Hit Me With Your Best Shot! COVID-19 Vaccines

Question 1*: I work in healthcare and received the first dose of COVID vaccine. But after receiving the shot, I found out I was pregnant. I changed jobs so that I am not at significant risk anymore. Should I get the second shot?*

Question 2*: I'm pumping and supposed to get the COVID vaccine. I know there isn't much to say on the COVID vaccine but wondering if you would recommend getting it or not?*

These are just a sample of the questions that we have received from individuals who are trying to make the best decisions for themselves during pregnancy and breastfeeding. Juggling all of the information can be daunting and concerns about how quickly the vaccine came on the market and the lack of data for pregnant and breastfeeding individuals has caused a great deal of uncertainty. Well, it is for situations like this that MotherToBaby exists. We are here to help, so let's get to it!

First, is the COVID-19 vaccine safe since it came on the market so fast?

There are many reasons why the vaccine was able to come to the market in a short period of time. One of the reasons is due to medical advances in vaccine development which allowed researchers to develop the vaccine in a shorter period of time than traditional vaccines. The technology used to develop the Pfizer and Moderna COVID-19 vaccines (mRNA) was not new and has been around for some time. While these are the first vaccines on the market using mRNA technology, mRNA was being used to study other viruses. Secondly, due to collaborative efforts, China promptly shared genetic information about the COVID-19 virus, so scientists could start working on vaccines pretty early.

Importantly, the criteria for evaluating vaccine safety did not change and had to be met regardless of the pandemic. According to Dr. Anthony Fauci, a respected infectious disease expert and the director of the National Institute of Allergy and Infectious Diseases, the process has been transparent and independent of the influence of pharmaceutical companies or politics. Each vaccine trial had a safety and data monitoring board of scientists that reviewed the data independent from any influence of the pharmaceutical companies. Once the data satisfied the requirements of the board, the companies submitted the data to the FDA (Food and Drug Administration) and a "premier" group of scientists along with their advisory committee worked together to make sure the data met the required standards. The process was transparent and independent and everyone can take a look at the data. Because COVID-19 is so contagious and widespread, it did not take long to see if the vaccine was effective in those who were vaccinated voluntarily. No corners were cut; it was still a thorough process to bring a vaccine to the market that was safe and effective.

Will it affect my ability to get pregnant?

Concerns about the vaccines' impact on fertility were generated by false social media reports claiming that the vaccine would cause the body to falsely attack a protein that is needed to attach the placenta to the uterus and then develop properly. This is false because the COVID-19 vaccine triggers the body's immune system to fight the specific protein on the coronavirus surface. It is a targeted response against the coronavirus and no other parts of the body.

Therefore it will not affect fertility including those who go thru in-vitro fertilization methods (IVF). As a matter of fact, 23 women who were involved in the trials became pregnant. Only one individual suffered a pregnancy loss and she did not receive the vaccine but rather the placebo.

Is the vaccine safe for pregnant and breastfeeding women?

While there are no safety data specific to the use of the vaccine during pregnancy and breastfeeding, the American College of Obstetricians and Gynecologists (ACOG) recommend that COVID-19 vaccines should not be withheld from pregnant or breastfeeding individuals who meet the criteria for vaccination based on ACIP-(Advisory Committee on Immunization Practices) recommended priority groups. Based on the history of other similar vaccines (inactivated) in pregnancy and breastfeeding, experts do not believe that mRNA vaccines (like the Pfizer and Moderna vaccines) would increase the risk of harm to the fetus or to infants. It is encouraged that you talk with your healthcare provider about the risks and benefits of getting the vaccine during pregnancy.

Does the vaccine cause serious side effects?

There have been claims on social media that the virus can cause severe shaking and convulsing from very convincing videos and that the government is not telling the truth about the safety of the vaccines. The Centers of Disease Control (CDC) and the FDA report that the most common side effects are pain where the vaccine is injected, body aches, headaches or fever. These symptoms generally do not last more than two days. If they last longer, you can call your doctor. In regard to the shakes and convulsions, more than 51 million doses of the vaccine have been given globally so far and the data has not identified these symptoms as side effects of the vaccine.

You can report side effects and reactions using either of two systems:

- **V-safe** is a new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines.
- **Vaccine Adverse Event Reporting System (VAERS)** is the national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events that happen after vaccination

After receiving the vaccine, it is still important to wear face masks, wash your hands, and socially distance. The vaccine doesn't make you immune, but it helps your body to fight off the effects to give you a fighting chance if you get infected. So please still follow all the guidelines after receiving the shot.

Myths about the vaccine

I have heard many falsehoods circulating on social media that have had many of my friends and family question getting the vaccine including but not limited to:

- Getting the vaccine gives you COVID
- The COVID vaccine enters cells and changes your DNA
- COVID-19 vaccine was developed with or contains controversial substances such as implants, microchips or tracking devices.
- More people will die from the side effects of the vaccine than the virus

These claims have no basis in fact; please check out these resources for more information: ***COVID-19 Vaccine Myths Debunked*** *and* ***COVID-19 Vaccines: Myth Versus Fact***.

Please get your information from trusted scientific resources or institutions like the FDA, CDC, ACOG, Mayo Clinic, John Hopkins, Harvard Med or those that end with .org or .edu.

MotherToBaby also has a webpage devoted to COVID and the vaccine filled with information and resources that you can review for pregnant and lactating individuals:***COVID 19: What You Need To Know***

In addition, MotherToBaby is doing its best to gather information for pregnant and lactating individuals by conducting studies. If you're pregnant or breastfeeding and tested positive for COVID-19, please consider enrolling in our observational study. You will not be asked to take or change any medications, and you can participate from the comfort of your home.

The Take Away

Overall, whether you are planning for pregnancy, pregnant or breastfeeding, based on the history of other vaccines, you do not have to be afraid to get the COVID-19 vaccine. The data from clinical trials has been reassuring and no corners were cut. Please seek out solid medical advice from trusted resources. The goal of the vaccine is to protect you and not harm you.

So if you make the decision to get the COVID-19 vaccine, roll up your sleeves with confidence and say, "Go ahead, hit me with your best shot!"

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Chelsea's chat came through late on a Wednesday afternoon: "Hi, I'm 23 weeks pregnant and have plans to visit my family in a different state this holiday season. My sister just had a baby and is breastfeeding, and my grandparents will also be there, so I want to be as safe as possible with COVID-19 still spreading. What do you think I should do?"

With Thanksgiving, Hanukkah, Christmas, and Kwanzaa all quickly approaching, questions like this are coming into our chat service more frequently. We're living in a new normal, and in the midst of rising COVID-19 case counts throughout much of the country, we're all trying to figure out the safest way to celebrate with our loved ones this year.

I told Chelsea there were many individual factors that go into a decision like hers, but we could go over a few guiding principles to help her make an informed choice.

Stay Home When Possible

Staying local and celebrating in-person only with other members of your household is the safest approach this year. This is especially true for pregnant individuals, who the Centers for Disease Control and Prevention (CDC) considers a group that is at "increased risk of severe illness" from COVID-19. While celebrating in such small numbers is certainly not how any of us want to spend the holidays, it's the best way to keep everyone safe. And if someone from outside of your immediate family really wants to join in on the fun – virtual get togethers are a great option!

Preparing to Travel

If it's not possible for you to stay home, then prepare, prepare, prepare! One of the most important things individuals can do this holiday season is prepare for their trip ahead of time. Most importantly, this means taking precautions to limit your own exposure to the virus that causes COVID-19 for 14 days before you plan to depart. This may include things like less frequent trips to the grocery store, keeping kids home and socially distancing them from their friends, working remotely when possible, and avoiding any pre-holiday gatherings. If you have to go on an important outing (such as a prenatal visit), keep in mind the prevention basics: wash your hands, maintain distance, and wear a mask.

Getting tested for COVID-19 is another way to reduce risk prior to gathering. This is especially important to do if you

develop any symptoms that could be COVID-19 (fever, cough, shortness of breath, loss of taste or smell, etc.). The test itself is not perfect and any interaction you have after the test is completed would put you at risk of exposure again, but for some families having a negative COVID-19 test can be a helpful tool in the preparation toolbox.

Choosing how you travel will also be important this year. Driving to your destination is one way to limit your exposure to others and reduce the risk of getting sick in transit. If you have to fly, take a bus, or get on a train, you will likely be surrounded by many other people, which is more of a potential risk. Get your hand sanitizer and mask ready if you have to go this route!

One other important thing you can do before traveling? Get a flu shot (ideally at least 14 days ahead of time)! While it won't protect you from COVID-19, it will help prevent the flu, which can be serious for pregnant women. It will also help keep you from needing medical care, which is important since some communities are reaching max capacity in their hospitals and may not have room to admit you for treatment.

Think about Grandma

Next, you want to think about who you will be traveling to see. We know that certain individuals are more likely to get very sick and/or die from COVID-19. This includes older adults (with risk increasing with age) and those with underlying medical conditions such as type 2 diabetes, severe obesity, cancer, or pregnancy. Chelsea's grandparents were in their late 80's, and her grandma was also a smoker. She also had her new nephew to think about, and her sister who was breastfeeding. What seemed like a simple family gathering quickly became a lot more complex when everyone's health was assessed.

If you have a high-risk individual in your family, it's important that you consider their health when planning holiday travel. For some families, this may mean making the decision to break the wishbone virtually over FaceTime or Zoom. For others, it could mean a strict 14 day quarantine for all who will be gathering (discussed above) before any interactions take place.

Celebrating Safely

Whether Chelsea chooses to travel or stay close to home during the holidays, she can reduce the chance of coming into contact with the virus by continuing to take precautions while celebrating with others. Limiting activities to people in your own household obviously presents the least risk since you're already together anyway. But if you do host or attend gatherings with others, keep in mind that smaller groups in outdoor spaces where everyone wears a mask, stays at least 6 feet apart, and practices good hand hygiene is a much safer option than attending large indoor gatherings where not everyone wears a mask or follows other common sense precautions. Your decision to spend time around others should also consider the current spread of COVID-19 in the community where you live or where you will be traveling. I encouraged Chelsea to check the state department of health website for guidelines and recommendations for her destination.

What would a holiday celebration be without FOOD? You can still enjoy your favorite pregnancy-safe foods and beverages (no soft cheeses! no alcohol!), but you want to do what you can to reduce the chance of contact with any foodborne germs. Even though the chance of getting COVID-19 from contact with food or serving utensils is probably low, it's important that everyone wash their hands before preparing, serving, or eating food. Having only 1 or 2 people serve the food to everyone else while wearing a mask is a better choice than having lots of people handle the serving

utensils or food containers. As yummy as potlucks or buffets can be, at least for this year it might be safer if each guest brings food and drinks for themselves and their own household members only, or picks up ready-to-serve items. In addition, since people clearly can't be masked and eat at the same time, plan ahead and get creative to create space between people when they sit down to eat – this year is definitely not the time to pile 12 people around a 6-person table! And as always, be sure that hot items are consumed hot, and cold items are consumed cold – no one wants a food-borne illness like E.coli or salmonella!

When the Party's Over

After attending any gatherings (even small ones) or staying with relatives, Chelsea will need to pay attention to any symptoms that could suggest possible COVID-19 infection. If she, or anyone else she spent time with, has symptoms or tests positive for COVID-19, she should contact her healthcare provider right away about testing and/or follow any instructions from her local health department. She will most likely need to self-isolate at home for 14 days. In addition, she should contact her hosts as soon as possible to let them know, so they can inform other guests and family members that they might have been exposed to the virus. Not fun, but a necessary part of helping keep us all healthy and safe throughout the holiday season.

Chelsea has a lot to consider this holiday season, as we all do. For more tips on celebrating safely during the holidays, visit the CDC's website on COVID-19 and holiday celebrations. And for more information about COVID-19 and pregnancy and breastfeeding, see our MotherToBaby fact sheet. However you choose to celebrate, we wish you a happy and healthy holiday season!

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"I just found out I am pregnant. I've heard that it is really important to get the flu shot this fall, but is it still OK now that I am pregnant?" The woman on the other end of the phone line sounded cautious and concerned. I told her, "I'm so glad you called to ask about this. The influenza vaccination may be even more important for pregnant women. The coronavirus pandemic has given us a lot to worry about without adding influenza infections to the mix. Let me tell you more about this…."

Influenza and Pregnancy

Once we are into influenza season (October to March), pregnant women are strongly recommended to get immunized, regardless of where they are in their pregnancy. Yet, many women delay, and in the end only about 50% of pregnant women get their flu shot.

An influenza infection itself can cause severe illness and even death in pregnant and post-partum women. It is important to remember that a healthy mother is more likely to have a healthy baby! The injectable version of the influenza immunization ("flu shot") contains an inactivated (dead) virus and is not going to make you or your baby sick. It is the most effective way to prevent influenza or have less severe symptoms if you do get the flu. Currently, the nasal-spray flu vaccination is not recommended for pregnant women because it contains live attenuated virus.

Will the vaccine harm my baby?

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been shown not to be true. In fact, just last month a large study was published in the journal ***Pediatric***s, "Early Childhood Health Outcomes Following In-Utero Exposure to Influenza Vaccines: A Systemic Review." This study compiled results from 9 earlier studies and found no association between exposure to the flu vaccine during pregnancy and adverse outcomes in children. One of the authors was later quoted as saying, "This should be reassuring for pregnant women who may be considering the vaccination…"

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding? Visit the MotherToBaby website and read all of our vaccine-related fact sheets. There is a general fact sheet on all vaccines, and then specific fact sheets on the seasonal influenza vaccine and also many others like the Tetanus, Diphtheria, and Pertussis (Tdap), Measles, Mumps, and Rubella (MMR), HPV (human papillomavirus), hepatitis A, and varicella (chicken pox) vaccinations.

References

Early Childhood Health Outcomes Following In Utero Exposure to Influenza Vaccines: A Systematic Review Damien Y.P. Foo, Mohinder Sarna, Gavin Pereira, Hannah C. Moore, Deshayne B. Fell, Annette K. Regan, Pediatrics Aug 2020, 146 (2) e20200375; **DOI:** 10.1542/peds.2020-0375

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

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Tanya called in on a Monday morning. “I’m getting married in a few months and we want to start trying to get pregnant right away. What should I be doing now to have the best chance of a healthy baby?”

Preconception health and pregnancy planning present a terrific opportunity to assess a wide range of factors that can give your baby the best start. This blog will outline the things to consider, as I relayed to Tanya:

Your Personal Health

Are you generally healthy? If you already get headaches or have acid reflux, know that pregnancy can make these more frequent. Ask your doctor if the way you treat these common conditions should change once you are pregnant. Ask about your current exercise routine and if you need to alter it during pregnancy. Get checked for sexually transmitted infections because some may not show symptoms. Also discuss your medications – some should be stopped before you start trying to conceive, such as Valproic acid, leflunomide (e.g. Arava®), teriflunomide (Aubagio®), methotrexate, and isotretinoin (e.g. Accutane®) to name just a few. For others, you’ll want to weigh the risks vs. the benefits with your health provider before you conceive. Talk with your doctors now to make a plan.

Caffeine

Do you drink caffeinated coffee, tea, or soda? What about energy drinks, protein powders, or Kombucha? MotherToBaby’s fact sheet on caffeine may put your mind at ease and encourage you to think about all your beverage options.

Body Weight

Is your weight a concern? One of the best things you can do before conception is to get to a healthy weight. Women who are overweight or obese have increased risks for miscarriage, birth defects, gestational diabetes, high blood pressure and preeclampsia, and unplanned cesarean birth. Now is a good time to meet with a nutritionist or go on a sensible diet to get to a healthy weight in anticipation of pregnancy. Once you are pregnant, continue to watch what you eat but don't try to lose weight. Weight gain is inevitable during pregnancy but guidelines from the American College of Obstetricians and Gynecologists (or ACOG, the leading professional society for OB/GYNs) advise women to gain anywhere from 11-40 pounds, depending on your pre-pregnancy weight. It's a myth that you need to "eat for two," so don't set yourself up for postpartum weight gain by eating more than you should. After delivery of an average 7-8 lb. baby, you may lose 2 lbs. in amniotic fluid, 1.5 lbs. of placenta, 5-7 lbs. in blood volume, and 2 lbs. as the uterus returns to its normal size. That could still leave you with 10 pounds of excess weight, or more if you gained more weight during the pregnancy. Some women never take off those extra pounds, and their weight creeps up with successive pregnancies and age, which can lead to pregnancy complications and chronic health problems later on. See our exercise fact sheet for more information.

Chronic Health Conditions

Do you have chronic health conditions like diabetes, high blood pressure, migraines, asthma, high cholesterol, heart conditions, varicose veins, or anemia? Do you have an autoimmune disease like Crohn's or ulcerative colitis, lupus, rheumatoid arthritis, ankylosing spondylitis, multiple sclerosis, psoriasis or psoriatic arthritis? Meet with your obstetrician for a "preconception" appointment to discuss how a pregnancy might impact your health, and how your health might affect a future pregnancy. Your specialist can provide an important opinion too. A maternal-fetal medicine specialist (MFM) is a doctor who specializes in high-risk pregnancies, and consulting with a MFM once you are pregnant could help you learn how to optimize your and your baby's health.

Mental Health

What about your mental health? If you have a history of anxiety or depression, ADHD or other conditions, ask your psychiatrist and OB about treatment, and don't make changes before you do. Many medications can be continued during pregnancy and while breastfeeding. In fact, mental health is incredibly important – for example, when a woman doesn't treat her mood disorder or inadequately treats it, some studies suggest risks for miscarriage, premature birth, low birth weight, and preeclampsia. Talk therapy is vitally important too. And if you struggle with mental health concerns during the pregnancy, you are at risk for postpartum depression. Let's face it – pregnancy and caring for a new baby is stressful, so now is the time to marshal your helpers – friends, relatives, therapists and doctors – to ensure you have enough support. Your obstetrician should ask about mental health but if not, speak up. Your doctor can be your ally here, helping you get treatment and addressing concerns related to pregnancy and postpartum mental health. And MotherToBaby can give you an overview of the research related to any prescriptions you might choose to take.

Dental Health

Have you seen a dentist lately? Oral health can impact a pregnancy, meaning that if you have swollen or bleeding

gums, a toothache or an infection, it can increase risks to the pregnancy. If you need to have a dental x-ray, take antibiotics, or have local anesthesia for a dental procedure, these are generally acceptable during pregnancy, but best to complete before you get pregnant. Contact MotherToBaby for more details.

Your Workplace

Where do you work? MotherToBaby can give you information to minimize exposures in a veterinarian office, dry cleaners, salon, laboratory/hospital, imaging center, pest control service, or other business. Your occupational safety department can recommend personal protective equipment (PPE) and tell you about ventilation that may be in place to ensure workplace safety. Safety data sheets (SDS) give an overview of chemicals used in industry and are available online or at work.

Food Safety

Read up on food safety and learn how to minimize your exposure to foods that have commonly been associated with foodborne illness such as E. coli or listeria. Get in the habit of washing your fresh fruits and vegetables well. Check out other blogs on our website too.

Vitamins and Supplements

Have you started taking a prenatal vitamin? Are you getting enough folic acid? ACOG recommends that women take at least 400 mcg of folic acid before getting pregnant and at least 600-800 mcg/day once they are pregnant. This can help prevent birth defects of the brain and spinal cord. Call MotherToBaby if you want to learn the recommended daily intake for specific vitamins or minerals. In general, taking more than what is recommended is not advisable – we haven't studied how mega-doses of vitamins may impact a pregnancy. Other supplements beyond taking a prenatal vitamin are not advisable either – the Food & Drug Administration (FDA) doesn't supervise their manufacturing plants and past surveys have shown some supplements actually contain contaminants. Furthermore, we've seen instances where the label didn't match the contents of the bottle and could cause ill effects. Pregnant and breastfeeding women should avoid herbal supplements unless specifically recommended by your doctor.

Alcohol, Cannabis, and Tobacco

Do you smoke cigarettes? Do you use cannabis for medicinal or recreational purposes? Do you drink alcohol? Recent research has demonstrated that marijuana use very early in pregnancy causes changes in brain development, which could result in behavioral or learning challenges we see later in the child's life. Cigarettes increase risks for pregnancy loss, among other things. And alcohol is known to cause a variety of birth defects known as fetal alcohol spectrum disorder (FASD). We don't believe that there is a "safe" amount of alcohol which when consumed doesn't cause issues for a developing child. Now is the time to quit smoking, drinking, and using cannabis – your baby will be heathier for it. MotherToBaby can provide resources, or check with your doctor.

Vaccinations

Are you up to date on all your vaccines? Did you get a flu shot this past season? You don't want a vaccine-preventable illness to have an impact on your pregnancy. Flu infection can increase risks for more severe symptoms, longer-lasting illness, pregnancy loss and premature delivery, which can have a lifelong impact on your baby. Flu vaccine helps prevent infection. Another benefit to vaccinating during pregnancy? Studies show the protection extends to your baby, and gives them a little extra immunity from birth until they can receive vaccines. Also good to know: some vaccines can be given and are recommended during pregnancy, like a flu shot or TDAP, but others are best given before you conceive to avoid a small risk of spreading the illness to the fetus (e.g. the measles, mumps, and rubella (MMR) vaccine, as well as the Varicella (chicken pox) vaccine) – so try to get these done at least a month before trying to conceive. Check your medical records to see the last time you received any of these vaccinations. If you don't know if you were previously vaccinated, your doctor can draw blood to check if you have immunity.

Your Pets

Do you have a cat? There is some concern in pregnancy about an infection called toxoplasmosis, which is caused by a parasite that can be found in cat feces. Read our blog for more info on what you can do to prevent this infection if you have a fur baby at home.

Other Illnesses

Do your upcoming travel plans involve travel to a warm tropical place? Check out our Zika fact sheet to learn more before you book nonrefundable tickets. In general, women will want to wait to try to conceive for eight weeks from the time of your return home; the wait time is three months if your male partner travels with you. COVID-19 is also spreading around the globe and our fact sheet can give you the latest information on whether and how it could affect a pregnancy.

Finally, your obstetrician or primary care doctor would be glad to see you for a Preconception consultation. Make an appointment to discuss your personal history and health. It's a great way to get you and your baby off to the best start.

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As the coronavirus that causes COVID-19 continues to spread, pregnant and breastfeeding women are understandably concerned. Many of your recent calls, chats, texts, and emails to MotherToBaby have been about the virus itself and how it might affect a developing baby or breastfed infant (more about that on our COVID-19 fact sheet). But we're also hearing related concerns about how to stay safe and healthy while pregnant or breastfeeding during the pandemic. Here, we answer some of the most common questions we're getting during this uncertain time:

FAQs

Can I use supplements to boost my immunity?

We're receiving even more inquiries than usual about using supplements such as elderberry, zinc, and vitamin C to "boost immunity." Unfortunately, there is no good data to suggest that these supplements have a protective effect against coronavirus. Additionally, the use of supplements in pregnancy and lactation comes with potential concerns.

The first concern is the lack of regulation. Dietary supplements do not require the same oversight by the Food and Drug Administration (FDA) as medications do, which means that supplement manufacturers do not have to prove the safety and effectiveness of their products before they hit the shelves. Supplements may be contaminated with other ingredients (such as prescription medications or lead), and differences may be found between the amount or ingredient listed on the label and what is actually in the product.

The second concern about supplements is that usually they are not well studied for use in pregnancy and lactation. Without good research, we just don't know how something like elderberry might affect a developing baby or breastfed infant. Mega-doses of any vitamin (like the 1000 mg of vitamin C commonly found in some supplements) are of particular concern as they are much higher than what is recommended for pregnant or breastfeeding women in a single day. Generally speaking, if you are eating a healthy diet and taking a prenatal vitamin, you are probably covering all your vitamin and mineral needs. Taking additional supplements might present increased risks to your pregnancy or your breastfed baby, with no clear evidence that they would effectively boost your immunity. You can read more on our Herbal Products Fact Sheet.

Are cleaning products safe for me and my baby?

The Centers for Disease Control and Prevention (CDC) recommend cleaning and disinfecting high-touch surfaces as one way to help prevent exposure to the virus. This means wiping down doorknobs, light switches, desks, faucets, electronics, and more… but does all this exposure to cleaning products increase risks to a pregnancy or a breastfed baby?

Our previous Baby Blog on household cleaners explains that when you use cleaning products as directed, the actual exposure to your developing baby or breastfed infant is likely to be quite low. Even if you can smell the fumes, brief inhalation while cleaning generally won't allow for much absorption of these kinds of compounds into your blood. Likewise, your skin is a surprisingly good barrier that prevents significant absorption of cleaning products through the skin. Any chemicals that might get into your blood through inhalation or skin contact typically won't reach the developing baby or get into your breastmilk in any meaningful quantity. Working in a ventilated area and wearing gloves when using cleaning products can further reduce your exposure, and help prevent respiratory and skin irritation. And of course, wash your hands after cleaning.

Should I still go to my prenatal appointments?

You've read you should stay home as much as possible since this virus can spread easily from person to person. This is true, but your prenatal appointments are still important! These visits are vital opportunities for your provider to assess the health of your pregnancy and identify any issues that might affect you or your developing baby. Some healthcare providers are offering ***some*** appointments virtually (over the internet) or spreading out the time between appointments a bit longer than normal. But sometimes you will have be seen in person, especially for screenings, labs, and vaccines, such as the flu shot and Tdap vaccine that help protect both mom and baby against serious illness.

If you haven't already, talk to your pregnancy care provider about any changes to your upcoming appointments. For virtual visits, ask what technology (phone, laptop, etc.) you will need to connect with your provider, and write down a list of questions so you don't forget to ask anything. Just like a regular appointment, it can be helpful to have someone "come along" virtually to help make sure all your concerns are addressed. For in-person visits, your provider may ask that you come alone (no partner, no kids). While there, try to stay at least 6 feet away from other patients in the waiting room, wear a cloth face cover, and don't forget to wash your hands! For more prevention tips, check out guidance from the CDC here.

Why have they delayed my fertility procedure?

Many kinds of medical procedures are being put on hold as a way to help prevent the spread of coronavirus and reserve essential medical supplies for critical medical care. For this reason, the American Society for Reproductive Medicine has made the difficult decision to suspend initiation of new treatment cycles (intrauterine insemination or IUI and in vitro fertilization or IVF) for the time being. We completely empathize with anyone who gets this news. When you've been trying to get pregnant and each passing month feels like another missed opportunity, a setback like this is the last thing you want. During this difficult but necessary delay, make sure to continue practicing healthy habits like staying active, avoiding alcohol, and taking a prenatal vitamin with at least 400 mcg of folic acid every day. That way, you'll be ready to go once you get the green light that IUI and IVF treatments are back on.

I still have to go to work every day. What can I do to avoid getting COVID-19?

If you aren't able to work from home, you might be worried that going in to work could increase your chance of contact with the virus. How true this is might depend on your job situation. If you have contact with the public at work and you are pregnant or breastfeeding, you could talk to your employer about being temporarily reassigned to another role that limits your contact with other people. However, not every workplace will be able to accommodate this request. CDC workplace recommendations for everyone include strategies such as not shaking hands, wiping down frequently-touched surfaces, limiting in-person meetings, maintaining at least 6 feet of distance between you and people with whom you need to interact, not sharing food, and of course, staying home if you are sick. In addition, CDC guidelines recommend wearing a cloth face covering when you may be near other people to help reduce the spread of the virus.

If you are a pregnant healthcare worker, be sure your employer knows you are pregnant before you provide any direct patient care to a person with confirmed or suspected COVID-19. When possible, and depending on staffing needs, management should consider limiting your exposure to these patients. This is especially true if you perform procedures with a higher chance of coming into contact with a patient's respiratory droplets (such as intubation). If you do provide care to a patient with confirmed or suspected COVID-19, be sure to follow the Infection Control guidelines for all healthcare personnel. Our fact sheet on Reproductive Hazards of the Workplace can answer additional questions about staying safe at work during pregnancy and while breastfeeding.

I'm stressed! Can this affect my pregnancy?

With the constant news stream about the pandemic, it can be tough not to feel anxious or depressed during this time. Plus, social distancing means that many women are separated from their support network of friends and family members. Add in trying to work from home with a partner and/or kids, and it's easy to see why many women are feeling stressed out! We discussed mental health and COVID-19 at length in our recent podcast episode, which you can listen to here.

One big takeaway from the podcast? Some studies suggest that ongoing stress and uncontrolled depression or anxiety during pregnancy can increase the chance of outcomes such as preterm birth and low birth weight. So, if you feel like your mental health is suffering because of this pandemic, we encourage you to reach out to your healthcare provider (maybe virtually!) to figure out the best approach for treatment. Some women can benefit from making simple changes in their daily habits (like watching less news and getting more fresh air), while others might need to use a medication to help manage their symptoms. If that's the case, MotherToBaby can share with you what is known about your particular antidepressant or anti-anxiety medication in pregnancy and/or lactation.

Whatever your concerns about COVID-19 or other exposures might be, please know that MotherToBaby is here for you with evidence-based answers. Please reach out to us with your questions. We're all in this together.

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