should be avoided during pregnancy.

Will psoriasis and/or psoriatic arthritis go into remission during pregnancy?

This can be hard to predict, and it varies from person to person and even from pregnancy to pregnancy. In approximately two-thirds of pregnant women who have psoriasis, their psoriasis symptoms spontaneously improved during pregnancy due to the increase of estrogen hormones. Others, however, reported that their symptoms got worse during pregnancy. In addition, inflammatory flare-ups can occur 1-2 weeks after delivery (2). If your psoriasis symptoms get worse during your pregnancy or after you deliver, be sure to talk with your doctor. In 2012, the National Psoriasis Foundation published guidelines for treating psoriasis during pregnancy and lactation (3). For example, caution is advised when applying topical steroids to the breast to avoid passing the medication to the baby while nursing.

How can MotherToBaby help?

MotherToBaby counselors are here to help answer any questions or concerns about exposures in pregnancy or while nursing. If you have questions or concerns about psoriasis/psoriatic arthritis - and the medications used to treat these conditions - during pregnancy, call us toll-free at (866) 626-6847. Our service is FREE and confidential. MotherToBaby also conducts research on psoriasis/psoriatic arthritis during pregnancy. This research is observational, meaning participants are not asked to take any medications or to change their daily routine. To learn more about our research program, please contact one of our MotherToBaby Pregnancy Studies experts at (877) 311-8972.

After our call, Emily felt a lot more confident that she was on the right track to having a healthy pregnancy. However, her fear over how a psoriasis flare could affect her pregnancy was quickly followed by questions about how her psoriasis could be safely treated during pregnancy.

Online resources for individuals with psoriasis/psoriatic arthritis:

National Psoriasis Foundation (<http://www.psoriasis.org>)

TalkPsoriasis Support Community (<http://www.inspire.com/groups/talk-psoriasis/>)

Talk Health Partnership (<http://www.talkhealthpartnership.com/talkpsoriasis/>)



Patricia Olney, MS, is a certified genetic counselor and pregnancy risk specialist at MotherToBaby Georgia, Emory University. She received her masters degree at the University of California, Berkeley and has practiced genetic counseling for more than 25 years.

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Is It Normal To Be Anxious During Pregnancy?

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

It's pretty much a fact - ALL pregnant women worry...about what they eat, what they do, what they breathe. Basically, they worry about everything. That's simply because every expectant mother wants to do the very best she can for her developing baby. As a genetic counselor who runs the North Texas affiliate of MotherToBaby, I get calls every day from pregnant woman who want to know what to do and what not to do in order to have the best chance of having a healthy baby without birth defects.

Recently I was having lunch with my friend, Amber, who is expecting her first babies...Yes... plural! In seven short months, she'll become the mother of twins! As a first time mom-to-be, Amber is always full of questions when we get together. Nothing like having a friend who is an expert in the pregnancy exposure field, right?! "Lori, is it true that since I eat lots of dark green veggies, and breads and cereals, that my babies will not have spina bifida? I remember hearing something about how good folic acid is for developing babies. Is that true?" asked Amber. "Yes!" I enthusiastically replied. "Having enough folic acid in the first two months of your pregnancy is very important to help prevent birth defects in your developing babies. In fact, studies have shown that if you are getting at least 400 mcg of folic acid during your early pregnancy through the foods you eat, as well as your prenatal vitamin, then your babies have up to a 70% less chance of having a spinal cord defect such as spina bifida." The look on her face was priceless...pure shock! "70%? Really?! Wow, I had no idea it could be so effective," Amber answered. "Yes, I have been taking a daily prenatal vitamin since before I became pregnant. I am always careful to take one every day. So what else can I do to help my babies be born without birth defects?"

Let me break it down for all of the “Ambers” out there. What’s thought to be the most common preventable cause of mental retardation in a baby? The answer – drinking alcohol during pregnancy. “And what is so crazy is that women do not need to drink alcohol when they are trying to become pregnant, and definitely not once they have a confirmed pregnancy,” I explained. About one in every 100 babies born in America is affected by prenatal alcohol exposure and it is totally preventable by simply avoiding alcohol during pregnancy. “Amazing!” replied Amber. “I never realized so many kids were affected by their moms’ drinking alcohol during pregnancy. That is sad. But I am good on this count as I have not had any alcohol at all during the last few months,” Amber said.

“So is there anything else I can or can’t eat or drink, or something else I can avoid that could make a difference in my babies not having birth defects?” she went on to say. “You are about eight weeks pregnant now, right Amber?” I asked her. “Yes. I am now about eight and one half weeks. Why?” she asked. “Well, another thing we worry about is hyperthermia,” I told her. “Hyperthermia means increasing your internal or core body temperature up to 102 degrees Fahrenheit or more. When you become that hot, the baby inside of you becomes hot too. When the baby’s temperature becomes too hot, especially in weeks five and six of a pregnancy, there is an increased chance that the spinal cord will not close, and your baby can be born with an open spinal cord defect like spina bifida. So we always caution pregnant women not to sit in hot tubs that are heated over 100 degrees, or to be careful to watch their temperature if they become ill with a fever during early pregnancy,” I said. “All of this is really good to know,” Amber answered, as we wrapped up lunch. “I’m lucky I have you as a friend!”

I love making sure women have someone to turn to for answers when they have questions about exposures while pregnant or breastfeeding. In fact, during March when the world will commemorate the first-ever World Birth Defects Awareness Day, my lunch with Amber serves as a great reminder that my colleagues and I are there for all pregnant and breastfeeding women across North America.

If you have a question during pregnancy and breastfeeding about something you ate, drank or medication you took, call MotherToBaby at 866-626-6847. I may not be able to meet you for lunch, but a main course of free expertise over the phone, followed by a huge helping of cutting edge research to support that expertise, will certainly be exactly what you ordered in your search for answers. And who knows? Your kids might even thank you for having such an appetite for knowledge one day!



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. MotherToBaby is a service of the international non-profit Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about vaccines, medications or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or visit **MotherToBaby.org** to browse a library of fact sheets and find your nearest affiliate

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Is It Normal To Be Anxious During Pregnancy?

By Chelsea Flores

Reviewed by Elizabeth Salas, MPH

Are you currently pregnant? Are you aware of the risk of pertussis to your baby?

Pertussis, also known as whooping cough, is a serious problem throughout California. Public health officials confirm our state is currently experiencing a pertussis epidemic. In 2010, there were more pertussis cases in California than had been reported in over 60 years with approximately 9,000 cases including 10 infant deaths. In 2014 10,831 cases were reported. The California Department of Public Health (CDPH) January 7, 2015 Pertussis Report states that of the 376 cases requiring hospitalization, 227 (60%) were babies less than 4 months of age. The two deaths reported in 2014 were babies less than 6 weeks of age. Unfortunately, babies are among the most vulnerable, but there are things you can do to protect your baby.

What Every Pregnant Woman Should Know About Pertussis

What is Pertussis?

Pertussis is a bacterial infection caused by the bacterium *bordetella pertussis*. This germ can be transferred from an infected person to an uninfected person through coughing, sneezing, or having close contact with someone infected. Pertussis is very contagious and can cause serious illness. It can affect any person at any age, but is more commonly reported in infants and the elderly.

At first pertussis may resemble a cold, but the symptoms change over time. Within 1-3 weeks after being infected, the person will have a rapid cough leading to difficulties in breathing. After coughing for seconds to minutes, they will make a “whooping” sound as they try to catch their breath. It can take weeks or even months before a person recovers from this infection. However, this infection may be prevented by vaccinating.

Why is pertussis a concern for newborns?

Newborns are at a higher risk of getting pertussis because their immune systems are weaker and not as capable of fighting off infections. In addition, they cannot receive their first pertussis vaccine until they are at least 6 weeks of age. Newborns infected with pertussis are at risk of being hospitalized, depending on the severity of the illness and can experience life-threatening symptoms. According to the CDC, in babies who are hospitalized for pertussis, studies suggest that 1 in 4 of these babies get pneumonia, 2 in 3 will experience apnea (slowed or stopped breathing), 1-2 per 100 will have convulsions, 1 in 300 experience encephalopathy (disease of the brain), and 1-2 per 100 babies hospitalized will die.

What can a pregnant woman do to protect her newborn?

Vaccinating during pregnancy is the best tool we have to protect moms and babies against pertussis. When mom receives the vaccine during pregnancy, it provides protection for the newborn. Mom can transfer protective antibodies (proteins that protect against pertussis) to the baby during pregnancy, which helps protect the newborn in the first 6-8 weeks when they are too young to get vaccinated. This vaccine will also help the mother by keeping her healthy and decreasing the chances of her spreading pertussis to her infant. It is important to get vaccinated during every

pregnancy because over time levels of antibodies will start to decrease. In order to transfer the highest levels of antibodies to your baby, vaccination late in pregnancy is ideal.

It is also very important that new moms vaccinate their newborns against pertussis at 6-8 weeks rather than delaying vaccination. The longer mom waits to vaccinate, the longer her baby is vulnerable.

Is this vaccine safe during pregnancy?

The Tdap vaccine is an inactivated vaccine. This means the vaccine is made of particles of killed bacteria. It does not contain a live virus. There is no risk of contracting the infection from the vaccine, unlike vaccines that contain live viruses or bacteria. Currently the published information on vaccination against pertussis in pregnancy has not found an increased risk for problems in pregnancy or for the newborn. In every pregnancy, there is a 3-5% chance of having a baby with a birth defect regardless of exposures in pregnancy. This is known as the background risk. Vaccination against pertussis during pregnancy has not been shown to increase the risk of birth defects above the background risk that already exists in every pregnancy.

In 2011, the Centers for Disease Control and Prevention recommended the pertussis vaccine for pregnant women. The update in October of 2012, recommended that pregnant women, regardless of vaccination history, should receive the Tdap vaccine in every pregnancy. The optimal time to administer the vaccine is between 27-36 weeks gestation to maximize benefits to mom and baby. The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice also supports the recommendations.

What can family and friends do to help protect a newborn?

Staying up to date with pertussis vaccination is important, especially since adults may not know they are infected or may confuse pertussis with a common cold. "Cocooning" is a strategy recommended to protect the newborn. "Cocooning" refers to the vaccination of those who will be in close contact with the baby (dad, siblings, grandparents, and caretakers) in order to reduce the chance baby will be exposed to pertussis. Newborns are more likely to get pertussis from a family member or by having close contact with an infected person, especially when that person has not been vaccinated. Anyone not up to date with pertussis vaccines should be vaccinated at least 2 weeks before coming in contact with the infant to ensure their bodies have had enough time to develop immunity.

The Bottom Line for Expecting Moms and Their Families

Getting the vaccine does not necessarily mean that you or your baby are not at risk of being infected. While adults, who have been vaccinated, can still get pertussis, the infection is usually less severe. Vaccinating can reduce the chances you and your baby will get pertussis. Contact your doctor for more information about getting vaccinated. According to the Immunization Branch of the CDPH, even a single dose of the DTaP vaccine may provide some protection against severe pertussis disease in babies.


For more information about pertussis, the Tdap vaccine, or other exposures during pregnancy or lactation, contact MotherToBaby California toll free at 866-626-6847.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847. You can also visit MotherToBaby.org to browse a library of fact sheets.

MotherToBaby is also conducting research on the pertussis vaccine during pregnancy, and is looking for pregnant women who have received the vaccine as well as women who have chosen not to get the vaccine. This research is observational, meaning participants are not asked to take any medications, get any vaccines, or to change their daily routine. To learn more about our pertussis vaccine research program, please contact one of our MotherToBaby Pregnancy Studies experts at (877) 311-8972.



Chelsea Flores is currently a senior at High Tech High North County. She will be applying to colleges this fall and has worked with MotherToBaby California as a student intern. She is considering a career in the medical field and is interested in obstetrics and gynecology.

 *Elizabeth Salas is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.*

Download the Tetanus, diphtheria and pertussis and Tdap Vaccine and Pregnancy fact sheet and other fact sheets by MotherToBaby (also available in Spanish) at

<http://www.mothersbabyca.org/resources/fact-sheets/>

For the latest information on pertussis in California, visit the California Department of Public Health Pertussis Summary Reports at <http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx>

Additional information about pertussis is available at the following Centers for Disease Control and Prevention link at <http://www.cdc.gov/pertussis/materials/pregnant.html>

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Is It Normal To Be Anxious During Pregnancy?

By Elizabeth Salas, MPH, Teratology Information Specialist, MotherToBaby California

If you have Multiple Sclerosis (MS) and are currently pregnant, breastfeeding, or planning a pregnancy, where do you go when you have questions about MS or MS treatments? In this day and age, the first place you might go is the Internet. With no shortage of information at our fingertips, it may seem the answers to all of our questions are just a web search away. But when it comes to chronic conditions and treatments in pregnancy, reliable and accurate information isn't always easy to find, and the answers may not be so simple. So let's try a different approach, shall we? First, let's start with the facts!

The Good News

Studies about MS and pregnancy are encouraging. To date they show MS does not affect a woman's ability to get pregnant. For most women with MS, they are less likely to have a relapse during pregnancy especially in the 3rd trimester. Research shows pregnancy does not worsen MS or the progression of the disease¹. MS during pregnancy also does not increase the risk for birth defects, and does not increase the risk of major complications in pregnancy, during delivery, or for the newborn². In fact, some studies suggest pregnancy may have a protective effect for women, by slowing down or reducing the progression of MS - although more research is needed to confirm this finding³.

Making Progress in Treating MS

Ten years ago only a handful of treatments were available to treat MS. These medications, such as Betaseron® (Interferon Beta-1b) or Avonex® (Interferon Beta-1a), are called disease modifying medications because they slow down the natural course of MS while reducing the number and severity of relapses. Today there are twice as many disease modifying medications available - but the big question here is what do we know about these treatments during pregnancy or lactation?

The somewhat frustrating answer is that there is very little information about the safety of the newest medications

during pregnancy or lactation. For this reason, standard practice has generally suggested women with MS stop treatment with disease modifying medications at least 1 menstrual cycle prior to attempting to conceive⁴. Older medications used to improve symptoms during a relapse, such as Solu-Medrol® (methylprednisolone) or prednisone, have been around since the 1950s⁵ and much has been published on their use in pregnancy⁶. (For more information about prednisone/prednisolone in pregnancy and lactation, see our **Fact Sheet**.) Regardless of which medications you may be taking, it's important for women with MS to plan their pregnancies and discuss treatment and options with your doctor *before* trying to become pregnant.

But what if your pregnancy, like nearly half of all pregnancies in the United States, was not planned? You may still have many questions about how your MS – and any medication you may be taking to treat it – could impact your pregnancy, such as: Could my medication have an effect on my developing baby? Will additional tests be needed during pregnancy to make sure my baby is all right? Should I continue taking my MS medications during pregnancy? If I stopped my medication, when can – or when should – I start taking them again? Can I breastfeed while taking these medications? The questions may seem overwhelming, but the good news is there are specialists who can answer your questions and they are just a phone call away!

Making The Call

Hello and thank you for calling MotherToBaby. We're here for you!

I am a counselor with MotherToBaby, a group of experts dedicated to providing women, healthcare providers, and the general public with accurate and up-to-date information on exposures during pregnancy and breastfeeding. We answer questions about everything from medications and cosmetics, to chronic conditions, like multiple sclerosis. Our service is FREE, confidential, and available for you. To speak to a counselor, call us toll free at (866) 626-6847.

Making A Difference

Every pregnant woman wants a healthy pregnancy. After personally talking to pregnant women with chronic conditions for nearly a decade, one thing has become very clear: we need better answers about how medications affect pregnancy. MotherToBaby has a follow-up program for pregnant women with MS, regardless of whether they are currently taking medication. We are learning more every day thanks to pregnant women with MS who are sharing information about their experiences. If you'd like to know more about current programs on MS and pregnancy, please contact one of our MotherToBaby Pregnancy Studies experts toll free at (877) 311-8972. You can help us make a difference, and together we can find the answers.



Elizabeth Salas is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and

breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or call the Pregnancy Studies team directly at 877-311-8972. You can also visit MotherToBaby.org to browse a library of fact sheets, as well as visit our [Autoimmune Diseases and Pregnancy page](#).

Interested in more information about MS and pregnancy? Check out MotherToBaby's March 2014 blog, "**MS: The Diagnosis that Doesn't Mean Missing Out on Motherhood!**"

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

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