

# Are you Pregnant (or Breastfeeding) and Affected by a Hurricane?

---

**By Beth Conover, APRN, Beth Kiernan, MPH, and Al Romeo, RN, PhD - MotherToBaby Teratogen Information Specialists**

From images of buildings destroyed by high wind to families stranded on roof tops by flooding (and the rising death toll), to say that hurricanes can be devastating would be an understatement. At MotherToBaby, we receive questions from moms and moms-to-be in storm-affected areas regarding the potential exposures they may be experiencing as powerful forces of nature wreak havoc on their homes and communities. We just wanted to let you know - **MotherToBaby is here for you, your unborn child and your baby.** We can answer your questions about the known facts surrounding these potential natural disaster-related exposures during your pregnancy or while breastfeeding. You can call us toll-free (866-626-6847), text us (855-999-3525), chat with us online or send us an email via [MotherToBaby.org](https://www.MotherToBaby.org). Here are some common questions we're getting and answers to help provide you with as much information as possible during this difficult time:

## **I'm pregnant and worried about possible things associated with a hurricane that might harm my baby.**

Being pregnant can be a stressful time, without having the additional concerns of a natural disaster like a hurricane! However, remember that many pregnant women have been in similar situations and had normal pregnancy outcomes and healthy babies. There are some common sense things you can do to keep you and your baby safe:

- Continue to eat nutritious food...even if it is from a can.
- Drink safe fluids...bottled or boiled water, for example.
- Rest whenever you can and get the proper amount of sleep.
- Don't overdo heavy lifting.

MotherToBaby has a fact sheet on pregnancy during natural disasters:  
<https://mothertobaby.org/fact-sheets/natural-disasters/>

## **I am worried that there might be industrial chemicals released into the air and water after a hurricane. Will this present a risk to my pregnancy?**

Local industry may be affected by heavy rain, wind, tornadoes, and flooding from a hurricane. Various chemicals (carbon monoxide, ammonia, chlorine, hydrochloric acid, sulfuric acid) can be released into the air or flood waters from damage to those industrial sites. Local authorities will often notify the public about any chemical spills and explain what the public should do to avoid or reduce exposures (staying indoors, for example). If you think the smell is natural gas, go to a safe area away from the smell and call 911 or the local gas company.

You may want to start taking notes on paper or making some mental notes in case you have questions about how those chemicals might affect your pregnancy or your breastfed baby. Contact your health provider or MotherToBaby and be prepared to answer these questions:

- The names of the chemicals
- New or increased symptoms (vomiting, headache, dizziness, etc.)
- How you came into contact with the chemicals (breathing, touching, in your mouth or eyes, etc.)
- How long you were in contact with the chemicals

Fortunately, exposures like these are often small enough that they don't present a risk to the pregnancy. For example, just smelling something may not result in a significant amount being passed to the baby. However, each chemical is

different, so be sure to ask about any of your concerns.

**I'm worried about whether my drinking water is safe...can I get an infection from it that could harm my pregnancy?**

Infections are common after a natural disaster. These can include bacterial infections and parasites from dirty water. Many of these infections are important to treat, and you should contact your obstetrical health provider (Midwife or OB) if you think you have an infection. MotherToBaby has fact sheets on common infections and many medications used to treat them: <https://mothertobaby.org/fact-sheets-parent/>

**All this water is resulting in a lot of mosquitoes! Not only are they unpleasant but can't they spread infections that may harm my pregnancy? Is insect repellent safe to use in pregnancy?**

You are correct that mosquitos can sometimes carry serious infections such as Zika and West Nile disease.

MotherToBaby has fact sheets on these diseases and many others:

<https://mothertobaby.org/fact-sheets/zika-virus-pregnancy/> and

<https://mothertobaby.org/fact-sheets/west-nile-virus-infection-pregnancy/>.

There are also some things you can do to lower your chances of being bitten by a mosquito:

- Stay indoors with proper screens during peak times of mosquito activity (usually overnight from dusk through dawn)
- Wear long sleeved shirts and pants when outdoors
- Consider using insect repellent containing an effective ingredient such as DEET or picaridin. Apply the repellent sparingly to exposed skin and outer clothing, and wash it off when you are back inside and no longer need it. MotherToBaby has a fact sheet on insect repellents at <https://mothertobaby.org/fact-sheets/insect-repellents/>

**I'm just so stressed out by the whole situation! Our home is destroyed and we are staying in a shelter. I've heard from my grandmother than stress can harm the baby. Is this true?**

Pregnant women often worry that stress can affect the pregnancy and cause miscarriage, premature delivery or low birth weight. Fortunately, most experts agree that moderate levels of stress are unlikely to harm the pregnancy. It's still best to keep as calm as possible, and try to quit worrying about worrying! It's normal to feel irritable and out of control, and to be tearful and worried. Stress can make existing medical conditions worse, so it's important that you take care of yourself even as you are taking care of family members:

- Pay attention to your blood sugar levels and blood pressure.
- Do things to relax. Get some exercise, even if it's just a short walk.
- Take deep breaths and think positive thoughts about your baby.

If you feel depressed, talk to someone such as your partner, a relative or friend, or a health care provider. If you have been taking medicine for mental health issues, keep taking it unless your doctor tells you to stop. It's OK to ask for help. Treating depression and anxiety helps your baby. Check out this fact sheet for more information:

<https://mothertobaby.org/fact-sheets/stress-pregnancy/>

**The good news is that my home is still standing. The bad news is that the hurricane has caused a real mess in my home! What types of cleaning agents are safe to use while I am pregnant?**

First of all, remember that you don't need to take on everything...you are pregnant after all! Let others do the heavy lifting or handle possibly toxic cleaning chemicals. However, most household cleaning agents are pretty low risk. To help protect yourself and your baby, wear gloves when using cleaning agents and try to keep fresh air moving through your work area (consider a fan and open the windows).

**What about mold? Hurricanes involve rain and can cause flooding...and all this water in my house has caused mold in my walls. Will this hurt me or my pregnancy?**

After the rain has stopped and flood waters go down, mold may start to grow in damaged homes, cars and businesses.

Whether you are young or older, pregnant or not pregnant, mold exposure can make you sick. However, there is no proof that exposure to mold increases risks for birth defects or pregnancy complications. Companies can help with the cleanup, but you can do some on your own if you take the right precautions. MotherToBaby has a fact sheet on mold: <https://mothertobaby.org/fact-sheets/mold-pregnancy/>

Here's how to learn about cleaning mold in your home: <https://www.epa.gov/mold/mold-cleanup-your-home>

If you must live or work in a place where mold is being removed, try to open windows so that your exposure is less to airborne mold spores. If you can sleep somewhere else at night and just return to clean up for a short period each day, that may be best for you.

### **What if I am breastfeeding my baby? Do I need to worry about exposures or should I use formula?**

Breastfeeding is good for you and your baby! It is even more important when there are concerns that the water used to make formula may be contaminated. Be sure to keep yourself well hydrated, and use common sense about your exposures. MotherToBaby has a fact sheet on breastfeeding in a natural disaster: <https://mothertobaby.org/fact-sheets/breastfeeding-natural-disaster/>

### **Here is another website to check out:**

Centers for Disease Control and Prevention:

<https://www.cdc.gov/reproductivehealth/emergency/safety-messages.htm>

### **More about MotherToBaby**

***MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures resulting from a natural disaster during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit [MotherToBaby.org](https://mothertobaby.org) to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding. MotherToBaby has been able to embark on new outreach efforts to reach underserved populations and launch new communication technologies through a cooperative agreement with the U.S. Health Resources and Services Administration, as well as through the generous donations made by the public.***

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, April 12, 2024.

---

# Are you Pregnant (or Breastfeeding) and Affected by a Hurricane?

---

Lately, it seems like every few months a new infectious disease makes the headlines. The COVID-19 pandemic dominated the news cycle for some time, but as more and more people get vaccinated and the number of severe cases starts to decrease, the media's focus has shifted to other known or emerging threats. From the **flu** and respiratory syncytial virus (**RSV**), to **mpox** and **syphilis**, infections seem to be spreading like wildfire. Most recently, measles has made yet another comeback, prompting many women who are planning pregnancy, currently pregnant, or breastfeeding to make sure they are taking steps to avoid infection.

When I logged into our live chat service at [www.mothertobaby.org](http://www.mothertobaby.org) on Tuesday morning, a chat from Alyssa popped up right away. "I'm currently 18 weeks pregnant and there was a measles case reported at my son's preschool. Do I need to be worried?"

It's understandable that Alyssa would be concerned. Measles (also known as rubeola) is a highly contagious respiratory disease caused by a virus. According to the Centers for Disease Control and Prevention (**CDC**) the measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. If people breathe the contaminated air or touch the infected surface, then touch their eyes, nose, or mouth, they can become infected. Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.

**Symptoms** of measles generally appear about 7-14 days after a person is infected, and can include high fever, dry cough, runny nose, red watery eyes, and a rash all over the body. To date, studies have not identified an increased risk for birth defects when pregnant women get infected with **measles** during pregnancy. However, research suggests that a measles infection can be associated with an increased risk for miscarriage, premature delivery (having the baby before 37 weeks), and stillbirth.

The first question I asked Alyssa on chat was if she had ever received the Measles, Mumps, and Rubella (**MMR**) **vaccine**. Just one dose is about 93% effective at preventing measles, while two doses is close to **97%** effective, so it's the best way to prevent this disease. These vaccines are routinely given in childhood, so Alyssa couldn't remember if she had received both, but after texting her mom she was able to confirm that she was fully vaccinated. Whew, that was good news. Next we discussed the date of exposure. I asked Alyssa when the positive case was reported at daycare, to which she answered that it was about two weeks ago. More good news. Since neither Alyssa nor her son had experienced any symptoms yet, infection was unlikely.

Since measles doesn't seem to be going away anytime soon, knowing how to best protect yourself against the illness at all reproductive life stages is important.

**Pre-Conception:** Women who are planning a pregnancy in the future should make sure they are up to date with their **MMR** vaccines **BEFORE** they get pregnant. If you can't find your vaccine record, call your healthcare provider who may know. If they don't have a record, a blood test (titer) can be done to determine if you have immunity to measles. If it turns out you are not immune, you'll want to get two doses of **MMR vaccine** for optimal protection. Just make sure you wait at least one month after getting the last shot before attempting to get pregnant.

**Pregnancy:** Since pregnant women shouldn't receive live vaccines (like **MMR**), the best thing you can focus on during pregnancy is prevention. Good hand washing is always a good idea. If there is a **confirmed measles outbreak** near you, consider avoiding crowded public places and steer clear of any locations that have been identified as a known risk.

**Breastfeeding:** Once you are no longer pregnant, the **MMR** vaccine can be administered. The **CDC** considers the **MMR** vaccine **compatible with breastfeeding** and side effects for the breastfed baby are not expected.

If you have any questions about measles infection or the **MMR** vaccine while planning a pregnancy, during pregnancy

or while breastfeeding, MotherToBaby is here to help. Give us a call at 866-626-6847, text, or chat with one of our information specialists today.

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, April 12, 2024.

---

## Are you Pregnant (or Breastfeeding) and Affected by a Hurricane?

---

Emily called MotherToBaby and confided, “My husband and I are thinking about getting pregnant...I am so excited but scared, too. I am wondering what I can do to make it more likely we will have a healthy pregnancy and baby.”

I assured Emily that we **love** it when people call ahead of their pregnancy and ask these questions. Preconception health is a topic that does not receive as much attention as it deserves, and it is important for both Emily and her husband. Good preconception health care can impact fertility and make it easier to conceive, and also helps to improve pregnancy outcomes and the health of the baby.

Here is a preconception prep guide- because if you are ready to have a baby, you want to take steps now to keep you and your baby as healthy as possible:

- **Make a pre-conception checkup appointment:** Begin by making an appointment about three months in advance with your obstetrical care provider. At that appointment you can confirm you are in good health. If you have any chronic conditions such as high blood pressure, thyroid disease, depression or diabetes you and your provider can make sure the condition is being managed effectively and confirm that any prescription or over-the-counter medications you are taking can be continued in the pregnancy. If you have a question about

medications during pregnancy, MotherToBaby can help by providing you with information to bring to your appointment.

- **Begin taking a prenatal vitamin:** If you are not already taking a vitamin with folic acid this is a great time to start. The Centers for Disease Control and Prevention (CDC) recommend that all women who can become pregnant take a vitamin containing 400 micrograms of folic acid; this helps reduce the chances for certain birth defects such as spina bifida (when the spinal cord does not form properly).
- **Review your vaccine status:** During your preconception checkup, make sure that you are up to date on vaccinations such as the MMR (measles, mumps, rubella), Tdap (tetanus, diphtheria, whooping cough), influenza, and COVID. Planning ahead makes it more likely you will not get ill during pregnancy and helps protect the baby from getting infections from parents after birth.
- **Get your body fit for pregnancy:** Get regular exercise and consider whether you and your partner are at your preferred weight. If not, make plans to remedy that prior to attempting to get pregnant. You can also learn more about a healthy diet and nutrition. This is something that may improve fertility in both parents and lay the groundwork for a healthy pregnancy.
- **Eliminate harmful exposures:** It goes without saying that this is a great time to make lifestyle changes such as reducing use of alcohol, tobacco, and recreational drugs. Addressing stress and mental health concerns up front can improve fertility, make the whole pregnancy experience better, and prepare you for the excitement and hard work of parenthood.
- **Evaluate your home and work environment:** If you and your partner are exposed to toxic substances like lead in your work or home environment, working to reduce those exposures is very effective when done ahead of the pregnancy.

MotherToBaby has many resources for Emily and her husband – and you! We have fact sheets on medications, herbal agents and supplements, diabetes and other health conditions, illnesses and vaccinations, occupations such as veterinarian and dental, exercise, paternal exposures, and cosmetics (sunscreen, skin creams, nail polish, hair dye). There are also useful blogs and podcasts, and whole web pages on various conditions, and if you have questions, our information specialists are here to help.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, April 12, 2024.

---

# Are you Pregnant (or Breastfeeding) and Affected by a Hurricane?

---

**By Beth Conover, APRN, CGC MotherToBaby Nebraska, UNMC**

“There are so many risks to the baby if I go for dental work, right?” “What about x-rays?” “I don’t like going to the dentist anyway, so I’ll probably just wait until my baby is born. That should be fine, right?” Worries, excuses, we’ve heard it all at MotherToBaby when it comes to dental procedures during pregnancy. We often receive questions from women wondering whether dental care is safe. In short, the answer is....yes! What better time to talk about the reasons why it’s ok than during June - typically the month the American Dental Association dubs as “Oral Health Month.”

## **Routine dental care is low risk, and most emergency procedures can be done as well.**

Good oral health improves your overall health, and increases your chances of a good pregnancy outcome. However, when you are scheduling a dental appointment and are pregnant (or trying to get pregnant), let the office know so that they can be prepared to make decisions about which procedures are safe for your baby. In some cases, you or your dentist may want to wait until after delivery for elective (non-necessary) procedures.

Here are some commonly asked questions we get from pregnant women:

- **When I brush my teeth, my gums have started to bleed. Is this normal? What should I do?**

Bleeding gums is a common problem during pregnancy. Pregnant women have hormonal changes that can increase their chances of getting gum problems such as gingivitis (puffy and tender red gums that bleed easily). Your dentist will want to monitor this so that it does not progress to a more serious gum disease. Periodontal disease is a bacterial infection of the gums and jaw bones that support the teeth, and can increase your chances of having a smaller baby, delivering early, and having other pregnancy complications. Dentists recommend that you floss daily, and get your teeth cleaned on a regular basis during pregnancy (consider having it done more frequently, if you are having pregnancy gingivitis).

- **It seems like pregnancy is causing me to get more cavities in my teeth...am I right?**

Pregnancy can contribute to women having more cavities. This is in part due to changes in diet such as frequent snacks including sugary foods. To prevent cavities, eat a healthy diet and brush your teeth after eating sweets. In addition, if you have morning sickness, the acid from your stomach can affect your tooth enamel and make cavities more likely. Rinse your mouth with water or mouthwash after morning sickness episodes. If your toothpaste is making your morning sickness worse, ask your dentist for the name of a bland-tasting toothpaste.

- **What if I need to get a cavity filled or a tooth pulled? Can I have a local anesthetic?**

Agents like lidocaine which are injected into your gums are low risk for your baby. In one study, researchers compared

pregnant women who received lidocaine injections as part of dental treatment with women who did not, and found no significant increase in risk for miscarriage, prematurity, or birth defects. If you need a pain medication, your dentist will take into account where you are in your pregnancy so as to make a choice that is safest for your baby.

- **Are dental x-rays safe in pregnancy?**

You may choose to have routine X-rays done prior to pregnancy, or to delay them until after you deliver – talk to your dentist about the best options for you. However, if you have a dental emergency and need to have them done, don't hesitate. Advances in technology have made dental X-rays safer, and they do not involve as much radiation or may not involve radiation at all. Your dental office will cover your neck and abdomen with a lead apron, which lessens the exposure to your baby even more.

- **What else can I do to ensure dental health?**

Schedule a visit to your dentist before you are pregnant. Get teeth cleaned, gums examined, and any dental issues addressed prior to pregnancy.

Brush your teeth at least twice a day and floss once a day. This helps reduce plaque, the sticky film that covers your teeth and can make gums inflamed and increase your risk for periodontal disease.

I hope I've given you a few good tips to chew on – Your teeth and baby will thank you. Have a healthy pregnancy!



***Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in Pharmacogenetics Clinic and Genetics Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC.***

***About MotherToBaby***

***MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit [MotherToBaby.org](https://www.MotherToBaby.org) to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets.***

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, April 12, 2024.

---

## Are you Pregnant (or Breastfeeding) and Affected by a Hurricane?

---

*My baby sister was 35 years old and pregnant with her first child. As a family, we were ecstatic. The family was expanding, and I was about to be an aunt for the third time. She was in her 3<sup>rd</sup> trimester and very pregnant, but she was up there in the choir singing and dancing her heart out at a memorial concert. I, along with many others, was shocked at how energetic and agile she was that far into pregnancy. However, when the concert was over, I looked at her feet and they were very, very swollen. I was concerned and told her to speak with her doctor immediately. Three days later, she got a call from her doctor to check in to the hospital, 6 days before her actual due date. Unbeknownst to me, she had dropped off a urine sample the day before the concert. Test results revealed that she had preeclampsia (a type of high blood pressure that is specific to pregnancy) and they needed to deliver the baby. Left untreated, preeclampsia can be very dangerous for mom and baby. My sister scrambled to get everything together and rushed to the hospital, and baby Jordan, my nephew, was born. My sister is a strong, educated, physically fit African American woman, and thank God her story ended well. However, that is not always the case. It could have gone a very different way.*

**Hypertensive disorders of pregnancy (HDP)** are a group of medical conditions that involve high blood pressure during pregnancy. High blood pressure, also known as hypertension, is a condition where the force of the blood against the walls of the arteries is too high. This can damage the arteries and increase the risk of heart attack, stroke, and other serious health problems. Hypertensive disorders of pregnancy are a leading cause of maternal death and can put both mother and baby at risk for serious complications during pregnancy.

There are four main types of hypertensive disorders of pregnancy:

- **Chronic hypertension:** High blood pressure that occurs before pregnancy or before 20 weeks of gestation, or that persists longer than 12 weeks after delivery.

- **Gestational hypertension:** High blood pressure that develops after 20 weeks of gestation, without signs of organ damage or protein in the urine.
- **Preeclampsia:** High blood pressure that develops after 20 weeks of gestation, with signs of organ damage or protein in the urine.
- **Preeclampsia superimposed on chronic hypertension:** Chronic hypertension that worsens or causes organ damage or protein in the urine during pregnancy. This means that you have two problems with your blood pressure.

Chronic hypertension affects approximately 85,000 births (2.3%) in the United States each year. Unfortunately, the number of pregnant women diagnosed with HDP is increasing and more maternal deaths are occurring due to complications from these conditions in pregnancy. On top of that, the rates between white people and other racial groups are widening, especially among black pregnant women during pregnancy. According to a Centers for Disease Control and Prevention (CDC) report, HDP affected at least 1 in 7 delivery hospitalizations in the United States from 2017 to 2019, and about a third of those who died during hospital delivery had some form of HDP. Some of the other key findings of the report were that:

- HDP affected more than 1 in 5 delivery hospitalizations of Black women and about 1 in 6 delivery hospitalizations of American Indian and Alaska Native women, compared to 1 in 8 delivery hospitalizations of White women.
- Black women had higher odds of entering pregnancy with chronic hypertension and developing severe preeclampsia.
- Black women and American Indian and Alaska Native women had higher rates of maternal death due to HDP than White women.

The causes of hypertensive disorders of pregnancy are not fully understood, but some risk factors include obesity, diabetes, kidney disease, family history, multiple pregnancies, and advanced maternal age (over age 35) and the rates are higher among communities of color compared to white people. In general, more than 50% of black women have hypertension, compared to 39% of non-Hispanic white women and 38% of Hispanic women. The symptoms of hypertensive disorders of pregnancy may vary depending on the type and severity, but some common ones are headaches, swelling, blurred vision, stomach pain, and reduced amounts of urine than usual.

HDP can be dangerous for both you and your baby, but it can be prevented and treated with proper care and attention. To reduce the chance of HDP, pregnant women and those planning for pregnancy can take the following steps:

- Get early and regular prenatal care. They can check your blood pressure and screen for any signs of HDP<sup>1</sup>.

- Take your blood pressure medication to lower your blood pressure and prevent complications. They may also advise you to take a low-dose daily aspirin after 12 weeks of pregnancy to reduce the risk of preeclampsia<sup>2</sup>.
- Maintain a healthy weight and lifestyle. Try to lose weight before you conceive and gain weight gradually during pregnancy according to your doctor's guidelines. Exercise regularly, eat a balanced diet, avoid smoking, limit alcohol and salt intake, and manage stress<sup>23</sup>.
- Monitor your blood pressure at home. Your doctor may suggest that you use a home blood pressure monitor to keep track of your blood pressure between visits.

MotherToBaby has helpful fact sheets on **smoking, alcohol, stress and exercise, and low-dose aspirin**. You can also contact us for information on medications that may be recommended by your healthcare provider for treatment. We are a free service that is available for everyone. The heart of the matter is that you do what is best for you and your baby and we are here to help you through all stages of pregnancy from the time you hear a heartbeat on a monitor and until the time your baby captures your heart.

#### Resources:

American Heart Association. (2023, February 27). Black women of childbearing age more likely to have high blood pressure, raising pregnancy risks. Accessed February 7, 2024 [Read More](#)

Ford, N. D., et al., (2022). Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization – United States, 2017-2019. *MMWR. Morbidity and mortality weekly report*, **71**(17), 585-591.

Hoover, C., (2023, August 30). Addressing Hypertension Is Critical for Lowering the Black Maternal Mortality Rate. The Century Foundation . [Read More](#)

Kalinowski, J., et al., (2021). Stress interventions and hypertension in Black women. *Women's health (London, England)*, **17**, 17455065211009751.

Leonard, S. A., et al., (2023). Chronic Hypertension in Pregnancy and Racial-Ethnic Disparities in Complications. *Obstetrics and gynecology*, **142**(4), 862-871.

Margerison, C. E., et al., (2019). Pregnancy as a Window to Racial Disparities in Hypertension. *Journal of women's health* (2002), **28**(2), 152-161.

Sharma, G., et al., (2022). Social Determinants of Suboptimal Cardiovascular Health Among Pregnant Women in the United States. *Journal of the American Heart Association*, **11**(2), e022837.

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

---

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, April 12, 2024.