

Spring Break Safety for Pregnant and Breastfeeding Women: Tips for a Fun and Safe Holiday

Spring break is often associated with young college students flocking to the beaches to take a break from their studies. However, it is now embraced by a diverse crowd, including families with pregnant and breastfeeding women. Spring break typically takes place between March and April each year, leading to masses of people traveling by planes, trains, and automobiles. Fun times are possible for everyone, and we have guidance to increase the chances that your travels and experiences will be comfortable and safe for you and your baby.

Check-In with Your Doctor

For most pregnant women, traveling by airline, train, car, or bus is generally safe until close to their due date. Regardless of your trimester, a quick check-in with your doctor is essential to ensure you are cleared to travel.

- **First Trimester:** If you are experiencing pregnancy-related **nausea**, prepare ahead with needed medications and a plan to stay hydrated.
- **Second Trimester:** If you are healthy, this is a great time to travel.
- **Third Trimester:** You should be fine to travel, but keep in mind that if you go into early labor, you don't want to be far from high-quality obstetrical care. Check for hospital locations at your destination.

Check for Infectious Disease Warnings

If you are traveling outside of the U.S., check for disease warnings or recommended vaccines for your destination on the [CDC Travelers' Health page](#). Additionally, if your destination has mosquitoes, use **insect repellants** to reduce the risk of exposure to infectious diseases.

Sun Exposure and Heat

Prolonged sun exposure can lead to overheating and dehydration, and in severe cases, heat stroke. High fever is a potential concern for pregnant individuals in any trimester. Prevention is key:

- Keep hydrated.
- Protect against direct sun for prolonged periods (sit under an umbrella or go indoors).
- Use sunscreen.
- Drink plenty of water.
- Avoid **alcohol** and limit **caffeine**, as they can increase dehydration.

Sunscreen

Everyone, including pregnant and breastfeeding women, should use sunscreen year-round. While there is some evidence that chemical sunscreens can penetrate the body in very small amounts, the American College of Obstetricians and Gynecologists (ACOG) recommends the use of effective sunscreen. For breastfeeding women,

remember that sun exposure does not provide enough vitamin D for your baby; the American Academy of Pediatrics recommends 400 IU of vitamin D daily for breastfed babies.

Dietary Concerns

One of the highlights of travel is enjoying local food. For pregnant women, the risks from food-borne illnesses remain the same whether at home or on vacation. Avoid **unpasteurized milk products**, **undercooked meats**, and **fish** from risky categories.

Alcohol

Alcoholic beverages may be a destination goal for many, but pregnant and breastfeeding women are urged to continue following the warnings:

- **Pregnant Women:** It is crucial to avoid **alcohol**, as there is no known safe amount to drink. The risks to the developing baby are significant and can be devastating. Increasingly, restaurants are creating delicious and inviting mocktails (non-alcohol) and other beverages, offering an alternative that does not single out a person from the crowd.
- **Breastfeeding Women:** Limiting alcohol is beneficial as it can decrease the amount of breastmilk produced. It is recommended to breastfeed after two hours per drink to reduce the risk of exposure to the baby and developing brain.

Following these recommendations and reminders can help prevent exposures and experiences that could later cause grief and anxiety. Prepare well and enjoy your holiday! Ideally, a well-planned spring break will lift your spirits, provide a mental health break, allow you to enjoy new or favored foods, and create new and wonderful memories.

References and Additional Information:

CDC:

<https://wwwnc.cdc.gov/travel/page/sun-exposure>

<https://www.cdc.gov/niosh/heat-stress/about/illnesses.html>

<https://wwwnc.cdc.gov/travel/page/sun-exposure>

<https://www.cdc.gov/breastfeeding-special-circumstances/hcp/diet-micronutrients/vitamin-d.html>

<https://wwwnc.cdc.gov/travel>

ACOG

<https://www.acog.org/womens-health/faqs/travel-during-pregnancy>

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

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Spring Break Safety for Pregnant and Breastfeeding Women: Tips for a Fun and Safe Holiday

By Kirstie Perrotta, MPH, MotherToBaby California

Cara and her husband Mark were contacting MotherToBaby for the first time. “Our adoption counselor just called – we have been matched with a potential birth mom this morning and she’s due next Friday!” Cara blurted out excitedly. “The counselor said you would be able to tell us about the baby’s exposure to heroin and Klonopin. I don’t know how much she used, or when she stopped. We need to make a decision today.”

As a Teratogen Information Specialist, I often receive calls from parents who are in all stages of the adoption process. The adoption journey can be an emotional rollercoaster, as Cara was experiencing. Here at MotherToBaby, we’re happy to help and it’s not uncommon for us to hear from potential parents who need to make a quick decision. We always let the prospective parents know that it’s important to learn about any exposures that may have happened during the birth mom’s pregnancy to best understand what a future with this child might look like. Bottom line: We want adoptive parents to feel as prepared and informed as possible.

So, what should a potential adoptive mom or dad ask about when making this important decision?

Alcohol

When asking about prenatal exposures, be sure to ask about **alcohol** use. Alcohol can be one of the most worrisome and scary exposures. That’s because when a woman drinks alcohol while pregnant, it has the ability to affect the baby’s brain, which is developing throughout the **entire** pregnancy.

Children exposed to alcohol during pregnancy are at risk for something called fetal alcohol spectrum disorders (FASD). FASD is a spectrum of disorders ranging from very severe effects (such as low IQ and small head) to more minor effects (such as attention issues and poor judgment). While FASD is a lifelong diagnosis, we know that early interventions have the potential to significantly improve outcomes for these children. If you notice that your child is starting to struggle in school, or having behavior issues, will you have the time and resources to get them the extra help they may need? It’s a question you want to ask yourself as you consider adopting a child that might have special needs. Finding a specialist in your community that is familiar with treating FASD is a great place to start if you find yourself in this situation.

Recreational Drugs

Heroin, cocaine, marijuana, and methamphetamine are exposures that we unfortunately hear about all too often. While some women continue to abuse drugs up until delivery, other birth moms are motivated to quit when they learn they are pregnant. The most important information you can try to gather about this type of exposure is **HOW MUCH** and **HOW OFTEN** did the birth mom use the drug. Was it a one-time occurrence early in pregnancy, or an addiction she struggled with the entire nine months? These details can help the specialist you speak with best assess the situation. Using these types of recreational drugs during pregnancy can increase the risk for birth defects, pregnancy complications, and learning problems. See MotherToBaby's [fact sheets](#) for more information.

Methadone and Buprenorphine

Methadone and buprenorphine are two prescription medications that are commonly used to treat addiction to opioids such as heroin, codeine, and hydrocodone. Methadone works by changing how the brain and nervous system respond to pain. It also lessens the painful symptoms of opioid withdrawal and blocks the euphoric effects of opioid drugs. To get methadone, a person has to visit a clinic every day. Buprenorphine works a bit differently and is called a "partial agonist." This means that it partially creates a feeling of euphoria, but to a lesser degree than a narcotic like heroin. Buprenorphine is available by prescription only.

For many women, there are benefits to staying on a maintenance therapy like methadone or buprenorphine during pregnancy. Most importantly, it helps prevent relapse for women who have a history of abusing opioids. We also know that the women are getting a controlled dose of the medication every day from a healthcare provider. Lastly, women who remain on methadone or buprenorphine throughout pregnancy are less likely to have some of the health issues that traditional drug users may experience, such as a risk for infectious disease (like hepatitis C or HIV) from sharing dirty needles.

While these medications are generally preferred over continued drug abuse, there are still some risks associated with their use during pregnancy. If the birth mom you are considering reports exposure to methadone or buprenorphine, please [contact us directly](#) to learn more.

Cigarette Smoking

Cigarette smoking often goes hand in hand with alcohol and drug use. Again, knowing how much and how often the birth mom was smoking is the most helpful information you can have. Many times when a woman finds out she is pregnant she is able to either stop smoking completely, or cut down to just a few cigarettes per day, greatly reducing any possible risks to the baby.

Many studies have associated heavy cigarette smoking during pregnancy with an increased risk for preterm birth (delivery before 37 weeks). A baby born too early has a higher chance for health problems and may need to stay in the neonatal intensive care unit (NICU). If the birth mom you are considering is a heavy cigarette smoker, it's important to think about how you would handle a baby that may need to spend some extra time in the hospital. For some moms and dads who are matched with a baby in a different state, this may present some logistical challenges. A couple of questions to ask yourself: will you be able to temporarily relocate to the city where the baby is born, and spend some extra time there if the baby does requires a longer hospital stay of a few weeks or more?

Prescription Medication

If a birth mom is taking a prescription medication, the most important thing to try to find out is whether she is taking it as directed, or possibly abusing it. There are many medical conditions that need to be managed during pregnancy – asthma, anxiety, depression, diabetes, and nausea to name just a few. If the birth mom is taking the medication as directed, there's a good chance we have studies looking at typical use of the medication during pregnancy, and any possible risks to the baby may be small. If a woman is abusing the medication there is likely not as much data, so we have less understanding of how the pregnancy may be affected.

Genetic Predisposition

It's also important to consider the reason a birth mom needs to take a specific medication. If the woman is prescribed a bipolar medication, for example, her medical history should be something to think about. Many health conditions have a genetic component, meaning that the baby you may adopt has the potential to inherit this condition. If the child does develop a genetic condition like bipolar disorder or schizophrenia, is this something you think that you (and your partner) could take on?

While this question is slightly outside our area of expertise, it's an important one to consider, and speaking with a **genetic counselor** to better understand any potential risk is a good idea.

Prenatal Care

Getting early and regular prenatal care improves the chances of a healthy pregnancy. Women who see a doctor or midwife routinely may be more motivated to stop unhealthy behaviors (such as drug use and cigarette smoking) and start healthy behaviors (like taking a daily prenatal vitamin with folic acid). Women who have access to prenatal care are also less likely to experience pregnancy complications caused by health conditions they might have (such as high blood pressure and diabetes).

While this information may not be readily available to you, there are certain situations where we know that the birth mom is more likely to be receiving prenatal care: women who are in jail or women who are in rehabilitation programs.

Ultrasounds are another aspect of prenatal care that can be helpful to know about. Typically, during a normal healthy pregnancy, women will receive what is called a fetal anatomy scan right around 20 weeks. This is a detailed ultrasound that is taking a look at all of baby's organs (heart, kidneys, bladder, sex organs, brain, etc.) to make sure they developed properly. Measurements will also be taken to make sure the baby is growing as expected. While ultrasounds are not 100% diagnostic (meaning they can't pick up every possible problem) a normal ultrasound does provide some reassurance. Ultrasounds are especially helpful if the birth mom was using a drug or medication that is associated with a higher risk for birth defects.

Has the Baby Already Been Born?

If the baby has already been born when you get the call, we have a lot more information to work with! First off, we know whether the baby was born early and we know the baby's weight. If baby was born full term (after 37 weeks) and at a healthy weight, the likelihood of them having to stay in the NICU is much lower. A physical exam can also help rule out any major birth defects.

Lastly, we can look for something called neonatal abstinence syndrome (commonly called withdrawal). Withdrawal is an issue that can occur in some babies exposed to drugs like heroin or methamphetamine, or prescription medications like antidepressants or methadone later in pregnancy. While the specifics can vary depending on the exposure, symptoms typically develop soon after birth and in some cases can last for weeks. If a baby experiences withdrawal, they may need to spend some time in the NICU getting medication and extra care.

Making an Informed Choice

Wow, that sure is a lot to think about, right? The purpose of this blog is not to overwhelm you, but to inform you! We know first-hand that many adoptive moms and dads-to-be are provided with very few details about the birth mom and her possible exposures. We want to arm you with the questions to ask! In many cases you can gather some of the information discussed above from conversations with the adoption agency or the birth mom, medical records, or once the baby is born. The more information you have to share with experts like us, the better, so ask as many questions as you can! After all, this is one of the biggest decisions you will make in life, and it's important to be as informed as possible.

After spending some time learning about the effects of heroin and Klonopin, Cara and Mark felt that they had a good understanding of the potential issues associated with these exposures, and decided to move forward with the adoption. The good news for this couple (and all adoptive parents-to-be!) is that multiple studies have shown that babies that are raised in loving and stable adoptive homes do much better than children that remain with a birth mom who is continuing to abuse drugs or alcohol. Cara called back three months later to thank us for all the information we had provided. She shared that her baby boy was home and thriving, and they were so happy to have made an informed decision.

As you move forward in the adoption process, don't forget that Teratogen Information Specialists at MotherToBaby are available to review any specific adoptive scenarios you are presented with, at no cost to you. Don't hesitate to give us a call at 866-626-6847 or **chat** with an expert today to get your questions answered!

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January is Birth Defects Prevention Month, and it's a great time to remind ourselves that there are several things that pregnant women can do to reduce their chance of having a baby with a birth defect. Our 5 tips for preventing birth defects include:

- Book a visit with your healthcare provider before stopping or starting any medicine.
- Be sure to take 400 micrograms (mcg) of folic acid every day.
- Before you get pregnant, try to reach a healthy weight.

- Become up to date with all vaccines, including the flu shot.
- Boost your health by avoiding harmful substances during pregnancy, such as alcohol, tobacco, and other drugs.

Top 5 Tips for Preventing Birth Defects

Reviewing this list of tips reminded me of a call I answered last month as a Teratogen Information Specialist at MotherToBaby North Texas. The woman calling, Beatriz, was upset and concerned. She had just found out that she was about five weeks pregnant. As she suffers from chronic migraine headaches, Beatriz was taking Valproic Acid, a medication that has been shown to be effective in preventing migraines. Beatriz had done a little research on her own and knew that there could be an increased risk for birth defects in women taking this medication while pregnant. She went on to explain that she had been planning to become pregnant, and was trying to do everything right, including reaching a healthy body weight, getting her flu shot a couple of months ago, and taking her daily vitamin with folic acid. But... as often happens, Beatriz got pregnant earlier than she had planned. Hence her panic and many questions!

Tip #1: Talk to Your Healthcare Provider

I explained to Beatriz that I often talk with women in these types of situations. So I started by reminding Beatriz that with every pregnancy there is a small 3-5% background chance for having a baby with a birth defect. As Beatriz had learned from her own research, taking Valproic Acid in the first part of a pregnancy increases the risk for spina bifida by 1-2%. **Spina bifida** is a birth defect that occurs when a baby's spine and spinal cord don't form properly. Upon hearing this confirming information, Beatriz immediately stated that she would stop taking her medication to take away this possible increased risk. I responded that it is always best to talk with your healthcare provider before stopping or starting any medications during pregnancy. They know you and your pregnancy best, and can give you personalized advice, not just general information. I told Beatriz that before making any changes to her medication, she really needs to discuss with her healthcare provider the benefits of taking the medication versus the risk to staying on the medication.

Tip #2: Folic Acid

Beatriz mentioned she has been taking a daily prenatal vitamin with folic acid as she knew that she was planning to get pregnant. Folic acid is the lab-made form of the vitamin folate (vitamin B9). Folate is necessary for making and maintaining healthy cells in your body. Taking recommended amounts of **folic acid** has been shown to reduce the percentage of babies born with birth defects, including spina bifida, a birth defect that occurs when a baby's spine and spinal cord don't form properly. Starting at least one month before pregnancy, the recommended daily amount of folic acid is 400 micrograms (mcg), or 0.4 milligrams (mg). During pregnancy, the recommended daily amount is 600-800 mcg. Many daily and prenatal vitamins already contain the required amount of folic acid. Beatriz checked the vitamin she had been taking and saw that it did contain 800 mcg of folic acid.

Tip #3: Healthy Weight

While planning to become pregnant, Beatriz has also mentioned that she been eating a better diet and had started an exercise program. She was happy to report to me that she has lost 25 pounds over the past six months and is now at a healthy body weight. Now that Beatriz knows she is pregnant, she can continue an exercise program that is appropriate for pregnancy. I told Beatriz she might want to chat with her healthcare provider and ask any questions she may have about appropriate **exercise** during pregnancy, such as walking and swimming.

Tip #4: Vaccines

I asked Beatriz about vaccinations, and she said she is up-to-date on all her vaccines, including having received her flu vaccine earlier this fall. It is recommended that women who are pregnant (whether in their first, second, or third trimester) or planning to become pregnant get the seasonal flu shot given by injection. The **flu shot** is a dead, inactive vaccine and there is not a known increased risk for birth defects or other pregnancy problems. Beatriz also mentioned that she plans to talk with her healthcare provider about getting the **pertussis vaccine** (known as Tdap), as this vaccine can help protect her baby from whooping cough, a potentially serious illness for babies.

Tip #5: Harmful Substances

Beatriz also reported to me that she had already stopped drinking alcohol as she knew there is not a known safe level of alcohol use when pregnant, and she also did not use any tobacco or other drugs. These are critical steps in preparing for a healthy pregnancy, as outlined in another **one of our blogs**.

After reviewing all of this information with Beatriz, she stated that she would call her healthcare provider in the morning to discuss whether she should stop taking Valporic Acid and determine if there any alternative treatments for her migraines that might be safer in pregnancy. Beatriz was happy to hear that she was well prepared for her pregnancy, having already successfully completed 4 of the 5 recommended tips. Even though Beatriz became pregnant a few months earlier than she had wanted to, she was now excited and thrilled to be pregnant.

So what's the takeaway from Beatriz's story? There are things you can do to prepare yourself for a healthy pregnancy and to decrease the chance of having a baby with a birth defect. So if you are pregnant or planning to become pregnant, do yourself and your baby a favor and review the 5 tips. And as always, if you have any questions about an exposure during pregnancy - such as a medication, supplement, vaccine, or recreational substance - our MotherToBaby specialists are here to help!

Recommended Fact Sheets

[Abatacept \(Orencia®\)](#)

[ACE Inhibitors](#)

[Acetaminophen \(Paracetamol\)](#)

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**By Lori Wolfe, Certified Genetic Counselor and Teratogen Information Specialist,
MotherToBaby North Texas**

Have you ever had a pregnant friend tell you, “it is OK to have just one glass of wine now and then, that’s what my doctor said,” or “my mother drank beer when she was pregnant with me, and I turned out fine.” As a Teratogen Counselor (a birth defects expert), I hear these statements more than you would imagine. You may think it is common knowledge that there is no safe level of alcohol use during pregnancy, and that any use of alcohol while pregnant has the potential to harm the baby. Yet that message is not getting out there to everyone. Studies have long shown that heavy use of alcohol during pregnancy can cause Fetal Alcohol Syndrome, while more recent studies suggest that moderate use (and possibly even light use) can cause long term developmental problems in an exposed child. In fact, Fetal Alcohol Spectrum Disorder is thought to be the leading cause of developmental delays in children. Despite this, studies also show that 1 in 10 to 1 in 13 women continue light drinking of alcohol, even after they know they are pregnant. So I started thinking... Why do some woman continue to drink alcohol during pregnancy?

1. You Didn’t Know You Were Pregnant

Most women find out they’re pregnant when they are 4-6 weeks along – and many may not recognize the signs of pregnancy for quite a few months. So unless you are planning your pregnancy (50% of all pregnancies today are unplanned!), you may indulge in alcoholic beverages before you even know you are pregnant. Thankfully, the majority

of women will stop using alcohol once they find out they are pregnant. But unfortunately, the damage could already be done. Harmful exposures (like alcohol) during those first critical weeks of pregnancy have the greatest risk of causing major birth defects. This is why experts at the Centers for Disease Control and Prevention (CDC) recommend that women avoid alcohol not only if they are pregnant or trying to become pregnant, but also if they are sexually active and not using an effective method of birth control.

2. Mixed Messages

It's not uncommon for pregnant women to receive mixed messages from people they trust about how safe alcohol may be in pregnancy. Even her own doctor may tell her that an occasional glass of alcohol won't harm her baby. There's a lot of misinformation out there, even among healthcare providers! It's important for you and your healthcare provider to keep in mind that the experts at the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics (among many others) advise that women avoid alcohol entirely while pregnant, because no amount of alcohol – even light-to-moderate amounts – can be considered safe for a developing baby.

3. It's A Social Thing

Social pressure from family or friends can be strong. If a woman is used to going out on weekends with her friends and everyone has a glass of wine, she may feel that she needs to drink too, just to fit in. Plus many women feel that the risk of having just a little alcohol during pregnancy is low. These same women may be doing everything else that they can to remove all other risks to their pregnancy, but they still continue to use alcohol. At MotherToBaby, we understand that the use of alcohol during pregnancy may have perceived benefits to a woman. But we also know that alcohol provides ZERO benefit for a developing baby, and, in fact, can only harm the baby. And because the exact amount of alcohol that could harm a baby is unknown at this point (and does vary woman-to-woman and even pregnancy-to-pregnancy), our philosophy is: WHY TAKE THE RISK?

4. It Helps Me Relax, De-Stress, and Just Deal with Everyday Life

Recently a 35 year old caller told me that she continued to enjoy a half glass of wine every weekend as a treat to herself. "Susan" (not her real name) knew that she was not supposed to drink alcohol, and she even said she got a lot of negative feedback from family and friends, yet she continued to drink throughout her pregnancy. Without realizing it, Susan and other women may be using alcohol to help deal with other unrecognized issues in their lives, such as depression and anxiety, high levels of stress, or little outside support for the pregnancy. At MotherToBaby, it is our job to help women understand how fragile and vulnerable a pregnancy can be to certain exposures; alcohol is one of the dangerous ones. While it may seem a hardship to give up alcohol entirely while pregnant, think about it this way: Pregnancy is only 9 months long (less if you base it on when a woman learns she is pregnant). If a woman is strong enough to survive childbirth, courageous enough to take on the toughest job on earth (parenthood), and resilient enough to survive that job, then abstaining from alcohol for the duration of a pregnancy is nothing. And if it means giving your baby a chance at the best possible start in life, then not drinking alcohol while pregnant is everything.

What Do We Know? There is not a known safe level of alcohol use during pregnancy.

We have known about Fetal Alcohol Syndrome for over 40 years now. Dr. Kenneth Jones, the doctor who first named Fetal Alcohol Syndrome in 1973 states: "When talking about the prenatal effects of alcohol, we usually think exclusively about the dose, the strength, and the timing of alcohol exposure. However, perhaps even more important are factors involving the mother – her genetic background and nutritional status to name just two. Without knowing those genetic and nutritional factors that are critically involved with the way a woman metabolizes alcohol, it is not possible to make any generalizations about a "safe" amount of alcohol during pregnancy." Studies have shown moderate use, and possibly even light use, of alcohol during pregnancy can cause long term developmental problems in the exposed children. In fact, Fetal Alcohol Spectrum Disorder is thought to be the leading cause of developmental delays in children. Scientists are continuing to study how and why alcohol affects the developing baby, and in future years we will know more about this. But for now we do know there are always risks with drinking alcohol during pregnancy.



Lori Wolfe is a board certified Genetic Counselor and the Director of MotherToBaby's North Texas affiliate. MotherToBaby aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering women's and health professionals' questions regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free number and by email, Wolfe also teaches at the University of North Texas, provides educational talks regarding pregnancy health in community clinics and high schools, and counsels adoptive parents.

MotherToBaby is a service of OTIS, a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about viruses, alcohol, medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit [MotherToBaby.org](https://www.MotherToBaby.org) to browse a library of fact sheets, email an expert or chat live.

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By Neely Cessac, Teratogen Information Specialist, MotherToBaby

The holidays are full of family, fun, and enjoyment – and the season is wonderful EVERY, SINGLE, DAY, right?! WRONG. Every year many pregnant women (as well as the general public) become so stressed and worried around this time. And rightly so...not only do pregnant moms have regular holiday stress, but they'll soon become moms! M-O-M-S! Holy cow. An overwhelming concept, to say the least, especially with everyone telling you what you can (or should) do and what you can't (or shouldn't) do during pregnancy. As a birth defects information specialist, I'm starting to get a ton of questions surrounding stress from moms-to-be. I can relate...and I'm not even pregnant yet!

I always want everything to be perfect, from clean floors and ceiling fans, to wonderfully wrapped presents and delicious food. Luckily my mom is an expert at all of those things, so I asked my mom how she survived the holidays while she was pregnant with me. Between my teratology expertise (the study of exposures that cause birth defects) and her "mom-ology" expertise (the study of being awesome in general, but especially as a mom), we've put together a list of some key questions and answers to help you survive the holidays too!

Survival Q #1: How can I avoid becoming too stressed?

- How you breathe is important! Be sure to take deep breaths, in through your nose and out through your mouth, and relax.
- Realize you are not alone. Most pregnant women and women in general are feeling the same way you are. Talk to others; it will help reduce your feelings of stress.
- Take a nap! Escape and take a quick cat nap when you are really stressed and tired.
- Light to moderate non-impact exercise is great too. Try walking, swimming or yoga.

Survival Q #2: How can I avoid becoming too fatigued?

- Don't be afraid to admit you are too tired to do some things. You cannot (and should not) be super woman during the holidays! Just say "no".
- Sleep, sleep, sleep! Try to get about eight hours of sleep each night.
- Have that morning cup of coffee or tea. Studies have shown that limited amounts of caffeine, 200-300 mg a day, have not been associated with any known increased risks for baby.

Survival Q #3: How can I avoid drinking alcohol?

- Don't be tempted to drink alcohol, as alcohol is known to be harmful for baby. Bring your own non-alcoholic beer or wine with you to the party.
- Want something bubbly to drink on New Year's Eve? Try a delicious non-alcoholic sparkling juice or cider.
- Make sure there is no alcohol in the drinks or desserts that your host/hostess is serving at the party. Don't be afraid to ask questions!

Survival Q #4: How can I avoid complications from overeating, such as gas and constipation?

- Eat more often, but eat smaller portions. With a baby on board, you do not have as much room in your tummy as you used to!
- When needed for gas, it is okay to take over-the-counter products such as Gas-X®.
- To avoid constipation, drink lots of fluids and eat foods high in fiber, such as apples and broccoli. If constipation continues to be a problem, use commercial stool softeners as needed.

Survival Q #5: If I become sick, which over-the-counter cold and flu medicines can I take?

- Look for products that contain acetaminophen, while avoiding products that contain ibuprofen or aspirin.
- If you have high blood pressure, try to avoid using products that contain pseudoephedrine or phenylephrine, which can slightly narrow the blood vessels and increase blood pressure. Consistent use of decongestants is not recommended during pregnancy for anyone.
- You can use over-the-counter cough medications such as Mucinex® and Robitussin®, without any known increased pregnancy risks.
- And you know what they say about an ounce of prevention...! Get a flu shot!
 - In the United States the flu shot has been given to pregnant women since the 1960s. Studies of thousands of women who have received the flu shot just before or during pregnancy have found no increased risk for birth defects or other problems.
 - The flu vaccine given by injection is recommended for all women planning to become pregnant or who already are pregnant (whether in their first, second, or third trimester) during the flu season.

If you have any questions, don't forget that you can call, email, or live chat with a MotherToBaby expert. And to make it even less stressful for you, you can now just send us a text with your question! We're trying to make it as easy as possible for you, Mom – you have enough to worry about! **Just text us at 855-999-3525.** We are here to help. Happy holidays and may you have a zen-like season! ☐



Neely Cessac is a Teratogen Information Counselor at the North Texas affiliate of MotherToBaby. She has been with the service for over two years and loves working with pregnant moms!

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 alcohol, medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text counseling service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets.

References:

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

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