What's the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

Do you enjoy protein shakes, adding protein powder to your smoothies, or using pre-workout mixes with protein? My friend, Emily, is currently in her first trimester and loves getting extra protein. Before she got pregnant, she started power lifting, which also came with extra protein supplementation. Once she got pregnant, Emily asked me, like so many others in her position, if she could continue her protein supplementation during pregnancy and when breastfeeding.

With any pregnancy, there is a 3% chance of developing a birth defect. So I looked into protein supplementation to see if it changes the risk for birth defects, side effects during breastfeeding, or any other issues. That way, Emily could make a well-informed decision for her health and the health of her family.

Many of these protein products contain types of protein that are also found in everyday foods and even in breast milk. Everyone needs a certain amount of protein every day as a part of a balanced diet. However, there are certain reasons why someone might have a specific daily protein intake goal. Like Emily, many people are interested in having more protein to build muscle. There are other health conditions, like phenylketonuria (PKU), that affect how much protein you should get in your diet. Ultimately, it is very important for you to review your personal daily protein intake goals with your healthcare team to make sure your health is supported.

Not every protein supplement has been well studied, so information on using them during pregnancy or breastfeeding is limited. In addition, many protein powders and drinks also include other ingredients, such as added vitamins or herbal products. For more information on herbal products, check out our fact sheet on here: https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/.

Supplements are regulated differently than prescription drugs. Even though the United States Food and Drug Administration (FDA) regulates supplements, the FDA doesn't check every product for safety or effectiveness before it goes on the shelf. This means some protein powders might contain some unknown or unlisted ingredients.

So before adding that extra scoop of protein powder, take some time to figure out if protein supplementation is right for you.

How Much Protein Do You Need?

How much protein you need depends on different factors, such as age, activity level, and health. Some proteins have a daily recommended dietary allowance (RDA). The RDA depends on a person's weight. You, most likely, get some amount of protein from your diet naturally. It's important to take your diet into consideration when trying to figure out how much protein you should be having. Because there are so many things to consider, it's recommended to talk with your healthcare team to make sure you are meeting your nutritional needs. Getting the right amount of protein for you is not expected to increase the risk for issues during pregnancy or side effects during breastfeeding.

What are the typical amino acids in protein supplements?

Most protein powders contain many amino acids. Amino acids are the building blocks of protein. The list below may not include everything that might be found in your protein powder. Since not every amino acid has an RDA, here is a list of the known amino acids with an RDA. It's always a good idea to double check with your healthcare team on what your specific protein intake goals are.

- **Cysteine & Methionine***
  - RDA during pregnancy: 25 mg/kg
  - RDA during breastfeeding: 26 mg/kg
- **Isoleucine**
  - RDA during pregnancy: 25 mg/kg
  - RDA during breastfeeding: 30 mg/kg
- **Leucine**
  - RDA during pregnancy: 56 mg/kg
  - RDA during breastfeeding: 62 mg/kg
- **Lysine**
  - RDA for adults: 12 mg/kg
- **Threonine**
  - RDA during pregnancy: 26 mg/kg
  - RDA during breastfeeding: 30 mg/kg
- **Tryptophan**
  - RDA for adults: 3.5 mg/kg
- **Valine**
  - RDA for pregnancy: 31 mg/kg

- RDA for breastfeeding: 35 mg/kg

*Note: The RDA for methionine and cysteine is combined.

What About Other Ingredients?

Often, protein powders can have other ingredients in addition to the protein. Again, check the label on your specific products, as they can vary.

- **Caffeine**: For more information on caffeine, check out our fact sheet: https://mothertobaby.org/fact-sheets/caffeine-pregnancy/
- **Collagen:** There aren't any studies that look at the use of collagen as a supplement during human pregnancy or breastfeeding.
- **Creatine**: Creatine is naturally found in the body and in breastmilk. There aren't any studies that look at the use of creatine as a supplement during human pregnancy or breastfeeding.

So What Now?

Emily realized that since there is not a lot of information on protein supplementation during pregnancy and breastfeeding. The best next step for her was to chat with her healthcare team about what would best support her health and pregnancy. Some providers on her healthcare team include her primary care provider, her nurse-midwife, her nutritionist, and her endocrine specialist. Emily decided that she's even going to talk to a lactation consultant now so she can have time to prepare for breastfeeding. She knew how to measure how much protein she was getting in her protein powder, but she needed help estimating how much protein she naturally gets in her diet as well.

Have more questions about supplements or other exposures during pregnancy or breastfeeding? Talk to a teratogen-information specialist at MotherToBaby.org.

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What’s the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

Is it a cold? The flu? Or is it COVID-19? Either way, it is miserable.

It is Friday afternoon. You are pregnant, or actively planning, and you wake up with a scratchy throat, pressure in your nose and forehead, and runny nose. You think you have a cold… or is it the flu or COVID-19? You have left a message with your healthcare provider to ask them about what to do and what medication you can take. You are worried about taking the wrong medication. As the hours pass, you think it is unlikely that you will be able to get in touch with them before the end of the workday. Now, you are worried about going into the weekend without medication.

What to do? First, try to figure out if it is a cold, flu, or COVID-19. Some healthcare providers may share instructions for this situation and/or give their pregnant patients a list of medications that they approve for common medical conditions. When this list is not provided, many pregnant women contact MotherToBaby specialists for help. Although MotherToBaby specialists cannot make specific medication recommendations, we can provide information on most medications based on the studies and how the drugs work.

Is It a Cold?

A cold is caused by one of more than 200 viruses. Colds can spread easily from person to person. Symptoms can include sore throat, runny or stuffy nose, sneezing and coughing, headache, and muscle aches. For healthy pregnant women, an infection with a cold is not associated with a higher risk to her or her developing baby. There is no testing for a cold. Generally, colds are treated with over-the-counter medications.

Is it the Flu?

Influenza, often called "the flu," is an illness caused by a virus. Flu symptoms include fever (typically between 100°F to 104°F), chills, cough, sore throat, body aches, and tiredness. Pregnant women and their pregnancy are at higher risk from flu. Testing for flu is available in the doctor's office and at some pharmacies. Antiviral medications are recommended for pregnant women even if the testing has not been completed due to the risks from flu.

Is it COVID-19?

COVID-19 is caused by the SARS-CoV-2 (virus). The symptoms of flu and COVID-19 are similar. Symptoms include fever, cough, shortness of breath, sore throat, body aches, headache and change of taste or smell. Some people may have symptoms that last a short time and others may get very sick. Pregnant women and their pregnancy are at higher risk from COVID-19 infection. Testing for COVID-19 is available over the counter. Medication is recommended by health organizations for pregnant women with COVID-19.

Fever

In adults, a fever is a temperature of 100.4°F (38°C) or higher. Most healthcare providers recommend acetaminophen to treat fever, headache, and body pain in pregnancy. Studies on acetaminophen use during pregnancy have not shown a higher risk to the developing baby when it is used as directed for a short time.

A high fever that is untreated in pregnancy increases the chance of birth defects. A temperature of 101°F that lasts for over 24 hours early in pregnancy may increase the risk for a birth defect of the spine. You can read more about fever at https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

Over the Counter and Self-care Treatments

Pharmacies have rows of cough and cold products. In pregnancy, it is best to take an alcohol-free medication that contains only those ingredients that address the specific symptoms. For example, if the only symptom is body aches, taking a multi-symptom medication for congestion, cough and body aches would mean unnecessarily exposing yourself and the developing baby to medications.

Below we review some over-the-counter cold treatments and self-care treatments. The options below do not cover all treatments and should not be considered a recommendation. Ideally, it is best to always discuss your symptoms with your healthcare provider, because they know you best and can take into account any unique health issues that you may have.

Medication for Cough

Because many cough syrups can contain up to 10% alcohol, it is important to select an alcohol-free cough syrup. Cough syrups may also contain ingredients for stuffy nose or pain. If the only issue is a cough, taking the medication with the least ingredients is preferred to minimize the exposure to the pregnancy.

Cough drops and throat lozenges can contain flavorings such as honey, menthol, or anesthetics to numb the throat. There is no warning about using these during pregnancy for cough or a sore throat.

Vitamin C and other vitamins are taken during a cold or for cold prevention. During pregnancy, it is recommended to limit vitamins to those in the prenatal category unless recommended by the healthcare provider. Vitamins, like medications, cross the placenta and expose the developing baby which does not have a need for higher doses and in some cases, could be harmful.

Tea and Honey

Honey and warm tea may be helpful in relieving a sore throat caused by coughing and may thin mucus so that the cough is more productive. There is no warning about eating honey in tea, toast, or any other food during pregnancy. Herbal tea does not have caffeine and if taken as a beverage, there is no warning. Black tea, green tea, and white tea may have caffeine. If taking tea with caffeine, it is important to read the label to learn about the amount of caffeine per cup. Pregnant women can have up to 200 mg of caffeine per day from all sources combined. If drinking decaf tea, there is no warning to pregnant women.

Medications for Nasal Congestion

A stuffy nose can cause painful sinuses and make it less enjoyable to eat and hard to sleep. Over-the-counter nasal decongestant choices fall into two categories: oral (pills by mouth) or nasal spray. Some oral decongestants are pseudoephedrine and phenylephrine. Nasal sprays may contain phenylephrine, oxymetazoline, or steroid medications.

Taking an oral decongestant means that your developing baby will be exposed to the medication. Nasal sprays reduce the chance of exposure to your baby, depending on the frequency of use and dose. Always read the labels and take them as directed.

Nasal Congestion: Non-medication Options

Nasal irrigation (bulb syringe, squeeze bottle, or neti pot): Studies of nasal irrigation have not shown a proven benefit on the duration or severity of colds. However, some people who have used nasal irrigation have reported feeling better. For pregnant women, the most reassuring part is that it uses only water and saline, so there is no medication involved and no exposure to the pregnancy. It is important to use only previously boiled, distilled, or sterile water to irrigate; and to keep nasal irrigation equipment clean and sterilized to avoid the risk of infection.

Shower tablets/vaporizers: Shower vapor tablets have become popular because they might help clear stuffy noses for a short time. These tablets are placed on the shower floor and as the warm water reaches the tablet, it dissolves and makes a steam with a vaporizer-like effect. Most shower tablets ingredients include sodium carbonate, sodium bicarbonate (baking soda), and essential oils (such as peppermint, rosemary, eucalyptus, and lavender). There are no studies on the use of shower tablets during pregnancy, but essential oils are used in many candles, lotions, and other home products, so exposure to these oils is common. With use as directed, it is not expected that the ingredients in shower tablets would increase the chance for problems during pregnancy.

Humidifiers: Humidifiers are used to add moisture to the air and provide relief from sinus pressure, dry skin, and throat. They use only water so there is no medication exposure. It is important to keep humidifiers clean to avoid the risk of putting mold and bacteria into the air, which could then cause allergies.

Nasal strips: Nasal strips are marketed to people who have a hard time sleeping due to snoring, but they also claim to help with congestion from colds. Although there are no studies that show these products help with colds, there is some evidence that they may help with snoring by spreading the nose and widening the air passage. Nasal strips do not contain medication, so there is no concern about their use during pregnancy.

Electric Blankets and Heating Pads: Electric blankets are sometimes used by people with body chills from having the flu or a cold. Electric blankets produce heat that varies from 86°F (30°C) to 122°F (50°C), which can be comforting. However, there is some concern about the heat from use of electric blankets in early pregnancy, raising body temperature and increasing the risk of birth defects of the spine. However, the studies on electric blanket use during pregnancy have some problems and not all have shown problems in pregnancy. As the studies are unclear, pregnant women may want to avoid the higher heat for peace of mind.

Remedies to Avoid

Vitamin C and zinc: When you feel a cold coming on, you could be tempted to reach for vitamin C and zinc. This is not recommended during pregnancy. First, there is not enough evidence that vitamin C or zinc help in preventing or treating colds. Second, the doses of vitamin C and zinc in supplements for colds are higher than recommended doses for pregnant women. The recommended vitamin C dose is 80 mg for pregnant teens and 85 mg per day for pregnant adults. The recommended dose for zinc is 12 mg for pregnant teens and 11 mg per day for pregnant adults. If you are taking prenatal vitamins, it is likely that they contain the vitamin C and zinc that you need for the day.

Non-steroidal anti-inflammatory drugs (NSAIDs): For most healthy pregnant women, over-the-counter pain relievers such as ibuprofen, naproxen, and aspirin are generally not recommended during pregnancy. NSAIDs are associated with a risk for premature closure of the ductus arteriosus (a heart and lung condition) in the baby if the medication is used at higher doses in the second half of pregnancy. Although low dose aspirin is sometimes recommended in pregnancy under a doctor's supervision to treat or prevent specific medical conditions, regular strength aspirin and other NSAIDs are not typically recommended for treating pain or fever in pregnancy.

Herbal products: Many herbal supplements marketed for treating colds and flu have not been studied in pregnancy, so the possible risks are not known. In addition, the benefits of using herbal supplements are not always proven. For example, echinacea has been promoted as a cold remedy, but a review of over 24 studies with over 4,000 participants did not find that it shortened the number of days for a cold compared to people who did not take echinacea.

Prevention

Vaccination is key and the best tool that we have for preventing flu and COVID-19 or reducing the severity of the symptoms if you do get infected. Studies involving many thousands of pregnant women have not shown a higher risk of birth defects or complications. MotherToBaby has fact sheets with information on both the flu vaccine and COVID-19 vaccine.

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

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In recent years, plant-based diets have become more and more popular. People choose to go vegetarian for a variety of reasons including health benefits, sustainability concerns, and ethical motivations. Whatever the reason, this type of diet can be healthy and nutritionally adequate, even during the reproductive years. However, during pregnancy, a bit of planning may be required to make sure the developing baby is getting all the nutrition necessary from a plant-based mom.

First, let's talk about different plant-based diets. Some people choose to avoid meat on occasion such as those who participate in "Meatless Mondays." Others commit fully to a vegetarian lifestyle, which means avoiding all forms of meat. Lacto-vegetarians also exclude eggs from their diet, while ovo-vegetarians also avoid dairy. Vegans have more restrictions, avoiding any products that come from animals such as eggs, dairy, gelatin, and honey. The good news is that there are still many food groups available to vegetarians and vegans. Fruit, vegetables, grains, nuts, legumes, meat substitutes, and dairy alternatives are all still on the table.

During pregnancy, nutritional requirements change to meet the needs of the developing baby. Most women can easily meet these new requirements by taking a prenatal vitamin with 100% of the daily value (DV) to get all the important vitamins and minerals. However, vegans and vegetarians may require a different approach to keep mom and baby as healthy as possible.

Let's take a look at B12 first. Vitamin B12 is involved in the development and function of the central nervous system, formation of red blood cells, and DNA synthesis. During pregnancy the recommended dietary allowance (RDA) for B12 is 2.6 mcg for everyone. However, vegetarians and vegans are at risk of deficiency since this vitamin only occurs naturally in products that come from animals. To ensure that enough is consumed, plant-based moms-to-be should focus on eating foods fortified with B12. Blood work can also help to identify any deficiencies, and if a woman is found to have low B12 during pregnancy, a higher dose supplement may be recommended by the health care provider.

Iron is another vitamin that requires a second look for those with a veggie diet. During pregnancy, iron requirements

increase due to a rise in plasma volume and red blood cell concentration. For women who eat meat, an RDA of 27 mg is advised. However, for vegetarians the RDA is 1.8 times higher, meaning 48.6 mg per day is needed. Iron can be obtained from plant-based foods but it is not as bioavailable as iron from meat, so supplementation is usually required.

Around 90-95% of pregnant women don't consume enough choline, regardless of what diet they follow. An RDA for choline of 450 mg is suggested for every pregnant woman. Soybeans, wheat germ, kidney beans, and eggs are some of the best plant-based forms of choline, but this vitamin can also be obtained from a dietary supplement. Choline has been shown to improve liver health, memory, mood, and other brain and nervous system functions.

What about calcium? Vegetarians who still consume milk, cheese, and yogurt may not be too worried about this one. However, it's known that certain plant foods contain large amounts of oxalates, a naturally occurring compound that can reduce the amount of calcium absorbed from food. For example, a cup of spinach contains about 30 mg of calcium, however because this food has a high oxalate content, the calcium is not well absorbed by the body. Another interesting point about calcium is that smaller doses are better absorbed. This means that spacing out a supplement and calcium rich foods throughout the day may be a better approach than taking it all at once. Lastly, it's important to note that calcium should always be taken with vitamin D since the body needs vitamin D to absorb calcium. An RDA for calcium of 1,000 mg/day is advised for women over the age of 18 during pregnancy, regardless of diet type.

The term "Omega 3s" commonly refers to alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). It is suggested thaf pregnant women get 1.4 grams/day of ALA, however, there is no official dose for DHA or EPA that has been established for pregnancy. ALA is present in plant oils, such as flaxseed, soybean, and canola oils. Walnuts and chia seeds are also good sources of ALA. The problem is that ALA does not easily convert to DHA in the body, so even when a woman who is plant-based consumes a good amount of ALA they can still have low DHA levels. Although there is no official recommendation in place to take a DHA supplement during pregnancy, vegetarians and vegans can talk to a health care provider to determine if it makes sense to take an algae based one.

A blog about nutrition wouldn't be complete without talking about folic acid, especially during January's National Birth Defects Awareness Month. When folic acid is taken for at least one month prior to pregnancy, this important vitamin reduces the chance of neural tube defects (a type of birth defect affecting the baby's brain and spinal cord) by as much as 50-70%! Like everyone else, vegetarians and vegans should get 400 mcg/day prior to pregnancy and 600-800 mcg/day during pregnancy from a supplement.

As a vegetarian myself, if I had a dollar for every time someone asked me about protein I'd be a millionaire by now! For some reason, well intentioned friends and family seem to be very concerned about this topic – especially during pregnancy! A general recommendation of 71 grams of protein/day is currently in place for everyone during pregnancy. Vegetarians can easily meet this requirement by consuming foods like yogurt, chia seeds, quinoa, beans, eggs, and certain vegetables. Vegans can focus on many of the above foods as well as tofu, lentils, soy milk, and nut butters. Although most women can meet the RDA with the right attention to diet, if you're concerned about not getting enough protein during pregnancy, your health care provider can refer you to a nutritionist to help further.

Pregnancy as a vegetarian or vegan doesn't have to be stressful, but some additional planning may be needed. When possible, focus on getting nutrients from your diet. However, to meet RDAs during pregnancy, or if a deficiency is noted by blood work, supplementation can be beneficial. If you ever have any questions about vitamins, minerals, omega 3s, or protein during pregnancy, contact a MotherToBaby specialist to receive individualized counseling. With the right approach, a plant-based mom and baby can get all the nutrients they need!

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"I am so overwhelmed with all information available online nowadays about pregnancy and having a baby, I don't know how to know what is best for me and my pregnancy!" shared Michelle, who was 15 weeks into her first pregnancy. Not only has the first trimester been full of morning sickness, but she has been obsessed with reading all the latest advice regarding healthy pregnancies and newborn care. This led Michelle to reach out to MotherToBaby's confidential and free text service asking about prenatal vitamins, but she also wanted to know what other resources were available for first time parents.

As a MotherToBaby specialist, I knew the perfect resource to direct Michelle to: Nurse-Family Partnership. Elly Yost, a nurse practitioner with over 35 years of experience explains how this evidence-based, community health program can help first-time moms and their children affected by social and economic inequality.

Moms enrolled in the Nurse-Family Partnership program benefit by getting the care and support they need in order to have a healthy pregnancy. At the same time, families develop a close relationship with the nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for their new family. Find out more about Nurse-Family Partnership here.

Q: What does the relationship look like between an NFP nurse and parent-to-be?

Elly: The relationship between an NFP nurse and a parent-to-be is built on trust and support. We prioritize the client as the expert in their own life, ensuring that their desires and needs guide our approach to supporting a healthy pregnancy. Our role is to meet them where they are and provide the tailored support to navigate this transformative journey effectively.

Q: What health benefits might a person experience from participating in the NFP Program?

Elly: Participating in NFP can yield a range of health benefits for first-time parents. Through regular health assessments conducted by a registered nurse (RN), participants receive personalized health screenings aimed at promoting overall wellness. This holistic approach not only addresses the immediate health needs of the parent but also extends to the well-being of their child. By closely monitoring factors such as blood pressure and weight gain, NFP nurses work with expectant mothers to identify and understand potential danger signs, such as swelling or headaches, that may indicate underlying health concerns.

Recognizing that pregnant women are the experts on their own bodies, NFP empowers them with knowledge and support to recognize and address anything that seems concerning. We learn about each person's health history to

customize care to their needs.

NFP nurses also regularly check on the baby's growth and development after birth by measuring length, weight, and head circumference, along with developmental milestones using Ages and Stages Questionnaires®. We look at what the parent and child need emotionally and socially, understanding how their health is linked and creating a caring environment for them to bond.

Q: Why does the Nurse-Family Partnership model work?

Elly: The NFP model is proven to work because it prioritizes the needs and desires of the parents it serves. By adhering to client-centered principles, we believe in listening to each first-time mom we work with because we know she's the one who knows her life best. We've seen that even small changes can lead to big, positive results, so we focus on finding solutions together.

One big part of what we do is making sure moms feel heard and supported. We talk with them about how they're feeling during pregnancy, understanding that it's normal to have all kinds of emotions during this time. We're here to offer guidance and reassurance, helping them navigate any worries they might have.

Our team of RNs is crucial to our work. With their education and experience, they provide moms with the best information and support possible. They're here to make sure every mom gets the care and guidance she deserves on her journey.

Q: How long does the relationship between the NFP and the family last?

Elly: Something unique about the role of an NFP nurse in the partnership with moms is the duration of the relationship. Families have the freedom to stay connected with their NFP nurse until their child turns two. This extended period allows for a deep and meaningful relationship to develop between the nurse and the parents, fostering trust, support, and continuity of care throughout the critical early stages of the child's development. This extended duration underscores the uniqueness of the bond formed within the NFP partnership, reflecting a commitment to long-term support and empowerment for both the parents and their child.

Q: How does the role of an NFP nurse change after a baby is born?

Elly: After a baby is born, NFP nurses adjust their role to support the special bond between the mother and her newborn. While the basics of care stay the same, the focus now extends to the dyad and family unit. The nurse's attention is directed towards both the individual needs of the mother, developmental milestones, well-being of the newborn, and the family.

Despite this adjustment, the core role of the nurse as a source of guidance, advocacy, and support for the mother persists, ensuring that she continues to receive personalized care and attention throughout her journey into

motherhood.

Q: How do NFP nurses support first time parents' mental health?

Elly: NFP nurses play a crucial role in supporting the mental health of first-time parents through a combination of clinical expertise, compassionate care, and advocacy. From a clinical perspective, nurses conduct thorough assessments for depression and anxiety. Additionally, nurses assess the temperament and emotions of mothers, providing tailored support and referrals based on individual needs and preferences.

What sets NFP nurses apart is their dedication to building trusting relationships and providing personalized care. They invest time in getting to know each client, fostering a supportive environment where parents feel comfortable expressing their concerns and emotions. This level of care and observation allows nurses to offer not only clinical support but also emotional reassurance and guidance.

NFP nurses also act as advocates, guiding parents through the healthcare system and connecting them with resources for mental well-being. By addressing both the clinical and emotional aspects of mental health, NFP nurses empower first-time parents to navigate the challenges of parenthood with strength and confidence.

Q: What would you like to see improved about the current state of pregnancy and/or post-birth care?

Elly: I think one area for improvement in current pregnancy and post-birth care is the practice of listening and truly hearing the experiences and concerns of expectant and new parents. For example, the 'Hear Her' campaign by CDC highlights the importance of this simple yet profound concept: actively listening to pregnant and postpartum people and believing them.

By taking the time to genuinely hear and understand the needs and perspectives of clients, healthcare providers can foster trust, enhance communication, and deliver more patient-centered care. Empowering women to share their stories and validating their experiences can lead to improved outcomes and a more supportive healthcare environment for all.

Q: What is additional guidance you would give a first-time parent?

Elly: Additional guidance I would offer to first-time parents is simple yet powerful: You're doing a great job! Love for your child is the cornerstone of effective parenting. Embrace the idea of 'good enough parenting,' where you do your best without feeling pressured by unrealistic standards. In a world full of advice and expectations, what matters most to your child is your love and care. Trust your instincts, show them love, and believe in your ability to navigate parenthood's journey. If you are a first-time mom who is 28 weeks pregnant or less, you can find a free, personal NFP nurse in your area here.

NFP Is Here For You!

After sharing the resources of NFP with Michelle, she texted back the next day saying “Thank you! I read through their website and this is exactly what I need to make me feel confident in my decisions during the rest of my pregnancy and have someone to help me during the early days of parenthood. I already enrolled in the program and hope to get started soon.” It is so lovely to hear that NFP was exactly what Michelle needed, and I hope that she and other first-time parents continue to benefit from this resource for years to come.

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What’s the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

Emily called MotherToBaby and confided, “My husband and I are thinking about getting pregnant…I am so excited but scared, too. I am wondering what I can do to make it more likely we will have a healthy pregnancy and baby.”

I assured Emily that we ***love*** it when people call ahead of their pregnancy and ask these questions. Preconception health is a topic that does not receive as much attention as it deserves, and it is important for both Emily and her husband. Good preconception health care can impact fertility and make it easier to conceive, and also helps to improve pregnancy outcomes and the health of the baby.

Here is a preconception prep guide– because if you are ready to have a baby, you want to take steps now to keep you and your baby as healthy as possible:

- **Make a pre-conception checkup appointment:** Begin by making an appointment about three months in advance with your obstetrical care provider. At that appointment you can confirm you are in good health. If you have any chronic conditions such as high blood pressure, thyroid disease, depression or diabetes you and your provider can make sure the condition is being managed effectively and confirm that any prescription or over-the-counter medications you are taking can be continued in the pregnancy. If you have a question about medications during pregnancy, MotherToBaby can help by providing you with information to bring to your appointment.

- **Begin taking a prenatal vitamin:** If you are not already taking a vitamin with folic acid this is a great time to start. The Centers for Disease Control and Prevention (CDC) recommend that all women who can become pregnant take a vitamin containing 400 micrograms of folic acid; this helps reduce the chances for certain birth defects such as spina bifida (when the spinal cord does not form properly).

- **Review your vaccine status**: During your preconception checkup, make sure that you are up to date on vaccinations such as the MMR (measles, mumps, rubella), Tdap (tetanus, diphtheria, whooping cough), influenza, and COVID. Planning ahead makes it more likely you will not get ill during pregnancy and helps protect the baby from getting infections from parents after birth.

- **Get your body fit for pregnancy:** Get regular exercise and consider whether you and your partner are at your preferred weight. If not, make plans to remedy that prior to attempting to get pregnant. You can also learn more about a healthy diet and nutrition. This is something that may improve fertility in both parents and lay the groundwork for a healthy pregnancy.

- **Eliminate harmful exposures:** It goes without saying that this is a great time to make lifestyle changes such as reducing use of alcohol, tobacco, and recreational drugs. Addressing stress and mental health concerns up front can improve fertility, make the whole pregnancy experience better, and prepare you for the excitement and hard work of parenthood.

- **Evaluate your home and work environment:** If you and your partner are exposed to toxic substances like lead in your work or home environment, working to reduce those exposures is very effective when done ahead of the pregnancy.

MotherToBaby has many resources for Emily and her husband – and you! We have fact sheets on medications, herbal agents and supplements, diabetes and other health conditions, illnesses and vaccinations, occupations such as veterinarian and dental, exercise, paternal exposures, and cosmetics (sunscreen, skin creams, nail polish, hair dye). There are also useful blogs and podcasts, and whole web pages on various conditions, and if you have questions, our information specialists are here to help.

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

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