From Diapers to Decisions: MotherToBaby & NDBN Tackle Parents' Top Concerns

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MotherToBaby is proud to partner with the National Diaper Bank Network (NDBN) as the organization marks its 15th anniversary in 2026 – celebrating a decade and a half of supporting families across the country by ensuring access to diapers and other essential material needs. Through our partnership, we've learned that many parents and caregivers, especially those who are pregnant or caring for newborns, often ask the same kinds of questions about everyday exposures during pregnancy and lactation.

These concerns come straight from the field, as NDBN staff and volunteers working directly with families hear questions like these every day. To help answer them, MotherToBaby experts weigh in on some of the families' most common questions about pregnancy and breastfeeding exposures.

First, it's important to remember that birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Pregnancy problems (like miscarriage) can also happen in any pregnancy. MotherToBaby looks at research studies to understand if a certain exposure could increase the chance of birth defects or other problems in a pregnancy.

Here are five of the exposures that NBDN families ask about most frequently:

1. Caffeine

During pregnancy, it's recommended to keep your caffeine intake to less than 200 milligrams (mg) per day from all sources, including coffee, tea, energy drinks, and chocolate. (For reference, an 8-ounce cup of brewed coffee can contain 70 to 140 mg of caffeine, depending on the type of coffee and how it is brewed.) During breastfeeding, it's been suggested to stay under 300 mg per day, although that amount might be too high when the baby is very young (it takes young babies much longer than adults to process, or metabolize, caffeine). Even some older babies can be more sensitive to caffeine than others are. If you notice that your baby seems jittery, irritable, or wide awake in the middle of the night after you drink caffeine, you could consider cutting back.

Let's talk more about ***energy drinks***. Most energy drinks contain not only caffeine, sugar, and B vitamins, but also herbal ingredients that most likely haven't been studied in pregnancy or breastfeeding. This means there is no information about how much of these ingredients might reach the developing baby during pregnancy or get into the breast milk. For this reason, it might be preferred to hold off on energy drinks until you aren't pregnant or breastfeeding any longer.

2. Over-the-Counter Pain Medications

Two of the most common over-the-counter pain medications are acetaminophen (such as Tylenol®) and ibuprofen (such as Advil®). These pain relievers are also found in multi-symptom products, such as cold medications. During pregnancy, using acetaminophen for a short time when directed by a healthcare provider to treat pain or fever has not been shown to increase pregnancy risks. Acetaminophen should be used as directed and only for as long as you need it to treat your condition. Ibuprofen, on the other hand, is typically not recommended in pregnancy, especially in the second half of pregnancy, unless your healthcare provider has specifically advised using it.

During breastfeeding though, acetaminophen and ibuprofen can both be used as directed without expected side effects for the baby. The amount of acetaminophen or ibuprofen that gets into the breast milk is much less than the dose that could be given directly to an infant.

3. Fish and Mercury

You might have heard a rumor that eating fish is not a good idea during pregnancy. But this is not the case. While it's true that most fish could contain some amount of mercury (or more specifically, a form of mercury called methylmercury), these amounts are often too small to increase pregnancy risks as long as you make thoughtful choices about eating fish.

The amount of methylmercury in fish gets higher as fish move up the food chain. Big predatory fish that eat smaller fish usually have higher levels of methylmercury. These big fish include swordfish, marlin, bigeye tuna, and king mackerel, among others. These fish should be avoided during pregnancy and while breastfeeding.

Other kinds of fish can be enjoyed in moderation (1 to 3 servings per week, depending on the kind of fish and where it is caught). The U.S. Food & Drug Administration (FDA) and United States Environmental Protection Agency (EPA) developed a helpful guide that lists many kinds of fish and gives advice on how often they can be eaten by women who are pregnant or breastfeeding and by children ages 1-11 years: https://www.fda.gov/food/consumers/advice-about-eating-fish.

4. Cleaning Products

Is it better to use natural cleaning products like vinegar during pregnancy or while breastfeeding? What about when you have a young child in the home?

The way you use a cleaning product is usually more important than what the product is. Although using vinegar as a cleaner isn't expected to increase risks during pregnancy or while breastfeeding, there could be some surfaces or situations that require more effective products for sanitizing and disinfecting. In order for a chemical to be able to reach a developing baby during pregnancy or to get into the breast milk, the chemical first has to be circulating in your bloodstream. As long as a product is used in a well-ventilated area (open doors or windows, turn on fans) and your skin is protected from direct contact with the cleaner, then using the cleaner as directed is unlikely to result in an exposure that would get into your bloodstream. If you start to feel any symptoms, such as nausea, dizziness, or headache, increase ventilation in the area and get some fresh air. If you do use vinegar to clean, be sure not to mix it with

ammonia or other chemicals, as that can create harmful fumes. With any cleaning product, follow the directions on the label for how to use and store it.

As far as what kinds of cleaners are preferred when you have young children in the home, that is a great question to talk about with your child's healthcare provider.

5. Animal Dander/Feces

Common household pets like dogs, cats, and rodents tend to be furry. Although pet dander itself is not known to be harmful during pregnancy or while breastfeeding, dander could increase the chance of breathing problems if you have significant allergies or asthma. If you are experiencing worsening symptoms of allergies or asthma during your pregnancy, be sure to talk about it with your healthcare provider. It's also a good idea to wash your hands after handling any kind of rodent, even sweet, furry, household pets.

What about animal feces? It's best to avoid direct contact with any animal feces during pregnancy. This means you get a free pass on cleaning the gerbil cage or scooping the litterbox, if possible. Cat feces, in particular, can contain a parasite responsible for an infection called toxoplasmosis, especially if the cat is allowed outside or is fed raw meat. A toxoplasmosis infection during pregnancy increases the chance of pregnancy complications, and could even pass to the fetus. There's no need to rehome your cat or avoid petting it, but you should avoid direct contact with the cat's feces while you are pregnant.

Closing Thoughts

Through our partnership with NDBN, MotherToBaby is committed to answering the real questions families are asking—accurately, clearly, and compassionately. We know that parents want the best for their babies, and they deserve trusted, evidence-based information to make informed choices.

If you or someone you know has questions about exposures while pregnant or breastfeeding, you can contact a MotherToBaby specialist for free and confidential information via phone, text, or chat at MotherToBaby.org.

Together with NDBN, we'll continue listening, learning, and supporting families when it matters most.

More About the National Diaper Bank Network

The National Diaper Bank Network (NDBN) leads a nationwide movement dedicated to helping individuals, children and families access the basic necessities they require to thrive and reach their full potential…including clean, dry diapers, period supplies and other basic needs. Launched in 2011 with the support of founding sponsor Huggies®, NDBN is dedicated to creating awareness of diaper need/diaper insecurity and advocating for public policy to end it. The Network is made up of more than 300 basic needs banks serving local communities throughout the U.S. More information on NDBN and diaper need is available at nationaldiaperbanknetwork.org, and on Twitter (@DiaperNetwork), Instagram (@DiaperNetwork) and Facebook (facebook.com/NationalDiaperBankNetwork).

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

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From Diapers to Decisions: MotherToBaby & NDBN Tackle Parents' Top Concerns

By Ginger Nichols, Licensed Certified Genetic Counselor at MotherToBaby Connecticut

I was pregnant in 2004 when the Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) released guidelines on limiting fish consumption in pregnancy because of methylmercury. That pregnancy was definitely the most amazing time of my life; however, it was also stressful. It was the 5th time I had been pregnant, but due to miscarriages and the death of a son who was born very prematurely, I had yet to bring a baby home from the hospital. I became hyper-vigilant about anything that might be a possible exposure of concern for a pregnancy. I freely admit that my frame of mind for that pregnancy could not be called logical. Therefore, with the new and somewhat scary information about fish and methylmercury, fish was quickly added to my list of "don't eat that." I also admit that I don't eat the recommended amount of fish anyway, so it was not that big of a leap to stop eating all fish.

It turns out that I wasn't the only 'fish out of water.' According to a FDA study of the dietary habits of over 1,000 pregnant women in the U.S., around 21% of the women said that within the past month they had eaten zero fish. For the women who said that they did eat fish, most were eating less than the recommended dietary guidelines. However, fish is healthy for you! You don't want to stop eating fish altogether, so instead of avoiding fish, let's learn the facts.

By now, you may be asking: *"What is methylmercury and why is it in fish?"* As a Genetic Counselor and MotherToBaby specialist, I often talk to women about eating fish during pregnancy, so let me explain…. Methylmercury is an organic form of mercury. Mercury occurs naturally in the environment and it is also released into the air as a by-product of some industrial processes. When mercury gets into the soil and the water (including lakes, rivers, and the ocean), bacteria and fungi found in soil and water change mercury into methylmercury. Since methylmercury is in our water, it is found in different levels in pretty much all fish and shellfish. In general, larger fish with long life spans that eat other fish are typically going to have higher levels of methylmercury than smaller, younger fish. If you are interested, there are lists of average mercury levels in fish available online, such as this FDA web site: https://www.fda.gov/food/foodborneillnesscontaminants/metals/ucm115644.htm

Methylmercury is found in all tissues of the fish, so cleaning or cooking the fish will not reduce the levels of mercury. People who eat a lot of fish with high levels of methylmercury can also accumulate methylmercury in their bodies. Our bodies easily absorb methylmercury from our gastrointestinal (GI) tract and it takes a long time for our bodies to get rid of it.

"So why should I be concerned about eating too much seafood with high levels of methylmercury?" We

know that even if you are not pregnant, methylmercury is toxic to our nervous system and organs. The effects of methylmercury poisoning have been known since the 1950s. People who became sick from methylmercury poisoning had many symptoms that included numbness in the hands and the feet, muscle weakness, tremors (shaking), and personality changes (irritable, shy, nervous). Now before you panic, be aware that these people had been exposed to fish with levels of methylmercury far higher than even the most contaminated fish in your grocery store!

We know that methylmercury can cross the placenta in pregnancy. With very high exposures, babies have been born with small head size and brain damage that can lead to seizures, developmental delay, blindness, and muscle weakness. Since methylmercury can affect the baby's developing brain, high exposure is a concern at any stage of pregnancy. For more info, visit the MotherToBaby fact sheet on methylmercury in pregnancy and breastfeeding at https://mothertobaby.org/fact-sheets/methylmercury-pregnancy/.

By now you may feel like you just need to stay away from eating fish in pregnancy, when in fact studies are showing that women who eat fish during pregnancy have better pregnancy outcomes than women who do not eat fish. Recent studies have also looked at how nutrients in fish, including Omega-3 fatty acids, might have positive effects for baby's development and actually may help to protect against any possible harm that might occur from prenatal methylmercury exposure. And what's more, women in the U.S. generally do not depend upon fish as their only protein intake, so are unlikely to eat enough fish to cause harmful effects in a pregnancy. So, to reap the full health benefits of fish consumption for you and baby, the key is to eat a variety of fish that are low in methylmercury. This is where the FDA's updated 2017 guidelines can provide some assistance.

"What are the current FDA guidelines?" The FDA's recently revised advice is designed to encourage women who are pregnant and/or breastfeeding to consume up to 12 ounces of fish that are low in methylmercury each week, and provides guidance on which fish are the best options by breaking the fish into categories of Best Choices, Good Choices, and Choices to Avoid. The easy-to-read guide can be found here: https://www.fda.gov/downloads/Food/ResourcesForYou/Consumers/UCM536321.pdf. You'll notice that on the FDA's guide, different types (species) of tuna and tilefish are listed under different categories – so take note of which type you are buying so you know which list it is on.

Following current recommendations, if you are planning to become pregnant, currently pregnant, or currently breastfeeding:

- A typical serving of fish is 4 to 6 ounces, measured before cooking.
- Each week, you may eat up to 2-3 servings of a variety of fish from the Best Choices list; there are over 35 different types of fish on this list!
- If choosing a fish from the Good Choices list, limit yourself to just the one serving of that fish for the week.
- Avoid the following fish, as they are highest in methylmercury: shark, swordfish, mackerel, marlin, orange roughy, bigeye tuna, and tilefish from the Gulf of Mexico.
- If you are eating fish caught by family or friends, check for local fish advisories. The EPA has a search option to check for fish/shellfish advisories based on where you live: https://fishadvisoryonline.epa.gov/General.aspx. You can also check in with your state Department of Public Health. If there isn't an advisory, limit yourself to just one serving of that fish and do not eat any other fish that week.

So now that we've got you on the hook and reeled you in, what's the takeaway? With around 60 fish listed as Best and Good Choices on the FDA's 2017 fish guidelines, 'there are plenty of fish in the sea' for pregnant and breastfeeding moms!



Ginger Nichols is a licensed certified genetic counselor based in Farmington, Connecticut. She currently works for MotherToBaby CT, which is housed at UCONN Health in the division of Human Genetics, Department of Genetics and Genome Sciences. She obtained her Bachelor of Science degree in Biology and Sociology from Juniata College and her Master's Degree in Medical Genetics from the University of Cincinnati. She has a special interest in occupational and environmental exposures.

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, like medications or diseases 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.*

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