

The Baby-Making Preconception Prep Guide

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](https://www.MotherToBaby.org).

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“I just found out I’m pregnant. Can I keep drinking my energy shake in the mornings?”
“My doctor gave me the go-ahead to work out. Okay to have a protein shake after the gym?”
“My immunity-boosting drink is a life-saver. Can I keep using it while I’m pregnant?”

These are common questions during pregnancy, and ones that we hear a lot at MotherToBaby. Perhaps you’ve wondered the same thing yourself. As teratogen information specialists, we provide facts about how a woman’s exposure in pregnancy might affect her developing baby. So, when we get questions about shakes, powders and other nutritional supplements in pregnancy, we look to the research. And that research, or lack of it, leads us to caution women against drinking that favorite nutritional shake while they’re pregnant. Here’s why:

Lack of FDA approval

Nutritional shakes and powders fall under the category of “supplements.” Supplements aren’t approved by the U.S. Food and Drug Administration (FDA) in the way that food and medicines are. The FDA does set out safety requirements for supplements, but the manufacturers are responsible for ensuring that their own products meet those requirements (kind of like a home builder inspecting their own house.) This means that shake makers and other manufacturers can put their products on the market without proving their safety, or even showing that the products actually do what they claim they will. Once a supplement is on the market, the FDA relies mostly on consumers’ reports to alert them of side effects or other problems that could lead to warnings or recalls.

This is not to say that all supplement makers are unscrupulous or careless. Many manufacturers go above and beyond the FDA requirements for safety, and stand behind the purity and efficacy of their products. But the lack of oversight has allowed supplements to wind up on shelves despite being contaminated with bacteria, pesticides or heavy metals

(such as lead), or having mislabeled ingredients or amounts of those ingredients. These inconsistencies can be dangerous, especially for people who take medications that might interact with unknown ingredients, or for pregnant women who need to avoid potentially harmful additives that can affect the baby.

Lack of studies in pregnancy

Nutritional shakes often contain vitamins, herbs, plant derivatives and other goodies intended to boost energy, strengthen immunity or have other positive health effects. But these additives are often listed on the label as “herbal blends” or “proprietary blends,” meaning that the individual ingredients are not revealed. And even if they are listed individually, some of those ingredients may have been studied in pregnancy, while others have not. The lack of studies means we don’t know if they might have harmful effects on a developing baby or otherwise increase risks in pregnancy.

For example, some ingredients may be “generally recognized as safe (GRAS)” when eaten in the amounts usually found in food, but they could increase the risk of miscarriage when used at high concentrations in pregnancy. The concentration of a plant-derived ingredient can vary from batch to batch, depending on the growing and harvesting conditions of the plant. So in the end, you can’t be sure what you and your developing baby are getting with that shake.

Nutritional needs in pregnancy

A varied, healthy diet along with a daily prenatal vitamin recommended by your healthcare provider should give you all the vitamins, minerals and other nutrients that you and your growing baby need during pregnancy. Adding the extra vitamins found in that shake to your diet might result in exceeding the daily recommended amounts for pregnancy. On the flip side, if you are using a nutritional shake as a meal substitute, you might be missing essential nutrients that you and your baby should be getting from food. Always talk to your healthcare provider about the best way to meet your specific nutritional needs during pregnancy.

So, what to do about that container of protein powder sitting in your pantry or those bottles of energy shake taking up space in the fridge? Our advice? Find a new home for them until after you’ve delivered and are no longer breastfeeding. After all, you want to give your pregnancy a “fair shake,” right?

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It was late on a Tuesday when a chat came in from Dr. Rodriguez. “My patient is taking a medication for epilepsy. She is planning a pregnancy and I’ve seen from some sources she may need to take more folic acid to help prevent birth defects. Does she need to be on a higher dose?” As teratogen information specialists, we receive many inquiries regarding folic acid; and it was understandable why this healthcare provider was confused as the guidance isn’t exactly straightforward.

What is folic acid?

Folic acid is the lab made form of folate. Folate is a B9 vitamin. Folate and folic acid help the body create new cells and can lower the chance of having a child with a class of birth defects called neural tube defects, which are problems with the brain and spinal cord. The neural tube forms very early in pregnancy (around 4 to 6 weeks after the first day of the last menstrual period), so it’s important that any woman who could become pregnant get enough folic acid at least one month **BEFORE** she gets pregnant. In the United States many of our foods, such as breakfast cereal, bread, pasta, and rice are fortified with folic acid, which meant the vitamin has been added to the food. According to the Centers for Disease Control and Prevention (CDC), folic acid fortification programs have led to a 35% decrease in the rate of neural tube defects! We also get folate, which is the naturally occurring form of Vitamin B9, from foods like dark leafy greens, beans, citrus fruits, and nuts. However, only about 50% of this form is bioavailable (able to be absorbed and used by the body) so additional intake, in the form of a supplement, is recommended by organizations like the CDC and National Institutes of Health (NIH).

How much is needed?

The CDC recommends that all women of reproductive age get at least 400 mcg (0.4 mg) of folic acid each day. Once pregnant, organizations like The NIH and the United States Preventative Services Task Force (USPSTF) recommend that women who are pregnant get 600 to 800 mcg (0.6 to 0.8 mg) of folic acid per day. This amount can usually be met by taking an over-the-counter prenatal vitamin; a higher amount is not recommended for most pregnant women.

Women who have previously had a pregnancy affected by a neural tube defect (NTD) should take a higher dose of folic acid if they are planning to become pregnant again. The CDC and the American College of Obstetricians and Gynecologists (ACOG) recommends 4,000 mcg (4 mg) per day for these individuals. This higher dose should be started at least one month before becoming pregnant and should be continued through the first three months of pregnancy.

So what about Dr. Rodriguez’s patient who was on an anti-epileptic drug (AED) for her seizure disorder? Many, but not all, medications in the AED class are known as “folic acid antagonists.” This means that they can interfere with how the body absorbs and uses this important vitamin. If someone becomes pregnant while taking a folic acid antagonist, they may have lower levels of folic acid in their body and their pregnancy could be at higher risk of neural tube defects. That said, there is no great research that shows that taking extra folic acid would lower the risk of NTDs for women taking folic acid antagonists. So, should a woman taking an AED stick with the 400 mcg per day that is already recommended for everyone, or take more just in case it could be helpful?

Let's look at the current professional recommendations:

- The American Academy of Neurology and the American Epilepsy Society **guidelines** state that all women of childbearing age, with or without epilepsy, should be supplemented with at least 400 mcg (0.4 mg) of folic acid per day prior to conception and during pregnancy. They go on to say there is not enough data to know if taking folic acid at doses higher than 400 mcg offer greater protective benefits for women on AEDs.
- The American College of Obstetricians and Gynecologists (ACOG) **recommends** 4000 mcg (4 mg) of folic acid per day for individuals at increased risk of having a baby with a NTD, which includes women with seizure disorders.
- The Centers for Disease Control and Prevention (CDC) only **recommends** a higher dose of folic acid for those with a history of a pregnancy affected by a NTD.
- The U.S. Department of Health and Human Services (Office of Women's Health) **recommends** talking to your doctor to determine the right dose of folic acid if you are taking a medication for epilepsy.

Clear as mud, right? The current consensus seems to be that there is no consensus. Some groups recommend a higher dose while others do not. In situations like this where there is no clear consensus from the professional groups, it comes down to weighing the risks vs. benefits. The risks include the fact that higher doses of folic acid are not well studied in pregnancy, could mask a B-12 deficiency, and may actually make some medications less effective. The benefits of taking more are theoretical (not proven). A higher dose of folic acid **might** be protective in preventing birth defects while on a folic acid antagonist, but there is not enough research to know if this is true. Ultimately, much more data will be needed to come up with clear guidelines for women with epilepsy.

Because Dr. Rodriguez's patient was on carbamazepine, a folic acid antagonist that is associated with a higher chance for neural tube defects, she decided that she would have a thorough discussion of the risk vs. benefits of taking a higher dose of folic acid with her patient before she became pregnant. Dr. Rodriguez was glad she hadn't missed any overarching recommendations for women who need to take medication to control their seizure disorders during pregnancy. She ended her chat by saying: "It can be a challenge to keep up to date with all the recommendations. I'm so glad to have access to MotherToBaby to be able to ask questions like this."

MotherToBaby specialists are always happy to review the latest data and professional recommendations with healthcare providers and patients alike. If you have questions about folic acid, epilepsy medication, or any other exposures in pregnancy or lactation, please feel free to get in touch.

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If you are researching prenatal vitamins, we are guessing that you might be considering a pregnancy, or you just found out that you are pregnant. How exciting! We're also guessing that you have some questions. Pregnancy does that to a woman: it makes us start questioning the safety of everything that we used to take for granted. At **MotherToBaby**, we answer many types of questions about exposures during pregnancy and breastfeeding. But hands down, **the most common question I'm asked about involves prenatal vitamins.**

Many women ask me what brand of prenatal vitamins they should take or if the brand they are currently using is the right choice. With so many different prenatal vitamins available over-the-counter and by prescription, this is a very good question. We applaud you for doing your research. You are going to be a great Mom.

Prenatal Vitamin Tips

Before delving too much further, some basic tips. The **1st tip:** We recommend that you discuss your prenatal vitamin options with your healthcare provider, since she or he will know you and your health care needs the best. As mentioned, this will review prenatal vitamins for healthy women. Some women may have medical concerns that require a different nutrient intake.

The **2nd tip** that I always mention is that it may be easier **and cheaper** (depending on your healthcare insurance plan) to simply ask for a prescription for prenatal vitamins from your healthcare provider.

3rd tip: Do not buy a prenatal vitamin that contains herbal ingredients. Herbal products have not been well studied for use during pregnancy and breastfeeding. They are not regulated by the U.S. Food and Drug Administration (FDA) and there are no standard recommended amounts to take. In addition, purity of herbals found in over-the-counter products can be of concern. For more information on why herbals should be avoided, please see our MotherToBaby fact sheet on **Herbal Products**.

Prenatal vitamins are made up of vitamins and minerals. A healthy diet is the best way to get the vitamins and minerals that your body needs. But even if we eat a healthy diet, we might fall short on some nutrients during pregnancy. Prenatal vitamins help fill in the gaps and increased needs for vitamins and minerals during a pregnancy.

There are **Dietary Reference Intakes (DRI)** to help people know how much of each vitamin or mineral they should aim to get each day.

Some vitamins and minerals also have a recommended **Tolerable Upper Intake Level (UL)**. The UL is designed to help us know the maximum recommended daily intake for a typical healthy person.

DRIs and ULs are there to help guide us in getting enough of a good thing but also to keep us from getting too much of a good thing.

As mentioned, vitamins should not be the only source of our nutrients. Therefore, your vitamin does not need to contain 100% of the DRI. Remember to take into account all sources of the vitamin or mineral when adding up your daily intake. This means including food sources as well as any other supplements you might take. DRI values can change by age, gender, and pregnancy and breastfeeding status. If you have a medical condition, talk to your healthcare providers/dieticians for your specific dietary needs.

Research on taking vitamins and mineral supplements at levels that are higher than the DRI and UL during pregnancy are limited. Because of the lack of information about taking high levels of vitamins and minerals in a pregnancy, it is generally recommended that pregnant women do not exceed the DRI unless your healthcare provider has prescribed it for the medical management of a specific deficiency or medical condition.

Now, we come to the main question: **What are the basic vitamins / minerals generally suggested for prenatal vitamins for healthy women, and how much of each vitamin and mineral do women need for pregnancy?**

Vitamins and Minerals

For pregnant women 19 years old and older, the first 5 vitamins/minerals listed below are the basic supplements from which healthy pregnant women might benefit. The DRI and UL for pregnancy are listed. Not all items have an UL.

- **Iron:** DRI: 27 mg. UL: 45 mg.
- **Calcium:** DRI: 1,000mg. UL: 2,500mg. Supplements should have at least 250 mg, but all women should be

getting at least 1,000 mg per day of elemental calcium.

- **Folic Acid (Folate):** DRI: 600 mcg (0.6 mg) to 800 mcg (0.8 mg). At least 400 mcg (0.4 mg) should be in your prenatal vitamin.
- All women who could become pregnant should be getting enough **folic acid / folate**, even if they are not currently planning on a pregnancy.
- **Iodine:** DRI: 220 mcg to 290 mcg. UL: 1,100 mcg. At least 150 mcg should be in your prenatal vitamin.
- **Vitamin D (calciferol):** DRI: at least 15 mcg (600 IU). UL 100 mcg (4,000 IU).

In addition to the above suggested supplements for prenatal vitamins, pregnant women should make sure they are getting enough of the vitamins / minerals listed below. If they cannot manage this with diet, then a supplement might help.

- **Vitamin A:** DRI 770 mcg. UL 3,000 mcg.
 - Vitamin A is found in two primary forms: plant-based carotenes (**beta-carotene**) and animal-based retinoids (**retinol**, retinal, retinoic acid, retinyl palmitate, and retinyl acetate).
 - Look for vitamin A that is from beta-carotene. Beta-carotene is less likely to build up toxic levels in the body than with retinoids. In addition, high levels of retinoids (**retinol**, retinal, retinoic acid, retinyl palmitate, and retinyl acetate) have been linked to an increased chance for birth defects.
- **B Vitamins**
 - There are eight B vitamins:
 - Vitamin B₁ / thiamine: DRI: 1.4 mg
 - Vitamin B₂ / riboflavin: DRI: 1.4 mg
 - Vitamin B₃ / niacin: DRI: 18 mg
 - Vitamin B₅ / pantothenic acid: 6 mg
 - Vitamin B₆ / pyridoxine: DRI 1.9 mg
 - Vitamin B₇ / biotin: DRI: 30 mcg
 - Vitamin B₉ / folic acid (already mentioned above)
 - Vitamin B₁₂ / cobalamin: DRI: 2.6 mcg
 - These are a group of water-soluble vitamins, which means that your body will not store them. Therefore, it would be unlikely to reach a toxic level in the body. If you and your healthcare provider feel that you are unable to meet your DRI of the B vitamins through diet, then you should look for a prenatal vitamin that includes them. All prenatal vitamins should include at least folic acid (Vitamin B₉), which I mentioned earlier as an essential vitamin for pregnancy.
 - **DHA/ Omega-3 Fatty Acids:** There is no clearly defined DRI, but in 2000 it was suggested that pregnant women should aim for 300 mg/day. The best way to get these is to include fish in your diet. MotherToBaby has a blog on **eating fish in pregnancy**. The FDA also has a guide on which fish are the best options to eat in pregnancy by breaking the fish into categories of Best Choices, Good Choices, and Choices to Avoid. The guide can be found [here](#). However, if you do not get enough in your diet, your healthcare provider might suggest including a supplement for DHA during your pregnancy.

- **Vitamin E:** DRI: 15 mg. UL: 1,000 mg.
- **Vitamin C:** DRI: 85 mg. UL: 2,000 mg
- **Zinc:** DRI. 11 mg. UL: 40 mg.

It is recommended to start taking prenatal vitamins before you try to become pregnant; at a minimum, take folic acid daily. If you are already pregnant, start as soon as you learn about your pregnancy.

Again, if you have a medical condition (including but not limited to diabetes, celiac disease, eating disorders, substance misuse, malabsorption, irritable bowel, inflammable bowel, or history of bariatric surgery), talk with your healthcare providers about your specific nutritional needs.

Now that you are an expert in reading your prenatal vitamin label, you can tackle (with the advice of your health provider) selecting the one that is best for you. MotherToBaby is always available to answer questions about all exposures during pregnancy and breastfeeding. Pregnancy will bring wonder-filled moments for you and your family. MotherToBaby is here to help you and your healthcare providers to make it as stress-free as possible with up-to-date information on medications and more.

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By Lauren Kozlowski, MSW, MPH, MotherToBaby Georgia

“I didn’t even know I should ask my OB about that!” It’s a reaction I hear almost daily as a teratogen information specialist (a fancy way of saying I’ve been trained in evaluating and communicating risks of exposures, like medications, during pregnancy). This particular caller’s reaction was like so many women going into their first appointment after finding out they were pregnant – she really didn’t know how to be her own best advocate. I don’t blame her by any stretch. How are women supposed to just know this? What questions should they be asking? Why should they be asking them? I thought, not only did I want to help her, but all of the pregnant women out there, to have a positive, empowering experience once they’ve found their pregnancy care provider team.

The Importance of the HCP Match

Finding the right health care provider (HCP) for you is essential because doctors, physician’s assistants, nurse practitioners, and midwives are people just like you and me. They come with a wide range of personalities and styles of care. Sometimes they will match your own and sometimes they won’t. You want to be sure that the people that you entrust with your health and your baby’s health are going to help you make the right decisions about your care. Plus it is worth thinking about how you can reduce any stress you may have about sitting down with the person who will care for you and be a source of support during your pregnancy. In this blog I’d like to suggest some ways that you can plan for the most successful experience during pregnancy with your HCP. In this case, success means finding a provider who listens to you, makes you feel comfortable and discusses all of your concerns and options openly and respectfully.

Getting the Most Out of Your Appointments

The good news is there are some ways to empower yourself in these situations and be more likely to get what you need! Below I have a list of some ways you can get the most out of appointments with your pregnancy care provider:

- You should be able to ask your provider anything you’d like to know about their experience and philosophy around pregnancy and child birth. You can even ask to make a non-clinical appointment to sit down with her or him and discuss this if you’d like to.
- Be prepared for a short visit with the provider at regular appointments throughout your pregnancy. Write down your most important questions and make sure to ask them first.
- If you’d like to research some topics before your HCP visit, choose your sources wisely. The internet is full of a lot of misinformation, but there are reputable organizations from whom you can get evidence-based information about pregnancy. Just a few examples include the **American College of Obstetricians and Gynecologists (ACOG)**,

the professional society for HCPs specializing in women's health); the Centers for Disease Control and Prevention (CDC); the Food and Drug Administration (FDA); and our own service, MotherToBaby. Pull information from your sources and bring it with you to your appointment to drive your conversation with your HCP.

- Bring a trusted family member or friend who can bring up anything you forget to – or that can step into the conversation to help make sure you are being heard correctly. This is particularly important at the first visit or when you are worried about something.
- If you routinely take any medications, bring them up as soon as you find out you are pregnant (and when possible, even **before** you become pregnant); this will allow you and your HCP to talk about whether there are any alternative medications or therapies better suited for pregnancy and/or breastfeeding. And remember that our specialists at MotherToBaby are available to provide you with up-to-date information on the safety/risk during pregnancy and breastfeeding of any medications you may be taking.
- If you see a specialist for other medical conditions (such as asthma, diabetes, arthritis, lupus, psoriasis, etc.), tell your OB provider who you are seeing and authorize them to communicate with one another about your care. When you are living with a chronic health condition, connecting your pregnancy care provider with your other health providers is important to ensure your disease is well-managed throughout your pregnancy and when you are breastfeeding.
- Even if they don't ask about it, tell your HCP about your use of alcohol, tobacco, or any recreational drugs (like marijuana, heroin, meth, etc.). Some of these substances can affect your pregnancy or your baby's development, so it's important for you and your HCP to talk about it even if you are just an occasional user. Recreational drugs are another type of exposure where MotherToBaby experts can provide you with confidential, up-to-date information on the safety/risk of use during pregnancy and breastfeeding. Importantly, talk to your HCP if you need help quitting any of these substances; there are ways to treat substance use disorders during pregnancy. You also have a chance of being screened for substances at birth – meaning they may test both you and your baby at the hospital. Being prepared for this is important so you know what to expect.
- Ask questions about the hospital at which you will be delivering. Do they have any specific policies or practices you would want to know about in advance? Your HCP will be connected to a specific hospital(s); if you do not want to deliver at that hospital and your insurance allows for other options, you may need to find another prenatal care provider. It is best to ask these questions before you become pregnant or as soon as you start your prenatal care visits.
- If for any reason you do not feel like your HCP listens to you or is able to create a welcoming, safe environment, change providers! If it's a requirement of your insurance, get a list of providers in your network. Then ask friends or family if they have someone they'd recommend. You can further whittle down your list by other things that may be important to you, such as a male vs. female provider or office location. Pregnancy is such an important time in a woman's life, so it's critical that you are under the care of a health provider that you trust. Depending on where you live and what insurance you have, it may not be possible to find another provider – but if you are able and want to, the sooner you do so in your pregnancy the better. You deserve to feel comfortable and cared for!

A lot of these tips apply to any type of HCP, but pregnancy is a perfect time to flex your self-advocacy muscles and find the provider that is best suited for you. You and baby deserve wonderful and respectful care, and the reality is that sometimes it takes a bit of seeing what's out there to find the right fit. Finding the right HCP can feel a lot like dating, but don't be discouraged! If you don't like the care you are getting, move on to another HCP – with so many exceptional ones out there you can find the best match for you and your pregnancy.

Although not specific to a pregnancy visit, ACOG also offers some tips to help you make the most out of your health care visit: <https://www.acog.org/Patients/FAQs/Making-the-Most-of-Your-Health-Care-Visit>

If you want to read more about advocating for yourself as a patient, some other resources are below:

Your Best Birth: Providers, Plans and Being Proactive

<https://bloomlife.com/wp-content/uploads/2018/11/Best-Birth-Bloomlife-ebook-1.pdf>

At the end this includes a great acronym BRAIN (**B**enefits, **R**isks, **A**lternatives, Intuition, Do **N**othing) that can be used whenever you are making decisions or have questions about receiving medical care.

A Doctor’s Guide: How To Be A Patient Advocacy Rockstar (For You or a Loved One)

<https://www.acsh.org/news/2018/06/21/doctors-guide-how-be-patient-advocacy-rock-star-you-or-loved-one-13106>

Health Care Self-Advocacy: Be the Squeaky Wheel

<https://www.care2.com/causes/health-care-self-advocacy-be-the-squeaky-wheel.html>

The Complete Guide to Becoming Your Own Medical Advocate

<https://betterhumans.coach.me/the-complete-guide-to-becoming-your-own-medical-advocate-ddc658a10a57>



Lauren Kozlowski, MSW, MPH is serving as the Program Coordinator for MotherToBaby Georgia. She graduated from Boston University with both a Masters of Social Work and a Masters of Public Health. She has experience working with families in both an educational setting, as well as in housing and health, allowing her to recognize the multiple factors contributing to the ability of women and children to thrive. She enjoys living in Atlanta and exploring what the city has to offer.

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](https://www.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.**

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

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