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

Is it a cold? The flu? Or is it COVID-19? Either way, it is miserable.

It is Friday afternoon. You are pregnant, or actively planning, and you wake up with a scratchy throat, pressure in your nose and forehead, and runny nose. You think you have a cold… or is it the flu or COVID-19? You have left a message with your healthcare provider to ask them about what to do and what medication you can take. You are worried about taking the wrong medication. As the hours pass, you think it is unlikely that you will be able to get in touch with them before the end of the workday. Now, you are worried about going into the weekend without medication.

What to do? First, try to figure out if it is a cold, flu, or COVID-19. Some healthcare providers may share instructions for this situation and/or give their pregnant patients a list of medications that they approve for common medical conditions. When this list is not provided, many pregnant women contact MotherToBaby specialists for help. Although MotherToBaby specialists cannot make specific medication recommendations, we can provide information on most medications based on the studies and how the drugs work.

Is It a Cold?

A cold is caused by one of more than 200 viruses. Colds can spread easily from person to person. Symptoms can include sore throat, runny or stuffy nose, sneezing and coughing, headache, and muscle aches. For healthy pregnant women, an infection with a cold is not associated with a higher risk to her or her developing baby. There is no testing for a cold. Generally, colds are treated with over-the-counter medications.

Is it the Flu?

Influenza, often called “the flu,” is an illness caused by a virus. Flu symptoms include fever (typically between 100°F to 104°F), chills, cough, sore throat, body aches, and tiredness. Pregnant women and their pregnancy are at higher risk from flu. Testing for flu is available in the doctor’s office and at some pharmacies. Antiviral medications are recommended for pregnant women even if the testing has not been completed due to the risks from flu.

Is it COVID-19?

COVID-19 is caused by the SARS-CoV-2 (virus). The symptoms of flu and COVID-19 are similar. Symptoms include fever, cough, shortness of breath, sore throat, body aches, headache and change of taste or smell. Some people may have symptoms that last a short time and others may get very sick. Pregnant women and their pregnancy are at higher risk from COVID-19 infection. Testing for COVID-19 is available over the counter. Medication is recommended by health organizations for pregnant women with COVID-19.

Fever

In adults, a fever is a temperature of 100.4°F (38°C) or higher. Most healthcare providers recommend acetaminophen to treat fever, headache, and body pain in pregnancy. Studies on acetaminophen use during pregnancy have not shown a higher risk to the developing baby when it is used as directed for a short time.

A high fever that is untreated in pregnancy increases the chance of birth defects. A temperature of 101°F that lasts for over 24 hours early in pregnancy may increase the risk for a birth defect of the spine. You can read more about fever at https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

Over the Counter and Self-care Treatments

Pharmacies have rows of cough and cold products. In pregnancy, it is best to take an alcohol-free medication that contains only those ingredients that address the specific symptoms. For example, if the only symptom is body aches, taking a multi-symptom medication for congestion, cough and body aches would mean unnecessarily exposing yourself and the developing baby to medications.

Below we review some over-the-counter cold treatments and self-care treatments. The options below do not cover all treatments and should not be considered a recommendation. Ideally, it is best to always discuss your symptoms with your healthcare provider, because they know you best and can take into account any unique health issues that you may have.

Medication for Cough

Because many cough syrups can contain up to 10% alcohol, it is important to select an alcohol-free cough syrup. Cough syrups may also contain ingredients for stuffy nose or pain. If the only issue is a cough, taking the medication with the least ingredients is preferred to minimize the exposure to the pregnancy.

Cough drops and throat lozenges can contain flavorings such as honey, menthol, or anesthetics to numb the throat. There is no warning about using these during pregnancy for cough or a sore throat.

Vitamin C and other vitamins are taken during a cold or for cold prevention. During pregnancy, it is recommended to limit vitamins to those in the prenatal category unless recommended by the healthcare provider. Vitamins, like medications, cross the placenta and expose the developing baby which does not have a need for higher doses and in some cases, could be harmful.

Tea and Honey

Honey and warm tea may be helpful in relieving a sore throat caused by coughing and may thin mucus so that the

cough is more productive. There is no warning about eating honey in tea, toast, or any other food during pregnancy. Herbal tea does not have caffeine and if taken as a beverage, there is no warning. Black tea, green tea, and white tea may have caffeine. If taking tea with caffeine, it is important to read the label to learn about the amount of caffeine per cup. Pregnant women can have up to 200 mg of caffeine per day from all sources combined. If drinking decaf tea, there is no warning to pregnant women.

Medications for Nasal Congestion

A stuffy nose can cause painful sinuses and make it less enjoyable to eat and hard to sleep. Over-the-counter nasal decongestant choices fall into two categories: oral (pills by mouth) or nasal spray. Some oral decongestants are pseudoephedrine and phenylephrine. Nasal sprays may contain phenylephrine, oxymetazoline, or steroid medications. Taking an oral decongestant means that your developing baby will be exposed to the medication. Nasal sprays reduce the chance of exposure to your baby, depending on the frequency of use and dose. Always read the labels and take them as directed.

Nasal Congestion: Non-medication Options

Nasal irrigation (bulb syringe, squeeze bottle, or neti pot): Studies of nasal irrigation have not shown a proven benefit on the duration or severity of colds. However, some people who have used nasal irrigation have reported feeling better. For pregnant women, the most reassuring part is that it uses only water and saline, so there is no medication involved and no exposure to the pregnancy. It is important to use only previously boiled, distilled, or sterile water to irrigate; and to keep nasal irrigation equipment clean and sterilized to avoid the risk of infection.

Shower tablets/vaporizers: Shower vapor tablets have become popular because they might help clear stuffy noses for a short time. These tablets are placed on the shower floor and as the warm water reaches the tablet, it dissolves and makes a steam with a vaporizer-like effect. Most shower tablets ingredients include sodium carbonate, sodium bicarbonate (baking soda), and essential oils (such as peppermint, rosemary, eucalyptus, and lavender). There are no studies on the use of shower tablets during pregnancy, but essential oils are used in many candles, lotions, and other home products, so exposure to these oils is common. With use as directed, it is not expected that the ingredients in shower tablets would increase the chance for problems during pregnancy.

Humidifiers: Humidifiers are used to add moisture to the air and provide relief from sinus pressure, dry skin, and throat. They use only water so there is no medication exposure. It is important to keep humidifiers clean to avoid the risk of putting mold and bacteria into the air, which could then cause allergies.

Nasal strips: Nasal strips are marketed to people who have a hard time sleeping due to snoring, but they also claim to help with congestion from colds. Although there are no studies that show these products help with colds, there is some evidence that they may help with snoring by spreading the nose and widening the air passage. Nasal strips do not contain medication, so there is no concern about their use during pregnancy.

Electric Blankets and Heating Pads: Electric blankets are sometimes used by people with body chills from having the flu or a cold. Electric blankets produce heat that varies from 86°F (30°C) to 122°F (50°C), which can be comforting. However, there is some concern about the heat from use of electric blankets in early pregnancy, raising body temperature and increasing the risk of birth defects of the spine. However, the studies on electric blanket use during pregnancy have some problems and not all have shown problems in pregnancy. As the studies are unclear, pregnant

women may want to avoid the higher heat for peace of mind.

Remedies to Avoid

Vitamin C and zinc: When you feel a cold coming on, you could be tempted to reach for vitamin C and zinc. This is not recommended during pregnancy. First, there is not enough evidence that vitamin C or zinc help in preventing or treating colds. Second, the doses of vitamin C and zinc in supplements for colds are higher than recommended doses for pregnant women. The recommended vitamin C dose is 80 mg for pregnant teens and 85 mg per day for pregnant adults. The recommended dose for zinc is 12 mg for pregnant teens and 11 mg per day for pregnant adults. If you are taking prenatal vitamins, it is likely that they contain the vitamin C and zinc that you need for the day.

Non-steroidal anti-inflammatory drugs (NSAIDs): For most healthy pregnant women, over-the-counter pain relievers such as ibuprofen, naproxen, and aspirin are generally not recommended during pregnancy. NSAIDs are associated with a risk for premature closure of the ductus arteriosus (a heart and lung condition) in the baby if the medication is used at higher doses in the second half of pregnancy. Although low dose aspirin is sometimes recommended in pregnancy under a doctor's supervision to treat or prevent specific medical conditions, regular strength aspirin and other NSAIDs are not typically recommended for treating pain or fever in pregnancy.

Herbal products: Many herbal supplements marketed for treating colds and flu have not been studied in pregnancy, so the possible risks are not known. In addition, the benefits of using herbal supplements are not always proven. For example, echinacea has been promoted as a cold remedy, but a review of over 24 studies with over 4,000 participants did not find that it shortened the number of days for a cold compared to people who did not take echinacea.

Prevention

Vaccination is key and the best tool that we have for preventing flu and COVID-19 or reducing the severity of the symptoms if you do get infected. Studies involving many thousands of pregnant women have not shown a higher risk of birth defects or complications. MotherToBaby has fact sheets with information on both the flu vaccine and COVID-19 vaccine.

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

By Kirstie Perrotta, MPH and Sonia Alvarado, MotherToBaby California

With wildfires seemingly becoming a year-round problem, pregnant women have more questions than ever before about exposure to smoke and lingering poor air quality. Understanding the possible risks from a fire during pregnancy or while breastfeeding can help people make informed decisions when the unthinkable happens. Here are some commonly asked questions we receive at MotherToBaby about wildfires.

Q. What is in the air from the fires?
A wildfire produces particulate matter (a combination of dirt, soil dust, pollens, molds, ashes, and soot), in addition to other chemicals. The particulate matter can be different sizes. Particles less than 10 micrometers in diameter pose the greatest problems, because they can get deep into your lungs, and some may even enter your bloodstream. Contents of the smoke can vary based on what is being burned. In some instances, wildfire smoke can contain heavy metals

such as lead. Wildfire smoke also contains carbon monoxide.

Q. I'm pregnant. How does the particulate matter affect my pregnancy? What about the carbon monoxide?
Experts tell us that the smaller the particulate matter, the worse the effects on health, including difficulty breathing, aggravated asthma, and increased risk of heart attack and death due to respiratory and cardiovascular problems. Although we do not know enough about how exposure to particulates can impact a pregnancy, it makes sense for all individuals to take extra precautions to reduce their exposure to wildfire smoke.

Carbon monoxide is a gas that enters into the lungs and blood and displaces oxygen to both mom and baby. The greater the exposure and the longer the exposure, the higher the risk. Studies suggest that there may be a higher chance of birth defects when a woman is exposed to carbon monoxide in the first trimester, but more studies are needed. Other studies have found that exposure to wildfire smoke can increase the risk for preterm delivery and low birth weight. However, this finding may be more related to the stress a woman experiences during a fire, or a combination of factors, than the actual smoke exposure. Again, more research is needed.

Q. I have asthma and I'm pregnant. Do I have added risks?
Yes. Studies in non-pregnant women tell us that exposure to particulate matter of 10 micrometers in diameter or less can make asthma symptoms worse. Pregnancy would not protect you and it may even put you at higher risk of having an asthma attack depending on how far along you are. See our fact sheet on asthma here.

Depending on your proximity to the fire zone, it may be difficult to get help if your symptoms worsen. First responders may be busy fighting the fires and evacuating residents and may not get to you as quickly as you need. Emergency rooms may be overrun. For this reason, it is very important to always have your asthma medication with you so that if the smoke exacerbates your symptoms you can start to treat yourself. You also want to be in contact with your doctor and move away from the source of the wildfires as soon as possible.

Q. I'm pregnant and work outdoors. Do I need a mask?
The U.S. Environmental Protection Agency (EPA) has recommendations about what masks to use to protect against particulate matter entering the lungs. The goal is to prevent or reduce exposure as much as possible. If you work indoors, for the most part you are protected. If you work outdoors, you may want to consider using a mask that fits correctly and has two head straps to hold it in place. It should be labeled "particulate respirator" and it should have been tested or approved by the National Institute for Occupational Safety and Health (NIOSH). Learn more here. Since pregnancy can alter your lung function, pregnant women may have a harder time breathing to begin with. For that reason, it's important to check in with your healthcare provider before using a particulate respirator.

If you are concerned about your work conditions, NIOSH offers a program called The Health Hazard Evaluation Program. This program helps employees learn whether health hazards are present at their workplace and recommends ways to reduce hazards and prevent work-related illness. Learn more here.

Q. I live about 50 miles from the wildfires. Do I still have to be concerned about being outdoors?
Depending on where you live and the direction of the wind, the air quality in your area may be poor due to the wildfire, even if the fire isn't that close to you. Listen to the local health and environmental officials, and avoid exercising outdoors, gardening, or performing other activities that may cause you to exert yourself and inhale more of the particulates in the air. If you have any doubts, wait until the wildfires have been extinguished and the air quality is back to normal.

Q: Can fires cause other problems for pregnant women?
Depending on weather conditions, wildfires can spread rapidly. The stress of having to make life and death choices, or the decision to leave your home and decide what items to take with very short notice, all produce tremendous stress. It is absolutely normal to feel sad, stressed, anxious, or scared. In pregnancy, depending on how long the stress is present and the level of stress, it is possible that there could be impacts on the developing baby, so anything you can do to try to reduce stress is always a good idea. Take a look at our fact sheet on stress for more information:

Q: I'm pregnant. What if I have to evacuate?
The best thing that you can do is have a plan in place ahead of time. Make a checklist of items to take with you should you need to evacuate your home. Assemble an emergency supply kit and store it in a location where you can easily get to it, and create a family communication plan.

When the time comes to evacuate, stay calm. Be sure to bring any medications that you take on a daily basis

(including your prenatal vitamins). Stay well hydrated, continue to eat, and rest as much as you can. If you have to check into a shelter, tell the staff there that you are pregnant so they can make any necessary accommodations.

While making it to your prenatal check-up is probably the last thing on your mind in the midst of an evacuation, it's important that you continue to be seen by your OB/GYN or midwife. Some individuals may be displaced from their homes for an extended period of time, however, it's important to keep attending your prenatal care visits to make sure that baby is growing and developing properly.

If you're close to your due date, check to make sure your hospital or birthing center is not in the mandatory evacuation zone. If it is located close to the fires, the staff and patients there may be asked to evacuate, and you may need to deliver at a different hospital. Knowing this information before you go into labor will reduce any unnecessary stress.

Q: What other steps can I take to minimize my exposure to smoke from a fire?
Stay indoors when possible, and keep your windows and doors closed. If available, an air purifier can help with indoor air quality. If you have to drive somewhere, keep your windows rolled up and use the air conditioner to stay cool. If your car has a button that recirculates air internally, make sure it is turned on. Pregnant women who must venture outdoors may also consider wearing a mask. Although any protection is helpful, a N95 particulate respirator works best to filter out harmful particulate matter.

Q. I'm breastfeeding and I'm concerned about the wildfires in my area
Breastfeeding moms can also face challenges of their own when they have to evacuate their homes. When possible, follow the steps outlined above to reduce exposure to the wildfire smoke for both you and baby.

The benefits of breastfeeding are well known, and in most cases individuals are encouraged to continue to breastfeed their babies even when faced with an emergency like a fire. Women who are nursing should focus on staying well hydrated and continue to feed baby on demand.

For moms that choose to pump breast milk, extra batteries may be something worth packing in your emergency supply kit in case the power goes out. For babies that are formula fed, it's important to bring bottled water.

Q: Where can I learn more about fires currently happening and about air quality where I live?

The U.S. Department of Agriculture (USDA) Forest Service reports on large fires nationally. The EPA also has a website where you can check the air quality index in your local area. Pregnant women should follow instructions laid out for "sensitive individuals." Lastly, the Centers for Disease Control and Prevention (CDC) has more helpful information about wildfire exposure during pregnancy here.

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

By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby

My friend Jocelyn, newly (and unexpectedly!) pregnant called in a bit of a panic. Her cardiologist was switching her high blood pressure medication now that she was pregnant. Jocelyn was still waiting for her asthma doctor to call her back but she figured her asthma treatment plan was another of the many changes she needed to make to accommodate the pregnancy. "Does anything stay the same?" she asked.

Jocelyn was relieved to learn that at least in the case of asthma, the answer is, often, YES! The general thought is that the medications working to treat asthma in a non-pregnant woman are the same ones that should be continued during pregnancy. This is because the main concern is with asthma itself and making sure the developing baby is getting a good supply of oxygen. Improving asthma control is thought to be best for both mom and baby.

Jocelyn had been taking an inhaled corticosteroid for the past five years-ever since she otherwise needed to use her fast-acting rescue inhaler almost daily. Fortunately, for Jocelyn, if a daily preventative is needed, an inhaled corticosteroid like Pulmicort® that she was already taking is a preferred treatment. Why? Well, for one thing, it often works well to stop symptoms. Secondly, because it is inhaled, less of the medication should be able to reach a pregnancy compared to most oral medications. For the same reasons, albuterol for relief of immediate asthma symptoms is also considered a preferred treatment during pregnancy. But, had Jackie been on other types of inhalers when she identified her pregnancy, and they were working well for her, they probably would not need to be changed either.

Maternal asthma that is not well controlled is associated with higher rates of pregnancy complications, such as decreased growth of the baby and preterm delivery (birth before week 37). Therefore, it is important that asthma management during pregnancy continues to include the medications that best control an individual's asthma symptoms. "Ok," Jocelyn said. "I will keep going with my inhalers and bug the doctor's office again to get back to me to confirm."

Thankfully, the next call I got from Jocelyn wasn't so panic-stricken. "It sounds like my doctor wants me to continue my asthma inhalers." With a calmer tone to her voice since our first conversation, she added, "although I would never be a guinea pig, it would be nice if I could help other pregnant women with asthma so they wouldn't have to go through the scare I just went through." I told her we can never have too much information when it comes to asthma and treatments during pregnancy and let her know that at MotherToBaby we are still enrolling pregnant women with asthma, pregnant women taking asthma medicines, and even pregnant women without asthma. There is no cost and you are not asked to take any medication… so guinea pigs need not apply! Just call 877-311-8972 or volunteer for a study through our website.

"Oh, what about my allergy medicine?" Jocelyn remembered to ask. "When I don't take Zyrtec®, my asthma flares, and my allergies have been crazy this spring." I let her know that antihistamines in general have relatively reassuring pregnancy profiles, but it is always good to check on the specific medication. Pregnancy studies with cetirizine, the medication found in Zyrtec®, have found no increase in birth defects. You can check the product label to make sure cetirizine is the only medication in your product since brand name products can make different formulations. As with any medication in pregnancy, check in with your healthcare provider and follow their dosing recommendations.

More detailed medication information can be found in the following fact sheets:

https://mothertobaby.org/fact-sheets/albuterol-pregnancy/

https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/

https://mothertobaby.org/fact-sheets/cetirizine/

https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/

Bottomline, breathe in, breathe out, and enjoy your pregnancy as best as possible!



Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she counsels for MotherToBaby California via phone and live chat.

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, alcohol, diseases, vaccines, or other exposures during pregnancy or breastfeeding, 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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When The Sniffles Strike During Pregnancy: Cold Meds & Your Questions Answered

Welcome, spring! Did someone say wildflowers? (***AHHH…) T***rees? ***(AHHH…) Gr***asses? ***(CHOO!) Ugh!*** While many people enjoy renewed energy brought on by the bursting forth of spring color, others feel only the misery of seasonal allergies due to pollen, mold, and other springtime triggers. Combine seasonal allergy symptoms with pregnancy, and you can end up short on sleep, long on fatigue, and with an increased chance of respiratory complications if you have asthma. None of these things are good for you or your baby, and keeping asthma symptoms under control is especially important during pregnancy.

Wash Your Cares Away

A simple over-the-counter (OTC) saline nose spray can rinse pollen, dust, and other allergy triggers from your nose. This option is not expected to result in an exposure for the pregnancy or to increase pregnancy risks.

Sleep, Magical Sleep

To help you sleep better, consider using OTC nasal strips to open your nasal passages at night. Use a pillow cover to reduce dust and other allergens. Also try sleeping with your head slightly elevated to help drain the sinuses and reduce inflammation.

Still Suffering?

It may be worth having a conversation with your healthcare provider about the pros and cons of various allergy medications. Before grabbing an over-the-counter medication to treat your symptoms, consider this:

- With any medication, take the time to read your labels. Some allergy medications marketed for cough and cold contain alcohol, which should be avoided during pregnancy. Also, multi-symptom formulas might contain additional medications that you don't need. As with any medication in pregnancy, use allergy medications for the shortest amount of time needed, and follow dosing instructions carefully.
- **Antihistamines:** Older antihistamines like diphenhydramine (sold under the name Benadryl® and other brands) and chlorpheniramine can make you sleepy, so they aren't ideal for daytime use. Newer antihistamines, such as cetirizine (Zyrtec®), fexofenadine (Allegra®), and loratadine (Claritin®), are less likely to make you drowsy and have not been shown to increase the chance of birth defects or other pregnancy complications when used as directed.
- **Eye drops:** Allergy eye drops may contain antihistamines, steroid medications, or other active ingredients. Eye drops result in lower exposure for the pregnancy than oral (swallowed) medications do. However, some eye drops have been better studied for use in pregnancy than others have. Check with your healthcare provider or contact a MotherToBaby specialist for questions about your specific eye drop.
- **Steroid nasal sprays:** OTC options include budesonide, fluticasone, and triamcinolone (you can find the active ingredients listed on the label). Some older studies suggested that using oral steroid medications might increase the chance of cleft lip or palate and affect the baby's growth, but newer studies don't find this to be true. In addition, nasal sprays are not well absorbed into the bloodstream when used as recommended, so there is less exposure for the pregnancy. Compared to some other nasal spray ingredients, fluticasone might be absorbed in greater amounts, but these still would not reach the amounts seen with oral medications. No increased pregnancy risks have been seen specifically with OTC steroid nasal sprays.
- **Decongestants:** The overall research does not suggest that using decongestants for a short time would increase pregnancy risks. However, decongestants work by temporarily making the blood vessels narrower. There are concerns that this could limit the supply of oxygen to the placenta and the developing baby. Some

healthcare providers recommend avoiding decongestants in the first trimester, and using them with caution any time in pregnancy. Short term use (3 days or less) of nasal spray decongestants results in less exposure for the pregnancy than oral decongestants do.

- **Allergy shots**: Most reactions to allergy shots (redness, swelling, itching) are not dangerous. If someone is already receiving allergy shots before they get pregnant, there is no general recommendation to stop during the pregnancy. However, there is a small chance that a person could have a life-threatening allergic reaction (anaphylaxis) if they are new to allergy shots or are building up their dose. For this reason, it is not recommended to start getting allergy shots for the first time or to increase the dose during pregnancy.

If you have questions about specific allergy medications during pregnancy, including those available by prescription, talk to your healthcare provider or contact us at MotherToBaby. Happy spring!

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When The Sniffles Strike During Pregnancy:

Cold Meds & Your Questions Answered

The air we breathe matters and often we do not have control over what is in it. For many, the Spring season brings beautiful flowers and a most welcome warming of temperatures, as well as spending more time outside. It also marks the explosion of pollen, which can irritate both those with allergies and people with asthma. Being outside to engage in outdoor activities also means we are exposed to any air pollution that may be present.

Pregnancy is a sensitive time for both the parent and the developing baby. Preventing issues related to allergies, asthma and air pollution is important for a few reasons. If you do have issues with asthma and it affects your breathing, the amount of oxygen in your blood can drop; this can create problems for baby as you are their source of oxygen while pregnant. The baby may have trouble growing as much as they should or may be born at a low birth weight. This can put the baby at higher risk for several health issues.

There has been increasing research on the possible effects of air pollution on pregnancies. Some studies suggest that higher amounts of pollution in the air are related to babies being born too small or too early. Air pollution also can make asthma symptoms worse. There are some ways to lower the amount of air pollution you are exposed to, and this may be even more important for those that live near highways or high traffic areas, or near landfills. Some clear ideas from the American Pregnancy Association include:

- Buying an air purifier to use in your home
- Checking the air quality before planning outdoor activities to see if it is dangerous for groups sensitive to air pollution or pollen. Simply visit this website and enter your zip code: https://www.airnow.gov/
- Choosing to spend more time indoors when air quality is low
- Buying some plants to have in your home that are known to improve air quality. Some common household plants known to help with this include Peace Lilies, Snake plants, Philodendrons, Spider plants, or Rubber Trees

Other important things to consider are checking in with your healthcare provider about any types of medications you may use to treat your asthma or allergies. Quitting your medications as soon as you become pregnant is often not the best choice for you or baby and managing your symptoms is important for the reasons discussed above. MotherToBaby has a landing page on asthma that includes resources: https://mothertobaby.org/pregnancy-breastfeeding-exposures/asthma/ and one about allergies: https://mothertobaby.org/pregnancy-breastfeeding-exposures/allergies/ These pages have links to fact sheets on many medications that are used to treat symptoms related to both topics.

As you move through the Spring months into Summer, try to appreciate the seasons while also being aware of how air quality can affect your health. As the saying goes, when you are pregnant you are “breathing for two.” As a reminder, our fact sheets also have breastfeeding information near the bottom of them that you can check out. We also encourage you to remember air quality can affect young children as well – especially ones with asthma. Finding a healthcare provider you and your family can see routinely to manage asthma related issues is important in order to avoid emergency room visits.

Take a deep breath and remember, whatever your concerns are, experts at MotherToBaby will do our best to give you useful information based on research, or to point you in the right direction if we are unable to help.

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

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