Beyond the Virus: Your Questions during the Era of COVID-19

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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Beyond the Virus: Your Questions during the Era of COVID-19

By Mark B. Roth**, **MotherToBaby New York

As a teratogen information specialist, I receive questions about all sorts of chemicals or substances someone can be exposed to. We often get questions about the bazillions of cleaning products out there. Bleach, powdered cleaners and spray cleaners, degreasers, oven cleaners, disinfectants – there are so many different cleaning products and looking at the ingredients list (if there even is one) can be overwhelming. All those unpronounceable words! Sodium hypochlorite, declamine oxide, sodium hydroxide, sulfonate, dipropylene glycol butoxy ether, etc., etc. etc.!!!

If you are reading this, it's probably because you want to decrease the chance of any problems for the baby while you are pregnant or breastfeeding. You might be looking for information about which cleaning products are okay to use or to be around while you are pregnant or nursing. I have been told so often by my callers how difficult it is to find reliable information. And that is true, even for the experts. There are a few challenges we all have to contend with.

One of the biggest challenges is that many chemicals simply have not been studied in pregnant women. Some ingredients found in cleaning products have been studied in pregnant animals, mainly mice and rats. When such substances are given to animals, the amount (or the dose) they are given is much higher than what a human would be exposed to. And, often it is given in a way that isn't even close to how a human would usually be exposed. For example, chemicals are often force fed to the animal, even if it is an ingredient typically used in a skin cream. So, basically even if there is research, it's often not helpful or especially meaningful. How can you know what's okay to use?

There's an important and very old principle in studying whether a substance is harmful to a person, and that is "the dose makes the poison." Basically, this means that the risk with any exposure, including cleaning products, depends on how much gets into your blood. How do chemical or substances reach the blood? They can be injected directly into the bloodstream, swallowed, inhaled (breathed in), or possibly absorbed through the skin. Unless you are drinking your household cleaner, the actual exposure to your developing baby is likely to be quite low! Generally, inhalation won't allow for much absorption of these kinds of compounds into your blood. When they do get into your blood from inhaling them, they typically don't reach the developing baby or get into your breastmilk in any meaningful quantity.

Now, these products can have some pretty offensive odors, even with the addition of artificial fragrance like 'lemon fresh', 'summer rain', and 'spring flowers'. (And there can be such a thing as too much – sometimes when I go into a bathroom where air freshener has been sprayed, I say to myself "I would rather just smell the poop!") But back to our subject… If a product has an irritating smell, you may think it's very irritating for the baby, too. But, your sense of smell is not a good measure of the amount of a chemical that the baby is actually being exposed to. In fact, many women develop a heightened sensitivity to smells during pregnancy. This motivates you to get yourself to a more comfortable environment and reduce exposure. But it also can make you feel uneasy when you can't seem to get away from the smell. Your nose doesn't always know! If you start feeling dizzy, light headed, confused, or have breathing difficulties while around the cleaning product, these symptoms could mean you had a higher level of exposure. Even with these symptoms, there are no confirmed risks to pregnancy or breastfeeding with exposure to many of the compounds in common cleaning products.

I mentioned the possible absorption of substances through the skin (topical or dermal exposure). When it comes to absorption of cleaning products, your skin is a surprisingly good barrier and prevents many substances from getting into your blood. If skin has been soaking for a while, or there's a scrape or open cut, that may allow a little more absorption. Just like with inhalation, these compounds are not likely to reach the developing baby or breastmilk in any meaningful quantity. However, skin irritation can occur and it's not a bad idea to wear gloves when working with some cleaning products, especially if it's going to be for extended periods of time. It's important for you to maintain your comfort.

We all know that accidents happen, and that is true of accidents with household cleaners, too. You can reduce the chance of these accidents by not drinking or eating while working with cleaning products. Be sure to thoroughly rinse any utensils or dishes that come into contact with the cleaners. Using gloves or safety glasses can help protect your skin and eyes in case of accidental spills. And, of course, opening a window or turning on an exhaust fan (if you have one) can help reduce the lingering smell.

I mentioned a list of pretty confusing cleaning ingredients at the beginning of this blog and I am quite certain that most of you would fall asleep by the end of this post if I talked about every single one of them. But there are a few common ingredients that are worth reviewing.

Bleach is a common cleaner that most of us have used at one point or another. The active ingredient is sodium hypochlorite, a form of chlorine. Chlorine and chlorinated disinfectants have not been shown to increase the risk of birth defects.

Benzalkonium chloride is another disinfectant that is found in many cleaning products. It is also an ingredient in throat lozenges, diaper rash creams, cosmetics, and vaginal spermicides. Although there are no studies specifically looking at the risks of benzalkonium chloride use in human pregnancy, there also are no reports indicating an increased risk. Again, given how common this ingredient is, having no reports is reassuring.

Finally, there are also many cleaners which contain **ammonia**. Typical use of cleaners containing ammonia is also not expected to increase risks to the baby. Because it has a very strong smell, most people can't stand being around high levels of ammonia without getting pretty sick. Like many cleaners, as mentioned above, a strong odor doesn't necessarily mean a risk to the baby even if you have symptoms like a strong burning sensation in your nose or throat, skin irritation, or you get dizzy, But, if you lose consciousness, that could be a concern as it limits the amount of oxygen reaching the baby. It's good to pay attention to your comfort level.

There are so many different products and ingredients. There's not room enough to discuss them all here. But if you have any questions about a cleaning product or an ingredient in a product, don't hesitate to contact an expert at MotherToBaby!

Mark Roth, BA, is a teratogen information specialist and co-director for the Pregnancy Risk Network, MotherToBaby New York. He has been with the program since 2006. He is a former member of the OTIS Board of Directors and serves as Research Coordinator for MotherToBaby New York. Mark has provided teratology lectures at Arcadia University's Genetic Counseling Training Program and educates medical providers and the public about teratology through lectures, participation in state and national conferences, and one on one conversations. He enjoys pronouncing generic names of drugs.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please 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 to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on Android and iOS markets. Also, make sure to subscribe to The MotherToBaby Podcast available on iTunes, Google Play Music, Spotify and podcatchers everywhere.

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

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