

Ho, Ho, Ho, Who Wouldn't Go? Holiday Travel in the Time of COVID-19

Chelsea's chat came through late on a Wednesday afternoon: "Hi, I'm 23 weeks pregnant and have plans to visit my family in a different state this holiday season. My sister just had a baby and is breastfeeding, and my grandparents will also be there, so I want to be as safe as possible with COVID-19 still spreading. What do you think I should do?"

With Thanksgiving, Hanukkah, Christmas, and Kwanzaa all quickly approaching, questions like this are coming into our chat service more frequently. We're living in a new normal, and in the midst of rising COVID-19 case counts throughout much of the country, we're all trying to figure out the safest way to celebrate with our loved ones this year.

I told Chelsea there were many individual factors that go into a decision like hers, but we could go over a few guiding principles to help her make an informed choice.

Stay Home When Possible

Staying local and celebrating in-person only with other members of your household is the safest approach this year. This is especially true for pregnant individuals, who the Centers for Disease Control and Prevention (CDC) considers a group that is at "increased risk of severe illness" from COVID-19. While celebrating in such small numbers is certainly not how any of us want to spend the holidays, it's the best way to keep everyone safe. And if someone from outside of your immediate family really wants to join in on the fun - virtual get togethers are a great option!

Preparing to Travel

If it's not possible for you to stay home, then prepare, prepare, prepare! One of the most important things individuals can do this holiday season is prepare for their trip ahead of time. Most importantly, this means taking precautions to limit your own exposure to the virus that causes COVID-19 for 14 days before you plan to depart. This may include things like less frequent trips to the grocery store, keeping kids home and socially distancing them from their friends, working remotely when possible, and avoiding any pre-holiday gatherings. If you have to go on an important outing (such as a prenatal visit), keep in mind the prevention basics: wash your hands, maintain distance, and wear a mask.

Getting tested for COVID-19 is another way to reduce risk prior to gathering. This is especially important to do if you develop any symptoms that could be COVID-19 (fever, cough, shortness of breath, loss of taste or smell, etc.). The test itself is not perfect and any interaction you have after the test is completed would put you at risk of exposure again, but for some families having a negative COVID-19 test can be a helpful tool in the preparation toolbox.

Choosing how you travel will also be important this year. Driving to your destination is one way to limit your exposure to others and reduce the risk of getting sick in transit. If you have to fly, take a bus, or get on a train, you will likely be surrounded by many other people, which is more of a potential risk. Get your hand sanitizer and mask ready if you have to go this route!

One other important thing you can do before traveling? Get a flu shot (ideally at least 14 days ahead of time)! While it won't protect you from COVID-19, it will help prevent **the flu**, which can be serious for pregnant women. It will also help keep you from needing medical care, which is important since some communities are reaching max capacity in their hospitals and may not have room to admit you for treatment.

Think about Grandma

Next, you want to think about who you will be traveling to see. We know that **certain individuals** are more likely to get very sick and/or die from COVID-19. This includes older adults (with risk increasing with age) and those with underlying medical conditions such as type 2 diabetes, severe obesity, cancer, or pregnancy. Chelsea's grandparents were in their late 80's, and her grandma was also a smoker. She also had her new nephew to think about, and her sister who was breastfeeding. What seemed like a simple family gathering quickly became a lot more complex when everyone's health was assessed.

If you have a high-risk individual in your family, it's important that you consider their health when planning holiday travel. For some families, this may mean making the decision to break the wishbone virtually over FaceTime or Zoom. For others, it could mean a strict 14 day quarantine for all who will be gathering (discussed above) before any interactions take place.

Celebrating Safely

Whether Chelsea chooses to travel or stay close to home during the holidays, she can reduce the chance of coming into contact with the virus by continuing to take precautions while celebrating with others. Limiting activities to people in your own household obviously presents the least risk since you're already together anyway. But if you do host or attend gatherings with others, keep in mind that smaller groups in outdoor spaces where everyone wears a mask, stays at least 6 feet apart, and practices good hand hygiene is a much safer option than attending large indoor gatherings where not everyone wears a mask or follows other common sense precautions. Your decision to spend time around others should also consider the current spread of COVID-19 in the community where you live or where you will be traveling. I encouraged Chelsea to check the state department of health website for guidelines and recommendations for her destination.

What would a holiday celebration be without FOOD? You can still enjoy your favorite pregnancy-safe foods and beverages (no soft cheeses! no alcohol!), but you want to do what you can to reduce the chance of contact with any foodborne germs. Even though the chance of getting COVID-19 from contact with food or serving utensils is probably low, it's important that everyone wash their hands before preparing, serving, or eating food. Having only 1 or 2 people serve the food to everyone else while wearing a mask is a better choice than having lots of people handle the serving utensils or food containers. As yummy as potlucks or buffets can be, at least for this year it might be safer if each guest brings food and drinks for themselves and their own household members only, or picks up ready-to-serve items. In addition, since people clearly can't be masked and eat at the same time, plan ahead and get creative to create space between people when they sit down to eat - this year is definitely not the time to pile 12 people around a 6-person table! And as always, be sure that hot items are consumed hot, and cold items are consumed cold - no one wants a food-borne illness like **E.coli** or **salmonella**!

When the Party's Over

After attending any gatherings (even small ones) or staying with relatives, Chelsea will need to pay attention to any symptoms that could suggest possible COVID-19 infection. If she, or anyone else she spent time with, has symptoms or tests positive for COVID-19, she should contact her healthcare provider right away about testing and/or follow any instructions from her local health department. She will most likely need to self-isolate at home for 14 days. In addition, she should contact her hosts as soon as possible to let them know, so they can inform other guests and family members that they might have been exposed to the virus. Not fun, but a necessary part of helping keep us all healthy and safe throughout the holiday season.

Chelsea has a lot to consider this holiday season, as we all do. For more tips on celebrating safely during the holidays, visit the CDC's website on [COVID-19 and holiday celebrations](#). And for more information about COVID-19 and pregnancy and breastfeeding, see our [MotherToBaby fact sheet](#). However you choose to celebrate, we wish you a happy and healthy holiday season!

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 am pregnant. I've heard that it is really important to get the flu shot this fall, but is it still OK now that I am pregnant?" The woman on the other end of the phone line sounded cautious and concerned. I told her, "I'm so glad you called to ask about this. The influenza vaccination may be even more important for pregnant women. The coronavirus pandemic has given us a lot to worry about without adding influenza infections to the mix. Let me tell you more about this...."

Influenza and Pregnancy

Once we are into influenza season (October to March), pregnant women are strongly recommended to get immunized, regardless of where they are in their pregnancy. Yet, many women delay, and in the end only about 50% of pregnant women get their flu shot.

An influenza infection itself can cause severe illness and even death in pregnant and post-partum women. It is important to remember that a healthy mother is more likely to have a healthy baby! The injectable version of the influenza immunization (“flu shot”) contains an inactivated (dead) virus and is not going to make you or your baby sick. It is the most effective way to prevent influenza or have less severe symptoms if you do get the flu. Currently, the nasal-spray flu vaccination is not recommended for pregnant women because it contains live attenuated virus.

Will the vaccine harm my baby?

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been shown not to be true. In fact, just last month a large study was published in the journal *Pediatrics*, “Early Childhood Health Outcomes Following In-Utero Exposure to Influenza Vaccines: A Systemic Review.” This study compiled results from 9 earlier studies and found no association between exposure to the flu vaccine during pregnancy and adverse outcomes in children. One of the authors was later quoted as saying, “This should be reassuring for pregnant women who may be considering the vaccination...”

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding? Visit the **MotherToBaby website** and read all of our vaccine-related fact sheets. There is a general fact sheet on **all vaccines**, and then specific fact sheets on the **seasonal influenza vaccine** and also many others like the **Tetanus, Diphtheria, and Pertussis (Tdap)**, **Measles, Mumps, and Rubella (MMR)**, **HPV (human papillomavirus)**, **hepatitis A**, and **varicella (chicken pox)** vaccinations.

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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 to 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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By Brittany Ajoku, MotherToBaby North Texas

Did you know that 1 of every 2 sexually active people will contract a sexually transmitted disease (STD) by age 25? That number is shocking, and highlights why it is so important to tackle this often-stigmatized topic head-on! So as we ease into National STD Awareness Month, it's time to talk openly about STDs, pregnancy and breastfeeding. STDs can affect people from all walks of life, and do not discriminate against anyone, including pregnant and breastfeeding women.

I remember when a client recently called our office panicked about the result of an STD test after learning her husband was having an affair. She tested positive for a bacterial infection and her doctor prescribed an antibiotic for treatment. Because she was breastfeeding, she was hesitant to begin using the antibiotic and had many questions. Would the antibiotic hurt her baby? Could she have infected her baby before she knew she had the infection? With a Google search leaving her with more questions than answers, she turned to MotherToBaby. After listening to her concerns, I began to dig through the latest research to provide her with what we are known for: giving understandable and current, evidence-based information.

STD Testing: Why Knowing Your Status Is Definitely Better For You & For Baby

In any woman, including those who are pregnant or breastfeeding, some STDs are asymptomatic (do not have symptoms or signs) even when infected. As a result, it can be difficult to know for sure whether a woman is infected or not without testing. Some STDs are automatically tested for over the course of a pregnancy (such as syphilis, HIV, hepatitis B, and chlamydia) while others are only tested if you are at an increased risk for the infection due to various risk factors. Even if you have already been tested earlier in pregnancy or you were tested in the past while breastfeeding, it is important to let your doctor know if you are having symptoms or suspect you have or may have been exposed to an STD. Earlier treatment of STDs allows for earlier detection of infections, which reduces the likelihood for you to transmit the infection to your baby during pregnancy or via breastmilk. Untreated STDs can not only lead to negative outcomes in moms but can also lead to negative outcomes in their babies.

Some of the negative outcomes from untreated STDs in pregnancy are:

- Preterm delivery
- Low birth weight
- Pregnancy loss
- Infections in the baby's organs
- Premature rupture of membranes

Treating STDs in Nursing Moms and Moms-To-Be

Once detected and diagnosed, it's best to begin to treat the STD as soon as possible. Antibiotics are commonly prescribed to treat and cure bacterial infections, while antiviral medications are prescribed to help treat the signs and symptoms of viral infections. Many medications have not been shown to increase risks in pregnancy and breastfeeding. Our library of fact sheets has many of the antibiotics and antiviral medications used to treat STDs and can be viewed [here](#).

While breastfeeding with an STD, there is an additional factor to keep in mind besides what medication is prescribed to treat the STD. There are some STDs (such as syphilis and herpes) that may produce sores on various areas of the body and it's important to keep your baby and any pumping equipment from touching these sores to limit transmission of infections.

“An Ounce of Prevention Is Worth A Pound of Cure”

As important as it is to talk about treatment, prevention is also important to discuss. Here are a few things to keep in mind both during pregnancy and while breastfeeding.

- It is important to always have open and honest conversations with both your doctor and intimate partner(s) about your STD status.
- Abstaining from any type of sex (oral, vaginal, or anal) is the most reliable way to avoid infection. But if you want to be sexually active (and let's face it, many do!), practice safe sex by consistently and correctly using condoms, especially if you and your partner are not mutually monogamous or have not recently been tested.
- Be sure to get tested as soon as possible whenever you notice symptoms and signs, or think you've been infected.
- If you and/or you partner(s) are currently receiving treatment for an STD, practice abstinence during treatment.

With this information in mind, I was able to counsel my client on the importance of treating her STD and that the antibiotic she was prescribed was not expected to have negative effects in her nursing infant. Many STDs that are bacterial (such as chlamydia and gonorrhea) have not been shown to be transmitted via breast milk so my client had not put her infant at risk prior to treatment.

Just as I was able to help my client, the experts at MotherToBaby are always available to discuss medications and exposures, like STDs, during pregnancy and breastfeeding – it's confidential, no-cost, and judgment-free!



Brittany Ajoku is a Teratogen Information Specialist with MotherToBaby North Texas. She received her bachelor's degree in biochemistry from the University of North Texas and is working towards a Master in Public Health in Maternal and Child Health. Along with providing counseling at the service, she also enjoys raising awareness of the organization through community presentations and events.

About MotherToBaby

MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), and a suggested resource 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.**

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By Beth Conover, APRN, CGC MotherToBaby Nebraska, UNMC

“I am 20 weeks pregnant...when is it safe to get my flu shot?” The texted question came in to the **MotherToBaby texting helpline**, and the answer that I texted back was simple - “As soon as possible...it’s safe at any time in pregnancy and really important for you and your baby!”

Once we are into influenza (flu) season (November to March), pregnant women are strongly recommended to get immunized (vaccinated), regardless of how far along they are in their pregnancy. Yet many women delay, and in the end only about 50 percent of pregnant women get their flu shot.

The flu can cause severe illness and even death in pregnant and postpartum women. The flu shot contains an inactivated virus that won’t make you or your baby sick. It is the most effective way to prevent the flu or help you have less severe symptoms if you do get the flu. Currently the nasal-spray flu vaccination is NOT recommended for pregnant women because it contains live attenuated (weakened) virus.

As if the benefits to you from the flu shot aren’t enough, here’s another one: getting vaccinated while you are pregnant can protect your baby from getting the flu after birth! This is because the antibodies that you develop when you get the flu shot get passed to your developing baby during pregnancy and help protect your newborn for the first few months of life.

Here’s another common question that I get about vaccines during pregnancy.

“I received my diphtheria/pertussis/tetanus (Tdap) shot last year. Since I am already immune, why do I have to get it again in my third trimester of pregnancy?”

The third trimester Tdap booster is to help your baby, not you. Diseases like pertussis (whooping cough) can cause serious life-threatening illness in newborns. When a pregnant woman gets a Tdap booster in her third trimester, she mounts a strong antibody response which is passed on to her baby and helps protect the newborn until the baby starts a vaccination series at 2 months of age.

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been debunked. Most vaccines are safe for pregnant and breastfeeding women. A few, such as the **measles, mumps and rubella (MMR)** and chicken pox vaccinations, contain live attenuated virus and are best given when you are not pregnant. The benefits of protection against disease strongly outweigh any potential risk. That’s why Birth Defects Prevention Month’s Tip ⑥ is a really important one: **Become up-to-date with all vaccines, including the flu shot.** Better yet...if you are thinking about getting pregnant, it’s an excellent time to speak with your health care provider to make sure you are current on all of your recommended vaccinations. Remember, a healthy mother is more likely to have a healthy baby!

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding?

Visit the Mother to Baby website and read all of our vaccine-related fact sheets. There is a general fact sheet on all **vaccines**, and then specific fact sheets on the **influenza vaccine** and **Tdap vaccine** (of course!) but also many others like the **Measles, Mumps, and Rubella (MMR)**, **HPV**, **hepatitis A**, and **chicken pox** vaccinations.



Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in General Genetics Clinic, Prenatal Clinic, and the Fetal Alcohol Syndrome Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC.

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