

When You Cannot Trust Your Gut: What to Do About Diarrhea in Pregnancy and Lactation

The runs, the trots, the green apple quickstep. You have heard all the nicknames for it, but even hearing something as cute as “bubble guts” does not make diarrhea any better, especially during pregnancy or breastfeeding.

Just last week, I got a call from someone in a panic: “Leah, it is really bad. I am so uncomfortable. I thought you were supposed to get constipated during pregnancy.”

That caller was not wrong – constipation can be common during pregnancy. Hormones like prostaglandins – which help signal to your intestines that it is time to **move things along** – tend to slow down during pregnancy. Even still, constipation does not always happen.

Food poisoning, viral illnesses (like COVID-19), and chronic conditions (like IBS or Crohn’s disease) can all cause diarrhea, even during pregnancy or breastfeeding. No matter where it comes from, everyone asks the same question, “How do I make this stop?” Before we answer that question, let us talk about what is really going on when you have diarrhea.

Diarrhea: What is Actually Going On?

What makes diarrhea different from your regular poops? Diarrhea is when you have loose or watery stools (poops). Diarrhea can look brown, but it can sometimes look yellow, mucous-y, or mostly clear. Some other symptoms of diarrhea can include abdominal cramping, feeling the urge “to go,” or gas. Diarrhea can be caused by lots of different things. Sometimes, diarrhea can be caused by food or drinks (such as food poisoning, contaminated water, or allergies to food products like lactose). Diarrhea can also be caused by other conditions (such as viral infections, conditions that affect the GI system, or medications). When you have diarrhea, your body gets rid of water and electrolytes much faster than usual. It is always important (but especially when you have diarrhea) to wash your hands for at least 20 seconds with soap and water after going to the bathroom. This helps prevent the spread of infections.

What Does That Mean if I am Pregnant or Breastfeeding?

One of the main concerns with diarrhea is the risk of dehydration. If you are severely dehydrated during pregnancy, this can increase the risk of some pregnancy-related issues, like oligohydramnios (not enough amniotic fluid). If you are severely dehydrated while breastfeeding, this can lower the amount of breastmilk that you produce. Yellow or dark urine, being unable to urinate, feeling dizzy or faint, and feeling thirsty are some signs of dehydration. Typically, rehydration includes giving yourself more water and more electrolytes to replace the water and electrolytes that you lost from the diarrhea. If you are experiencing dehydration, you should check with your healthcare team about what you can do to rehydrate yourself.

Over-The-Counter Options

Over-the-counter medications might be a helpful way to treat diarrhea, depending on the situation. Let us explore what we know about the common over-the-counter antidiarrheal medications: loperamide (Imodium) and bismuth subsalicylate (Pepto-Bismol). For more information on these types of medications, or any others, contact a specialist at MotherToBaby.

Loperamide

Loperamide is a common over-the-counter antidiarrheal. Loperamide works by attaching to certain receptors in your intestines to say, “please don’t move things along so much.” Taking loperamide slows the movement in your intestines, which slows down how often you have a bowel movement.

When you take loperamide as directed, most of the medication stays in your intestines and it is not expected that you would absorb a lot of the loperamide into your bloodstream where it can then reach the baby. Loperamide, however, is not well-studied in pregnancy and it is not known if taking loperamide as directed during pregnancy changes the chance of miscarriage or pregnancy-related issues, like preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces at birth). One study showed that taking loperamide during the first trimester of pregnancy might increase the chance of birth defects and another study did not find an increased chance.

Because there is not a lot of information about using loperamide during pregnancy, you and your healthcare provider may need to decide what’s best for you. Treating diarrhea is important especially to prevent dehydration, but it is also important to consider the limited information we have about this medication in pregnancy.

Loperamide does pass into breastmilk. If you decide to take loperamide while breastfeeding, your infant will get a very small exposure. It is not expected that exposure to loperamide through breastmilk will lead to side effects in the infant.

Bismuth Subsalicylate

Bismuth subsalicylate is another over-the-counter medication that is commonly used for diarrhea. Some common names for bismuth subsalicylate are Pepto-Bismol, Kaopectate, and BisBacter. Bismuth subsalicylate works by slowing prostaglandins down (which helps to lower inflammation and slow intestinal movements) and encouraging your body to reabsorb water from the intestines (which helps make bowel movements less watery). Bismuth subsalicylate turns into two components in the body: bismuth and salicylate.

Most of the bismuth stays in your intestines and it is not expected that you would absorb a lot of the bismuth into your bloodstream where it can reach the baby.

However, salicylate can be absorbed into your bloodstream. Taking something that has salicylate in it during pregnancy (like bismuth subsalicylate or NSAIDS, like aspirin or ibuprofen), can cause problems with how the baby’s heart works or how baby’s kidneys work which may cause oligohydramnios (not enough amniotic fluid around the

baby) and poor lung development. It may also cause bleeding concerns for you. Because of this, it is generally recommended to avoid any medications that have salicylate in them, especially in the second and third trimester of your pregnancy.

If you take something that has salicylate in it while breastfeeding (like bismuth subsalicylate or NSAIDs, like aspirin or ibuprofen), some salicylate will most likely be present in your breastmilk. There is concern about giving salicylate directly to an infant. Infants tend to metabolize (or process) salicylate slower than adults do. Reye's syndrome, a rare condition involving brain swelling and liver damage, can happen if an infant is recovering from a viral infection and is exposed directly to salicylate.

For more information on bismuth subsalicylate, check out our “Managing Tummy Troubles During Pregnancy” blog.

The Bottom Line - No Pun Intended

Diarrhea is uncomfortable, exhausting, and when you are pregnant or breastfeeding, often stressful on a whole new level. You should not have to choose between feeling better and worrying about your baby.

Staying hydrated is always a priority, but when symptoms don't improve, medications might be helpful, depending on your situation. As always, if you notice any changes in your body during pregnancy or in your infant during breastfeeding (like an increase in stools, or a change in color or consistency of stools), you can reach out to a healthcare provider for guidance on what to do next.

And remember, if you ever feel unsure about an exposure, medication, or symptom during pregnancy or breastfeeding, you don't have to figure it out alone. Evidence-based guidance can bring peace of mind — even on the days your stomach has other plans. Contact a MotherToBaby specialist to talk to someone about your concerns.

Good luck and I hope your tummy feels better soon!

References

<https://www.acog.org/womens-health/faqs/problems-of-the-digestive-system>

<https://www.acog.org/womens-health/faqs/morning-sickness-nausea-and-vomiting-of-pregnancy>

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

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