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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Melissa, pregnant for the first time, live chatted with MotherToBaby through our website: “Hi, I’m 29 weeks pregnant and wondering about vaccines. I have seen so many different things online and I am worried about getting really sick while I’m pregnant. Can you help?”

Melissa is not alone. Many people contact MotherToBaby to find the most up-to-date information about vaccines during pregnancy. Protecting yourself from circulating viruses can also help protect your developing baby. Infections such as influenza, pertussis, rubella, chicken pox, and COVID-19 can cause serious problems in both a pregnant woman and her developing baby. Let’s navigate through the current recommendations.

Plan to Receive Some Vaccines Prior to Pregnancy

You may have heard there are some vaccines, like measles, mumps, and rubella (MMR) and chickenpox (varicella), you should not receive during pregnancy. These "live" vaccines are avoided as they are made from viruses or bacteria that have been weakened, but not killed. Due to the small chance that a live vaccine might cause the disease itself, live vaccines are not routinely given to pregnant women.

So how can you protect yourself and your developing baby from viruses like measles, mumps, rubella (MMR) and chicken pox if it is not recommended (also known as contraindicated) to receive the vaccines during pregnancy? The Centers for Disease Control and Prevention (CDC) consider people who have received one or more doses of MMR vaccine during their lifetime to be protected for life. Adults who never got the MMR vaccine should get at least 1 dose (or 2 doses for some people at higher risk of infection) before pregnancy. Those who have never had chickenpox or received a chickenpox vaccine should get 2 doses of varicella vaccine, at least 4 weeks apart, before pregnancy. If you aren't sure if you ever got vaccinated for MMR or chickenpox or unsure if you had chickenpox in the past, you can safely receive the necessary live vaccines before that positive pregnancy test! Out of an abundance of caution (small possibility of that infection) it is advised to wait at least one month before becoming pregnant after these vaccines. This is just one reason why it is beneficial to have a pre-pregnancy health checkup and to discuss any future conception plans with your provider!

Keep Up with Recommended Vaccines During Pregnancy and Encourage Others to Do So, Too

So, which vaccines should you receive during pregnancy?

CDC recommends all women who are pregnant receive the flu shot and updated COVID-19 vaccine each year, a Tdap (tetanus diphtheria pertussis) vaccine in each pregnancy, and an RSV (respiratory syncytial virus) vaccine (if you have not received one in a previous pregnancy).These vaccines are not live vaccines and have not been associated with an increased chance for birth defects or pregnancy complications. (A nasal spray vaccine is also available against influenza, but it is a live vaccine and not recommended in pregnancy).

Influenza vaccine (flu shot)

The flu shot usually becomes available in September and is offered throughout flu season. CDC recommends **getting a flu shot by the end of October** despite flu seasons varying in their timing each year. This timing helps protect a pregnant woman before flu activity begins to increase. Protection begins about two weeks after you get the flu shot and lasts at least six to eight months. It is necessary to receive the seasonal flu shot each year to be protected in the current flu season. Getting vaccinated during your pregnancy may also help protect your baby from getting sick during the first 6 months of life! This is especially important because infants less than 6 months of age cannot receive the flu vaccine.

COVID-19 vaccine

It is well known that pregnant women are more likely to get very sick from COVID-19 compared to those who are not pregnant. This is why is so important to receive an updated COVID-19 vaccine every year, any time before or during

pregnancy, for the best protection against severe illness. CDC recommends staying up-to-date with COVID-19 vaccines every year: https://www.cdc.gov/covid/vaccines/stay-up-to-date.html.

Tdap vaccine

"I just had a Tdap vaccine a couple years ago – so I don't need another one, right?" Melissa asked a very common question we receive regarding the Tdap vaccine during pregnancy. Although this vaccine is recommended for adults every 10 years, for women who are pregnant, receiving the shot in the 3rd trimester (specifically 27-36 weeks gestation) can help the baby get as many of the mother's antibodies as possible. After delivery, these antibodies provide some protection against pertussis, also known as whooping cough (a very contagious respiratory infection), until the baby can receive his/her own dTAP vaccine (starting at 2 months of age). Additionally, if everyone who lives with you and any caregivers get the vaccine, it can lower the chance for the baby to be exposed to pertussis.

RSV vaccine

The RSV vaccine protects both pregnant women and their babies from RSV, a virus that can cause serious breathing problems in babies. CDC recommends a single dose of the Abrysvo® RSV vaccine between 32 and 36 weeks of pregnancy, during the RSV season (September-January). As with the flu and Tdap vaccines, this maternal vaccine helps the pregnant woman create antibodies that can pass to the baby, giving the baby some protection from an RSV infection after birth. By getting this vaccine, pregnant women can help keep their newborns safe from serious health complications. Melissa, being 29 weeks, can now plan an upcoming RSV vaccine appointment!

Pregnant women who receive vaccines can also share their experiences with maternal health researchers, like MotherToBaby. Our studies are published in medical journals and product labels, and can help others like you when navigating vaccine decisions in pregnancy.

There are no Vaccines to Prevent Some Infections

Many people are packing their bags for a getaway during the summer months. If you are considering an upcoming vacation or babymoon, it's important to protect yourself from viruses and infections with the appropriate vaccines for that area. Where are you headed? Check with your healthcare provider regarding any specific travel vaccines you might need. CDC recommends discussing any travel plans with your provider at least 4-6 weeks before your trip. Contact MotherToBaby to check the information on any vaccines your healthcare provider recommends

Viruses like Zika, malaria, and Oropouche can be spread by mosquitos and biting flies (midges). These infections can increase serious risks in pregnancy. Since there are no vaccines to prevent these infections, the safest approach during pregnancy would be to not travel to areas with any possible level of risk. Should you choose to travel, it's important to protect yourself using the recommended insect repellents among other ways to help prevent bites while traveling.

Although Melissa didn't have any trips planned for the rest of her pregnancy, she was happy to know about these other infections she wasn't even thinking about!

Other Precautions

Although masks are no longer required in most public areas, this is still a great way to reduce the risk for infections while around others! Good hand washing is also the most simple and effective way to prevent the spreading of germs to keep you healthy.

After chatting with Melissa, she decided to make her appointment for her COVID-19 and Tdap vaccines (you can get them at the same time!) and will go in ASAP when the flu vaccine for this season is available. She felt reassured knowing she had decided to give herself and her developing baby the best protection from these illnesses as possible. "Thank you for all this info! I just want to make the best choice for me and my baby – I feel so much better."

Do you have questions about vaccines during pregnancy? Call, chat, text, or email MotherToBaby!

References:

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

https://mothertobaby.org/pregnancy-studies/

https://www.cdc.gov/vaccines/by-age

https://www.cdc.gov/vaccine-safety/about/pregnancy.html

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By Kirstie Perrotta, MPH, MotherToBaby California and Lorrie Harris-Sagaribay, MPH, MotherToBaby North Carolina

With schools back in full swing, fall activities underway, and children gathered once again in classrooms and other indoor settings, parents—including those who are pregnant—have renewed questions about COVID-19 and COVID-19 vaccines. MotherToBaby is seeing an increase in questions from pregnant women who want to protect themselves and their families as much as possible. Although more and more women are confident about getting vaccinated against COVID-19 in pregnancy, we continue to get questions about vaccine safety, as well as inquiries about eligibility for the updated boosters. MotherToBaby has teamed up with the Centers for Disease Control and Prevention (CDC) to give you the latest about vaccination for those who are pregnant and for children.

What is the current impact of COVID-19 and pregnancy?

At this point in the pandemic, we know the importance of taking steps to help prevent a COVID-19 infection in pregnancy. Research has shown that women who are pregnant have a higher chance of becoming very sick, being admitted to intensive care, and needing to be put on a ventilator if they get COVID-19. Some studies have reported a slightly higher chance of death. Researchers have also found increased chances of adverse effects on the pregnancy itself, including preterm delivery, stillbirth, and complications such as preeclampsia.

The good news is, a recent study found that pregnant women who received two doses of an mRNA COVID-19 vaccine had lower rates of stillbirth than those who were unvaccinated. Furthermore, those who also received a booster had lower rates of infection, hospitalization, and pregnancy complications related to COVID-19 than those who received only the two primary doses. This finding is reassuring that staying up to date on the vaccines provides good protection in pregnancy in case of a breakthrough infection.

Why should women who are pregnant and those trying to expand their families consider getting vaccinated against COVID-19?

Vaccination is the best way to protect yourself against getting seriously ill, being hospitalized, and dying from COVID-19. This is true for everyone, but especially for those who are pregnant and others who are at higher risk of complications from COVID-19. Getting vaccinated during pregnancy has the added benefit of passing antibodies to the developing baby, which has been shown to lower the baby’s chances of infection or hospitalization with COVID-19 during the first few months of life.

For those planning a pregnancy, the preconception period is a great time to become up to date on recommended immunizations, including COVID-19 vaccines. This helps ensure that future pregnancies will start out as protected as possible from COVID-19 and other vaccine-preventable illnesses. CDC has helpful information here about vaccines before pregnancy: https://www.cdc.gov/vaccines/pregnancy/vacc-before.html.

What are the long-term effects on the baby when a person gets a COVID-19 vaccine during pregnancy?

It will take time to follow the children of women who were vaccinated in pregnancy to be able to answer this question with data. However, based on what is known about how these and other vaccines work, getting a COVID-19 vaccine during pregnancy is not expected to cause long-term problems for the child. In fact, a pregnancy that stays up to date on the vaccines is more protected and less likely to have complications from COVID-19 that could affect a child's future growth and development, such as preterm delivery. In addition, studies have demonstrated antibody protection for the infant following vaccination during pregnancy. And, of course, vaccination during pregnancy will continue to protect the parent after delivery while they are caring for their newborn.

Should women who are pregnant get an updated booster?

It is common for vaccines to be updated over time to give better protection against new variants spreading in the community, just as the flu shot is updated every year to provide the best protection against current strains of influenza. The updated COVID-19 booster, which gives added protection against the Omicron variant, is also referred to as bivalent. Women who are pregnant should receive this latest booster for the most up-to-date protection against COVID-19. CDC and the American College of Obstetricians and Gynecologists strongly recommend that pregnant women stay up to date with COVID-19 vaccines, including booster doses.

Like most other people, women who are pregnant are eligible for the updated booster if they have completed a primary COVID-19 vaccine series and it has been at least two months since their last dose (primary or booster). The updated booster can be given in any trimester of pregnancy. Anyone who has had a recent COVID-19 infection can consider delaying the booster by up to 3 months from the time their symptoms started or they tested positive.

Are COVID-19 vaccinations recommended for breastfeeding?

Studies have found that the components of mRNA COVID-19 vaccines are unlikely to enter the breast milk, and no serious side effects have been reported for the breastfed baby. In rare cases, there may be a temporary reduction in milk supply when a person gets an mRNA COVID-19 vaccine, but reassuringly, supply is expected to return to normal within a day or two. In more good news, antibodies against the virus that causes COVID-19 have been found in the breast milk of women who have been vaccinated with mRNA COVID-19 vaccines while breastfeeding. This is a promising finding, although more research is needed to know how much and for how long these antibodies might protect a breastfeeding child against the virus.

CDC, the Academy of Breastfeeding Medicine, and the American Academy of Pediatrics recommend that women who are breastfeeding stay up to date with COVID-19 vaccines, including booster doses.

What resources help pregnant women make informed decisions about protecting themselves and their families against COVID-19?

For questions about COVID-19 vaccines and other exposures during pregnancy and breastfeeding, talk with your healthcare provider or contact a MotherToBaby specialist. You can find MotherToBaby resources on COVID-19 and COVID-19 vaccines at https://mothertobaby.org/pregnancy-breastfeeding-exposures/covid-19/.

For guidance surrounding kids, we'll turn to Leandris C. Liburd, PhD, MPH, the Associate Director for Minority Health and Health Equity for the Centers for Disease Control and Prevention (CDC).

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It's that time of year again, when the holidays invite family gatherings, and colder, shorter days make us long for sunny destinations. Yes, the winter travel season is upon us! Remember winters past when COVID-19 wasn't around and we'd never heard of Zika? When we didn't give much thought to health concerns related to hopping on a plane or going to busy holiday venues? Things are different now. If you're pregnant, you might pause before booking airline tickets or RSVPing "yes" to that extended family reunion. Take a moment to consider the possible risks associated with your plans, and how you might reduce them (by taking precautions) or eliminate them (by making alternate plans instead). Here are a few things to think about:

COVID-19:

Try as we might, we can't escape it or wish it away. We are, in fact, still in the middle of a pandemic, with new variants appearing and cases still rising and falling unpredictably in most places. Traveling on public transportation (such as airplanes, ships, trains, subways, taxis, and ride shares) can make getting and spreading COVID-19 more likely. So can being in crowded indoor spaces, especially if not everyone in those spaces is fully vaccinated against COVID-19 and/or wearing a mask. Having COVID-19 in pregnancy can increase pregnancy risks such as stillbirth and preterm delivery. So, how can you eliminate or reduce your chance of exposure to the virus?

- **Avoid public transportation.** If you must travel, using your own vehicle with members of your own household is the safest bet. Using drive-thrus or packing your own food to stop and eat along the way is safer than eating in crowded restaurants full of other holiday travelers.
- If you must travel on a plane or use other public transportation, **wear a well-fitting mask** the whole time (this is required), **stay at least 6 feet away** from other travelers when possible, and **wash your hands**/use an alcohol-based hand sanitizer frequently. Most importantly, make sure you're **fully vaccinated** before you travel, including getting a booster dose when you're eligible.
- Did I mention making sure you're **FULLY VACCINATED** before travel? It's the single best way to reduce the chance of getting very sick if you're exposed to the virus that causes COVID-19. Pregnancy and being very sick don't go well together, so this one is really, really important, whether you're traveling or not. MotherToBaby has helpful resources on the COVID-19 vaccines and booster shot, and you can contact us to talk through any questions or concerns you may have about getting the vaccine.
- Even if you're fully vaccinated, you might still consider **wearing a mask indoors** during holiday gatherings (and elsewhere), especially if you're getting together with people from different households coming from different places. If everyone else at the gathering also wears a mask indoors, even better.
- Find more tips and information about safer holiday celebrations and travel in the time of COVID at this link: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html.

Influenza (the Flu):

Flu season carries its own risks for people who are pregnant. Like COVID-19, having the flu during pregnancy increases the chance of being very sick compared to people who aren't pregnant. Many of the same precautions that apply to COVID-19 apply to the flu as well:

- **Get the flu shot.** Like the COVID-19 vaccine, the flu shot can be given at any time during pregnancy, and can even be given at the same time as a COVID vaccine or booster. The sooner you're vaccinated, the sooner you

and your pregnancy will have good protection against becoming very sick from the flu. And (bonus!) getting vaccinated in pregnancy may pass some protective antibodies to your developing baby.

- **Avoiding public transportation and crowded indoor spaces** will also reduce your chance of exposure to the flu virus. **Washing your hands frequently**/using an alcohol-based hand sanitizer is also an excellent flu prevention technique.

Zika:

Yes, Zika is still around. There are no known "outbreaks" of Zika anywhere in the world at this time, but there is ongoing, low-level, sporadic transmission in some places. Having Zika during pregnancy increases the chance of serious and lifelong effects for a developing baby. There is no vaccine against the Zika virus.

- The safest course in pregnancy (or if you're trying to conceive) is to **avoid travel** to places with a chance of exposure. Unfortunately, it's virtually impossible now to know the exact risk of being exposed to Zika in any given country, but if you must travel, you can use the CDC's Zika map to help you plan.

- If you travel,**use insect repellent** and take other precautions to help avoid mosquito bites, such as wearing long sleeves and pants. If your partner travels with you, take steps to **avoid sexual transmission of Zika**. If you're planning a pregnancy, follow the recommended wait times (2 months for women, 3 months for men) before trying to conceive.

Other infections:

If you're considering international travel, there may be other infections to consider, such as malaria and foodborne illnesses. You might also need other vaccines, so be sure to review the current vaccine recommendations for your destination. Some vaccines can be given during pregnancy, but it's a good idea to check with your healthcare provider or contact MotherToBaby to discuss the risks and benefits of specific vaccines as you're deciding about travel.

Medical concerns:

Other travel considerations include the increased chance of blood clots during travel if you're pregnant, and where you will receive medical care in case of unexpected preterm labor or another medical emergency. Before any travel, be sure to talk with your healthcare provider about any additional considerations that are specific to you and your pregnancy.

Given all these considerations, if you're pregnant you might decide this year is a good one to enjoy low-key holidays at home and save the travel for another time. However you decide to spend the season, we hope it's safe, healthy, and happy!

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Morgan called late Friday afternoon with a question about COVID-19 booster shots. She shared that she was 37 weeks along and had received both shots of the Pfizer COVID-19 vaccine back in February, at the very beginning of her pregnancy. Morgan wanted to do what was best to protect her baby, and asked if she qualified for the booster shot that was now available.

As a Teratogen Information Specialist at MotherToBaby California, COVID-19 vaccine questions are my number one inquiry right now. With the guidance continuing to evolve as the pandemic rages on, it can be hard for pregnant women to keep up! Luckily, that's what we are here to help with. I shared with Morgan that although the vaccines are still working well to prevent severe illness, hospitalization, and death, overall effectiveness has been shown to decrease over time (called waning immunity). Because of this decreased protection, the Centers for Disease Control and Prevention (CDC) have recommended booster shots for some people over the age of 18, including:

- Certain groups – including those who are pregnant or recently pregnant – who got both doses of an mRNA vaccine (Pfizer or Moderna) at least 6 months ago, and

- Everyone who got the Johnson & Johnson vaccine at least 2 months ago.

So, what does this mean for my pregnant caller Morgan? Women who are pregnant and recently pregnant (up to 42 days after delivery) may be more likely to get severely ill from COVID-19. We know that there are higher risks of ICU admission, need for a ventilator, and death when a woman gets COVID-19 while pregnant, so protection of this group through vaccination is extremely important. I shared with Morgan that since it has been more than 6 months since she received her first two doses of the Pfizer vaccine, and since she is currently pregnant, she may choose to get a booster shot. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) have both recommended the booster at any time in pregnancy once you're eligible for it.

Morgan and I went on to review the latest pregnancy data on the COVID-19 vaccines, which now includes thousands of women who have received mRNA vaccines (Pfizer or Moderna). Reassuringly, the available data does not suggest a risk for pregnancy complications (including miscarriage, preterm birth, stillbirth, effects on the baby's growth, or infant death). Although COVID-19 booster shots have not been specifically studied in pregnancy, the Pfizer and J&J boosters are the same dose and contain the same ingredients as the initial doses, and the Moderna booster contains just half of the original dose. Most experts agree that the components of the COVID vaccines only stay in our bodies for a short time, and are not expected to cross the placenta to reach the baby.

Morgan was happy to hear that she qualified for the booster shot. Her three-year-old was in preschool, and although he wore his mask every day, she was still worried about him bringing home COVID and infecting her. She also visited her grandparents often, and wanted to keep them safe. For her, the benefits of protecting herself and her unborn baby definitely outweighed any potential risks.

Before we disconnected, Morgan asked about her sister-in-law who received the Moderna vaccine three months ago and was now pregnant. "Would she be able to get a booster?" Looking at the latest CDC guidelines, I informed Morgan that her sister-in-law would need to wait until 6 months after her second dose of Moderna before she became eligible for the booster. However, I also reminded her that her sister-in-law still has good protection against becoming very sick or hospitalized from COVID-19 from her initial vaccination. Like everyone who is pregnant, she should continue to take other precautions, such as wearing a mask and avoiding crowded indoor gatherings.

If you are unsure whether or not you qualify for a booster or you have other vaccine-related questions, please reach out to a MotherToBaby Specialist. And for anyone who has not yet received their initial COVID-19 vaccine, please know that it is strongly recommended before or during pregnancy by many organizations focused on maternal and child health, including the CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine. If you would like to go over the latest pregnancy information for the COVID-19 vaccines, COVID-19 boosters, or any other exposures, please give us a call.

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

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